

**Health Results Based Financing Impact Evaluation**  
**Rwanda**  
**FOLLOW-UP SURVEY 2013**  
**Main Household Questionnaire**

HOUSEHOLD CODE	
Baseline household.....1	
New household.....2	

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE		SECTOR	SECTOR CODE	

GPS COORDINATES OF HOUSEHOLD									
ALTITUDE (meters)									
LATITUDE (SOUTH)			.						
LONGITUDE (EAST)			.						

CELL NAME	CELL CODE	

  

VILLAGE NAME	VILLAGE CODE	

NAME OF HEAD OF HOUSEHOLD	PHONE NUMBER OF HEAD OF HOUSEHOLD

NAME OF INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR

VISIT 2	DAY	MONTH	YEAR

VISIT 3	DAY	MONTH	YEAR

CORE RESPONDENT NAME		
CORE RESPONDENT PID		

RESULT OF THE INTERVIEW	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	REGISTERED PERSON REFUSED INTERVIEW	03
	HOUSEHOLD MEMBERS NOT PRESENT	04
	HOUSEHOLD VACATED	05
	HOUSE ADDRESS NOT FOUND	06
	HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	07
	HOUSEHOLD TEMPORARILY MOVED	08
	OTHER, SPECIFY:	96

  

LANGUAGE	
KINYARWANDA	01
FRENCH	02
ENGLISH	03
OTHER, SPECIFY: 96	

  

INTERVIEW	RESPONDENT	TRANSLATOR USED?	NEVER	01
			SOMETIMES	02
			ALWAYS	03

NAME OF SUPERVISOR	CODE

DAY	MONTH	YEAR

NAME OF DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR

**CONTROL INFORMATION**

No. of household members

[illegible]

## Section 1: Household Roster

**RESPONDENT:** Head of household or most knowledgeable household member regarding all household members.

[illegible]



### Section 3: Labor

**RESPONDENT:** Head of household or most knowledgeable household member regarding all household members 12 years and older.

[illegible]

## Section 4: Health Knowledge

**RESPONDENT:** Spouse of core respondent

(4.00)	Does the core respondent have a spouse residing in this household?	Yes 1 No 2 ► Section 5
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**Read the following statement:** I will read questions and the possible answers to you now. I will circle the answer given after I have read the possible answers to you. Please answer the following questions to the best of your ability for each question.

	RECORD PID FOR SPOUSE OF CORE RESPONDENT		
(4.01)	Why is it important that people wash their hands after using the latrine?	Yes	No
A	It removes dirt from the hands	1	2
B	Prevents HIV	1	2
C	It avoids spread of dangerous diseases, such as diarrhea, cholera, and intestinal parasites	1	2
D	It prevents skin infections	1	2
(4.02)	What kind of water is safe to drink?	Yes	No
A	Treated water near animals	1	2
B	Treated stagnate water	1	2
C	Treated water from a spring or deep well	1	2
D	Treated water in streams and rivers	1	2
(4.03)	What will you give to a 1 and a half year old with watery diarrhea without dehydration?	Yes	No
A	Give 1 liter a day of ORT	1	2
B	3-4 glasses a day ORT	1	2
C	1/4th -1/2 cp of ORT for every watery stool	1	2
D	Give 1 liter of water per day ONLY	1	2
E	Other	1	2
(4.04)	Which of the following are danger signs for pregnant women?	Yes	No
A	Fever	1	2
B	Vaginal Bleeding	1	2
C	Swelling of hands, face, AND feet	1	2
D	Loss of appetite	1	2
(4.05)	Which of the following signs are dangerous signs for a baby?	Yes	No
A	The baby is convulsing	1	2
B	The baby has a fever	1	2
C	The baby is not breastfeeding	1	2
D	The baby is breathing too quickly	1	2
(4.06)	Which of the following diseases can be prevented with a vaccine?	Yes	No
A	Poliomyelitis	1	2
B	Measles	1	2
C	Tetanus	1	2
D	Tuberculosis	1	2
E	AIDS	1	2
(4.07)	Which are effective methods of contraception?	Yes	No
A	Oral contraceptives (pills)	1	2
B	Depoprovera injection (DMPA)	1	2
C	IUD	1	2
D	Breastfeeding	1	2
E	Withdrawal	1	2

## Section 5: Housing

**RESPONDENT:** Head of household or most knowledgeable household member regarding the household

### (5.01) TYPE OF DWELLING

TRADITIONAL HUT	01
IMPROVED TRADITIONAL HUT	02
DETACHED HOUSE	03
HOUSE ATTACHED TO SHOP	04
SEMI-DETACHED HOUSE	05
SERVANT QUARTERS	06
GUEST HOUSE/WING	07

HOSTEL	08
NON-RESIDENTIAL BUILDING (SCHOOL, CLASSROOM)	09
IMPROVISED HOUSING/ SHACK	10
OTHER, SPECIFY	96

### (5.02) MAIN MATERIAL USED FOR:

BRICKS OR BLOCKS	01
ASBESTOS	02
CORRUGATED IRON / METAL	03
PLASTIC	04
POLES / REED	05
TILES / SLATES	06
THATCH / GRASS	07
WOOD / BAMBOO	08
EARTH / MUD	09

- A. WALLS
- B. ROOFTOP
- C. FLOOR

CONCRETE ONLY	10
COVERED CONCRETE	11
CARDBOARD	12
OTHER, SPECIFY	96

### (5.03) What is the ownership status of your house?

OWNER OCCUPIED DWELLING - WITH MORTGAGES	01	► (5.05)
OWNER OCCUPIED DWELLING - WITHOUT MORTGAGES	02	(5.05)
RENTED (NOT TIED TO THE JOB)	03	
RENTED (TIED TO THE JOB)	04	
RENT FREE (NOT OWNER OCCUPIED)	05	► (5.06)

MUNICIPALITY PLOT PROVIDED BY EMPLOYER (GOVERNMENT)	06	► (5.06)
PROVIDED BY EMPLOYER (PRIVATE)	07	► (5.06)
TEMPORARY HOUSING	09	► (5.06)
OTHER, SPECIFY	96	► (5.06)

### (5.04) How much rent are you charged? ► (5.07)

Monthly	01
Every 3 Months	02
Every 6 Month	03
Annually	04
Weekly	05
Bi-Weekly	06
Other, Specify	96

### (5.05) If you sold this dwelling today, how much would you receive for it?

### (5.06) If you rented this dwelling, how much rent would you receive?

Monthly	01
Every 3 Months	02
Every 6 Month	03
Annually	04
Weekly	05
Bi-Weekly	06
Other, Specify	96

### (5.07) How many rooms does your household have? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING, EXCLUDING KITCHEN AND BATHROOMS)

RWF

CODE

RWF

RWF

CODE

ROOMS

## Section 5: Housing

(5.08) What is your household's **main** source for drinking water?

a. DRY SEASON

b. RAINY SEASON

PIPED INTO DWELLING	01
PIPED INTO YARD/PLOT	02
PUBLIC TAP/STANDPIPE	03
PROTECTED WELL	04
UNPROTECTED WELL	05
PROTECTED SPRING	06
UNPROTECTED SPRING	07

RAINWATER	08
TANKER TRUCK	09
SURFACE WATER (LAKES)	10
BOTTLED WATER	11
OTHER, SPECIFY	96

(5.09) How far is this source from the house?  
IF LESS THAN ONE KM, ENTER 00  
ONE WAY

a. DRY SEASON

KM

b. RAINY SEASON

KM

(5.10) How do you treat your drinking water?

NO TREATMENT	01
BOIL	02
ADD CHLORINE (Sur'eau)	03
IODINE	04
OTHER (SPECIFY)	96

a. DRY SEASON

b. RAINY SEASON

(5.11) What is the **main** type of toilet used by the household?

FLUSH TO PIPED SEWER	01
FLUSH TO SEPTIC	02
FLUSH TO PIT LATRINE	03
FLUSH TO OTHER	04
VENTILATED PIT LATRINE	05
PIT LATRINE WITH SLAB	06

OPEN PIT	07
BUCKET	08
HANGING TOILET	09
NO FACILITIES OR BUSH	10
OTHER, SPECIFY	96

(5.12) How many other households does your household share the  
toilet facility with? IF DOES NOT SHARE WRITE '0'

(5.13) How do you mainly deal with the household's refuse / rubbish?

REFUSE COLLECTED	01
PIT	02
BURY	03
BURN	04
NOTHING	05
OTHER (Specify)	96

(5.14) What is your household's **main** source of energy for lighting?

"MAIN" IN TERMS OF QUANTITY

KEROSINE / PARAFFIN /OIL	01
LAMP	
ELECTRICITY	02
CANDLES	03
DIESEL	04
OPEN FIRE	05

TORCH	06
SOLAR PANEL	07
COAL	08
GAS	09
GENERATOR	10
OTHER, SPECIFY	96

(5.15) What is the **main** source of energy used for cooking?

"MAIN" IN TERMS OF QUANTITY

PETROL	01
ELECTRICITY	02
BIOGAS	03
DIESEL	04
OPEN FIRE	05

WOOD/COFFE/CLAY MIXTUR	06
SOLAR PANEL	07
COAL	08
GAS	09
GENERATOR	10
OTHER, SPECIFY	96



## Section 6: Household Assets

RESPONDENT: Head of household or most knowledgeable household member regarding the household

## part A: durable goods

		(6.01) How many [ASSET]s does your household own? ONLY INCLUDE FUNCTIONING ASSETS IF ZERO, GO TO NEXT ASSET	(6.02) How much would you sell all your [ASSET]s for today? CURRENCY
01	Radio/CD/cassette player?		
02	Television?		
03	Clothes iron?		
04	Electric stove?		
05	Gas stove?		
06	Paraffin lamp?		
07	Bed?		
08	Mattress?		
09	Refrigerator / freezer?		
10	Sewing machine?		
11	Table? (for dining?)		
12	Sofa?		
13	Land line telephone?		
14	Mobile / Telephone?		
15	Motorcycle?		
16	Bicycle?		
17	Truck or car?		
18	Wheelbarrow?		
19	Plough?		
20	Hoes / axes ?		

## Section 6: Household Assets

## part B: land ownership and livestock

**RESPONDENT:** Head of household or most knowledgeable household member regarding all household members.

**(6.03)** Does your household own the land for this residence?

YES	01	
NO	02	► (6.05)

**(6.04)** What is the size of this land?

ACRE	01
HECTARE	02
SQ METERS	03

NUMBER	CODE

**(6.05)** Does your household own any other land besides this residence?

YES	01	
NO	02	► (6.08)

**(6.06)** How much land does your household own besides this residence?

ACRE	01
HECTARE	02
SQ METERS	03

NUMBER	CODE

**(6.07)** If you were to sell the land you own, how much do you think you would receive for it?

RWF

**(6.08)** How much land did your household sell in the last 12 months?

RECORD UNIT AND AMOUNT

ACRE	02
HECTARE	03
SQ METERS	04
NONE	05

NUMBER	CODE

## Section 6: Household Assets

ASK (6.09) - (6.11) FOR EACH ANIMAL BEFORE PROCEEDING TO THE NEXT ANIMAL.

		(6.09) How many [ANIMAL]s does your household own? IF ZERO, GO TO NEXT ANIMAL	(6.10) How much did you pay for the last [ANIMAL] you bought? IF GIFT, RECORD 00 CURRENCY	(6.11) How much would you sell your [ANIMAL]s for today? CURRENCY
01	Cattle?			
02	Goats?			
03	Sheep?			
04	Pigs?			
05	Chicken			
06	Turkey			
07	Donkey/Horse?			
08	Oxen?			
09	Rabbits?			
96	Other?			

part B: land ownership and livestock

## Section 7: Transfers and Other Income and Subjective Life Valuation (SLV)

**RESPONDENT:** Head of Household or most knowledgeable household member

**(7.00) RECORD ID OF RESPONDENT:**

**(7.01)**

How much did your household receive from ... in the past 12 months?

IF ZERO, RECORD 00. IF [TRANSFER] WAS IN KIND, RECORD VALUE RECIPIENT WOULD EXPECT TO PAY FOR AN EQUIVALENT TRANSFER.

READ ALOUD:		RWF
01	Interest or investment income	
02	Renting building and/or land to others	
03	Renting equipment/vehicles/machinery to others	
04	Renting animals to others	
05	Other government transfer (VUP direct support beneficiaries)	
06	Scholarship for study or training	
07	Assistance from community groups, NGOs, churches, etc.	
08	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>within</u> Rwanda?	
09	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>outside</u> Rwanda?	
10	Inheritance	
11	Other income not from work? specify	

- (7.02)** Imagine ten steps, where the richest people stand on the 10th step and the poorest on the 1st step. Where is your household today?  
DESCRIBE CONTEXT PER THE MANUAL. RECORD THE NUMBER OF THE STEP (BETWEEN 1 AND 10).

STEP  
TODAY

- (7.03)** On which of these steps was your household 1 year ago?  
RECORD THE NUMBER OF THE STEP (BETWEEN 1 AND 10).

STEP  
1 YEAR AGO

- (7.04)** CHECK IF VALUE FOR (7.03) DIFFERENT FROM (7.02).

IF (7.03) = (7.02) ► GO TO NEXT SECTION.

IF (7.03) ≠ (7.02). Note: If (7.03) > (7.02) "worse *off*". If (7.03) < (7.02) "better *off*".

Why is you household better / worse off than last year?

NATURAL DISASTER	1	SUPPORT FROM GOVERNMENT	5
WEATHER	2	SUPPORT FROM COMMUNITY	6
BAD ECONOMY	3	SUPPORT FROM FAMILY/FRIENDS	7
INVESTMENT	4	HEALTH	8

DEATH	9
NEW JOB/WORK	10
ROBBED	11
OTHER, SPECIFY	96 ▼

## Section 8: Mortality

**RESPONDENT:** Head of household or most knowledgeable household member regarding all household members.

(8.01) Has there been a death of any adult, child or infant living in this household in the past 12 months?

YES 1  
NO 2



(8.02) Has there been any baby who cried/showed signs of life who only survived a few hours or days in the past 12 months?

YES 1 ► TREAT ANY SUCH BABY AS DECEASED HOUSEHOLD MEMBER  
NO 2



(8.03) How many household members died in the past 12 months?

IF ZERO, RECORD "0" END MAIN HH QUESTIONNAIRE



RECORD MOST RECENT DEATH FIRST, FOLLOWED BY PREVIOUS DEATH

NAME OF DECEASED	(8.04)	(8.05)	(8.06)		(8.07)	(8.08)
	What was the gender of the deceased?	How old was the deceased?	What was the cause of death?		Where did he/she die?	What was the relationship of the deceased to the current head of household?
at at at			BIRTH TRAUMA	01		
			CONGENITAL ANOMALIES	02		
			SICKLE CELL	03		
			MEASLES	04		
			MALARIA	05		SPOUSE (WIFE/HUSBAND) 02
			MALNUTRITION	06		OWN SON / DAUGHTER 03
			DIARRHEA	07		STEP SON/DAUGHTER 04
			PNEUMONIA	08		SON/DAUGHTER IN-LAW 05
			TUBERCULOSIS	09		GRANDCHILD 06
			AIDS	10		BROTHER/SISTER 07
			ACCIDENT	11		PARENT 08
			VIOLENCE	12		PARENT-IN-LAW 09
			STROKE	13	AT HOME 01	NIECE/NEPHEW 10
			CANCER	14	AT FAMILY/RELATIVES 02	OTHER RELATIVE 11
			HEART DISEASE	15	IN THE STREET 03	DOMESTIC WORKER 12
			OLD AGE	16	IN THE HEALTH CENTER 04	OTHER NON-RELATIVE 13
			UNKNOWN	17	IN THE HOSPITAL 05	
		OTHER (SPECIFY)	96	OTHER (SPECIFY)	96	
01						
02						
03						
04						
05						
06						

## End of General Household Questionnaire

Could you please give us your cellphone number so that we can contact you again in the future?

NAME	PHONE NUMBER

Could you also give us the cellphone numbers of at least two other **family members/relatives/friends** of your household so that we can contact you again next year?

NAME	PHONE NUMBER

THANK THE HOUSHOLD MEMBERS (YOUR MANUAL TELLS YOU HOW TO END)

WRITE DOWN A DETAILED DESCRIPTION OF HOW TO FIND THE HOUSEHOLD:

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## Interview notes

PLEASE WRITE DOWN HERE YOUR NOTES (IF ANY) PER RESPONDENT

01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

## Section 1: Household Roster

ID CODE	(1.01) INTERVIEWER: CHECK IF HOUSEHOLD WAS INTERVIEWED IN 2010 BASELINE SURVEY.  IF HOUSEHOLD <b>WAS INTERVIEWED IN 2010</b> , START WITH HOUSEHOLD MEMBERS WHO WERE THERE IN 2010. ADD NAMES OF ANY NEW HOUSEHOLD MEMBERS  IF HOUSEHOLD <b>WAS NOT INTERVIEWED IN 2010</b> , LIST THE NAMES AND SURNAMES OF ALL PERSONS LIVING IN THIS HOUSEHOLD. START THE LIST WITH THE HEAD OF THE HOUSEHOLD.	(1.02) GENDER	(1.03) AGE  INTERVIEWER: FOR NEW HOUSEHOLDS OR NEW HOUSEHOLD MEMBERS, COPY THE AGE OF THE HOUSEHOLD MEMBER FROM 1.14			ELIGIBILITY			
						(1.04) Circle ID of All Household Members 12 and older	(1.05) Circle ID of Core Respondent	(1.06) Circle ID of the Spouse/ Partner of the Core Respondent	(1.07) Circle ID of Children <5 of Core Respondent
		MALE 1 FEMALE 2							
	NAME		YEARS	MONTHS	WEEKS				
01						01	01	01	01
02						02	02	02	02
03						03	03	03	03
04						04	04	04	04
05						05	05	05	05
06						06	06	06	06
07						07	07	07	07
08						08	08	08	08
09						09	09	09	09
10						10	10	10	10
11						11	11	11	11
12						12	12	12	12
13						13	13	13	13
14						14	14	14	14
15						15	15	15	15