

SECTION 1 - INFORMATION ON FBO

START TIME (GMT):

HR	MIN

Part A - SELECTED FARMER-BASED ORGANISATION

Fill out for the selected FBO Member in the household

1 Name of Parent Group

2 I.D. of Parent Group

3 Name of Solidarity
5 Farmer ID

4 How many meetings have you attended in the past 12 months?

6 Farmer's Contact Number: _____

7 GPS of household's residence
(see observation sheet)
☐

Tick

ACTIVITY	7 Which of the following support activities is the FBO involved in?		8 What is the value of (...) support received in the past 12 month?		9 How frequently do you receive this support?	ACTIVITY	7 Which of the following support activities is the FBO involved in?		8 What is the value of (...) support received in the past 12 month?		9 How frequently do you receive this support?
	YES1	NO2 (NEXT)	Gh¢	P	Throughout the year01 During main season only02 During minor season only03 Occasionally04		YES1	NO2 (>NEXT)	Gh¢	P	Throughout the year01 During main season only02 During minor season only03 Occasionally04
1 Collection of farm output						9 (Accessing) Fertiliser					
2 Transportation of farm output						10 (Accessing) Land					
3 Storage of farm output						11 Irrigation Service					
4 Processing of farm output						12 Improved seeds					
5 Preservation of farm output						13 Fungicide					
6 Marketing of farm output						14 Herbicide					
7 (Accessing) Credit						15 Insecticide					
8 Traction Service						16 Other Input/ Service					