



REPUBLIC OF GHANA

2010 POPULATION AND HOUSING CENSUS

ENUMERATOR'S VISITATION RECORD (EVR) BOOK FOR RURAL AREAS

Enumeration Area Code

Name of EA Base

District Name

District Type

Sub-District

Enumerator's Name (in Block Letters)

Field Supervisor's Name (in Block Letters)

Date Listing started

Date Listing completed

Main language spoken in EA

EVR BOOK OF



STATISTICAL SERVICE
30TH AUGUST, 2010

GENERAL INSTRUCTIONS

1. This booklet is to serve as a record of your enumeration. It is designed to assist you in ensuring that you do not miss any house/structure or any person (who qualifies to be enumerated) in your EA during the period of enumeration.
2. List every house, compound, structure, hut, kiosk or any location of outdoor sleepers in the order of your visit (i.e. in a serpentine order) whether you find anybody in the building or not.
3. USE A NEW LINE (i.e. one row of the EVR) for each house, compound/structure, etc.
4. Start a new page for each locality within your EA but continue with the serial numbering of houses/structures/compounds etc.
5. Details in columns 1, 2 and 3 should be entered during the house listing operation whilst columns 4, 5, 6, 7, 8, 9, 10 and 11 should be completed after enumeration in each house. Column 10 must be filled out before you leave a house or compound whether enumeration has been completed or not.
6. On your first visit to a house (i.e. after listing of the structure) if you do not find anybody, inquire from neighbours whether anybody slept in the house on Census Night. If nobody slept in the house, write down "EMPTY" in column 11 for the serial number of that house/structure. If however, the neighbours are not able to give you information as to whether or not anybody slept in the house you must make further visits to the house to ascertain the facts.

HOW TO FILL OUT THE EVR

Before you start recording details on the inside pages, you should record the following entries on the front page of the booklet:-

EA Code: Copy this from your EA description (PHC2) attached to the EA map

Name of EA Base: Copy this from your PHC 2

District: Copy this from your PHC 2

District Type: Copy this from your PHC 2

Sub-District: Copy this from your PHC 2

Enumerator's Name: - Write your full name in block letters in the space provided.

Field Supervisor's Name: - Write also in full the name of your Field Supervisor in block letters.

Date listing started: - You should write in this space the date you started your actual house listing operation i.e. when you started making entries in the inside pages of this booklet.

Date listing was completed: - You should also write in this space the date you completed your house-listing operation i.e. when you completed making entries in columns 1, 2, and 3 in the inside pages of this booklet.

Main language spoken in EA: - In this space you should record the language spoken by the majority of the people in the EA. Note that this refers to the whole of the EA and not to any particular village or hamlet in the EA

The columns provided in the inside pages of this booklet should be completed as follows:-

Column 1. - Enter the serial number of each house, compound, structure starting from 0001, 0002, 0003, etc. This should be the same 4 digit serial number you assign to the house/compound/structure. Continue this series of numbers throughout the EA irrespective of a change in the locality. This means that **YOU SHOULD NOT START AGAIN FROM 0001 WHEN YOU MOVE TO A NEW LOCALITY IN THE SAME EA.** The last serial number (for the last structure listed by you) in the EA should therefore be equal to the number of houses/compounds or structures and locations of outdoor sleepers in the whole of your EA.

The houses, compounds, structures and locations of outdoor sleepers should be listed in the same order in which the persons will later be enumerated. If, for example, a location of outdoor sleepers is assigned the serial number 0001, then the floating population at that location will be the first to be enumerated within the EA. Listing of living quarters of staff members of institutions should be done separately from that of the inmates.

Column 2. - If the streets are named and the houses are numbered, write down in this column the house number and the name of the street. You can also write down the NHIS, ECG/VRA numbers (as written on the walls of the houses/ structures), and the area name if there are no house numbers. Otherwise, write a precise description so that anyone can find the house easily. For example, on main street directly opposite Nyame Bekyere Chop Bar; or third building after Chief's palace on the way to the Methodist Church.

Column 3. - In this column enter the **use** to which the building is put. Write R for Residential if the structure serves as a residence or sleeping place only; otherwise, write such entries as "Ruins" "Worship", "Business", etc. If it serves as a residence and also some other purpose write both uses, e.g. R + workshop; this is very important. Make sure that there is an **R** entered for every place where people live. For locations like "Veranda", "Market place", and "Roadside" where outdoor sleepers are found; write "**sleeping place**" in the column. **Remember columns 1, 2 and 3 should be completed during house/structure listing operation.**

Column 4. – Enter in this column the total number of households in each house or compound and location of homeless households. This should only be done after you have enumerated every person in the house/compound/structure.

Column 5. - You should write down in this column the total number of males enumerated in households (this includes males in homeless households). This should only be done after you have enumerated every person in the house or compound.

Column 6. - Write down in this column the total number of females enumerated in households (this includes females in homeless households). This should be done only after you have completed enumeration of every person in the house or compound.

Column 7. - Write down in this column the total number of male inmates of institutions or the floating population enumerated at that location. This should be done only after you have completed enumeration of every person in the institutions of that locality.

Column 8. - Write down in this column the total number of female inmates of institutions or the floating population enumerated at that location. This should be done only after you have enumerated every person in institutions in that locality.

Column 9. - Enter in this column the total number of Questionnaires used in enumerating all persons in households and in group quarters.

Column 10. - In this column you should record whether or not enumeration has been completed for this house or compound by writing "Yes" or "No". Enter "Yes" only after completing enumeration of all members of households in the house or inmates of the institution. If you enter "No" you should record the date and time you expect to call back. Note that the call-back cards are mainly to be used in urban areas. In rural areas, leave a message with other persons in the same house or a neighbouring house or compound, stating the time and date you will call again.

Column 11. - In this column you should record all cases or problems which require special treatment or attention by your Supervisor. You may also write any general remarks you will like to make about that particular house or compound/structure.

You should note the following two cases:-

- (a) Closed or vacant house: - You should write CLOSED (in column 11) for house, flat or room for such places of abode which were occupied on Census Night but which were closed or vacant during the whole period of enumeration. You should try to obtain as much information as possible from the neighbours, enter this on the questionnaire and refer the case to your Supervisor.
- (b) House, vacant on Census Night and also vacant during enumeration: - Enter the serial number in column 1 and the address of this house in column 2 and write EMPTY in column 11.

LOCALITY FACILITIES

You are expected to collect information on postal and telecommunication facilities, type of health facilities, type of educational facilities available to the locality. You are also expected to indicate whether or not the locality has a public toilet. If the EA forms part of a locality the **information should relate to the E.A.**

1. LOCALITY'S POST & TELECOMMUNICATION FACILITIES

Two boxes marked "Yes" and "No" for "Post Office", "Telephone" and Internet Café have been provided for collecting information on Post & telecommunication facilities available to the locality. You should mark the Yes box if the facility is available in the locality (or EA). The No box should be marked if the facility is not available in the locality (or EA). If No, write in kilometers in 2 digits the distance to the nearest Post Office, telephone or internet facility.

Distinguish between the following facilities:

- a. **Post Office:** This refers to a place where people in the community go to buy stamps, post and take delivery of letters, items, etc. sent to them.
- b. **Telephone:** This refers to pay phones, mobile or fixed in communication centres or phone booths from which people can communicate with people both within and outside the community.
- c. **Internet Café:** It refers to a place where people in the community have access to a linked global network of computers to get information and communicate online.

2. TYPE OF HEALTH FACILITIES

Two boxes, marked “Yes” or “No” under “Hospital”, “Maternity Home/Clinic” and “Traditional Healing Centre”, have been provided for collecting information on the type of health facility or facilities available in the locality. You are expected to mark a box with “Yes” or “No” to indicate availability or non-availability of the type of health facility in the locality. If “No” is marked for any of the options, state in kilometers in 2-digits the distance to the nearest Hospital, Maternity Home/Clinic or Traditional Healing Centre. If the EA forms part of a locality the information on the health facility available should relate to the EA.

Distinguish among the following facilities:-

- a. **Traditional Healing Centre:** - This is a health facility found in both urban and rural areas. Traditional healing centre practitioners use herbs and herbal preparations in the treatment of ailments. Traditional healers may also employ magical and religious means for the treatment of their patients.
- b. **Hospital:** - This refers to a health outlet normally with beds and both in-patient and out-patient departments. It is manned by a physician or a team of physicians. It provides medical, maternity, surgery, dental and psychiatric services. Some essential units of a hospital are dispensary, laboratory, operating theatre, X-ray and a mortuary.
- c. **Maternity Home/Clinic**
 - i. **Maternity Home:** This is a health facility where expectant mothers go to be delivered by a qualified midwife. It also provides ante-natal and post-natal services to pregnant women and nursing mothers.
 - ii. **Clinic:** This is mainly an out -patient unit found in both cities and rural localities. It provides most medical services like a hospital but has limited bed facilities for patients requiring brief period of observation. It is manned by a physician in cities and Health Superintendent and group of nurses in the rural localities.

3. TYPE OF EDUCATION FACILITY

Two boxes marked “Yes” or “No”, under “Primary School”, “JHS” and “SHS” have been provided for collecting information on type of educational facilities available in the locality. You should mark the “Yes” or “No” box to indicate the availability or non-availability of the type of educational facilities in the locality. If “No” is marked for any of the options, state in kilometers

in 2-digits the distance to the nearest Primary school, JHS or SHS. Remember that if the EA forms part of a locality the information on type of education facility should relate to the EA. Distinguish among the following types:-

- a. **Primary School**:- This is an educational facility, which caters for pupils between ages 5 and 13. Education at this level starts from class one to class six.
- b. **Junior High Secondary**:- This caters for pupils in the 12 to about 18 age group. At this level education starts from JHS 1 to JHS 3. It prepares pupils for the Basic Education Certificate of Examination (BECE), which is taken during the third and final year.
- c. **Senior High Secondary School**:- This caters for students aged between 15 and 19. This level of education starts from SHS1 to SHS4. This prepares students for the West African Senior Secondary Certificate of Examination (WASSCE) which is taken during the final year.

4. PUBLIC TOILET FACILITY

Two boxes, marked “Yes” or “No” under “Toilet Facility”, have been provided for collecting information on the availability or non-availability of public toilet facility in the locality/ EA. You should mark “Yes” or “No” box to indicate availability or non-availability of public toilet in the locality. If the EA forms part of a locality, the information on public toilet should relate to the EA.

SUMMARY

In the summary pages of this booklet you should summarize the entries in the preceding pages. One line should be used for each locality. The totals should all be copied from the totals in the preceding pages as outlined below.

Column 1. – Name of Locality: Write down the localities (or EA) in the order in which they were listed.

Column 2. – The total number of houses/structures : For each locality listed (or for the EA) add the number of houses/structures marked R and R+ in column 3 on the preceding pages (totals of each locality or EA).

Column 3. – Total number of households in the EA or localities: Add the number of households in each house/structure in column 4 on the preceding pages for each locality, or for the EA.

Column 4. – Total number of males enumerated in household: For each locality or for the EA add the total number of males enumerated in households on the column 5 in preceding pages.

Column 5. – Total number of females enumerated in household: For each locality or for the EA, add the total number of females enumerated in households in column 6 of the preceding pages.

Columns 6. – Total numbers of males enumerated in Group Quarters: For each locality or for the EA, add the total number of males enumerated in column 7 of the preceding pages.

Column 7. - Total number females enumerated in Group Quarters: For each locality or for the EA, add the total number of females enumerated in Group Quarters in column 8 of the preceding pages.

Column 8. - Total number of questionnaires used: For each locality or for the EA, add the total number of questionnaires used in column 9 on the preceding pages.

Column 9. - Type of post and telecommunication facilities in the locality: Write PO+T+I, if Post Office, Telephone and Internet Café are available in the locality (or the EA). Write PO+T if Post Office and Telephone are available. Write PO+I if Post Office and Internet facilities are available. If telephone and Internet are the only telecommunication facilities available write T+I. If only Post Office is available write PO. etc. If no Post and Telecommunication facilities are available write NO.

Column 10. - Type of health facility/facilities for the locality: Write H+T for both Hospital and Traditional Healing Centre. If all facilities are available, write H+T+M for (Hospital, Traditional Healing Centre and Maternity/Clinic). If the locality has no health facility write No.

Column 11. - Type of educational facility/facilities for the locality: Write P for Primary only and P+J for both Primary and Junior High Schools. Write P+J+S for Primary, JHS and SHS. Write P+S if only Primary and SHS is available. If the locality has no educational facility write NO.

Column 12- Public Toilet: You should record “Yes” or “No” to indicate whether the locality has a Public Toilet or not.

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

(Start a new page for each locality)

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

(Start a new page for each locality)

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

(Start a new page for each locality)

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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(Start a new page for each locality)

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
 IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
 IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
 IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
 IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
 IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
 IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
 IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
 IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
 IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

(Start a new page for each locality)

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

YES	NO

YES	NO

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

YES	NO

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

YES	NO

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

(Start a new page for each locality)

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE
IF NO, DISTANCE TO THE NEAREST POST OFFICE _____ KM

YES	NO

(b) TELECOMMUNICATION
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION _____ KM

YES	NO

(c) INTERNET CAFE
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ _____ KM

YES	NO

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE
IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE _____ KM

YES	NO

(b) HOSPITAL
IF NO, DISTANCE TO THE NEAREST HOSPITAL _____ KM

YES	NO

(c) MATERNITY HOME / CLINIC
IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC _____ KM

YES	NO

(3) EDUCATION FACILITY

(a) PRIMARY
IF NO, DISTANCE TO THE NEAREST PRIM. SCH. _____ KM

YES	NO

(b) JHS
IF NO, DISTANCE TO THE NEAREST JHS _____ KM

YES	NO

(b) SHS
IF NO, DISTANCE TO THE NEAREST SHS _____ KM

YES	NO

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

(Start a new page for each locality)

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
(2) you USE A FRESH LINE for each house/compound or location

Serial No. of House / Compound or location of outdoor sleepers	Address of house/compound or location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Use of Structure (Residential = R; Other, specify).	No. of households in house / Compound	TOTAL No. OF PERSONS ENUMERATED				Total No. of questionnaires used	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call-back	REMARKS Record special case or problems encountered in the house.
				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

NAME OF LOCALITY (TOWN / VILLAGE) _____

Make sure that (1) you list all houses/compounds or locations of outdoor sleepers in the EA
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				Households		Group Quarters				
				M	F	M	F			
01	02	03	04	05	06	07	08	09	10	11
TOTAL										

LOCALITY'S FACILITIES

(1) POST & TELECOMMUNICATION

(a) POST OFFICE

IF NO, DISTANCE TO THE NEAREST POST OFFICE

YES	NO

_____ KM

(b) TELECOMMUNICATION

IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION

YES	NO

_____ KM

(c) INTERNET CAFE

IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ

YES	NO

_____ KM

(4) PUBLIC TOILET FACILITY

YES	NO

(2) HEALTH FACILITY

(a) TRADITIONAL HEALTH CENTRE

IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE

YES	NO

_____ KM

(b) HOSPITAL

IF NO, DISTANCE TO THE NEAREST HOSPITAL

YES	NO

_____ KM

(c) MATERNITY HOME / CLINIC

IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC

YES	NO

_____ KM

(3) EDUCATION FACILITY

(a) PRIMARY

IF NO, DISTANCE TO THE NEAREST PRIM. SCH.

YES	NO

_____ KM

(b) JHS

IF NO, DISTANCE TO THE NEAREST JHS

YES	NO

_____ KM

(b) SHS

IF NO, DISTANCE TO THE NEAREST SHS

YES	NO

_____ KM

S U M M A R Y

Use one line for each locality

Copy the totals for each locality from the preceding pages

Name of Locality	Total No. of houses / compound [R and R+]	Total No. of households	TOTAL NUMBER OR PERSONS ENUMERATED				Total No of Question- naires used	Type of Telecommuni- cation Facilities Facility(ies)	Type of Health Facility(ies)	Type of Educational Facility(ies)	Public Toilet Facility
			Households		Group Quarters						
			M	F	M	F					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FOR EA											

SUMMARY

Use one line for each locality

Copy the totals for each locality from the preceding pages

Name of Locality	Total No. of houses / compound [R and R+]	Total No. of households	TOTAL NUMBER OR PERSONS ENUMERATED				Total No of Questionnaires used	Type of Telecommunication Facilities Facility(ies)	Type of Health Facility(ies)	Type of Educational Facility(ies)	Public Toilet Facility
			Households		Group Quarters						
			M	F	M	F					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FOR EA											

SUMMARY

Use one line for each locality

Copy the totals for each locality from the preceding pages

Name of Locality	Total No. of houses / compound [R and R+]	Total No. of households	TOTAL NUMBER OR PERSONS ENUMERATED				Total No of Questionnaires used	Type of Telecommunication Facilities Facility(ies)	Type of Health Facility(ies)	Type of Educational Facility(ies)	Public Toilet Facility	
			Households		Group Quarters							
			M	F	M	F						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
TOTAL FOR EA												

SUMMARY

Use one line for each locality

Copy the totals for each locality from the preceding pages

Name of Locality	Total No. of houses / compound [R and R+]	Total No. of households	TOTAL NUMBER OR PERSONS ENUMERATED				Total No of Questionnaires used	Type of Telecommunication Facilities Facility(ies)	Type of Health Facility(ies)	Type of Educational Facility(ies)	Public Toilet Facility
			Households		Group Quarters						
			M	F	M	F					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FOR EA											