P3.S2.T1 Household assessment form

(To be adapted)

The purpose of the survey is to better understand the economic and personal situation of vulnerable people to select the beneficiaries, and how they have been affected by the <disaster/ crisis>.

# Introduction

This is a HH assessment template for the database of <name> project. Your responses are voluntary and will be confidential.

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| **a** | **Interviewer’s name** |  |
| **b** | Date of interview | Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| |

# Personal information

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Beneficiary Number** | |\_\_|\_\_|\_\_|  Please make sure you have checked and registered the Beneficiary number before proceeding to interview | | | | | | |
| **Name** | **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | | | **ID** |  |
| **Current Address** |  | | | | | | |
| **Locality** |  | | Rural  Urban  Peri-urban  | | | | |
| **Municipality** |  | **District/Province/Region** | | |  | | |
| **Phone number(s)** | +(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ +(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Sex** |  Male   Female | **Age** | | |\_\_|\_\_| | | | |

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| **Type of property/ownership** | Owner  Rented   Guest  Shared  Other  | **Type of housing** | | Apartment  House   Room  Other  |
| **Disability** |  Yes  No | **If yes (cause)** | Physical Disability Visual Disability.   Hearing Disability  Mental Health Disability  Other  | |

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| **Women HoH** |  Yes  No | **Household size**  *(total family members living in the same house, including HoH)* | Total |\_\_\_\_\_\_\_\_|  Males |\_\_\_\_\_\_| Females |\_\_\_\_\_\_\_|  Children 0-14 |\_\_\_\_\_\_\_|  HH members with disability |\_\_\_\_\_\_\_|  Elders > 60 years old |\_\_\_\_\_\_\_|  Pregnant/lactating women|\_\_\_\_\_\_\_| |

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| **Marital status** |  Married (spouse present)   Married (spouse not present)   Divorced   Single   Widow   Separated | **Level of education** |  No formal education/illiterate   Primary school   High school   University   Other |

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| **Legal status (only for Migration project)** | Resident (host community)  IDP  Returnee  Returnee  | | |
| **Year of arrival to locality (only for Migration project If not a member of the host community).** | |\_\_|\_\_||\_\_|\_\_| | **From where did you return/displaced/fled (only for Migration project If not a member of the host community).** | District/Province/Region  |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Country  |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |

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| **Main occupation/profession**  ***(before shock/crises or abroad/away in case of IDP, returnees/refugees)***  ***(adapt to common professions in the area)*** | * Livestock breeding * Poultry farming * Dairy farming * Fishing * Fish farming (aquaculture) * Agriculture * Market gardening (horticulture) * Beekeeping * Forestry * Petty trade * Grocery shop/Mini-market (drinks, food items, hygiene, house non-food items) * Food shop * Bakery * Butcher * Food processing (Canning, packing, pickling, drying...) * Clothing/Accessories shop * Snack house/coffee shop * Restaurant/catering * Hotel/guest house * Spare part shop * Hardware store * Electronics shop | * Miscellaneous items shop * Mobile phone/cards shop * Wholesale trade * Grinding Mill service * Tailor/Garment * Mason * Blacksmith * Carpentry * Painting * Welding * Carpenter * Shoemaker * Plumber * Arts & crafts * Mechanic * Beauty parlor, massage, wellness... * Barbershop/ Hair salon * Transportation (minibus, Taxi, Auto, Moto, bicycle...) * DTP/Internet/Telephone repairs * Security/housekeeping * Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I don’t have a profession. |

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| **Do you have a certificate or diploma for the above profession?** | Yes No  |

# Household economy - income and expenditure

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| **Main current source of income of the HH** |  Salary from employment   Self-employed (no ME supported by the project)   ME supported by the project   Daily labor   Aid from international organizations/ NGO   Remittances from friends and family abroad   Personal savings   Loan from family and relatives   Agriculture   Livestock   Family support   No income source | **Second source of income of the HH** |  Salary from employment   Self-employed (no ME supported by the project)   ME supported by the project   Daily labor   Aid from international organizations/ NGO   Remittances from friends and family abroad   Personal savings   Loan from family and relatives   Agriculture   Livestock   Family support   No income source |

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| **TOTAL expenditures last month for the HH** (food, hygiene items, healthcare/medicines, utilities (gas, fuel, water, electric, etc.), rent, education) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |
| **TOTAL income last month for the HH** (from all income sources: salary from employment, Self-employed, Daily labour, Aid from international organizations/ NGO, Remittances from friends and family abroad, Personal savings, Loans) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |

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| **Do you get remittance?** | |  Yes  No |
| **If YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |

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| **Do you get enough income to cover your basic needs /expenditures?** | |  Yes  No |
| **If not, what food-related coping mechanisms are you using?**  Please, select all that apply | * Reduce the number of daily meals * Reduce the size of portions during the meals * Purchase of less appreciated products (with lower prices and/or lower nutritional value * Reduction of meat/fish/eggs consumption * Reduction of fresh vegetables consumption * Consumption of wild products * Borrowing food or other help from friends or relatives * Reduce the amounts consumed by adults so that children eat more * Reduce the amounts consumed by women and girls to the benefit of the man and children * Don’t know * No response | |
| **If not, what livelihoods related coping mechanisms are you using?**  Please, select all that apply | * Selling goods (radio, furniture, refrigerator, television, jewellery, etc.) for food needs * Sale of productive assets (tools, etc.) * Selling means of transport (motorbike, etc.) * Sale of breeding animals * Sale of more animals (non-productive) than usual * Sale of land * Reduced planned expenses for agricultural inputs (seeds, fertilizers) and livestock to purchase food * Consuming seed stocks that were to be saved for the next season * Withdrawn children from school * Reduced essential non-food expenses such as health, education | |

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| --- | --- | --- | --- | --- |
| **Do you have savings?** | | | |  Yes  No |
|  | **IF YES, how much?** | | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| **Do you have debts?** | | | |  Yes  No |
|  | **IF YES, how much?** | | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  | **IF YES, from where?** | |  | |
| **Describe how you have been affected by < *crisis/disaster/shock/vulnerability..*.> to your HH income and expenditure/business** | |  | | |

# Micro-entrepreneurship information

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| **Business idea.**: |  | | | | | | | | | |
| **Sector:** |  Agriculture  Manufacturing  Services  Trade | | | | | | | | | |
| **Subcategory/Subsector** | * Livestock breeding * Poultry farming * Dairy farming * Fishing * Fish farming (aquaculture) * Agriculture * Market gardening (horticulture) * Beekeeping * Forestry * Petty trade * Grocery shop/Mini-market (drinks, food items, hygiene, house non-food items) * Food shop * Bakery * Butcher * Food processing (Canning, packing, pickling, drying...) | | | * Clothing/Accessories shop * Snack house/coffee shop * Restaurant/catering * Hotel/guest house * Spare part shop * Hardware store * Electronics shop * Mobile phone/cards shop * Miscellaneous items shop * Wholesale trade * Grinding Mill service * Tailor/Garment * Mason * Blacksmith | | * Carpentry * Painting * Welding * Carpenter * Shoemaker * Plumber * Arts & crafts * Mechanic * Beauty parlor, massage, wellness... * Barbershop/ Hair salon * Transportation (minibus, Taxi, Auto, Moto, bicycle...) * DTP/Internet/Telephone repairs * Security/housekeeping | | | |
| **If other, subcategory, specify?** | |  | | | | | | | | |
| **Will it be a business group?** | |  Yes  No | **If YES, number of members,** | | | | | | |\_\_|\_\_| | |
| **This proposal is for:** | | Start new business  Recovery  Strengthening of existing business | | | | | | | | |
| Do you have experience in this type of project, If YES for how long? | |  Yes  No | **How long**: | | | | | | | |
| Do you have knowledge and basic skills to run the project, If YES what are they exactly? | |  Yes  No | **Exact skills**: | | | | | | | |
| Do you have the place to run the business, if YES where? | |  Yes  No | **If yes: Where:**  **IF NOT, from where would you like to get the workplace?**   Family   Government   Rented place   Other \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Do you already have any asset that can/will be used to start the project**?** | |  Yes  No | **IF YES, what are they?** | | | | | | | |
| Total amount needed for the intended project: | | **CURRENCY>** | | | | | | | | |
| Amount requested from <National Society>: | | **<CURRENCY>** | Applicant’s financial contribution: | | | | **<CURRENCY>** | | | |
| **What is the current status of the ME?**  (only for recovery/strengthen MEs projects) | |  Not started  Stopped  Partially running  Fully running | | | | | | | | |
| **Business performance**  (only for recovery/strengthen MEs projects) | | **Monthly income (selling)**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| | | | **Monthly expenditures**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| | | | **Net monthly profit (gains)**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| | | |

# Goods requested for the business

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description of item/good** | **Unit** | **Units requested** | **Estimated cost per unit <CURRENCY>** | **Total <CURRENCY>** | |
| 1 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| 2 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| 3 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| … |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  | **Total cost estimated of the items/goods** | | | | | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |

# Signature1

 I hereby give my consent to <National Society> to collect, handle and store my personal data.

|  |  |
| --- | --- |
| **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **Beneficiary’s signature** | **Date and place** |

**OFFICE PURPOSE**

# Valuation and recommendation

|  |  |  |
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| The beneficiary fulfills the vulnerability requirements |  Yes  No |  |
| The beneficiary does not meet any exclusion criteria. |  Yes  No |  |
| Is our support going to enhance the**HH incomes** |  Yes  No |  |
| Does the applicant **have (or can access to) an adequate space**for the proposed activity |  Yes  No |  |
| Indicate whether the applicant has **experience and technical skills on the microentrepreneurial activity** |  Yes  No |  |
| Indicate whether the applicant has the **motivation** to implement the microentrepreneurial activity |  Yes  No |  |
| Indicate whether the applicant knows (or can acquire through basic training) the**business management basic skills**needed to perform the microentrepreneurial activity |  Yes  No |  |
| Does the project proposal fall within**budget** (<amount> <currency> per project) |  Yes  No | if NO, see below requested amount |
| Is applicantcapable to **contribute** to the project financially |  Yes  No |  |
| <Other> |  Yes  No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Meet eligibility criteria** | |  Yes  Partially  No | |
| **Weighting the vulnerability criteria** | | <number> POINTS | |
| **Business proposal criteria** | | <number> POINTS | |
| **Remarks/observations** | | | |
|  | | | |
| **Recommendation of the field officer:** | |  Approve  Reject | |
| **If Rejected please describe why** |  | | |
| **Field Officer signature** | | | **Date and place** |
|  | | |  |