

**REPUBLIC OF CAMEROON**

*Peace –Work –Fatherland*

**MINISTRY OF PUBLIC WORKS**



**KUMBA – MAMFE**  
**Road construction project**

**NATIONAL INSTITUTE  
OF STATISTICS**



***DEVELOPMENT PROJECT FOR THE KUMBA-MAMFE ROAD***  
***MONITORING-EVALUATION OF THE SOCIO-ECONOMIC IMPACT***

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**GETTING THE BASELINE SITUATION**

**HOUSEHOLD QUESTIONNAIRE**

***CONFIDENTIAL AND NOT FOR TAX PURPOSES***

Information collected during this survey is strictly confidential under Law N° 91-023 of 16 December 1991, on Census and Statistical Surveys which mentions in its article 5 that “individual information related to economic or financial situation recorded in any statistical survey form should never be used for control or economical repression”.

August 2014

## SECTION 0 : GENERAL INFORMATION

### A – INFORMATION ABOUT THE HOUSEHOLD

<b>RG1</b>	DIVISION :	
	1= Manyu                      2= Kupe Manengumba                      3 =Meme	<input type="text"/>
<b>RG2</b>	SUBDIVISION :	
	1= Eyumodjock      2 = Konye      3 = Kumba 3      4= Mamfé      5= Nguti      6=Upper Banyang	<input type="text"/>
<b>RG3</b>	3 <sup>rd</sup> GPHC EA NUMBER _____	<input type="text"/>
<b>RG4</b>	SERIAL NUMBER OF HOUSEHOLD INSIDE THE EA _____	<input type="text"/>
<b>RG5</b>	VILLAGE/QUARTER : _____	
<b>RG6</b>	Stratum of residence : _____	
	1 = Urban	<input type="text"/>
	2 = Rural	
<b>RG7</b>	NAME OF THE HOUSEHOLD HEAD _____	
<b>RG8</b>	TOTAL NUMBER OF PERSONS INSIDE THE HOUSEHOLD : ____	<input type="text"/>
<b>RG9</b>	RELIGION OF THE HOUSEHOLD HEAD:	
	1 = Catholic                      3 = Other Christian                      5 = Animist	
	2 = Protestant(e)                      4 = Muslem                      6 = Other (specify)_____	<input type="text"/>
		7= No religion

### B – INFORMATION ABOUT DATA COLLECTION

<b>Q10</b>	INTERVIEWER : _____	<input type="text"/>
<b>Q11</b>	TEAM LEADER : _____	<input type="text"/>
<b>Q12</b>	SUPERVISOR : _____	<input type="text"/>
<b>Q13</b>	DATE OF THE SURVEY : _____	<input type="text"/>
<b>Q14</b>	RESULT OF DATA COLLECTION : 1= Totally filled      3=Absent 2= Partially filled      4= Refusal      6= Other	<input type="text"/>

### C – INFORMATION ABOUT DATA ENTRY

<b>Q15</b>	CONTROLLER OF DATA ENTRY : _____	<input type="text"/>
<b>Q16</b>	DATA ENTRY AGENT : _____	<input type="text"/>
<b>Q17</b>	DATE OF DATA ENTRY : _____	<input type="text"/>

## SECTION 1 : COMPOSITION OF THE HOUSEHOLD AND CHARACTERISTICS OF ITS MEMBERS (CM)

CM01. Names and firstnames of members of the household  <i>Make an exhaustive list of all the household members, starting with the household head and ask the following questions for each member</i>	CM02 Serial number	CM03 Of which sex is (Name)?  1=Male 2=Female	CM04 How old is (Name)?  <i>Record the age in complete years. (95 for age &gt;=95 and 98 for DK</i>	CM05 Does (Name) usually live in the household?  1=Yes 2=No →CM07	CM06 Did (Name) spend last night here?  1=Yes 2=No	CM07 Since how long (Name) lives in this subdivision?  If since birth, write 97  95 for >=95 and 98 for DK	CM08 What is (Name's) relationship with the household head ?  SEE CODES	CM09 What is (Name's) nationality?  1=Cameroon 2=Nigeria 3=Other CEMAC 4=Rest of Africa 6=Rest of the World	CM10 What is the matrimonial status of (Name)?  1 = Single 2 = Married monogamous 3 = Married polygamous 4 = Widow/Widower 5 = Divorcee/ Separated 6 = In free union	CM11 Is (Name) a member of an organized group or association ?  A. CIG B. Cooperative company (production) C. Njangee D. Credit union/ Self-managed fund development E. Management committee of community infrastructure (roads, wells / drilling, etc..) F. Associations with socioeconomic goal (development committee,...) X. Other types of association or groups Y. No association →CM14	CM12 Is (Name) having a position of responsibility?  1=Yes 2=No →CM14	CM13 If yes, what is the position?  A. President B. Treasurer C. General Secretary (e) X. Other to be specified _____	CM14 Does (Name) have a means of transportation (car, motorbike, bicycle, etc.)  1=Yes 2=No	
			Years			Years			Persons of 15 years or more					
	01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	
	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A B C D E F X Y	<input type="text"/>	A B C X	<input type="text"/>	

CM01.	CM02	CM03	CM04	CM05	CM06	CM07	CM08	CM09	CM10	CM11				CM12	CM13		CM14
	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>
	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A E	B F	C X	D Y	<input type="checkbox"/>	A C	B X	<input type="checkbox"/>

#### CM08

- 1 = Household head  
 2 = Spouse of household head  
 3 = Son of the head or of his spouse  
 4 = Daughter of the head or of his spouse  
 5 = Father of the head or of his spouse  
 6 = Mother of the head or of his spouse  
 7 = Other male relative of the head or of his spouse  
 8 = Other female relative of the head or of his spouse  
 9 = Without relationship with the head or of his spouse

*NB. : Check that all household members have been recorded and tick the cell below. If not, go back to the household table and complete the list of household members.*

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## SECTION 02 : HEALTH OF HOUSEHOLD MEMBERS

SM1	<b>Names and firstnames of household members</b>																		
	<i>Copy down the exhaustive list of all the household members, starting with the household Head and ask the following questions for each member.</i>																		
	<b>Serial Number</b>		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
SM2	<b>Was (Name) sick during the last 2 weeks?</b> 1 = Yes 2 = No ⇒ SM5 8 = DK ⇒ SM5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM3	<b>Did (Name) consult for that sickness?</b> 1 = Yes      2 = No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Children of less than 5 years</i>																			
SM4	<b>Did (Name) suffer of [name of the sickness] during the past two weeks?</b> 1 = Yes 2 = No 8 = DK	<i>Malaria/ fever</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Diarrheal disease</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Respiratory infection / pneumonia</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>All household members</i>																			
SM5	<b>When did he/she lastly have a health consultation?</b>  <i>SEE CODES</i> <i>If 12 months or more (code 6), go to SM6. In any other case, go to SM7</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM6	<b>Why did (Name) not have a health consultation during the past 12 months?</b> 1 = Did not need it (was not sick during that period) 2 = Lack of financial means 6 = Other reasons (specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SM7	Who did (Name) consult last time? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM8	In which sector did (Name) lastly consult? 1= Medical public/parapublic 2= Medical lay private 3= Medical confessional private 6= Other (non medical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM9	What was the main reason of this choice? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM10	What was the cost of that consultation? 9998 = DK <i>Write the cost in CFAF</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SM11	Who paid the charges (consultation fees, medicines, hospitalization,...) carried out during this consultation for (Name)? 1 = The household alone 2 = Someone else (out of the household) 3 = The household and someone else (out of the household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM12	What was the main reason of consultation? <i>SEE CODES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM13	How do you appreciate your/(Name's) present state of health 1=Good 2=Fairly good 3=Fair 4=Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Codes SM5

- 1 = Less than 2 weeks
- 2 = 2 weeks to less than 1 month
- 3 = From 1 to less than 3 months
- 4 = From 3 to less than 6 months
- 5 = From 6 to less than 12 months
- 6 = 12 months or more

#### Codes SM7

- 1 = Pharmacist
- 2 = Medical doctor
- 3 = Other health Personnel (nurse, midwife, ...)
- 4 = Tradi practitioner
- 5 = Informal modern medicines seller
- 6 = Other (Specify)

#### Codes SM9

- 1 = Affordable Cost
- 2 = Proximity
- 3 = Family decision
- 4 = Custom/Believes
- 5 = Quality of service
- 7 = Relations
- 6 = Other (Specify)

#### Codes Q12

- 1 = Sickness
- 2 = Wounds/Accident
- 3 = Prenatal cares
- 4 = Postnatal cares
- 5 = Vaccination
- 6= Other (Specify)

**SECTION 03 : EDUCATION OF HOUSEHOLD MEMBERS (ED)**

<i>Persons aged 3 years or more</i>		Name and firstnames											
ED1	Serial number	<input type="text" value="_0_1_"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED2	<i>Has (Name) ever gone to school?</i> 1 = Yes ⇒ED4      2 = No      8=DK⇒ED14	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED3	<i>Why has (Name) never gone to school? SEE CODES</i> <i>In any case, go to ED14</i>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED4	<i>What is the highest level of education for (Name)?</i> <i>What is the last class that (Name) successfully completed?</i> <i>SEE CODES</i>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Persons aged from 3 to 24 years who have ever gone to school													
ED5	<i>Did (Name) go to school or to a teaching establishment at a given moment during the 2013/2014 school year?</i> 1= Yes      2 = No ⇒ED12	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED6	<i>Which type of establishment did he/she go to in 2013/2014 ?</i> 1= Public      2= Lay private      3= Confessionnal private	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED7	<i>Why did they choose that (Name) go to this type of establishment?</i> 1=Serious      2= Good results      3= Affordable costs 4=Proximity      5=Easy admission      6= Other (specify)      8=DK 9= No other choice	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED8	<i>Since the beginning of this school year 2013/2014, has (Name) been excluded for at least one of the following reasons?</i> a) Non-payment of required fees      1 = Yes      2 = No b) Lack of uniform      1 = Yes      2 = No c) Lack of books      1 = Yes      2 = No d) Lack of exercise-books      1 = Yes      2 = No e) Lack of other school stationeries      1 = Yes      2 = No x) Other reason      1 = Yes      2 = No	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
ED9	<i>Did (Name) abandon school during the school year 2013/2014?</i> 1 = Yes ⇒ ED12      2 = No	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

ED10	<b>What was the amount of fees required for (Name) this 2013/2014 academic year, including expenses in kind?</b> <i>(Amount in thousands of CFAF)</i> <b>NB : Record 000 for an item which is not required by the school</b>	Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		School fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		PTA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ED11	<b>Who paid (Name) school fees during the year 2013/2014?</b> 1= The household 2= Someone away from the household 3= The household and someone away from the household		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ED12	<b>Did (Name) go to any school during the 2012/2013 school year?</b> 1 = Yes      2 = No ⇒ED12      8= DK ⇒ED12		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ED13	<b>Was (Name) in 2013/2014 in the same class as the year before (2012/2013)?</b> 1 = Yes      2 = No      8=DK		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Persons of 15 years or more, who have either never gone to school or are at most a primary level													
ED14	<b>Does (Name) know how to read and write a simple sentence in French?</b> 1 = Yes      2 = No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ED15	<b>Does (Name) know how to read and write a simple sentence in English?</b> 1 = Yes      2 = No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person aged 10 years or more, go to ED16, if not go to next person or section													
ED16	<b>Is (Name) undergoing or has undergone a technical, professional training or apprenticeship?</b> 1 = Yes      2 = No      8=DK    If 2 or 8, go to next person or section		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ED17	<b>What is this training?</b> <i>SEE CODES (Document of nomenclature of trainings)</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Codes ED3	Codes ED4						
1 = Cost too high 2 = Employment /Apprenticeship 3 = Illness /Handicap 4 = Distance 5 = Too young 7 = Tradition 6= Other (Specify)	<i>Level</i>	<i>Preschool=0</i>	<i>Primary=1</i>	<i>Secondary 1<sup>st</sup> cycle=2</i>	<i>Secondary 2<sup>nd</sup> cycle=3</i>	<i>Higher =4</i>	<i>DK=8</i>
	Class	1	Less than 1 year =0 SIL/Class1=1 CP/CPS/ Class2=2 CE1/Class3=3 CE2/ Class4=4 CM1 Class5=5 CM2/ Class6/7=6 DK=8	6è/1ère A.Tech/Form 1=1 5è/2è A.Tech/Form 2=2 4è/3è A.Tech/Form 3=3 3è/4è A.Tech/Form4=4 DK=8	2nde Gle ou T/Form 5=1 1ère Gle ou T/Lower 6=2 Terminale Gle ou T/Upper 6=3 DK=8	1 <sup>ère</sup> année =1 2 <sup>ème</sup> année =2 3 <sup>ème</sup> année =3 4 <sup>ème</sup> année ou plus = 4 DK=8	



## SECTION 4 : EMPLOYMENT AND INCOME FROM ACTIVITIES OF HOUSEHOLD MEMBERS (ER)

### 4.1. Income from activity

Persons aged 15years or more		Name and first names									
IT IS PREFERABLE TO INTERVIEW EACH MEMBER CONCERNED		ER1 : Serial number (code of the person) >>		_0_ _1_		_ _		_ _		_ _	
ER2 :During the past 4 weeks , i.e since _____, did (NAME) work even for one hour , for own account, as paid or unpaid employee, apprentice or family aid? 1 = Yes 2 = No		_		_		_		_		_	
ER3 : During the past 7 days, i.e since _____, did (NAME) work even for one hour , for own account, as paid or unpaid employee, apprentice or family aid ? 1 = Yes ⇒ER6 2 = No		_		_		_		_		_	
ER4 : Though (Name) declared having not worked during the last 7 days, did he/she carry out any of the following activities during the last 7 days at home, outside or in order to help the family? a). By working in a private business . f). As an apprentice paid or not b). By manufacturing a product for sale g). As a pupil/student who works 1 = Yes ⇒ ER6 2 = No c). By working at home for an income h). By working for another household d). By offering a service i). Any other activity for an income e). By helping in a family business/enterprise		_		_		_		_		_	
ER5 : Though (Name) did not work during the last 7 days, does he/she have an employment ? 1 = Yes 2 = No ⇒ ER16		_		_		_		_		_	
ER6 : What is the name of the main trade, profession, position, task, employment that (NAME) exercised during the past 7 days or that he/she usually exercises?..... <i>See Nomenclatures of employments, professions and trades</i>		_ _ _ _		_ _ _ _		_ _ _ _		_ _ _ _		_ _ _ _	
ER7: What is the main activity of the enterprise that occupies (NAME)? ..... <i>SEE Nomenclatures of activities</i>		_ _ _		_ _ _		_ _ _		_ _ _		_ _ _	
ER8 : Since how many years do you exercise this main activity? 1= Less than one year 2= 1 year to 3 years 3= 4 years to 5 years 4= 5 years or more		_		_		_		_		_	
ER9 : What is the socioprofessional category of (Name) in this employment? 01 = Senior executive, engineer and assimilates 06 = Employer 02 = Average executive, foreman 07 = Own account worker 03 = Skilled employee/worker 08 = Family aid 04 = Semi skilled employee/worker 09 = Paid or unpaid apprentice 05 = Labourer 10 = Unclassifiable (Describe) _____		_ _		_ _		_ _		_ _		_ _	
ER10 : : How many months did (Name) devote to this employment during the last 12 months ?		_ _		_ _		_ _		_ _		_ _	
ER11 : How many days per week does (Name) usually devote to his work?		_		_		_		_		_	
ER12 : How many hours per week does (Name) usually devote to his work? (Write 95 if 95 hours or more)		_ _		_ _		_ _		_ _		_ _	

<b>ER13:</b> In his/her main employment, how much did (Name) earn last month or during the last 12 months (or how much does he/she estimate his incomes from this work) including advantages in cash or in kind ? <b>Give the amount</b> <i>If the interviewee gives the amount, record the code 01 or 02 according to the case and</i> 01 = Monthly Evaluation <i>write the amount given. Or else write only the code of the interval given.</i> 02 = Annual Evaluation <b>Give an interval</b> <div style="display: flex; justify-content: space-between;"> <div> <i>Monthly Evaluation</i>  03 =Moins de 36 500 cfaF    07 =[ 292 000, 584 000 [  04 =[ 36 500 , 73 000 [    08 =[ 584 000, 1 168 000 [  05 =[ 73 000, 146 000 [    09 =1 168 000 cfaF or more  06 =[ 146 000, 292 000 [ </div> <div> <i>Annual Evaluation</i>  10 =Moins de 200 000 cfaF    14 =[ 1 500 000, 3 000 000 [  11 =[ 200 000 , 400 000 [    15 =[ 3 000 000, 5 000 000 [  12 =[ 400 000, 800 000 [    16 =5 000 000 cfaF or more  13 =[ 800 000, 1 500 000 [ </div> </div>	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount in CFA F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ER14:</b> How many secondary employment does (NAME) have ? If 0 ⇒ER18, If more than 7 write 7					
<b>ER14a :</b> What is the name of the main trade, the profession, the post, the task, the employment that (Name) exercised during the last 7 days or that he/she usually exercises?  <i>See Nomenclatures of Employments, professions and trade.</i>					
<b>ER14b :</b> What is the main activity of the enterprise in which (Name) exercises his/her secondary employment? ..... <i>See Nomenclatures of Activities</i>					
<b>ER14c</b> What is the socio professional category of (Name) in this employment? 01= Senior executive, engineer and assimilate    06= Employer (Boss) 02= Medium executive, foreman    07= Own account Worker 03= Qualified employee/Skilled labourer    08= Family Aid 04= Semi-skilled employee/ Semi-skilled labourer    09= Paid or non paid apprentice 05= Labourer    10= Unclassifiable (Describe)					
<b>ER15 :</b> How much can they estimate the total incomes from all the secondary employments of (Name) including advantages in cash or in kind? ⇒ <b>ER18</b> <b>Give the amount</b> <i>if the interviewee gives the amount, write code 01 or 02 according to the case and write</i> 01 =Monthly Evaluation <i>write the amount given. Or else write only the code of the interval given.</i> 02 =Annual Evaluation <b>Give an interval</b> <div style="display: flex; justify-content: space-between;"> <div> <i>Monthly Evaluation</i>  03 =Moins de 36 500 cfaF    07 =[ 292 000, 584 000 [  04 =[ 36 500 , 73 000 [    08 =[ 584 000, 1 168 000 [  05 =[ 73 000, 146 000 [    09 =1 168 000 cfaF or more  06 =[ 146 000, 292 000 [ </div> <div> <i>Annual Evaluation</i>  10 =Moins de 200 000 cfaF    14 =[ 1 500 000, 3 000 000 [  11 =[ 200 000 , 400 000 [    15 =[ 3 000 000, 5 000 000 [  12 =[ 400 000, 800 000 [    16 =5 000 000 cfaF or more  13 =[ 800 000, 1 500 000 [ </div> </div>	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount in CFA F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ER16 :</b> Has (Name) sought a work during the last 4 weeks, that is to say since _____ ? 1 = Yes 2 = No					
<b>ER17 :</b> How does he/she mainly do to provide for his/her needs? 01 = Has a work pension    05 = Begg 02 = Other pension or aid (family, Friend, widowhood, divorce, orphanage)    06 = Gets an allowance 03 = Gets income from his/her properties, lives from his/her annuities (rents, etc.)    07 =Taken care off by his/her family or other person 04 = Lives from his/her savings    96 =Other_____ (specify)					
<b>ER18 :</b> Is (NAME) ready to look for an employment in a road construction project or other socioeconomic facility like sheds, water points ? 1 = Yes 2 = No ⇒ER20					
<b>ER19 :</b> What is the name of the trade , the profession, the position , the task, the employment that (NAME) wishes to exercise in such a project? <i>SEE Nomenclatures of Employments, professions and trades</i>					

## 4.2 Out of employment and out of transfer incomes

<b>ER20</b> : Apart from employment income, does (Name) receive the following types of income ?					
A- Work pension (Retirement pension, invalidity pension due to an industrial accident)	1= Yes    2= No    If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)				
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B- Other pensions ( food pension/alimony, pension to widows or to orphans)	1= Yes    2= No    If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)				
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C- Scholarship for studies (Incomes received by some students for their school fees.)	1= Yes    2= No    If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)				
	Amount of last 12 months (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D- Land or estate incomes (Income from the letting of buildings or unbuilt lands )	1= Yes    2= No    If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)				
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E- Income from transferable properties (Income from shares (savings), resale of shares, etc.)	1= Yes    2= No    If No (code 2) ⇒ Next type of income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount and periodicity (in CFAF)				
	Annual amount (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F- Exceptional and occasional incomes in cash or in kind (Gain from lottery, money found or picked, refunds received from insurance companies, sales of lands and houses)	Amount and periodicity (in CFAF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ER21</b> : Check ER7 and ER14b (if code 332 recorded for one of the questions) ?		1 = Yes    2 = No ⇒ Next individual	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ER22</b> : Check ER9 and ER14c (if code 06 or 07 recorded) ?					
1 = Yes ⇒ Record the name and the serial number of the individual on one questionnaire PRODUCTION FROM CATERING and move to the next individual		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 = No ⇒ Next individual					

## SECTION 05 : SPECIFIC SITUATION OF WOMEN (SF)

*This module is for all women aged 15 years or more.*

SF0. Name and Serial number of the woman (cf. CM02, CM03 and CM04)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF1. Do you support <b>part or all your expenses?</b> 1 = Yes    2 = No ⇒ SF3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF2. If yes, which type of expenses? 1 = Yes 2 = No  <b>ANY OTHER THING?</b> <i>Insist on the type of expenses and encircle the corresponding code, each time that an expense is spontaneously mentioned.</i> <b>Do not suggest any answer.</b>	A. Feeding B. Dressing C. Education D. Personal Health and care X. Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SF3. Do you support part or all the expenses of your household? 1 = Yes 2 = No ⇒ SF5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF4. If yes, which type of expenses?  1 = Yes 2 = No  <b>ANY OTHER THING?</b> <i>Insist on the type of expenses and encircle the corresponding code, each time that an expense is spontaneously mentioned.</i> <b>Do not suggest any answer.</b>	A. Feeding B. Dressing C. Education D. Personal Health and care E. Equipment of the house F. Lodging X. Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SF5. During the past 24 months did you obtain a loan? 1 = Yes 2 = No ⇒ SF8		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF6. What was the main use of the last credit obtained? 1. Income generating activity 2. Construction or improvement of the housing 3. Sickness/ School fees 4. Wedding/baptism/anniversary 5. Delivery 7. Obsequies/funerals 6. Other ( <i>to be specified</i> )		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF7. From where was the last loan you obtained? 1. Bank 2. Cooperative of savings and loan 3. Njangee 4. Parents/friends 5. Institution of financing 7. Professional association 6. Other ( <i>to be specified</i> )		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*This sub-module is for all women aged 12-24 years.*

SF8. Name and Serial number of the woman (see CM02, CM03 and CM04)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF9. Check CM10: if code 1 written? 1 = Yes    2 = No ⇒ SF11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF10. Have you ever had a sexual intercourse? 1 = Yes 2 = No ⇒ Next individual or module	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF11. At what age did you have your first intercourse?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF12. Are you presently pregnant? 1 = Yes ⇒ SF14    2 = No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF13. Have you ever delivered or been pregnant? 1 = Yes 2 = No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF14. Check CM10 : if code 1 written ? 1 = Yes ⇒ Next individual or module    2 = No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SF15. At what age did you get married or in free union for the first time?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 06 : USERS OF VEHICLES ON KUMBA – MAMFE ROAD (UV)

Reserved for household members who are having a means of transport (car, motorbike, etc.)

Serial number of the individual (See CM 02 and CM14)	___	___	___
UV1. What kind of vehicle do you usually drive? 01. A bicycle 02. Motorbike 03. Minibus of 9 or 15 places 04. Bus of more than 15 places or more 05. A lorry of 10 to 15 tones 06. Big truck 07. Pickup/van/Dina 08. Four wheel drive vehicle 09. Vehicle without four wheels drive 96. Another type of vehicle (to be specified) _____	___	___	___
UV2. Brand of the vehicle/ motorbike? 01=Toyota 02=Mercedes 03=Nissan 04=Mazda 05=Renault 06=Peugeot 07=Golf 08=Suzuki 09=Mitsubishi 10=Sanili 11=Senke 12=Honda 96= Other (specify) _____	___	___	___
UV3. Do you often drive on Kumba – Mamfe road with your own means of transport? 1. Yes 2. No ⇒ Next individual	___	___	___
UV4. At which frequency do you personally use this road? 1. (Almost) every day 2. Several times per week 3. About once per week 4. About once every 2 to 3 weeks 5. Once per year 7. Less than once per year 6. Other (Specify) 8. Does not know	___	___	___
UV5. The vehicle you most often use on the stretch is ... 1. Private 2. Professional 3. Other (to be specified) _____	___	___	___
UV6. Since how long are you driving this vehicle? 1. Less than one year 2. 1 to 5 years 3. More than 5 years	___	___	___
UV7. How old is your vehicle? 1. Less than one year 2. 1 to 5 years 3. 6 to 10 years 4. More than 10 years 5. Does not know	___	___	___
UV8. Generally, at which moment of the week do you use that road? 1. Opening days 2. The week-end 3. Market days 4. Every day 6. Other to be specified _____	___	___	___
UV9. How do you judge the state of the Kumba - Mamfe road? 1. Good 2. Average 3. Bad	___	___	___
UV10. At which frequency does your vehicle often get bad? 1. None ⇒ UV12 4. At least twice in the course of the month 2. Occasionally 6. Other frequencies (to be specified) _____ 3. At least once per week	___	___	___
UV11. For these breakdowns related to the state of the road, how do you spend on average per month? 1. Less than 5 000 CFAF 2. From 5 000 CFAF to less than 20 000 CFAF 3. From 20 000 CFAF to 50 000 CFAF 4. 50 000 CFAF or more	___	___	___
UV12. How many times has the engine of vehicle/motorbike been drained these last 12 months? If 0 time go to UV14	___	___	___
UV13. What is the total amount of expenses from this oil change? (in CFAF)	_____	_____	_____
UV14 How much do you spend per day for fuel for this vehicle/motorbike? (in CFAF)	_____	_____	_____
UV15. Have you carried out other expenses for the maintenance of the vehicle/motorbike during these past 15 days? (Including the cleaning?) 1=Yes 2=No → UV17	___	___	___
UV16. If yes, how much have you spent? (in CFAF)	_____	_____	_____
UV17. How many kilometers averagely does your vehicle travel per day?	___	___	___

## SECTION 07 : USAGERS PIETONS DU TRONÇON KUMBA – MAMFE (UP)

**Reserved to the household head or any other person aged 15 years or more**

UP0	Name and serial number of the respondent	<input type="text"/>
UP1	Do you regularly go on foot on Kumba-Mamfe road? 1. Yes 2. No ⇒ Next section	<input type="text"/>
UP2	At which frequency do you personally use this road?  01.(Almost) every day 02. Several times per week 03. Several times per months 04. Once per week 06. Once every 2 to 3 three weeks 07. Once per month 08. Less than once per month 09. Does not know 10. Other (tobe specified).....	<input type="text"/>
UP3	For which main reason do you use this road? 01. To stroll 02. To go to school 03. To go to the farm 04. To go to your work or apprenticeship place 05. To go for commissions 06. To go to the market 08. Does not know 09. Others (to be specified).....	<input type="text"/>
UP4	Can you say that this road is ... 1. Adapted to pedestrians 2. Not adapted to pedestrians 8. Does not know	<input type="text"/>
UP5	According to you, what is the greatest danger for a pedestrian on this road? 1=Yes 2=No A. The lack of respect of other cars drivers or motorbike riders. B. His own carelessness when he moves or crosses the way. C. Non respect of the high way code by the cars drivers or motorbike riders D. Road traffic speed from cars drivers or motorbike riders E. The inadequate construction of pavements, intersections F. Bad state of the road X. Other (to be specified) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UP6	You yourself, when you use this road, what behaviour do you most often have to walk (place) or to cross the road (attitude)? 1=Yes 2=No A. I systematically look for the pedestrian passage B. I take a pedestrian passage , if there is any nearby C. I cross, if i do not behold a car D. I cross while running in front of vehicles X. Others (to be specified).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UP7	Are there pedestrian crossings on this section? 1. Yes 2. No ⇒ Next section 8. DK ⇒ Next section	<input type="text"/>
UP8	When you are crossing a pedestrian crossing, do you think you have the priority? 1. Yes 2. No 8. Does not know	<input type="text"/>
UP9	According to your experience as a pedestrian on this road, can you say that on the pedestrian crossings... 1. Drivers do not most often, give priority to pedestrians 2. Drivers most often, give priority to pedestrians 6. Others (to be specified).....	<input type="text"/>
UP10	When you cross a pedestrian crossing, do you often just continue whereas there is traffic-jam on the way? 1. No, i always wait that the way be free 2. Yes, when i think i have enough time to cross 6. Other to be specified .....	<input type="text"/>

## SECTION 08 : BEHAVIOUR RELATED TO ROAD SAFETY AND FIRST AID (SR)

<i>Persons of 15 years or more [See CM04]</i>				
Name and first names				
PREFERABLY INTERVIEW EACH CONCERNED PERSON SR0. Serial number /code of the person (see section 01)		_ _	_ _	_ _
SR1. Are you used to cross roads used by vehicles? 1 = Yes      2 = No → Next person → SR25		_	_	_
SR2. Among these roads, are there any where the pavement is different from the roadway? 1 = Yes      2 = No → SR8		_	_	_
SR3. On which part of this road do you most often walk? 1 = Pavement facing the traffic      2 = Pavement opposite the traffic 3 = On the roadway      4 = Anywhere		_	_	_
SR4. Do you often stand on the roadway, waiting to cross when a car/motorbike/bicycle is passing? 1 = Yes      2 = No		_	_	_
SR5. Are there traffic lights on this road?      1 = Yes      2 = No → SR7		_	_	_
SR6. Do you often bypass these lights when you are crossing the road?      1 = Yes      2 = No → SR7		_	_	_
SR7. Do you often stand in between two standing vehicles in order to cross the road?      1 = Yes      2 = No		_	_	_
SR8. Do you often put on an earphone when you are moving on the pavement of a road or when you are crossing the road? 1 = Yes      2 = No		_	_	_
SR9. Do you always make sure you are being seen by the vehicle that is coming nearer?      1 = Yes      2 = No		_	_	_
SR10. Are you often negligent, careless or distracted on the road when you are walking or crossing it?      1 = Yes      2 = No		_	_	_
SR11. Do you often insist to cross when a vehicle is coming, mostly when you are in your right?      1 = Yes      2 = No		_	_	_
SR12. Do you often endeavor to evaluate the distance and the speed of the vehicle which is coming before you begin to cross?      1 = Yes      2 = No		_	_	_
SR13. During the last 12 months, were you knocked down or pushed by a bicycle/motorbike/vehicle on a road? 1 = Yes      2 = No	A. A bicycle/motorbike	_	_	_
	B. A vehicle	_	_	_
SR14. Is there anyone in the household who owns a bicycle or a motorbike? ( <i>See CM14</i> ) 1 = Yes      2 = No → SR25		_	_	_
SR15. Have you often driven this bicycle/motorbike on a motorable road? 1 = Yes      2 = No → SR25		_	_	_
SR16. Do you have a driving license or do you have mastered the highway code? 1 = Yes      2 = No		_	_	_
SR17. Do you often drive this bicycle or this motorbike without at least one of the following elements: brakes, reflectors, rear view mirror, headlights and reflective clothing at night, horns, helmet? 1 = Yes      2 = No		_	_	_
SR18. Do you often ride between two rows of cars?      1 = Yes      2 = No		_	_	_
SR19. Does it often happen that you do not indicate to other road users your intention to turn, to brake, ... ? 1 = Yes      2 = No		_	_	_
SR20. Does it often happen that you do not hold well the handlebars/steering?      1 = Yes      2 = No		_	_	_
SR21. Do you often ride by the roadside ?      1 = Yes      2 = No		_	_	_
SR22. Does it often happen that you find yourself in a lateral position and very close to a vehicle?      1 = Yes      2 = No		_	_	_
SR23. When a heavy truck is passing when you are driving on the way, what is your attitude? 1 = I am careful      2 = I am indifferent		_	_	_
SR24. Have you ever been knocked down or pushed by another bicycle/motorbike/vehicle or have you ever knocked down or pushed a pedestrian?      1 = Yes      2 = No		_	_	_
SR25. Have you ever been trained to rescue an accident victim? 1 = Yes      2 = No		_	_	_
SR26. Do you know some rules to rescue an accident victim? 1 = Yes      2 = No → SR28		_	_	_
SR27. Have you ever used these rules in order to rescue an accident victim? 1 = Yes      2 = No		_	_	_
SR28. Are you informed about the Kumba-Mamfe road construction project?      1 = Yes      2 = No → SR30		_	_	_
SR29. Through which channel, at first place? 1 = TV      2 = Radio      3 = Posters / plates / banners      4 = Administrative or municipal authorities 5 = Traditional authorities      7 = Neighbours/mouths to ears      6 = Others		_	_	_
SR30. What do you expect from this project? (The two in order of importance)		_ _	_ _	_ _
_____		_ _	_ _	_ _
_____		_ _	_ _	_ _

## SECTION 09 : BEHAVIOUR RELATED TO THE PROTECTION OF THE ENVIRONMENT (PE)

<i>Household head or any other person aged of 15 years or more of the household</i>		
Name and first name		
PREFERABLY INTERVIEW EACH CONCERNED PERSON		
PE0. Serial number (code of the person) of the main respondent		
<b>PE1.</b> What do you usually do with the garbage from your household? 1 = Dustbin/Picked up by a lorry      2 = Thrown in the nature      3 = Buried, burnt 4 = Recycled      6 = Other (specify) _____		
<b>PE2.</b> Where do you usually throw the used water from your household? 1 = Yard/road      4 = River/stream 2 = Gutter      5 = Nature 3 = Cesspool      6 = Other (Specify) _____		
<b>PE3.</b> What do you do about your dirt that is in a form of plastic, rubbers or tyres? 1 = Thrown in the nature    2 = Burnt      3=Thrown in the trash can 4= Buried      5=Recycled      6=Other _____		
<b>PE4.</b> Are there in this compound some pipes for rain water runoff? 1 = Yes      2 = No		
<b>PE5.</b> Are you used in burning /destroying the vegetation (the farm, the forest) for any reason whatsoever? 1 = Yes      2 = No		
<b>PE6.</b> Do you use pesticides for any reason whatsoever? 1 = Yes      2 = No		
<b>PE7.</b> Are you used in throwing banana peelings, used tissues or other dirts on the ground in the street? 1 = Yes      2 = No		
<b>PE8.</b> Where do you ease yourself? 1 = Harnessed WC      2 = Non-harnessed WC 3 = Open air      4 = Streams/rivers 6 = Other (specify)_____		
<b>PE9.</b> Before throwing dirt do you endeavor to separate the plastic material from the rest of the dirt?      1 = Yes      2 = No		
<b>PE10.</b> Is there any well/source/river in the vicinity? 1 = Yes      2 = No → <b>PE12</b>		
<b>PE11.</b> How far from the place where the household eases itself is found the nearest well? ( <i>in m</i> )		
<b>PE12.</b> During the past two years how many trees (fruit trees, cocoa trees, non fruit trees) have you planted?		
<b>PE13.</b> During the past 2 years how many trees/shrubs (fruit tree, cocoa tree, non fruit trees) have you cut down?		



## SECTION 10 : BEHAVIOUR RELATED TO HIV/AIDS (VH)

<i>Persons of 15 years or more [See CM04]</i>				
Name and firstname				
PREFERABLY INTERVIEW THE CONCERNED PERSON VH0. Serial number (code of the person)				
<b>VH1.</b> Do you use sharp objects (razor blades, needle, syringe, ...) already used by other members or non-members of this household? 1 = Yes      2 = No				
<b>VH2.</b> During the past 12 months have you had sexual intercourses at least once? 1 = Yes    2 = No → <b>VH7</b>				
<b>VH3.</b> With how many different partners have you had these sexual intercourses? ( <i>write 95 if more than or equal 95</i> )				
<b>VH4.</b> Give the number of partners in function with the relationship with the partner : ( <i>write 95 if more than or equal 95</i> )  ( <i>If B=0 and C=0 and D=0 → VH7</i> )	<b>A.</b> Woman/Husband/ cohabitant partner			
	<b>B.</b> Non cohabitant friend/fiance			
	<b>C.</b> Occasional relationship			
	<b>D.</b> Other _____			
<b>VH5.</b> During occasional sexual relationship or with a friend, does it happen that you do not use the condom? 1 = Yes      2 = No				
<b>VH6.</b> How old is your youngest occasional partner of friend? ( <i>In complete years</i> )				
<b>VH7.</b> In the course of this year, have you carried out a test in order to know if you have the HIV, virus that causes AIDS? 1 = Yes      2 = No → <b>VH9</b>				
<b>VH8.</b> Did you ask to do it yourself, or someone proposed it to you and you accepted or was it imposed on you? 1 = Voluntarily      2 = Proposed and accepted    3 = Imposed ( <i>Go to VH10 after the answer to this question</i> )				
<b>VH9.</b> Why did you not carry out a test in order to know your HIV status? 1 = Does not know where they do the test    2 = Does not want    3 = Fear to know his status 4 = Does not see the use      5 = Opposition/refusal of the partner    7 = Test too expensive 6=Other reason _____ (specify)				
<b>VH10.</b> According to you, can the HIV virus that causes AIDS be transmitted by :  1 = Yes      2 = No	<b>A.</b> The contact with an infected person?			
	<b>B.</b> Sorcery ?			
	<b>C.</b> Supernatural means?			
	<b>D.</b> The sharing of a meal?			
	<b>E.</b> The biting of a mosquito?			
<b>VH11.</b> If you happened to know that a member of your family, a friend, a colleague or a neighbor is infected, will you continue to live with him as if nothing has happen? 1 = Yes      2 = No				

## SECTION 11 : ACCESSIBILITY TO INFRASTRUCTURES (AI)

AI01 Type of infrastructure		AI02 Name/location of the infrastructure	AI03 How far is (name of infrastructure) from your lodging?  <i>Write distance in km; 000 less than 500 m and 998 if does not know where the infrastructure is found</i>	AI04 Does at least a member of your household use [name of infrastructure] ?  1 = Yes 2 = No	AI05 What is the main means of transport that your household uses/may use to go to [name of infrastructure]?  1 = On foot 2 = Bicycle/Bike 3 = Motorcycle 4 = Car 6 = Other (specify)	AI06 What average time is needed to reach [name of Infrastructure] with the main means of locomotion that may be used / that is used by your household?  <i>Record the time in minutes</i>	AI07 Are you satisfied with the services offered by [name of infrastructure]?  1 = Yes, go to Next Infrastructure or next section 2 = No 3 = Indifferent, go to Next Infrastructure or next section	AI08  Why are you not satisfied?
The nearest public or private primary school	01	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest public or private secondary school	02	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest public or private nursery school	03	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest health center or hospital	04	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest pharmacy or propharmacy	05	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest market	06	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest tarred road	07	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest motorable road in all season	08	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest motor pack	09	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest potable water point	10	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest electric pool	11	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _
The nearest police or gendarme post	12	_____  _ _ _	_____  _ _ _	_____  _	_____  _	_____  _ _ _	_____  _	_____  _ _

## SECTION 12 : EXPENSES AND ACQUISITIONS OF THE HOUSEHOLD

### A : Retrospectives expenses and acquisitions of the household during the past months (DAR)

N°	Items	DAR01 Carried out an expense for this item 1 Yes 2. No	DAR02 Description of the product  Describe clearly the expenditure and products bough (concerned member,...)	DAR03 What is the amount of this expense during the [period]?  (in CFAF)
<b><i>Clothes and shoes during the past 6 months</i></b>				
01	Clothing material	_		_ _ _ _ _ _ _
02	Men/women/children clothing	_		_ _ _ _ _ _ _
03	Other clothing articles and cloth accessories	_		_ _ _ _ _ _ _
04	Confection, cleaning, repairs or hiring of clothes	_		_ _ _ _ _ _ _
05	Various shoes and accessories of shoes	_		_ _ _ _ _ _ _
06	Shoemaking and product for shoes maintenance	_		_ _ _ _ _ _ _
<b><i>Rent, Water, electricity, combustible/fuels during the past 3 months</i></b>				
07	Effective rent (land, lodging, student room...)	_		_ _ _ _ _ _ _
08	Water supply	_		_ _ _ _ _ _ _
09	Electricity	_		_ _ _ _ _ _ _
10	Gas	_		_ _ _ _ _ _ _
11	Combustible/fuel	_		_ _ _ _ _ _ _

<b>Equipment and maintenance of the house during the past 6 months</b>				
<b>12</b>	Maintenance and repairs of the house	_		_ _ _ _ _ _ _
<b>13</b>	Furniture and articles of the household	_		_ _ _ _ _ _ _
<b>14</b>	Domestic services	_		_ _ _ _ _ _ _
<b>Other expenses</b>				
<b>15</b>	Health during the past 3 months	_		_ _ _ _ _ _ _
<b>16</b>	Transport during the past 3 months	_		_ _ _ _ _ _ _
<b>17</b>	Communication during the past 3 months	_		_ _ _ _ _ _ _
<b>18</b>	Leisure, shows and culture during the past 12 months	_		_ _ _ _ _ _ _
<b>19</b>	Teaching during the past 12 months	_		_ _ _ _ _ _ _
<b>20</b>	Hotels, café and restaurant during the past 3 months	_		_ _ _ _ _ _ _
<b>21</b>	Various good and services and other money use during the past 6 months	_		_ _ _ _ _ _ _
<b>22</b>	Investment in the lodging of the household during the past 12 months	_		_ _ _ _ _ _ _
<b>23</b>	Money transfers carried out by the household members during the past 12 months	_		_ _ _ _ _ _ _
<b>24</b>	Money transfers received by the household members during the past 12 months	_		_ _ _ _ _ _ _

**B : Expenses and acquisitions of the household during the past 7 days (DAQ)**

N°	DAQ01 Serial N° of the member who carried out the expense	DAQ02 Precise description of the product, good or service bought, paid for, subtracted or received as gift (EX : one bucket of 5 l of raw corn in grain)		DAQ03 What is the amount of this expenditure or acquisition?  (en CFAF)	DAQ04 What is the mode of acquisition?  1=Bought/paid for 2=Received/don 3=Autoproduced 4=Picked 5=Subtracted
		Code of group of product			
1.	_ _	_		_ _ _ _ _ _	_
2.	_ _	_		_ _ _ _ _ _	_
3.	_ _	_		_ _ _ _ _ _	_
4.	_ _	_		_ _ _ _ _ _	_
5.	_ _	_		_ _ _ _ _ _	_
6.	_ _	_		_ _ _ _ _ _	_
7.	_ _	_		_ _ _ _ _ _	_
8.	_ _	_		_ _ _ _ _ _	_
9.	_ _	_		_ _ _ _ _ _	_
10.	_ _	_		_ _ _ _ _ _	_
11.	_ _	_		_ _ _ _ _ _	_
12.	_ _	_		_ _ _ _ _ _	_
13.	_ _	_		_ _ _ _ _ _	_
14.	_ _	_		_ _ _ _ _ _	_
15.	_ _	_		_ _ _ _ _ _	_
16.	_ _	_		_ _ _ _ _ _	_
17.	_ _	_		_ _ _ _ _ _	_
18.	_ _	_		_ _ _ _ _ _	_
19.	_ _	_		_ _ _ _ _ _	_
20.	_ _	_		_ _ _ _ _ _	_
21.	_ _	_		_ _ _ _ _ _	_
22.	_ _	_		_ _ _ _ _ _	_
23.	_ _	_		_ _ _ _ _ _	_
24.	_ _	_		_ _ _ _ _ _	_
25.	_ _	_		_ _ _ _ _ _	_
26.	_ _	_		_ _ _ _ _ _	_
27.	_ _	_		_ _ _ _ _ _	_
28.	_ _	_		_ _ _ _ _ _	_
29.	_ _	_		_ _ _ _ _ _	_
30.	_ _	_		_ _ _ _ _ _	_

31.	_ _	_ _		_ _ _ _ _ _	_
32.	_ _	_ _		_ _ _ _ _ _	_
33.	_ _	_ _		_ _ _ _ _ _	_
34.	_ _	_ _		_ _ _ _ _ _	_
35.	_ _	_ _		_ _ _ _ _ _	_
36.	_ _	_ _		_ _ _ _ _ _	_
37.	_ _	_ _		_ _ _ _ _ _	_
38.	_ _	_ _		_ _ _ _ _ _	_
39.	_ _	_ _		_ _ _ _ _ _	_
40.	_ _	_ _		_ _ _ _ _ _	_
41.	_ _	_ _		_ _ _ _ _ _	_
42.	_ _	_ _		_ _ _ _ _ _	_
43.	_ _	_ _		_ _ _ _ _ _	_
44.	_ _	_ _		_ _ _ _ _ _	_
45.	_ _	_ _		_ _ _ _ _ _	_
46.	_ _	_ _		_ _ _ _ _ _	_
47.	_ _	_ _		_ _ _ _ _ _	_
48.	_ _	_ _		_ _ _ _ _ _	_
49.	_ _	_ _		_ _ _ _ _ _	_
50.	_ _	_ _		_ _ _ _ _ _	_
51.	_ _	_ _		_ _ _ _ _ _	_
52.	_ _	_ _		_ _ _ _ _ _	_
53.	_ _	_ _		_ _ _ _ _ _	_
54.	_ _	_ _		_ _ _ _ _ _	_
55.	_ _	_ _		_ _ _ _ _ _	_
56.	_ _	_ _		_ _ _ _ _ _	_
57.	_ _	_ _		_ _ _ _ _ _	_
58.	_ _	_ _		_ _ _ _ _ _	_
59.	_ _	_ _		_ _ _ _ _ _	_
60.	_ _	_ _		_ _ _ _ _ _	_
61.	_ _	_ _		_ _ _ _ _ _	_
62.	_ _	_ _		_ _ _ _ _ _	_
63.	_ _	_ _		_ _ _ _ _ _	_
64.	_ _	_ _		_ _ _ _ _ _	_
65.	_ _	_ _		_ _ _ _ _ _	_

### SECTION 13: USE OF DRYING AREAS (AS)

Household head or other person of the household aged 15 years or more		_ _ _	
Serial number of the respondent			
AS1. Do you often dry product for consumption or for sale? 1 = Yes 2 = No → AS4			_
AS2. What products do you often dry? 1 = Yes 2 = No			
Coffee	_	Cassava	_
Cocoa	_	Peper	_
Groundnut	_	Vegetable	_
Corn	_	Egussi/grain of gourd	_
Garri	_	Bush mango seed/Bush mangoes	_
Beans	_	Other _____	_
AS3. What type of drying area do you use to dry your products?			
1 = Non converted area 2 = Private converted drying area 3 = Collective converted drying area 4= Barn /silo 5= On the road/pavement 6= Other _____			
Coffee	_	Cassava	_
Cocoa	_	Peper	_
Groundnut	_	Vegetable	_
Corn	_	Egussi/grain of gourd	_
Garri	_	Bush mango seed/Bush mangoes	_
Beans	_	Other _____	_
AS4a. Is there any drying area available for the whole community in the locality? 1 = Yes 2 = No → Next module			_
AS4b. If yes, is this drying area converted? 1 = Yes 2 = No			_
AS5. Since which year does this converted drying area exist?			_ _ _ _

## SECTION 14: CHARACTERISTICS OF THE HOUSING (H)

## A : HOUSING

H01. Type of housing	H02. Material of the wall	H03. Material of the roof	H04. Material of the floor
1 – Isolated house 2 – House with several lodgings 3 – Modern villa 4 – Building with appartments 5 –Compound/Saré 6 – Other _____ (specify)  <div style="text-align: right;"> _ </div>	<b>Natural material</b> 11. No wall 12. Bamboo/Cane/Palm/Trunk/ Leaves/Bark 13. Earth <b>Rudimentary material</b> 21. Bamboo with mud 22. Stones with mud 23. Uncovered adobe 24. Ply-wood 25. Cartoon 26. Recovered wood <b>Developed material</b> 31. Cement 32. Stones with limes/cement 33. Bricks 34. Cement blocks 35. Covered adobe 36. Wooden planks/shingles 96. Other (specify)  <div style="text-align: right;"> _ _ </div>	<b>Natural material</b> 11. No roof 12. Straw/ Palm/ Leaves 13. Sod <b>Rudimentary material</b> 21. Mats. 22. Bamboo /Palm 23. Wooden plank 24. Cartoon. <b>Developed material</b> 31. Zinc. 32. Wood. 33. Zinc/Cement fibre 34. Tiles 35. Cement 36. Shingles. 96. Other (specify)_____  <div style="text-align: right;"> _ _ </div>	<b>Natural material</b> 11. Ground/sand. 12. Bouse <b>Rudimentary material</b> 21. Wooden plank 22. Palm/Bamboo <b>Developed material</b> 31.Polished wood <b>Vinyl strips / Asphalt</b> 33. Tiling 34. Cement. 35. Carpet 96. Other (specify) _____  <div style="text-align: right;"> _ _ </div>
H05. Occupancy statut	H06.Number of rooms	H07. Lighting	H08. Energy for cooking
1 – Owner with land title 2 – Owner without land title 3 – Simple hiring 4 – Hire purchase 5 – Lodged by the employer 6 – Lodged freely by a relative or friend 7 – Other _____ (specify)  <div style="text-align: right;"> _ </div>	Put in the digits the total number of rooms in the lodging  NB. : Here, only the main rooms (bedrooms, dining rooms, living rooms, offices, etc.) are considered for the total number of rooms of the lodging. Secondary rooms like kitchens, bathrooms, antechambers, corridors etc. are not considered as rooms. Secondary rooms are considered as rooms in case they are frequently used by household members for sleeping.  <div style="text-align: right;"> _ _ </div>	1 – Kerosene 2 – Individual meter AES-SONEL 3 – Collective meter AES-SONEL 4 – AES-SONEL Electricity (no subscription) 5 – Generator 6 – Gas 7 - Other _____ (specify)  <div style="text-align: right;"> _ </div>	0 – Does not cook 1 – Bought firewood 2 – Fetched , received firewood, 3 – Gas 4 – Electricity 5 – Kerosene 6 – Charcoal 7 – Sawdust, wood chips 8 - Other _____ (specify)  <div style="text-align: right;"> _ </div>

## B : DURABLE GOODS

<b>B01. Vehicle</b>	<b>B02. Motorbike/ mobylette</b>	<b>B03. Bicycle/Bike</b>	<b>B04. Radio set</b>
Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>
<b>B05. Television set</b>	<b>B06. HI-FI (musical set)</b>	<b>B07. Cassettes reader</b>	<b>B08. DVD/CD-reader/Deck</b>
Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>
<b>B09. Refrigerator</b>	<b>B10. Stove (gas, electricity)</b>	<b>B11. Cooker (gas, electricity)</b>	<b>B12. Gas bottle</b>
Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>
<b>B13. Kerosene/paraffin stove</b>	<b>B14. Fan</b>	<b>B15. Sewing machine</b>	<b>B16. Generator</b>
Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>
<b>B17. Fixed phone/ Fixed CT phone</b>	<b>B18. Mobile phone</b>	<b>B19. Electric iron</b>	<b>B20. Charcoal iron</b>
Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>	Number ? <input type="text"/>

***THANK YOU FOR YOUR COLLABORATION !***



## OBSERVATIONS AND COMMENTS OF THE INTERVIEWER

**NB.:** Indicate the section, the page of the questionnaire, the question number and the serial number of the individual concerned.

Section	Question	Observations

## OBSERVATIONS AND COMMENTS OF THE CONTROLLER

Section	Question	Observations

## OBSERVATIONS AND COMMENTS OF THE SUPERVISOR

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**MINISTRY OF  
PUBLIC WORKS**



**REPUBLIC OF CAMEROON**  
-----  
**KUMBA-MAMFE ROAD DEVELOPMENT  
PROJECT**  
-----

**Monitoring-Evaluation of the  
socio-economic impact**  
-----

**SECTION 4a : PRODUCTION  
FROM CATERING**



**A-INFORMATION ABOUT THE HOUSEHOLD**

<b>RG1</b>	DIVISION :	
	1= Manyu                      2= Kupe Mangengumba                      3 =Meme	<input type="text"/>
	SUBDIVISION :	
<b>RG2</b>	1= Eyumodjock      2 = Konye      3 = Kumba 3      4= Mamfé      5= Nguti	<input type="text"/>
	6=Upper Banyang	
<b>RG3</b>	3 <sup>rd</sup> GPHC EA NUMBER _____	<input type="text"/>
<b>RG4</b>	HOUSEHOLD SERIAL NUMBER INSIDE THE EA _____	<input type="text"/>
<b>RG5</b>	NAME AND SERIAL NUMBER OF THE PROMOTER's CATERING UNIT	<input type="text"/>

**B – INFORMATION ABOUT DATA COLLECTION**

<b>RG10</b>	INTERVIEWER :	<input type="text"/>
<b>RG11</b>	TEAM LEADER :	<input type="text"/>
<b>RG12</b>	SUPERVISOR : _____	<input type="text"/>
<b>RG13</b>	DATE OF THE SURVEY :	<input type="text"/>
<b>RG14</b>	RESULT OD DATA COLLECTION : 1= Completely filled      3=Absent 2= Partly filled      4= Refusal      6=Other	<input type="text"/>

**C – INFORMATION ABOUT DATA ENTRY**

<b>RG15</b>	DATA ENTRY CONTROLLER : _____	<input type="text"/>
<b>RG16</b>	DATA ENTRY AGENT: _____	<input type="text"/>
<b>RG17</b>	DATE OF DATA ENTRY : _____	<input type="text"/>

<b>R01</b>	What is the type of place of activity for the catering enterprise ? 1=Restaurant / Cafétéria / Bar      2= Fixed restaurant 3= Itinerant restaurant      4= Other (to be specified) _____	<div style="text-align: center;"> _ </div>
<b>R02</b>	For how long have you been doing catering?    Time Unit = TU 1 = Day      2 = Months      3 = Year	<div style="text-align: center;">UT     _ </div> <div style="text-align: center;">Number  _ _ </div>
<b>R03</b>	For how long has your catering enterprise been in this place/locality?    Time Unit = TU 1 = Day      2 = Months      3 = Year	<div style="text-align: center;">UT     _ </div> <div style="text-align: center;">Number  _ _ </div>
<b>R04</b>	What motivated you to settle in this place/locality?      1=Yes 2=No  <b>A. Road development works</b> <b>B. Emerging activities in the area</b> <b>C. Other</b> _____	<div style="text-align: center;"> _ </div> <div style="text-align: center;"> _ </div> <div style="text-align: center;"> _ </div>
<b>R05</b>	What is the total amount of investment realized during the past 12 months? Of which:  <i>Construction of a shed</i> <i>Equipment and furniture</i> <i>Plates and other little equipment</i> <i>Other expenses</i>	<div style="text-align: center;"> _ _ _ _ _ _ _  CFA F</div>  <div style="text-align: center;"> _ _ _ _ _ _ _  CFA F</div> <div style="text-align: center;"> _ _ _ _ _ _ _  CFA F</div> <div style="text-align: center;"> _ _ _ _ _ _ _  CFA F</div> <div style="text-align: center;"> _ _ _ _ _ _ _  CFA F</div>

## PV. PRODUCTION AND SALE

PV1. What was the amount of your turnover during the last months of activity?

\_\_\_\_\_

### PV2. SERVICES OFFERED (catering)

N°	Name of the service	Period	Unit	Quantity	Unit price (in CFA F)	Monthly value in CFA F	Destination
1		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
2		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
3		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
4		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
5		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
6		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
A		_		_ _ _	_ _ _ _	_ _ _ _ _ _ _	_
MONTHLY TOTAL						_ _ _ _ _ _ _	

Codes for Period :

1. Day

2. Week

3. Fortnight

4. Month

5. Quater

6. Year

Codes for Destination :

1. Workers of the road construction project and other works

2. Inhabitants of the locality

3. passengers and drivers

4. Other customers

5. Autoconsumption

## DC. EXPENSE AND CHARGES

DC1. For your activity, how much did you spent during the last months of activity for raw material and supplies?

	Name of the product	Period	Unit	Quantity	Unit price (in CFAF)	Monthly Value (in CFAF)	Financing	Origin
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
A								
MONTHLY TOTAL						_____		

Codes for Period : 1. Day 2. Week 3. Fortnight 4. Month 5. Quarter 6. Year

Codes for financing : 0. Funds of the PU 1. Savings/gifts 2. Supplier credits 3. Borrowing 4. Other

Codes for Origin : 1. Public Sector 2. Big trading private enterprise 3. Small trading enterprise  
4. Big non-trading private enterprise 5. Small non-trading enterprise 6. Household/ Private individual 7. Direct Importation  
8. PU itself

DC2. What are in total the charges of your production unit during the last month of activity?

N°	Charges	Period	Value (in CFAF)	Monthly value (in CFAF)	Origin
01	Salaries				
02	Allowances and benefits				
03	Raw materials (copy from DC1)				
04	Rent				
05	Water				
06	Gas				
07	Electricity				
08	Telephone, Internet				
09	Combustibles, fuel, lighting				
10	Small equipment and supplies				
11	Meals				
12	Transport/Handling				
13	Insurances				
14	Repairs of vehicles and motorcycles				
15	Repairs of communication equipments				
16	Other repairs				
17	Other services				
18	Social contributions, NSIF				



19	Paid interests	<input type="text"/>		<input type="text"/>	<input type="text"/>
20	Taxes (Patente, global tax)	<input type="text"/>		<input type="text"/>	<input type="text"/>
21	Local taxes (ticket, TOHW <sup>1</sup> , etc.)	<input type="text"/>		<input type="text"/>	<input type="text"/>
22	Registration and lease fees	<input type="text"/>		<input type="text"/>	<input type="text"/>
23	Other taxes and duties _____	<input type="text"/>		<input type="text"/>	<input type="text"/>
24	Other charges ( <b>specify</b> ) _____	<input type="text"/>		<input type="text"/>	<input type="text"/>
MONTHLY TOTAL				<input type="text"/>	<input type="text"/>

Codes for Period : 1. Day 2. Week 3. Fortnight 4. Month 5. Quarter 6. Year  
Codes for Origin : 1. Public sector 2. Big trading private enterprise 3. Small trading enterprise 4. Big non-trading private enterprise  
5. Small non-trading enterprise 6. Household/Individual 7. Direct importation 8. PU itself

DC3. How did the activity of your production unit vary within the past 12 months?												
RYTHM	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
1. Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. AVERAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Minimum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0. No activity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code for answer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DC4. Maximum monthly return and minimal monthly return:								(In CFAF)				
max. Return: _____								_ _ _ _ _ _ _ _ _				
Min. return. : _____								_ _ _ _ _ _ _ _ _				

<sup>1</sup> TOHW : Temporary Occupation of the Highway

<b>MINISTRY OF PUBLIC WORKS</b> 		<b>REPUBLIC OF CAMEROON</b> ----- <b>KUMBA-MAMFE ROAD DEVELOPMENT PROJECT</b> ----- <b>Monitoring-Evaluation of the socio-economic impact</b> ----- <b><u>TRANSPORTERS FORM</u></b>		
<b>IP.</b>	<b>Identification of the data collection personnel</b>			
IP01	Division : 1= Manyu                      2= Kupe Manengumba                      3 =Meme			_ _
IP02	Subdivision : 1= Eyumodjock      2 = Konye                      3 = Kumba 3                      4= Mamfé                      5= Nguti                      6=Upper Banyang			_ _
IP03	Locality _____			_ _
IP04	Name and N° of the supervisor _____			_ _
IP05	Name of the interviewer _____			_ _
IP06	Date of the day _____			_ _ _ _ _
<b>IC.</b>	<b>Identification, characteristics and use of the vehicle</b>			
IC01	Name of the owner of the vehicle/motorbike (optional) _____			
IC02	Number of the vehicle/motorbike _____			_ _ _ _ _ _ _
IC03	Type of vehicle 1= Semi-trailer truck                      4= Pickup/Dina                      7=Hiace/Liteace 2=Tipper truck                      5=Bus                      8=Small vehicle without reduction gear 3=Truck with body                      6=Coaster                      9= Small vehicle with reduction gear 96=Other _____                      10=motorbike/mobylette/bicycle			_ _
IC04	Brand of the vehicle/ motorbike      1=Toyota      2=Mercedes      3=Nissan      4=Mazda 5=Renault      6=Peugeot      7=Golf      8=Suzuki      9=Mitsubishi      10=Sanili      11=Senke 12=Honda      96=Other (specify) _____			_ _
IC05	For how long have you been using this vehicle/motorbike? (in years)			_ _
IC06	How old is this vehicle/motorbike?			_ _
IC07	What is the main use of this vehicle/motorbike? 1= Public transportation of persons      2= Public transportation of goods      3= Public transportation of persons and goods			_ _
IC08	What are the three main itineraries that you go through with this vehicle/motorbike? Itineraries 1 : _____ Itineraries 2 : _____ Itineraries 3 : _____			_ _   _ _   _ _
<b>EA.</b>	<b>Car maintenance</b>			
EA01	During the past 15 days, has the vehicle/motorbike number [Number] been bad at the level of the engine, the shift system or any other place? 1=Yes                      2=No → EA04			_ _
EA02	How many times did it get bad during the past 15 days?			_ _
EA03	How much did you spent for all the breakdowns occurring on this vehicle/motorbike during last 15 days? (in CFAF)			_ _ _ _ _ _ _
EA04	How many times has the engine of vehicle/motorbike number [Number] been drained these last 12 months? If 0 times go to EA06			_ _
EA05	What is the total amount of expenses from this oil change? (in CFAF)			_ _ _ _ _ _ _
EA06	Have you carried out other expenses for the maintenance of the vehicle/motorbike number [Number] during these past 15 days (including the car washing)? 1=Yes                      2=No → EA08			_ _
EA07	If yes, how much have you spent? (in CFAF)			_ _ _ _ _ _ _
EA08	How much do you averagely spent for fuel each day for vehicle/motorbike number [Number]? (in CFAF)			_ _ _ _ _ _ _
EA09	How many kilometers averagely does your vehicle/motorbike travel per day?			_ _ _ _
EA10	What were your takings for yesterday? (in CFAF)			_ _ _ _ _ _ _
EA11	What are your highest takings during the past 7 days? (in CFAF)			_ _ _ _ _ _ _

**MINISTRY OF PUBLIC  
WORKS**



REPUBLIC OF CAMEROON

KUMBA-MAMFE ROAD DEVELOPMENT PROJECT

**Monitoring-Evaluation of the socio-economic  
impact**

**EMPLOYMENT FORM  
(Enterprise)**





IE.	Identification of the enterprise	IE00 Enterprise questionnaire N°
IE01	Name and tax payer number of the enterprise _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
IE02	Branch of activity _____	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
IE03	NSIF Number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
IE04	Total number of employees	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
IE05	Beginning date of works	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
IE06	Duration of services (in days)	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

EM. For each employee, give his/her								EM09	EM10
EM01	EM02	EM03	EM04	EM05	EM06	EM07	EM08	Duration of contract (in days)	Net Salaries paid (in CFAF) Code for periodicity 1 – Per day 2 – Per week 3 – Per month 4 – At the task 5 - Other
Name and first names of each employee	Sex 1=Male 2=Female	Age	Nationality 1=Cameroonian 2=Chinese 3=French 4=Nigerian 5=Other African 6= Other nationalities	Level of education 0=None 1=Primary 2=Secondary I 3=Secondary II 4=Higher	Activity exercised in the project (specify)	Qualification 1=Highly skilled employee /Skilled Cadre 2=Site foreman/Average Cadre 3=Office worker/Employee 4=Labourers/Others	Date of recruitment		
000 ETCHU Besong Agbo	_ _	_ _ _ _	_ _ _	_ _	Driver of vehicle	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
001	_ _	_ _ _ _	_ _ _	_ _	_____	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
002	_ _	_ _ _ _	_ _ _	_ _	_____	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

003	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
004	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
005	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
006	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
007	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
008	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
009	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
010	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
011	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
012	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _
013	_	_ _	_	_	_____  _ _ _	_	_ _ / _ / _	_ _ _ _	_   _ _ _ _

**Filling example:** Mr *ETCHU Besong Agbo* is a man. He is *31 years old, Cameroonian*, of the secondary 1<sup>st</sup> cycle. He is driver of vehicle in the enterprise. He was recruited on the 15th august 2014, for a duration of 300 days (10 months). His salary is paid monthly and it is 120 000 CFAF net.



<b>MINISTRY OF PUBLIC WORKS</b> 		<b>REPUBLIC OF CAMEROON</b> <b>KUMBA-MAMFE ROAD DEVELOPMENT PROJECT</b> <b>Monitoring-Evaluation of the socio-economic impact</b> <b>Situation of employees</b>		
IE00. Enterprise questionnaire N° (Transcribe from the enterprise form)		A01. Date of interview	A02. Interviewer	A03. Team leader
A00. Employee questionnaire N° (Transcribe from EM01 of the enterprise form)		Day       Month       Year	Name             Code	Name                         Day Month Year
Observations				
Nom	Variable			Code
O.01	Name of the employing enterprise :			
O.02	Name of the employee inside the enterprise :			
O.03	Branch of activity of the enterprise:			
O.04	Nationality of the employee: 1=Cameroonian 2=Chinese 3=French 4=Nigerian 5=Other Africans 6=Other nationalities (to be specified)			
O.05	Level of education : 0- None 1- Primary 2- Secondary I 3- Secondary II 4- Higher			
O.06	Profession of the employee :			
O.07	Level of qualification in the profession :             <b>Wage earner</b> 01. Senior executive, engineer and assimilated 02. Medium executive , foreman 03. Skilled employee/worker 04. Semi skilled employee / worker 05. Labourer <b>Non wage earner</b> 06. Employer/boss 07. Own account worker 08. Family aid 09. Apprentice 10. Unclassifiable (Describe)			
O.08	Activity exercised in the project:			
O.09	Qualification of the employee: 1- Highly skilled employee / Senior executive 2- Site foreman/Average cadre 3- Office worker/Employee 4- Labourer/Others			
O.10	Number of worked hours per day			
O.11	Number of worked days per week			
O.12	Type of contract 1- At the task 2- Fixed-term (CDD) 3- Permanent (CDI)			

O.13	Duration of contract 1- Week 2- Month 3- Days 4- Hours 5- Other _____	Periodicity <input type="checkbox"/> Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
O.14	For how long have you been working on the site? 1-Day 2-Week 3- Months	Periodicity <input type="checkbox"/> Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
O.15	Mode of payment 1- Daily 2- Weekly 3- Monthly 4- At the task 5- Other (to be specified) _____	<input type="checkbox"/>																																																				
O.16	Salary in CFAF : _____ (According to the mode of payment chosen previously)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
O.17	A part from the salary, what are others advantages that you benefit from? 1=Yes 2=No  1- Travels 2- Health insurance 3- Accident insurance 4- NSIF 5- Lodging /Advantages in kind 6- Others (to be specified) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																				
O.18	Amount of the salary (according to the mode of payment previously chosen) used for the following expenses: <table border="1" data-bbox="295 922 1150 1263"> <thead> <tr> <th>Items</th><th>Periodicity</th><th>Amount in CFAF</th><th>Monthly total</th></tr> </thead> <tbody> <tr><td>Feeding</td><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> <tr><td>Transport</td><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input 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Daily 2. Weekly 3. Monthly
Items	Periodicity	Amount in CFAF	Monthly total																																																			
Feeding	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																			
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Other expenses	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																			
O.19	Situation of occupation before the project: 1- Occupied 2- Not occupied <b>go to O.21</b>	<input type="checkbox"/>																																																				
O.20	Status in the previous employment 1- Employer 2- Independant 3- Wage earner	<input type="checkbox"/>																																																				
O.21	For the present employment, are you registered at the national social insurance fund? 1- Yes 2- No	<input type="checkbox"/>																																																				
O.22	Present place of residence 1- In the ZIP 2- Away from ZIP	<input type="checkbox"/>																																																				
O.23	Place of residence during working days 1- In the ZIP 2- Away from ZIP	<input type="checkbox"/>																																																				
O.24	Mode of recruitment	<input type="checkbox"/>																																																				
O.25	Usual place of feeding during working hours 1- House 2- Restaurant/Cafeteria/Bar 3- Canteen of the enterprise 4- Fixed restaurants 5- Itinerant restaurants 8- Other (to be specified) : _____	<input type="checkbox"/>																																																				

**MINISTRY OF PUBLIC WORKS**

**REPUBLIC OF CAMEROON**  
**KUMBA-MAMFE ROAD DEVELOPMENT PROJECT**
**Monitoring-Evaluation of the socio-economic impact**
**PRODUCTS FORM**


IP.	Identification of data collection and data processing team		
IP01	Division : 1 = Manyu	2 = Kupe Manengumba	3 = Meme
IP02	Sub division : 1 = Eyumodjock	2 = Konye	3 = Kumba 3
IP03	Supervisor's name _____		
IP04	Controller's name _____		
IP05	Name of the market _____		
IP06	Interviewer's name _____		
IP07	Date of the day _____		

PC.	Price of products, cost and deadline for supply									
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
Number of the product	Name of the product	Unit	Place of purchase/production of the product 1 = Farm 2 = Local Market 3 = Market away from the town/village 4 = Directly imported	Distance between the place of purchase/production and present place of sale (in Km)	Time of transporting the product from the place of purchase/production to the place of sale (in minute)	Difficulty during transportation 1 = None 2 = Not passable road 3 = High cost of transportation 4 = other (to be specified)	Judgment on the expenses of transportation 1 = No expense 2 = Cheap 3 = Expensive	Quantity (g)	Present price of the product	Price of the product in July 2014

FARM PRODUCTS										
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_0_ _1_	Raw palm oil (1 liter) of first quality (Sold in bulk)	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_0_ _2_	Unripe fresh plantain (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _3_	Cocoyam (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _4_	Gari/tapioca (Sold in bulk)	gv	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _5_	Peeled groundnuts (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _

	FARM PRODUCTS									
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_0_ _6_	Fresh tomatoe/Dried tomatoe (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _7_	Cassava paste (wata fou-fou) (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _8_	Pumpkin seed, egussi (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_0_ _9_	Peper, with peper (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _0_	Fresh onions (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _1_	Raw corn in grain (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _2_	Calabar yam (Nigeria) (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _3_	Dry niébé bean , koki (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _4_	Okok (eru) (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _5_	Fresh okro/dried okro (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _6_	Unripe fresh banana (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _7_	Fried groundnuts, boiled groundnuts excluding sweet groundnuts (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_1_ _8_	Garlics (Sold in bulk)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _

NON AGRICULTURAL PRODUCTS OF FIRST NECESSITY										
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_1_ _9_	House rents (1 studio : room, parlour)								_ _ _ _	_ _ _ _
_2_ _0_	Industrial beer in a bar, restaurant (CFAF/ big bottle of 33 export)		_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_2_ _1_	Firewood (CFAF /kg)	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _
_2_ _2_	Popular retailed imported rice (CFAF /kg) (Sold in bulk or in kg)	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _
_2_ _3_	Medicine (tablet of paracetamol) bought in pharmacy or in a health centre (CFAF)		_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_2_ _4_	Smoked fish sold in bulk (variety to be specified)	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _
_2_ _5_	Fresh or frozen maquereau (in bulk or in kg)	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _
_2_ _6_	Kerosene sold away from petrol station in litre	L	_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_2_ _7_	Laundry soap AZUR in pieces (CFAF )	unit	_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_2_ _8_	Super at petrol station	L	_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_2_ _9_	Cube Maggi (quantity to be specified)	sacheT	_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_3_ _0_	Signal tooth paste (70-100 ml)	unit	_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_3_ _1_	Boneless fresh cow meat in kg or in bulk	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _
_3_ _2_	Cheapest men trouser sewed bought in a local shop		_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_3_ _3_	School textbooks for reading Class 3		_	_ _ _ _	_ _ _ _	_	_		_ _ _ _	_ _ _ _
_3_ _4_	Fresh cow meat with bones in kg or in bulk	g	_	_ _ _ _	_ _ _ _	_	_	_ _ _ _ _	_ _ _ _	_ _ _ _

NON AGRICULTURAL PRODUCTS OF FIRST NECESSITY										
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_3_ _5_	Cheapest men leather shoes from the local a local store		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_3_ _6_	Dried or smoked shrimp, crayfish in bulk	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_3_ _7_	Big Helessen Electric batteries (specify the quantity)		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_3_ _9_	Gas (12 kg)		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _0_	Men long sleeve shirt bought sown in the local shop		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _1_	Smallest sachet of Blu powder soap for laundry		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _2_	Bathing soap /medicinal soap big size Pharmapur (piece)		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _3_	Sweet drinks with extract from Coca cola Big bottle 65 cl	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _4_	Local wheat bread (specify the variety)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_4_ _5_	Wheat made fritters	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_4_ _6_	Local Cigarette (paquet of 20)	paquet	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _7_	School exercise book <i>Les bananiers</i> 32 leaves	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _8_	Cheapest Skirt/Robe for adult in the shop of the place		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_4_ _9_	Men school uniform of a high school of the place		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _1_	Powder salt sold in bulk	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_5_ _3_	Concentrated tomatoe in sachet Hélena tomato		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _

NON AGRICULTURAL PRODUCTS OF FIRST NECESSITY										
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_5_ _4_	Refined soja Oilio oil if 1 litre	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _5_	Baby dressing / baby clothes, non disposable diapers		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _6_	Loincloth in cotton material CICAM (specify the number of meter or yard)	Yard	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _7_	Perfumes and toilet waters, body deodorants (specify the trademark)	unite	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _8_	NIDO sachet powder milk (400g)	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_5_ _9_	Industrial wheat bread in baguette	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_6_ _0_	Non mineral water bought specify the trade mark		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _1_	White stuff/raphia	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _2_	Fresh pig meat (kg)	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_6_ _3_	Toilet roll Sita	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _4_	New Samsung television set (specify the number of inches)	Unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _6_	whisky Jonhy Walker in a bar (specify the quantity)	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _7_	Local sugar in piece (paquet)	paquet	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_6_ _8_	Cow skin in bulk	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_7_ _0_	Sanitary towel Faytex ( paquet)	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_7_ _3_	Cutlass ( Cutlass )	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _

	NON AGRICULTURAL PRODUCTS OF FIRST NECESSITY									
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_7_ _4_	Cocoa made Matinal product in sachet (Specify the weight of the sachet)	sachet	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_7_ _5_	The thickest Mattress 2 places	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_7_ _6_	Dried fish in bulk	g	_	_ _ _	_ _ _	_	_	_ _ _ _	_ _ _	_ _ _
_7_ _7_	Refined groundnut oil Benedicta (1 litre)	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_7_ _8_	Plastic sandal for adult		_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_7_ _9_	Women pants and underwear	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_8_ _2_	Refined palm oil Palmor/Mayor (1 litre)	L	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_8_ _4_	Cheapest breast wear	unit	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_8_ _5_	Material for school uniform of a secondary school of the place (specify the number of meter/yard)	Yard	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _
_8_ _6_	Fresh egg from fowl sold in retail	g	_	_ _ _	_ _ _	_	_		_ _ _	_ _ _



PRODUCTS OF FIRST NECESSITY										
PC01	PC02	PC03	PC04	PC05	PC06	PC07	PC08	PC09	PC10	PC11
_8_ _7_	Moto-Taxi "(okada)" for the shortest distance	Unit							_ _ _ _	_ _ _ _
_8_ _8_	Inter urban Transport or long distance by road route (Kumba→Mamfe)	Unit							_ _ _ _	_ _ _ _
_9_ _0_	Taxi-auto, course en ville (CFAF/h)	Unit							_ _ _ _	_ _ _ _
_9_ _1_	Taxi bush	Unit							_ _ _ _	_ _ _ _
_9_ _2_	Telephone calls in a call box (CFAF/min)	Unit							_ _ _ _	_ _ _ _
_9_ _3_	Urban Bus	Unit							_ _ _ _	_ _ _ _
_9_ _6_	School fees in a college/public high school	Unit							_ _ _ _	_ _ _ _
_9_ _7_	Cheapest fees for sewing mens dress style	Unit							_ _ _ _	_ _ _ _
_9_ _8_	Women hairstyle in a local hairdressing	Unit							_ _ _ _	_ _ _ _
_9_ _9_	School fees in a lay private college	Unit							_ _ _ _	_ _ _ _
_1_ _0_ _0_	School fees in a lay private primary school	Unit							_ _ _ _	_ _ _ _
_1_ _0_ _1_	Consultation of a generalist in a public hospital	Unit							_ _ _ _	_ _ _ _
_1_ _0_ _3_	Fees to sew the cheapest Lady up and down dress	Unit							_ _ _ _	_ _ _ _
_1_ _0_ _4_	School fees in confessionnal primary school	Unit							_ _ _ _	_ _ _ _
_1_ _0_ _5_	Cheapest men hair style in a local hairdressing	Unit							_ _ _ _	_ _ _ _

[illegible]

**MINISTRY OF PUBLIC  
WORKS**





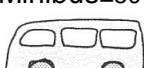
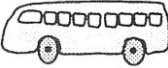



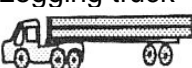
**REPUBLIC OF CAMEROON**  
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**KUMBA-MAMFE ROAD DEVELOPMENT  
PROJECT**  
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**Monitoring-Evaluation  
of the socio-economic impact**

**TRAFFIC FORM 1**



<b>IT.</b>	<b>Identification of the stretch</b>	
IT01	Division : 1= Manyu 2= Kupe Manengumba 3 =Meme	_ _
IT02	Subdivision : 1= Eyumodjock 2 = Konye 3 = Kumba 3 4= Mamfé 5= Nguti 6=Upper Banyang	_ _
IT0 3	Strech number 1=Kumba----Konye 2= Konye----Nguti 3= Nguti ----Bachuo-Akagbe	_ _
IT04	Number of accidents occurred on the stretch during the past 7 days	_ _ _ _
IT05	Number of accidents occurred on the stretch during the past 12 months	_ _ _ _
<b>IP.</b>	<b>Identification data collection and data processing teams</b>	
IP01	Interviewer's name _____	_ _ _
IP02	Date of the day _____	_ _ /_ _ /_ _
IP03	Time _____	_ _ -_ _
IP04	Name of the data entry agent _____	_ _ _

Model of vehicle	Code	<div> <div>↑</div> Direction 1 : Kumba - Mamfe </div>	<div> <div>↓</div> Direction 2: Mamfe - Kumba </div>
Bicycle (Bi)	01		
Farm tractor (Ta)	02		
Motorcycle (Mo)	03		
PV 	04		
Pick-Up/Camionettes 	05		
Minibus≤50 seats 	06		
Bus > 50 seats 	07		
Trucks 2 E 	08		
Trucks 3E 	09		
Jointed set 	10		
Logging truck 	11		



KUMBA – MAMFE  
Road construction project



**KUMBA – MAMFE ROAD CONSTRUCTION PROJECT**  
**MONITORING AND EVALUATION OF THE SOCIO-ECONOMIC IMPACT**

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**GETTING THE BASELINE SITUATION**

**SCHOOL FORM**

<b>FE00</b>	Questionnaire number	<input type="text"/>
<b>FE01</b>	Name of the locality 1=Kokaka 2=Ndoi Bakundu 3=Kombone 4=Nguti 5=Eyang Atemako	<input type="text"/>
<b>FE02</b>	Name of the school	<input type="text"/>
<b>FE03</b>	Respondent's name	<input type="text"/>
<b>FE04</b>	Respondent's function	<input type="text"/>
<b>FE05</b>	Number of pupils in the school	<input type="text"/>
<b>FE06</b>	Number of teachers in the school	<input type="text"/>
<b>FE07</b>	Number of classrooms	<input type="text"/>
<b>FE08</b>	Number of classrooms used	<input type="text"/>
<b>FE09</b>	<p><i>If FE08 &lt; FE07, for which reasons do you not use these classrooms?</i></p> <p>Reason 1 : <input type="text"/></p> <p>Reason 2 : <input type="text"/></p>	
<b>FE10</b>	<p>How do you judge the teaching conditions in your school?</p> <p>1=Very good 2=Good 3=Fair 4=Mediocre 5=Bad</p>	<input type="text"/>

<b>FE11</b>	Number of water points in the school <i>(If different from 0 for at least one case, go to FE13)</i>	Wells	<input type="text"/>
		Sinking wells	<input type="text"/>
		Public tap	<input type="text"/>
		Other	<input type="text"/>
<b>FE12</b>	At what distance is the nearest water point from your school? <i>(in m)</i>		<input type="text"/>
<b>FE13</b>	Number of toilets in the school. <i>(If different from 0 for at least one case, go to FE15)</i>	Harnessed	<input type="text"/>
		Non Harnessed	<input type="text"/>
<b>FE14</b>	What is the main place used for toilet for the pupils and the staff? 1= Harnessed toilets      2=Non harnessed toilets      3=Open air 4=Other (specify) <i>go to FE17</i>	Pupils	<input type="text"/>
		Teachers	<input type="text"/>
<b>FE15</b>	Do pupils and teachers use the same toilets?    1=Yes      2=No		<input type="text"/>
<b>FE16</b>	Do boys and girls use the same toilets?      1=Yes      2=No		<input type="text"/>
<b>FE17</b>	How many water points does your school need?		<input type="text"/>
<b>FE18</b>	How many toilets does your school need?		<input type="text"/>

**Signature and stamp of the person in charge**



KUMBA – MAMFE  
Road construction project



**KUMBA – MAMFE ROAD CONSTRUCTION PROJECT**  
**MONITORING AND EVALUATION OF THE SOCIO-ECONOMIC IMPACT**

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**GETTING THE BASELINE SITUATION**

**QUESTIONNAIRE FOR SHEDS**

CH00. Questionnaire number	<input type="text"/>
CH01. Name of the locality 1=Ikiliwindi      2=Wone      3=Wémé      3=Manyemen      4=Ashum      5=Mfaichang	<input type="text"/>
CH02. Market name	<input type="text"/>
CH03. Number of sheds in the market	<input type="text"/>
CH04. Number of sheds used	<input type="text"/>
CH05. Number of places in the markets during ordinary days	<input type="text"/>
CH06. Number of places in the markets during periodical markets	<input type="text"/>
CH07. Number of traders who use the sheds during ordinary days	<input type="text"/>
CH08. Number of traders who use the sheds during periodical markets	<input type="text"/>
CH09. Number of water points in the market	<input type="text"/>
CH10. Monthly income got from the sheds rents by council (in thousands of CFAF)	<input type="text"/>
CH11. How many places does the market need to satisfy the needs expressed of traders?	<input type="text"/>

Signature and stamp of the person in charge



**KUMBA – MAMFE**  
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***KUMBA – MAMFE ROAD CONSTRUCTION PROJECT***  
***MONITORING AND EVALUATION OF THE SOCIO-ECONOMIC IMPACT***

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**GETTING THE BASELINE SITUATION**

**QUESTIONNAIRE FOR WOMEN MULTIPURPOSE CENTRES**

<b>Q00.</b> Questionnaire number	<input type="text"/>
<b>ID. LOCATION OF THE CENTRE</b>	
<b>ID01.</b> Division: 1= Manyu 2= Kupe Manengumba 3 =Meme	<input type="text"/>
<b>ID02.</b> Subdivision: 1= Eyumodjock 2 = Konye 3 = Kumba 3 4= Mamfé 5= Nguti 6=Upper Banyang	<input type="text"/>
<b>ID03.</b> Village/Quarter/locality 1=Tinto 2=Mbinjong 3=Bachuo Ntai 4= Konye 5=Nguti 6= Bakébé	<input type="text"/>
<b>ID04.</b> Name of the centre _____	<input type="text"/>
<b>PF. CAPACITY AND STATE OF THE CENTRE</b>	
<b>PF01.</b> Number of women received in the center during 2013	<input type="text"/>
<b>PF02.</b> Are you satisfied with the officering level of these women? 1=Yes 2=No	<input type="text"/>
<b>PF03.</b> Number of women officered at the moment of the interview	<input type="text"/>
<b>PF04.</b> What is the main material of wall of the building where the centre is found? 1=Concrete 2=Semi-concrete 3= Temporary material	<input type="text"/>
<b>PF05.</b> What is the occupational status of the building by the Centre? 1=Building constructed for the Centre 2=Rent 3=Temporary transfer 4=Definite transfer/gift	<input type="text"/>
<b>PF06.</b> Of which capacity can be the women empowerment centres that the council needs to officer women in your locality?	<input type="text"/>



KUMBA – MAMFE  
Road construction project



**KUMBA – MAMFE ROAD CONSTRUCTION PROJECT  
MONITORING AND EVALUATION OF THE SOCIO-ECONOMIC IMPACT**

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**GETTING THE BASELINE SITUATION**

**QUESTIONNAIRE FOR YOUTHS MULTIPURPOSE CENTRES**

<b>Q00.</b> Questionnaire number	<input type="text"/>
<b>ID. LOCATION OF THE CENTRE</b>	
<b>ID01.</b> Division: 1= Manyu 2= Kupe Manengumba 3= Meme	<input type="text"/>
<b>ID02.</b> Subdivision: 1= Eyumodjock 2= Konye 3= Kumba 4= Mamfé 5= Nguti 6= Upper Banyang	<input type="text"/>
<b>ID03.</b> Village/Quarter/locality 2= Mbinjong 4= Konye 5= Nguti 6= Bakébé	<input type="text"/>
<b>ID04.</b> Name of the centre	<input type="text"/>
<b>MJ. CAPACITY AND STATE OF THE CENTRE</b>	
<b>MJ01.</b> Number of youths received in the center during 2013	<input type="text"/>
<b>MJ02.</b> Are you satisfied with the officering level of these youths? 1=Yes 2=No	<input type="text"/>
<b>MJ03.</b> Number of youths officered at the moment of the interview	<input type="text"/>
<b>MJ04.</b> What is the main material of wall of the building where the centre is found? 1=Concrete 2=Semi-concrete 3= Temporary material	<input type="text"/>
<b>MJ05.</b> What is the occupational status of the building by the Centre? 1=Building constructed for the Centre 2=Rent 3=Temporary session 4=Definite session/gift	<input type="text"/>
<b>MJ06.</b> Of which capacity can be the youths empowerment centres that the council needs to officer youths in your locality?	<input type="text"/>













<b>MINISTRY OF PUBLIC WORKS</b> 	<b>REPUBLIC OF CAMEROON</b> ----- <b>KUMBA-MAMFE ROAD DEVELOPMENT PROJECT</b> ----- <b>Monitoring-Evaluation of the socio-economic impact</b> ----- <b>SKETCH OF THE EA</b>	
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DIVISION.....  __ __  1= Manyu      2= Kupe Manengumba      3 =Meme		3 <sup>rd</sup> GPHC OF THE EA      . __ __ __
SUBDIVISION.....  __ __  1= Eyumodjock    2 = Konye    3 = Kumba 3    4= Mamfé 5= Nguti    6=Upper Banyang		
VILLAGE/QUARTIER.....		Name and signature of interviewers 1. ....  __ __  2. ....  __ __
STRATUM : 1 = Urban    2 = Rural...    .. ..  __		NAME AND SIGNATURE OF TEAM LEADERS .....  __ __
OBSERVATIONS:		
<b>SIZE OF THE EA</b>		
	2005 (3 <sup>rd</sup> GPHC)	2014
Number of household	__ __ __	__ __ __
Population	__ __ __ __ __	__ __ __ __ __

**MINISTRY OF PUBLIC  
WORKS**



REPUBLIC OF CAMEROON

KUMBA-MAMFE ROAD DEVELOPMENT PROJECT

**Monitoring-Evaluation of the socio-  
economic impact**

**SAMPLE FORM FOR  
HOUSEHOLDS**



DIVISION.....  __ __  1= Manyu      2= Kupe Manengumba      3 =Meme		3 <sup>rd</sup> GPHC OF THE EA      . __ __ __
SUBDIVISION.....  __  1= Eyumodjock      2 = Konye      3 = Kumba 3      4= Mamfé 5= Nguti      6=Upper Banyang		
VILLAGE/QUARTIER.....		Name and signature of interviewers 1. ....  __ __  2. ....  __ __
STRATUM : 1 = Urban      2 = Rural...      ...  __		NAME AND SIGNATURE OF TEAM LEADERS .....  __ __
OBSERVATIONS:		

0	1	2	3	4	5	6	7
Serial N°	Structure N°	Household N° inside the structure	Serial N° of the household/ Waypoint N°	Name and first names of the household head	Is the household interviewed? 1=Yes -> 7 2=No	Reasons? 1=Refusal 2=Absence	Observations (profession of the HH, characteristics of the lodging, ...)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							