P4.S2.T1 Entry form

(To be adapted)

The purpose of the survey is to collect initial information of the selected beneficiaries for the ME program. Please fill out the following information as accurately as possible. When complete, please complete the information in the **ME database excel file**

Introduction

This is an entry form template for the database of <name> project. Your responses are voluntary and will be confidential.

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

# Personal information

|  |  |  |  |
| --- | --- | --- | --- |
| **1.1.** | **Beneficiary Number** | |\_\_|\_\_|\_\_| | Please make sure you have checked and registered the Beneficiary number before proceeding to interview |

|  |  |  |
| --- | --- | --- |
| **1.2.** | **Name** | **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **1.3.** | **Current Address**  |  |
| **1.4.** | **Locality** |  | Rural o Urban o Peri-urban o  |
| **1.5.** | **Municipality** |  | **1.6.** | **District / Province / Region** |  |
| **1.7.** | **Phone number(s)**  |  |  |
| **1.8** | **Sex** | ¨ Male ¨ Female | **1.9.** | **Age** | |\_\_|\_\_|  |
| **1.10.** | **Type of property/ownership**  | Owner o Rentedo Guest o Shared o Other o  | **1.11.** | **Type of housing** |  Apartment o House o  Room o Other o  |
| **1.12.** | **Disability** | ¨ Yes ¨ No | **1.13.** | **If yes (cause)** | Physical Disability Visual Disability.  Hearing Disability  Mental Health Disability  Other   |
| **1.14.** | **Women HoH** | ¨ Yes ¨ No | **1.15.** | **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|\_\_\_\_\_\_\_| |
| **1.16.** | **Marital status** | ¨ Married (spouse present)¨ Married (spouse not present)¨ Divorced¨ Single¨ Widow¨ Separated | **1.17.** | **Level of education** | ¨ No formal education/illiterate¨ Primary school¨ High school¨ University¨ Other |
| **1.18.** | **Legal status (only for Migration projects)** | Resident (host community) o IDP o Returnee o Returnee o  |
| **1.19.** | **Year of arrival to locality (only for Migration project If not a member of the host community).***(If not a member of the host community)* | |\_\_|\_\_||\_\_|\_\_| | **1.20.** | **From where did you return/displaced / fled. (only for Migration project If not a member of the host community).** | District / Province / Region |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|Country |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |

# Household economy - income and expenditure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.1.** | **Main current source of 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 | **2.2.** | **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 |

|  |  |  |
| --- | --- | --- |
| **2.3.** | **TOTAL expenditures last month for the HH** (food, hygiene items, healthcare/medicines, utilities (gas, fuel, water, electric, etc.), rent, education) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  |
| **2.4.** | **TOTAL income last month for the HH** (from all income sources: salary from employment, Self-employed, Daily labor, Aid from international organizations/ NGO, Remittances from friends and family abroad, Personal savings, Loans) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  |

|  |  |  |
| --- | --- | --- |
| **2.5.** | **Do you get remittance?** | ¨ Yes ¨ No |
|  | **2.5.1.** | **If YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  |
| **2.6.** | **Do you get enough income to cover your basic needs /expenditures?** | ¨ Yes ¨ No |
| **2.6.1.** | **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
 |
| **2.6.2.** | **If not, what livelihoods related coping mechanisms are you using?** | * 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
 |
| **2.7.** | **Do you have savings (before starting the activity)?** | ¨ Yes ¨ No |
|  | **2.7.1.** | **IF YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  |
| **2.8.** | **Do you have debts (before starting the activity)?** | ¨ Yes ¨ No |
|  | **2.8.1** | **IF YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  |
|  | **2.8.2** | **IF YES, from where?** |  |

# 2B. Entrepreneur assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **2B.1.** | **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **2B.2.** | **Do you have a certificate or diploma for this profession?** | ¨ Yes ¨ No |
| **2B.3** | **Do you have previous knowledge and/or experience required for managing the microentrepreneurship project you have been selected for?** | ¨ Yes ¨ No |
|  | **2B.3.1** | **IF YES, for how long have you been working on the microentrepreneurship project?** |  |
| **2B.4.** | **Are you presently involved in a similar activity?** | ¨ Yes ¨ No |
| **2B.5** | **Do you already have any asset that can/will be used to start the project?** | ¨ Yes ¨ No |
|  | **2B.5.1** | **IF YES, what are they?** |
|  |  | **01** |  | **04** |  |
|  |  | **02** |  | **05** |  |
|  |  | **03** |  | **06** |  |
| **2B.6.** | **Do you have a space to run the project?** | ¨ Yes ¨ No |
|  | **2B.6.1** | **IF YES, where?** |  |
|  | **2B.6.2** | **IF NO, from where would you like to get the work place?** | ¨ Family¨ Government¨ Rented place¨ Other \_\_\_\_\_\_\_\_\_\_\_\_ |

# Micro-entrepreneurship information

|  |  |  |
| --- | --- | --- |
| **3.1.** | **Business name**  |  |
| **3.2.** | **Sector** | ¨ Agriculture ¨ Manufacturing ¨ Services ¨ Trade |
| **3.3.** | **Subsector / Category** | * 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
* Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **3.4.** | **Will it be a business group**  | ¨ Yes ¨ No | **4.4.1** | **If YES, name of group** |  |
| **4.4.2** | **If YES, # of group** | |\_\_|\_\_|\_\_| | **4.4.3** | **If YES, number of members** | |\_\_|\_\_| |
| **3.5.** | **What is the current status of the ME** |
|  | ¨ Not started  | ¨ Stopped | ¨ Partially running  | ¨ Fully running  |
| **3.6.** | **Fill the following IF partially of fully running (mark CERO “0” if not stated or stopped)** |
| **3.6.1** | **Monthly income (selling)** <CURRENCY> | **3.6.2** | **Monthly expenditures to maintain/expand** the project <CURRENCY> | **3.6.3** | **Net monthly profit (gains)**<CURRENCY> |
|  |  |\_\_|\_\_|\_\_|\_\_|\_\_| **-** |\_\_|\_\_|\_\_|\_\_|\_\_| | **=** | |\_\_|\_\_|\_\_|\_\_|\_\_| |

# Comments & Observations

|  |  |
| --- | --- |
| **Additional comments** |  |

# Signature

¨ 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** |
| **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **Field Officer signature**  | **Date and place**  |