
APPENDIX B SOCIO-ECONOMIC HOUSEHOLD QUESTIONNAIRE

Form Number Refer to Instruction



TOT4773: Social and Resettlement Services for EACOP:
SOCIO-ECONOMIC HOUSEHOLD SURVEY QUESTIONNAIRE

Form Number

PAP PHOTO

INITIALS

PAP ID NUMBER

ENUMERATED

PHOTO TAKEN

QUALITY CHECK

DATABASE ENTRY

SCANNED & STORED

	Full Name	Telephone Number	Signature		
Name of the Enumerator					
Name of Assistant Sociologist					
Name of the Local Council Guide					
Name of the data entrant					
Results of the interview	1. Complete	Date of Interview	D	M	Y
	2. Incomplete	Date of re-interview	D	M	Y

SECTION 1A: LOCATION DETAILS

	Name	Code (Use coding list)
a) District		
b) Sub-County		
c) Parish		
d) Village		
e) PAP NIN		

SECTION 1B: LOCATION DETAILS& PAP IDENTIFICATION

a. Valuation/Household Number	
b. Other Valuation Number belonging to individuals in the household	
c. What is your name?	
d. Telephone Number	
e. Line number (from HH profile)	
f. Gender	1. Male 2. Female
g. Age	
h. What is your position in the household?	1.Head of the Household (<i>Skip to Question n</i>) 2. Spouse3. Biological child (<i>Ask all Questions a-o</i>) 4. Other (<i>Specify</i>) _____
i. If not the HH of the Hsh, where is the head of the household currently living?	1. Travelled 2. Lives elsewhere in Uganda 3. Abroad
j. What the name of the head of the household (as provided on ID)	
k. What is the Telephone Number of the Head of the Household	
l. Line number (from HH profile)	
m. Gender	1. Male 2. Female
n. Age	
o. Are you the Property Owner/PAP?	1. Yes (<i>Skip to 1C</i>) 2. No

p. If No, what powers does the respondent have over the affected property?	1.Care-taker 2. Administrator for deceased 3. Other (Specify)
q. If not the property owner/PAP what is name of the PAP?	
r. What is the name of the property owner?	
s. Telephone Number	
t. Gender	1. Male 2. Female
u. Age	
v. What is his position in the household	1. Head of the Household 2. Spouse 3. Biological child 4. Other (Specify) _____

SECTION 1C: PAP/RESPONEDENT AND HOUSEHOLD CHARACTERISTICS

1.1 What is your nationality

1. Ugandan 2. Kenyan 3. Tanzanian 4. Rwandese 5. Congolese 6. Other

1.2 What is your ethnicity?

1. Muganda 4. Munyoro 7. Mukiga 10. Munyarwanda 13. Other
 2. Musoga 5. Munyara 8. Mugwere 11. Alur
 3. Langi 6. Itesot 9. Mutooro 12. Munyankole

1.3 What is your mother language?

1. Ganda 2. Runyakitara 3. Runyarwanda 3. Soga 4. Lumasaba 5. Luo 6. English 7. Kiswahiri

1.4 Does the spouse, if any speak different language?

1. Yes 2. No (Skip to Q 1.6)

1.5 If yes, which one?

1. Ganda 2. Runyakitara 3. Runyarwanda 4. Soga 5. Lumasaba
 6. Luo 7. English 8. Kiswahiri

1.6 What is you religion?

1. Catholic 2. Anglican 3. Orthodox 4. Pentecostal 5. Moslem 6. Adventist 7. Other (Specify) _____

1.7a) What is your residential status on this property affected by the oil pipeline?

1. Resident Property Owner (residing on that land affected by the project regardless whether the house is affected or not)
 2. Non-resident property owner (NRPO)

1.7 b) If non-resident property owner, how many km from here to your primary residential home? ____Km,

1.7c) How many household members are permanently living in the household? _____

1.8 For all those members of the household, what is the household structure and characteristics? (Write the head of household details on top on of first line)

Line Number	a) Full Names Write	b) Relationship to the head of HH (Use codes below)	c) Age in complete years	d) Gender 1. Male 2. Female	e) Education (Use codes below)	f) Marital status (Use codes below)
1.	HH Head					
2.	Spouse					
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

Codes (Transfer the relevant codes into the table cells)

Relationship Codes	1. HH Head Child Brother-in law Other(specify)	2. Spouse 7. Maid 8. Brother 13. Sister-in law	3. Second Spouse 9. Sister 14. Father in-law	4. Biological child 10. Auntie 15. Mother in-law	5. Grand Child 11. Uncle 16. Non-relative	6. Step 12. 17.
Education Codes	1. None 2. Pre-primary/Nursery 3. Primary school complete 4. Primary school incomplete 5. O level 6. A level 7. Vocational 8. Functional Adult Literacy 9. University / Tertiary					
Marital Status	1. Never Married 2. Married/cohabiting (monogamous) 3. Married/cohabiting (polygamous) 4. Widow/widower 5. Separated/divorced 6. Other					

1.9 If married polygamous: (Write in figures)

a) How many wives?	b) If the house is affected, how many are staying in this affected house? (if applicable)

1.10 Do you have any orphans in this household?

1. Yes 2. No (Skip to Qn 2.1)

1.11 If yes, how many _____ (Write in figures)

SECTION 2: SOURCES OF LIVELIHOOD AND ACTIVITIES

Livelihood Resources, Labour Productivity, and Expenditure

2.1 Do you have any household member who has access to economic activities/income earning activities?

1. Yes 2. No (Skip to Q 2.4)

2.2 If yes;

a) How many household members (Cross-check with Question 1.9 person)	b) How many household members are participating in economic activities?

2.3 For those household members who are participating in economic activities, what are their various economic activities in which adults participate? (If not HOD, or of spouse, you simply skip the first rows, because the first two rows are reserved for the two persons) Exclude children who labour

a) Line number (input from Q 1.9)	b) What is hi/her position within the household? (Use codes)	c) What are the various economic activities in which that person participates	d) State the primary activity?	e) Frequency of income from activity	f) What is the estimated income in Ushs at that frequency	g) Where is it located 1. Within ROW 2. In the vicinity 3. Elsewhere
HOD						
Spouse						

Codes:**Economic activity**

1. Crop farming (subsistence 1-10 acres)	2. Crop farming (commercial 10 acres)	3. Livestock farming (subsistence)	4. Livestock commercial (ranch above 20 heads of cattle)
5. Wage-based activities	6. Self-employment	7. Salary	8. Public transfer/pension
9. Fishing activities	10. Hunting, gathering	11. Earth extraction (sand, clay, bricks)	12. Private remittance/transfer
13. Rental, interest, dividend income, land/property income		14. Charity/alms	15. Other (Specify)

Position within the household:

1. Head of the HH 2. Spouse 3. Children 4. Relative 5. None-relative 6. Other (*specify*)

Codes for Frequency of income:

1. Daily 2. Weekly 3. Monthly 4. Bi-annual 5. Annual

2.4 How much do you spend on household basic necessities per month? (*Do not read out, Expenditure amount should be less or equal to income*) –

a) What household item/service does the household usually spend on? (circle the code)	b) Frequency of expenditure (<i>see below</i>)	c) Amount spent
1. Food		
2. School fees		
3. Scholastic material		
4. Health		
5. Telephone (airtime)		
6. Water		
7. Hard energy (paraffin, wood)		
8. Household energy (Electricity)		
9. Toiletry (soap etc.)		
10. House rent		
11. Premise rent		
12. Transport		
13. Alcohol		
14. Entertainment		
15. Agricultural inputs		
16. Garbage disposal		
17. Other (specify)		

Codes for Frequency: 1. Daily 2. Weekly 3. Monthly 4. Bi-annual 5. Annual

2.5 If you own a business [2.3-c6], do you keep business records?

1. Yes 2. No (*Skip to Q 2.7*)

2.6 which Business Records do you keep?

- | | | |
|---------------------|--------------------|------------------------------|
| 1. Business Plan | 4. Stock Book | 7. Expenditure Records |
| 2. Income Statement | 5. List of Debtors | 8. Audited Books of Accounts |
| 3. Balance Sheet | 6. Receipt Book | 9. Other (specify) _____ |

2.7 Have you benefited from any financial services within the past 12 months?

1. Yes 2. No (*Skip to Q 2.9*)

2.8 If yes, what financial services have you ever benefited from? (*Multiple responses*)

a) Financial services	b) Name of the Provider
1. Credit	
2. Savings	
3. Financial literacy training	
4. Insurance	
5. Other (specify)	

2.9 What are the reasons for not having access to economic activities? (*Number of reasons can be more than the number of not-working*)

a) Reasons (<i>Multiples reasons apply</i>)	b) Number of the household members under that category
1. Too young to work	
2. Too old to work/retired	
3. Lack formal of employment opportunity	
4. Lack land	
5. Chronically ill	
6. Disability	
7. Terminated/retrenched	
8. Prefer not to work	
9. Other (Specify)	

Land and Natural Resources

2.10 Do you have access (own, use, or rent) to land?

1. Yes
2. No, why _____ (*Skip to 2.15*)

2.11 Where is that land located? *If many use comma separators*

a) Location	b) How many pieces of land?			c) Is any land (any b-i) currently under productive use? Fill c-i 1. Yes 2.No (<i>Skip to Q 2.15</i>)	
	i. No. of pieces?	ii. No. of Acres?	iii. No. of km to that land?	i. Response	ii. If yes, how many pieces of land?
1. In the land affected by Oil Pipeline			0		
2. Outside the oil pipeline project footprint					

2.13 If yes, what economic activities are being conducted on that land?

a) Economic activities (<i>Circle the code</i>)	b) On the land affected	c) Land Outside the project footprint
1. Crop farming		
2. Animal rearing		
3. Poultry		
4. Fishing		
5. Renting out land		
6. Planted Forest		
7. Conservation		
8. Nature-based hunting and gathering		
9. Earth-based extraction (clay, sand)		
10. Apiary (Bee keeping)		
11. Small-scale industry		
12. Conservation		
13. Industrial complex		
14. Commercial building		
15. Recreation facilities		
16. Cemetery (graves)		
17. Under fallow		
18. Other		

Food Security

2.14 If land is under crop farming (2.13-a1), what the types of crops are grown?

a) Type of crop	b) Rank5 most important crops	c) Number of times/seasons grown per year	d) unit of measure	e) Quantity produced	f) quantity consumed	g) Prices per Unit	h) Who usually buys? (see codes)
1. Coffee							
2. Vanilla							
3. Cotton							
4. Tea							
5. Sugar cane							
6. Tobacco							
7. Sunflower							
8. Sim-sim							
9. Banana							
10. Sweet potato							
11. Cassava							
12. Maize							
13. Rice							
14. Sorghum							
15. Irish Potato							
16. Millet							
17. Ground nuts							
18. Peas							
19. Beans							
20. Fruit tree (specify)							
21. Vegetables (specify)							
22. Others (specify)							

Code for buyer: 1. Mobile buyer 2. Local market 3. Cooperative 4. Other (Specify)

2.15 Do you suffer from food shortage in certain months of the year?

1. Yes 2. No (If No Skip to Q 2.17)

2.16 Which month of the year? Circle the figure

1	2	3	4	5	6	7	8	9	10	11	12
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Livestock Production

2.17 If yes (2.13a-3), the household keeps livestock:

a) What livestock is kept	b) Number of stock	c) Where is the grazing area located it 1. On project affected land 2. Outside the project affected area
1. Cattle indigenous		
2. Cattle exotic		
3. Cattle cross-breed		
4. Goats		
5. Sheep		
6. Pigs		
7. Rabbits		
8. Donkey/camel/horse		
9. Poultry		
10. Other(specify)		

2.18 What livestock production system do you use?

Production system
1. Communal/pastoral system
2. Tethering (livestock restrained by rope)
3. Extensive System(mixed herds[cattle, goat, sheep] kept on barbed ranch, use natural resources without fodder banks)
4. Fenced dairy farming (intensive or semi-intensive system of dairy farming where farmers use part or all of their land to plant or improve pastures and grow fodder)
5. Zero-grazing(peri-urban practice "cut and carry" stall feeding uses fodder crops)
6. Agro-pastoral System (sedentary farmers who grow food crops both for subsistence and sale, while keeping some livestock which graze on communal land)
7. Mixed farming system (combine crop and livestock production; the two enterprises are complementary. Crops are the main agricultural activity, fenced units, to facilitate control of tick borne diseases and for pasture management)

2.19 Have you ever been trained in improved farming methods?

1. Yes, organiser _____
2. No

2.20 Have you received any extension worker within the 1 past year?

1. Yes, organiser _____
2. No

2.21 Do you apply any improved crop farming methods?

1. Yes
2. No (*If No Skip to Q 2.23*)

2.22 If yes, which improved farming methods are adopted? (*Probe, multiple responses*)

- | | |
|--|--|
| 1. Intensive tillage | 11. Use of disease free seeds/seedlings to control |
| 2. Monoculture – one crop in the field | 12. Application of chemical pest control (bio-pesticide/synthetic pesticide) |
| 3. Intercropping | 13. Improved harvesting and post-harvest techniques |
| 4. Crop rotation | 14. Proper storage |
| 5. Use of disease resistant seeds | 15. Control livestock disease |
| 6. Use of synthetic chemical fertiliser | 16. Grafting |
| 7. Use of compost or other organic material (crop residual/green manure) | 17. Other (Specify) _____ |
| 8. Mulching | |
| 9. Irrigation of crops during dry season | |
| 10. Use of hybrid seeds to control pest and disease management through | |

2.23 What type of farm tools do you use? (*multiple responses*)

1. Hand hoe
2. Ox plough
3. Tractor
4. Other _____

2.24 Do you apply any value addition to the agricultural produce (crops or livestock) before consuming or marketing?

1. Yes, which one? _____
2. No

2.25 What are the major problems that affect agricultural production and productivity? (*do not read out*)

Ecological factors	Marketing Problems	Production inputs
1. Scarcity of land (excessive tillage)	2. Lack of market for produce within	3. Lack of production knowledge/Skills
4. Infertile land	5. Low prices	6. Few extension workers (crop & vet)
7. Weather Condition	8. Poor storage	9. Limited supply of farm inputs
10. Pests and Diseases	11. Poor roads	12. Poor farming technology
13. Vermin	14. Others	15. Scarcity of water for livestock
16. Livestock diseases		17. Other
18. Theft		
19. Poor Yield		
20. Others		

Physical Assets and Quality of Life Resources

2.26 What is the **main** source of energy for the household?

a) Type of energy (Multiple responses)	b) For What purpose? <i>Tick Appropriately</i>			
	a) Cooking	b) Lighting	c) Production	d) Other
1. Electricity				
2. Biogas				
3. Processed gas				
4. Solar				
5. Kerosene				
6. Firewood/charcoal				
7. None				
8. Other (specify)				

2.27 Do you have at least one of the following items in this household? *(Read out and circle)*

a) Information & communication	No.	b) Quality of life Assets	No	c) Physical Commercial	No	d) Production Assets	No
1. Radio		10. Bicycle		21. Rental house		30. Canoe	
2. TV		11. Motorcycle		22. Kiosk/shop		31. Wheelbarrow	
3. Satellite dish		12. Car/van		23. Lorry		32. Plough drawn by Ox	
4. Personal computer		13. Refrigerator		24. Tractor		33. Watering Can	
5. Cell-phone		14. Sofa seats		25. Water tap		34. Seeder	
6. Fixed telephone		15. Solar panel		26. Commercial building		35. Hoe, Pang, Axe, Sickle	
7. Clock/watch		16. Residential owned house		27. Generator			
8. Newspaper this week		17. Cooker		28. Sewing machine			
9. Internet		18. Washing Machine		29. Donkey cart			
		19. Bed					
		20. Furniture					

Social Resources and Social Support

2.28 Does your household depend on any of the following social networks in and around this area? *(Read out and circle, and then ask Question b & c. Fill in the code below. For multiple responses, use comma separator)*

a) Social Relations (read out & circle the code where applicable)	b) What form of assistance do you get? (see codes below, multiple response)	c) How often do you get that assistance? (see codes)
1. Immediate family members		
2. Relatives		
3. Friends		
4. Workmates		
5. Other Professional staff		
6. Professional associations (Name)		
7. Spiritual/moral		
8. Traditional leader		
9. Politicians		
10. Government officials		
11. Civil Society Organisation (Name)		
12. Media		
13. Clubs		
14. Other		

Support	1.Food 2. Material 3. Credit /finance 4. Land 5. Technical skills 6. Moral support 7.Spiritual 8.Medicine 9.Leisure 10.Farm inputs 11. Care 12. Work 13. Labour 14.Farm Equipment 15. Tools				
Frequency	1.Daily	2.Once a week	3.Once a month	4. rarely	

Access to Safe Water Supply

2.29 What are the **MAIN** sources of water available to your household? (*Where applicable b, c, d*)

a) Type of water(<i>multiple</i>)	b) Wet season (<i>Tick</i>)	c) Dry season (<i>Tick</i>)	c) Km walked during wet season	d) Km walked during dry season
1. House connection				
2. Private yard tap				
3. Public stand post				
4. Public borehole				
5. Privately owned borehole				
6. Protected spring/well				
7. Unprotected spring/well				
8. Public Hand dug well/shadouf				
9. Rain water harvesting				
10. River, lake, stream, swamp				
11. Valley Dam/Valley Tank				
12. Gravity Feed				
13. Vendor				
14. Do not know				
15. Others _____ —				

2.30 What is main purpose of the water?

1. Domestic (drinking, cooking, hygiene)
2. Commercial activities
3. Irrigation
4. Livestock watering
5. Other

2.31 What are the problems that are associated with the **main** water source you use for domestic and production? (*Multiple responses allowed*)

1. Low yield (flow)
2. Poor quality of water
3. Large crowd and long queue
4. Long distance to the water source
5. Water dries up during dry season
6. Insecurity
7. Other (specify) _____

2.32 What type of excreta facility do household members use?

1. None
2. Flush toilet
3. Personal pit latrine
4. Shared pit latrine
5. Dig a hole and bury
6. Cast/dumping
7. Other _____

SECTION 3: POTENTIAL PROJECT IMPACT

For the following section, some of data will be have to be extracted from the Cadastral Forms (CF), or Valuation Forms (VF), or the Respondents. Follow the Instruction

Loss of natural Physical Assets

3.1 Now that the corridor (RoW) of the Oil pipeline on your land is clearly marked, what is the degree of project impact on your land?

1. The entire piece of land is wholly affected by the project
2. A larger piece of the land is affected by the project
3. Almost half of the is affected by the project
4. Only a small piece of affected by the project
5. Other (specify)_____

3.2 Skip this question, but ask the project surveyor to provide this data and complete the table: **(Extract data from the Cadastral Form Section B: Land Area Details)**

1. Total size of land in at the project site (Sq. metres)	
2. Total size of land taken by the project (Sq. metres)	
3. Total acres left (Sq. metres)	

3.3 For that land affected, what is the current land use/economic activities of that land (*Multiple Responses allowed. Probe and circle section 'a' and Tick section b, c, d, f where applicable*).

Steps in completing this question: While in the field ask the respondent to give data on section 'a' and on returning, verify/supplement that data with that on the VF.

a) Use	b)Construction	c)Production	d)selling	e)Cultural	f)Health
1. Residential houses					
2. Grazing land (ranch)					
3. Grazing land (Zero- grazing)					
4. Crop farming (on VR agricultural)					
5. Fallow land					
6. Commercial Premises					
7. Small business enterprise (SME)					
8. Wetland					
9. River shore					
10. Lake shore					
11. Water point (personal)					
12. Water Source (Public)					
13. Family grave/cemetery					
14. Shrine					
15. Fish farm					
16. Natural Resource harvest					
17. Community road					
18. Feeder road					
19. Communication line					
20. Power line					
21. Administrative/security/detention					
22. Rental land					
23. Apiary Activities (bee keeping)					
24. Extraction of construction earth (sand, clay, stone)					

3.4 If any structure(s) is affected, what is the occupational status of the house? **Ask the respondent but accurate data for section a& b will be extracted from VF, but b. Multiple responses allowed**

a) Type of occupants	b) No. of permanent occupants	c) Number of units	d) Monthly rent
1. Not occupied			
2. Owner Occupied primary residence			
3. Owner occupied Secondary residence			
4. Tenant occupied			
5. Private business premise			
6. Institutional structure (Specify)			
7. Toilet/latrine			

3.5 What is the condition of the house (**Omit you will extract data from VF**)

a) Type of Roof	b) Type of walls	c) Type of floor
1. Iron sheet	1. Mud and wattle	1. Earth
2. Grass thatched	2. Mud blocks	2. Cement Screed
3. Tin (scrap sheets of iron)	3. Burnt Bricks	3. Concrete slab
4. Tiles	4. Poles and reeds	4. Floor tiles
5. Concrete (asbestos roof)	5. Cement plastered	5. Others

3.6 What is the level of house completion? (**Omit and extract data from VF**)

1. Complete 2. Incomplete 3. Collapsed

3.6b Do you have any alternative house?

1. Yes, How many _____ 2. No

Potential Disruption of Access to Social Services

3.7 Do you have any child attending school?

1. Yes 2. No

3.8 If yes, how many pupil/student attend the following classes? *Be Consistent with Q 1.9*

a) Type of facility	b) Number attending	c) Name of the Parish	Code (See below)	d) Name of the Sub-county	Code (See below)
1. Pre-primary school					
2. Primary school					
3. Secondary school					
4. A Level					
5. Teacher Training College					
6. Technical School					
7. University					
8. College					

After writing the name of the location cross-check with the **District Coding List** provided and then determine the relevant code(s) and transfer the codes into the table, and the select one of the following

1. Affected location 2. Not affected location

3.8 What level of health facilities do you usually use?

a) Type of facility	b) Name of the Parish	Code	c) Name of the Sub-county	Code
1. Clinic/drug shop				
2. Health Centre I				
3. Health Centre II				
4. Health Centre III				
5. Health Centre IV				
6. General Hospital				
7. Other				

1. Affected location 2. Not affected location

3.9 How do you evaluate the quality of: (Tick)?

Services	Extremely good	Good	Fair	Poor	Extremely Poor
a) Health services					
b) Education					

SECTION 4: POTENTIAL DISPLACEMENT

4.2 Now that you know the impact of the Oil pipeline on your land and house (*refer the respondent to section 3*), do you think the project will physically displace you from the current residence?

1. Yes 2. No (*Skip to Q 5.1 also No is applicable to NRPO*)

4.2 If yes, at your own initiative, where would you like to resettle?

1. On the residual land spared by the project
2. On my alternative piece of land within the vicinity
3. On entirely new land within the vicinity
4. On entirely new land within the Sub-county
5. On entirely new land outside this sub-county elsewhere

4.3 Where exactly? (*determine the code you have to use the District Coding List*)

a) Location	b) Name of Location	Code	c) Name of Preferred Location	Code
1. Village				
2. Parish				
3. Sub-county				
4. District				

1. Affected location 2. Not affected location

4.4 If you intend to stay on the residual land spared by the project or within the vicinity (codes 4.2-1/2/3), why? (**Multiple responses**)

1. Residual land is large enough to erect a new structure
2. Residual land is large enough to sustain source of livelihood
3. Current household/family can still fit on the residual land
4. Lifecycle- I am too old to relocate or to need bigger land
5. Maintain the same economic livelihoods
6. Maintain the same social capital and social support
7. Fear of risks associated with a new environment
8. Other (specify) _____

4.4 If you intend to resettle on entirely new land, what are the most important factors you would consider in selecting that new site?

1. Arable land
2. Vacant land/less populated
3. Good weather condition

4. Availability of water for humans
5. Availability of water for livestock
6. Grazing area
7. Availability of schools
8. Availability of health facilities
9. Transport facility
10. Economic opportunities
11. Sociable people (friends, relatives, same ethnic group)
12. Other (Specify)_____

SECTION 5: COMPENSATION BARRIERS

5.1 What is the structure of land ownership? (*Verify data with the VF*)

1. Individual
2. Family
3. Clan
4. Communal
5. Public
6. Guardian
7. Other

5.2 If family, who are the family members?

1. Male head
2. Female Head
3. Spouse
4. Children
5. Brothers
6. Sisters
7. Uncle/Aunties
8. Grandparents
9. Grand Children

5.3 How did you acquire this land affected by the project?

1. Bought
2. Inherited
3. Exchanged
4. Compensated (replacement for loss/debts)
5. Renting (mainly for licensee occupied/squatter)
6. Other _____

5.4 For that land affected by the project what is the type of land tenure (land holding)?

1. Mailo land
2. Freehold
3. Leasehold
4. Customary
5. Kingdom land
6. Other_____

5.5 For that land affected by the project, what is your occupancy status/ownership? (*Use data on the VF*)

1. Land Owner with a title
2. Land owner without a land title
3. Tenant¹with agreement (recognisable rights)
4. Tenant without agreement (unrecognisable rights)
5. Customary owner with registration certificate
6. Customary owner without registration certificate
7. Licensee (Uses but no exclusive right to occupy, or long-term occupation)
8. Squatter (not bona fide/lawful encroached without permission)
9. Grazer

5.6 If you are a recognisable land owner but without a land title why don't you have a land title?

1. Cost of processing the land title
2. Incomplete titling process - awaiting the land title/certificate
3. Land owner is yet to sign transfer forms
4. I paid but the land owner is not readily available
5. Registered land owner is deceased and transfer of land title is incomplete
6. There is on-going dispute over the land
7. Land is under caveat
8. The certificate of ownership/occupancy got lost/burnt
9. Other causes (Specify.....)

5.7 If un-registered land owner or a tenant, what proof of ownership do you have?

1. Registration Receipt
2. Purchase agreement
3. Tenancy Agreement
4. Other_____

5.8 If you are a land owner, be it registered or non-registered (*ie 5.5-1+2*), do you have tenants on the land?

1. Yes, how many_____
2. No (*If No Skip to Q 5.11*)

¹Tenant=(bona fide tenant (have been on land for 12 years before the Const1995), or lawful tenant (right to occupy given by registered owner regardless of 12 years before Const.1995))

5.9 If yes do you recognise the legality of those tenants and you would be willing to counter-sign their compensation forms that are prepared by the oil project?
 1. Yes (*Skip to Q 5.11*) 2. No

5.10 If No, what are the names of the tenants and the reasons for not formally recognising their tenancy on your land?

a)Names	b)Reasons

5.11 Are there any encumbrances on this land that might prevent timely land acquisition by the project?

1. Yes 2. No (*If No Skip to Q 5.13*)

5.12 If yes, what are the encumbrances?

a)Nature of encumbrances	b)Names	c) Tel. No
1. Disputed Ownership among family member		
2. Dispute over land boundary		
3. Multiple claims over land		
4. Land is under caveat		
5. Land is mortgaged (title surrendered for a loan)		Bank
6. Incomplete land titling		
7. Public facilities on the land		
8. Already acquired y another project (e.g. UNRA)		
9. Other (specify)		

5.13 Are you a guardian administrating land on behalf of orphans?

1. Yes 2. No (*If No Skip to Q 5.16*)

5.14 If yes, do you have Letters of Administration?

1. Yes (*If Yes Skip to Q 5.16*) 2. No

5.15 If no, why_____

5.16 Do you have official personal identification documents that you can present for compensation?

1. Yes

2. No, Why_____ (*If No Skip to Q 6.1*)

5.17 If yes, which ones?

1. National ID 2. Passport 3. Company ID 4. Village ID 5. Voter ID
 6. ATM Card 7. Driving Permit 8. NSSF Card 9. None 10. Other (Specify) _____

5.18 If yes, are the names on the personal identification document the same as those on the land title/sales agreement

1. Yes 2. No

SECTION 6: VULNERABILITY AND ACCESS TO COMPENSATION BENEFITS

6.1 Do you experience any form of disadvantage/disability that might make it difficult for you to participate in resettlement activities, access and utilise compensation, or relocate to new site, if necessary?

1. Yes 2. No (*Skip to 7.1*)

6.2 If yes, fill table below

a) Type of vulnerable groups (Tick)	b)Name of the PAP	c)Telephone Number	d)Name of the close person you trust with personal affairs	e)Telephone Number
1. Female headed household				
2. Widow				
3. Child headed				
4. Orphan and vulnerable children				
5. Elderly/aged				
6. Physically disabled				
7. Mentally disabled				
8. Visual impairment				
9. Deaf/difficult hearing				
10. People with chronic illnesses				
11. Illiterate				
12. Person doing hazardous work				
13. Illegal squatters				
14. Extremely poor				
15. Internally displaced people/refugee				
16. Other				

PAP's name	PAP's Signature

THANK YOU VERY MUCH!

Instruction

Instructions to the Data Collector

1. Do not ask any question before you introduce yourself and the study
2. For close-ended questions, **CIRCLE** the appropriate answer/ code.
3. For **Open-ended questions, fill in the blank spaces**
4. **Multiple Responses:** Where the instructions provide for more than one answer, circle more than one answer as given by the respondent.
5. **Some questions in a Table format, require to transfer the codes into the Table cell**
6. **Skip pattern:** Where the question is not relevant, **SKIP** to the next question as per the instructions.
7. **Do not read** the responses to the respondent unless the question specifies so.
8. Where a response has no codes but requires filling in, write the answer into the blank space provided. Make sure the answer is complete, concise, and precise
9. Respondent should be **land/property owner** or designated representative of property owner located in the pipeline Right of Way.
10. **Wait for the Surveyor and the Valuer to assess the property, before you administer the questionnaire.**
11. All forms should be entered in blue in NOT pencils
12. Corrections in entries undertaken after the end of the interview should be clearly initiated by the enumerator
13. District Form should be coded as **District Code-Day-Month-Qre No. 1-15-11-1**

Good morning/ afternoon. My name is, I am an interviewer for NEWPLAN /ICS, companies that were contracted by the East African Crude Oil Pipeline Project under the Ministry of Energy to prepare a Resettlement Action Plan for the Oil Pipeline Project. The aim of this study is to gain a better understanding of the socio-economic conditions of persons who will be affected by the Project. The information will also guide the Project implementers in proper planning and monitoring of land acquisition and resettlement activities. The information provided will remain confidential. Your participation is valuable to the study and we would appreciate if you and your family would spend some time with us answering the following questions.

SECTION 7: LIVELIHOOD RESTORATION

This is a separate tool attached to this Questionnaire. Each row of the Line number represents a respondent. You will have to continue using the same line number generated by Q 1.9

7.1 Do you have professional and technical skills that you use to make a living?

1. Yes 2. No (*Skip to Q 7.3*)

7.2 If yes, what those skills

Line Number	b) Type of Skills (See codes below)	c) Level of qualification 1. None 2. On-the-job training 3. Certificate 3. Diploma 4. Degree	d) Years of practical experience (in figures)	e) Are they you applying the skills 1. Yes 2. No (<i>Skip to Q 7.3</i>)	f) Where? 1. Within this community 2. Elsewhere
HOD					
Spouse					

Codes or Types of Skills

a) Agricultural	1. Farming skills	2. Veterinary skills	3. Environment. Conservation skills	4. Fishing skills		
b) Business/financial	5. Accountant	6. Actuary	7. Financial analyst	8. Banking	9. Business management/planning	10. Statistician
c) Healthcare	11. Medical/physician	12. Nursing	13. Pharmacy	14. Psychology	15. Recreation specialist	16. Laboratory
	17. Physiotherapist					
d) Engineering & Architecture	18. Civil Engineering	19. Drafters	20. Electrical Engineer	21. Landscape architect	22. Surveyor	23. Labour-based methods
e) Computer & Info Tech	24. Computer repair	25. Videogame designer	26. Phone repairing	27. Data-base administration	28. Software developing	29. System analyst
	30. Labour-based methods	31. Carpentry/woodworking	32. Mechanical maintenance	33. Plumber		
f) Art & Design	34. Weaving mats	35. Leatherwork/ shoe repair	36. Embroidery and tailoring	37. Fashion designer	38. Woodcutting	39. Artisanal Goods Maker
g) Performing Art and design	40. Actor	41. Artist	42. Curator & conservator	43. Dancer	44. Visual Art (Graphic & Printmaker)r	
h) Entertainment &	45. Announcers	46. Athlete	47. Coach	48. Footballer	49. Musician	

Sport						
	50. Musician	51. Photographer	52. Writer	53. Fine Art specialist		
i) Cultural/spiritual	54. Spiritual leader	55. Traditional healing	56. Bone-setting			
j) Government	57. Public administration	58. Member of Parliament	59. Local Council leader	60. Soldiering/security		
k) Scientists/physical	61. Chemist	62. Environmental scientist	63. Botanist	64. Biologist		
l) Professional Service	65. Legal	66. Teaching	67. Skills training	68. Researcher	69. Transport and logistics	70. Catering/food vending
m) Self-employment Enterprise	71. Driver with Licence	72. Hair dressing/Beauty	73. Baking and cooking	74. Driver education	75. Freelance photography	76. Craft-making
	77. Wholesaling	78. Retailing/petty trade	79. Micro-credit provider	80. Recreation/leisure	81. Accommodation provider	82. Erath Extraction
	83. IT .Communication services (MM)	84. Mobile repair	85. Welding	86. Fabrication	87. Mechanical maintenance	88. Electrician
	89. Small manufacturing	90. Small construction	91. Marketing	92. Rental services	93. Agri-business	94. Other (specify)

7.3 If you participate in self-employment activities (*refer to Q 2.3*), what type of self-employment activities do you participate in? (*Use codes of self-employment provided Table 7.2 above – section m*). *Income presented in this Table should be equal to that presented in Table 2.3*

a) Line Number	b) Self-employment 1 (Use codes for self-employment above)	c) Where is it located? (See codes below)	d) Monthly income (Present figures)	e) Self-employment 2 (Use codes in section m)	f) Where is it located?	g) Monthly income (Present figures)
HOD						
Spouse						

Codes for where is Located: 1. Within ROW 2. In the vicinity 3. Elsewhere

7.4 Please Tell me:

a) Line Number	b) What type of sources of livelihood are you implementing? <i>(see below, one person have multiple sources)</i>	c) Would like to continue with the same kind of livelihood activity? 1. Yes 2. No <i>(skip to e)</i>	d) If yes, why would you like to continue or maintain with the same livelihood	e) If no, what new livelihood would you like switch to? <i>(Use same codes below)</i>

Source of livelihood: 1. Land-based farming 2. Land-based livestock 3. Enterprise-based 4. Employment-based 5. Natural-resource harvest

7.5 If you intended to maintain the same source of livelihood

a) Current source of livelihood that you wants to maintain <i>(Use source of livelihood codes above, same as in Table 7.4b above)</i>	b) What are the favourable factors to continue that livelihood activity?	c) What are the constraints that affect that activity?	d) What support/assistance would you need to restore, improve, expand that activity <i>(See codes below)</i>

Codes for support and Assistance

Human capital	1. Extension service	2. Entrepreneurship	3. Resource management knowledge		4. Marketing skills		
Financial Capital	5. Micro-credit	6. Grants	7. Project casual labouring	8. Job-placement			
Physical Capital	9. Storage	10. Livestock stoking	11. Producer goods inputs	12. Physical markets	13. Training centres	14. Working space	15. Access roads
Natural Capital	16. Land	17. Water supply	18. Grazing area				
Social	19. Farmer groups	20. Network groups					

7.6 If you intended to switch to new source(s) of livelihood after resettlement

a) What are your current sources of livelihood (same as 7.4b)	b) Preferred sources of livelihood you want to switch to after resettlement?	c) What are the favourable factors that make that new livelihood activity attractive?	d) What are the constraints are likely to experience in that new activity?	e) What support/assistance would you need to restore, improve, expand that activity <i>(See codes above)</i>

Source of livelihood: 1. *Land-based farming* 2. *Land-based livestock* 3. *Enterprise-based* 4. *Employment-based* 5. *Natural-resource harvest*