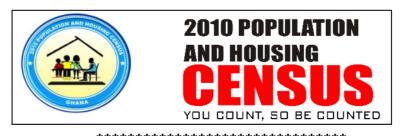


REPUBLIC OF GHANA

2010 POPULATION AND HOUSING CENSUS

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



STATISTICAL SERVICE 30™ 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 <u>total number of households in each house or compound and location of homeless households</u>. 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 <u>total number of males enumerated in households</u> (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 <u>total number of females enumerated in households</u> (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 <u>total number of male inmates of institutions or the floating population enumerated at that location.</u> 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 <u>total number of female inmates of institutions or the floating population enumerated at that location.</u> This should be done only after you have enumerated every person in institutions in that locality.

Column 9. - Enter in this column the total <u>number of Questionnaires used in enumerating all</u> 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 <u>occupied on Census Night</u> but which were <u>closed or vacant during the whole period of enumeration</u>. 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, <u>vacant on Census Night and also vacant during enumeration</u>: 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 outpatient 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. <u>Maternity Home</u>: 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. <u>Clinic</u>: 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. <u>Primary School</u>:- 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. <u>Junior High Secondary</u>:- 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. <u>Senior High Secondary School:</u> 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**. <u>Total number of households in the EA or localities:</u> 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**. <u>Total number of males enumerated in household:</u> 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**. <u>Total number of females enumerated in household:</u> 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.** <u>Total numbers of males enumerated in Group Quarters</u>: 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)
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(4) PUBLIC TOILET FACILITY

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)

	Giant	acii iocaiity)		(Z) yo	u OSL ATIN	LOIT LINE	ioi cacii ilouse	each house/compound of location			
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI	F PERSONS RATED	3	Total No. of	HAS	REMARKS	
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	Households		Group Quarters		question- naires used	ENUMERATION BEEN	Record special	
of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.	
01	02	03	04	05	06	07	08	09	10	11	
	TOTAL										
LOCALITY'S F	ACILITIES	•					•		•		

LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION **HEALTH FACILITY EDUCATION FACILITY** YES NO YES NO NO (a) POST OFFICE (a) TRADITIONAL HEALTH CENTRE (a) PRIMARY IF NO. DISTANCE TO THE NEAREST POST OFFICE IF NO. DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE KM IF NO. DISTANCE TO THE NEAREST PRIM. SCH. KM YES NO YES NO YES NO (b) TELECOMMUNICATION (b) HOSPITAL (b) JHS IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION IF NO, DISTANCE TO THE NEAREST HOSPITAL KM IF NO, DISTANCE TO THE NEAREST JHS KMNO YES NO YES NO YES (c) INTERNET CAFÉ (c) MATERNITY HOME / CLINIC (b) SHS IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC IF NO, DISTANCE TO THE NEAREST SHS KM YES NO

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMER		3	Total No. of question-		REMARKS
of House / Compound	und Name of House Owner, House No., ion Street Name, etc). s	(Residen- i tial = R; 0 Other, specify).	households in house / Compound	House	Households		Group Quarters		ENUMERATION BEEN COMPLETED?	Record special
or location of outdoor sleepers				М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL												
LOCALITY'S FACILITIES			•				•		•			
(1) POST & TELECOMMUNICATION		_	2) HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO		a) TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	YES	NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE		_KM	F NO, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN		_KM		
(b) TELECOMMUNICATION	YES NO		b) HOSPITAL			YES	NO	(b) JHS	YES	NO		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		_KM	F NO, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN		_KM		
(c) INTERNET CAFE	YES NO		c) MATERNITY HO	ME / CLINIC		YES	NO	(b) SHS		ĺ	YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	F NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM IF NO, DISTANCE TO THE NEAREST SHS					
(4) PUBLIC TOILET FACILITY	YES NO	-								•		

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of question-	HAS	REMARKS
of House / Compound	mpound Name of House Owner, House No., ocation Street Name, etc). epers	(Residen- tial = R; Other, specify).	households in house / Compound	House	Households		Group Quarters		ENUMERATION BEEN COMPLETED?	Record special case or
or location of outdoor sleepers				М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL												
LOCALITY'S FACILITIES			•				•		•			
(1) POST & TELECOMMUNICATION		_	2) HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO		a) TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	YES	NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE		_KM	F NO, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN		_KM		
(b) TELECOMMUNICATION	YES NO		b) HOSPITAL			YES	NO	(b) JHS	YES	NO		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		_KM	F NO, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN		_KM		
(c) INTERNET CAFE	YES NO		c) MATERNITY HO	ME / CLINIC		YES	NO	(b) SHS		ĺ	YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	F NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM IF NO, DISTANCE TO THE NEAREST SHS					
(4) PUBLIC TOILET FACILITY	YES NO	-								•		

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of households in house / Compound		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS	
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;		Households		Group Quarters		question- naires used	ENUMERATION BEEN	Record special	
or location of outdoor sleepers	Street Name, etc). 02	Other, specify).		М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.	
01	02	03	04	05	06	07	08	09	10	11	
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,											
,											
	TOTAL										
LOCALITYICE	4 OU 17170										

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION	(2) HEALTH I	ACILITY		(3) EDU	(3) EDUCATION FACILITY									
(a) POST OFFICE	YES N	0	(a) TRADITIONAL	. HEALTH CENTRE		YE	S NO	(a) PRIMAR	(a) PRIMARY					
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO, DISTANCE TO	THE NEAREST TRA	D. HEALTH CENTR	E	KI	IF NO, DISTAI	NCE TO THE NEAR	REST PRIM. SCH.		KM		
(b) TELECOMMUNICATION	YES N	0	(b) HOSPITAL			YE	S NO	(b) JHS			YES	NO		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO, DISTANCE TO	THE NEAREST HOS	SPITAL		K	IF NO, DISTAI	NCE TO THE NEAR	REST JHS		KM		
(c) INTERNET CAFE	YES N	0	(c) MATERNITY H	IOME / CLINIC		YE	S NO	(b) SHS			YES	NO		
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO, DISTANCE TO	THE NEAREST MAT	ERNITY HOME/CLI	NIC	K	IF NO, DISTAI	NCE TO THE NEAR	REST SHS		KM		
(4) PUBLIC TOILET FACILITY	YES N	0												

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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		· · · · · ·		(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) TF	RADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO,	DISTANCE TO TI	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) 116	CODITAL			YES	NO	(-) 11.10			YES	NO
(b) TELECOMMUNICATION			(p) H	OSPITAL					(b) JHS				oxdot
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO,	DISTANCE TO TI	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO					YES	NO				YES	NO
(c) INTERNET CAFE			(c) M	ATERNITY HO	ME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO,	DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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(4) PUBLIC TOILET FACILITY

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)

	(Stал а	each locality)									
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS	
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	Hous	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special	
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.	
01	02	03	04	05	06	07	08	09	10	11	
	TOTAL										
LOCALITY'S FA	ACII ITIES										

LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION **HEALTH FACILITY EDUCATION FACILITY** YES NO YES NO YES NO (a) POST OFFICE (a) TRADITIONAL HEALTH CENTRE (a) PRIMARY IF NO, DISTANCE TO THE NEAREST POST OFFICE KM IF NO, DISTANCE TO THE NEAREST TRAD. HEALTH CENTRE KM IF NO, DISTANCE TO THE NEAREST PRIM. SCH. KM YES NO YES NO YES NO (b) TELECOMMUNICATION (b) HOSPITAL IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION KM IF NO, DISTANCE TO THE NEAREST HOSPITAL KM IF NO, DISTANCE TO THE NEAREST JHS KM YES NO YES NO YES NO (c) INTERNET CAFE (c) MATERNITY HOME / CLINIC (b) SHS IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ KM IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC IF NO, DISTANCE TO THE NEAREST SHS KM NO YES

NAME OF LOCALITY ((TOWN / VILLAGE)
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Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		· · · · · ·		(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) TF	RADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO,	DISTANCE TO TI	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) 116	CODITAL			YES	NO	(-) 11.10			YES	NO
(b) TELECOMMUNICATION			(p) H	OSPITAL					(b) JHS				oxdot
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO,	DISTANCE TO TI	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO					YES	NO				YES	NO
(c) INTERNET CAFE			(c) M	ATERNITY HO	ME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO,	DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL														
LOCALITY'S FACILITIES			•			•		•		•	•	•	•	
(1) POST & TELECOMMUNICATION			(2) HE	ALTH FA	CILITY		_			(3) EDU	CATION FACILI	TY		
() POOT OFFICE	YES N	Ю	() TD (DIT		EALTH OFNED	•	_	YES	NO	() DDII.44D	.,		YES	NO
(a) POST OFFICE			(a) TRADII	IONAL H	EALTH CENTRE					(a) PRIMAR	Y			ш
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO, DISTA	NCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
	YES N	Ю						YES	NO				YES	NO
(b) TELECOMMUNICATION			(b) HOSPIT	AL						(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO, DISTA	NCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES N	Ю						YES	NO				YES	NO
(c) INTERNET CAFE			(c) MATER	OH YTIV	ME / CLINIC					(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO, DISTA	NCE TO T	HE NEAREST MAT	ERNITY HOME/CL	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(A) BUBLIO TOUET FACILITY	YES N	10												
(4) PUBLIC TOILET FACILITY		I												

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	of outdoor sleepers		Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL														
LOCALITY'S FACILITIES					•	•					•	•		
(1) POST & TELECOMMUNICATION	<u> </u>		(2) H	EALTH FA	CILITY					(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO	0	(a) TRAD	ITIONAL H	IEALTH CENTRE	Ī		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO, DIST	ANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES NO	0	(b) HOSF	ITAL			E	YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO, DIST	ANCE TO T	HE NEAREST HOS	SPITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES NO	0	(c) MATE	RNITY HO	ME / CLINIC		E	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO, DIS	ANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES NO	0							- 					

NAME	OF	LOCAL	ITY	(TOWN	/ \/II I	AGE)
	OF	LOCAL	-111	(IOVVIV	/ VILL	AGE)

	(Start a	acii iocaiity)					or caon noaso	compound of locati	OH	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	of outdoor sleepers		Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) T	TRADITIONAL H	EALTH CENTRE		YE	S NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	I IF NO), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) H	HOSPITAL			YE	S NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	I IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOI	ME / CLINIC		YE	S NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	I IF NO), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO					<u> </u>						

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(otali a .	don rooding)					0. 000	compound or local		
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	outdoor epers		Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
,										
,										
,										
	TOTAL									
LOCALITYICE	A OU TIES									

TOTAL												
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2) HEALTH	EACILITY				(3) EDU	ICATION FACILI	TV		
(1) FOST & TELECOMMONICATION	YES I N	IO	(2) HEALTH	FACILITY		YES	NO	(3) EDO	CATION FACILI	'' i	YES	NO
(a) POST OFFICE	120 1		(a) TRADITIONAL	HEALTH CENTRE	≣		1.0	(a) PRIMAR	Υ		. 20	
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO, DISTANCE T	O THE NEAREST TRA	.D. HEALTH CENTR	E	KM	IF NO, DISTAN	NCE TO THE NEAR	EST PRIM. SCH.		KM
	YES N	10				YES	NO				YES	NO
(b) TELECOMMUNICATION			(b) HOSPITAL					(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO, DISTANCE T	O THE NEAREST HOS	SPITAL		KM	IF NO, DISTAN	NCE TO THE NEAR	EST JHS		_KM
	YES N	Ю				YES	NO				YES	NO
(c) INTERNET CAFE			(c) MATERNITY I	HOME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO, DISTANCE T	O THE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	NCE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES N	Ю										

NAME OF LOCALITY	(TOWN / VILLAGE)
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	Glaria	acri locality)		(Z) yo	u 00L /\\\\	LOTTENAL	or caon noasc	compound of locati	011	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
-										
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
	YES	NO					YES	NO				YES	NO
(a) POST OFFICE			(a) ⁻	FRADITIONAL H	EALTH CENTRE				(a) PRIMAR	Υ			
IF NO, DISTANCE TO THE NEAREST POST OFFICE KM			KM IF NO), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTANCE TO THE NEAREST PRIM. SCH.				KM
	YES	NO					YES	NO				YES	NO
(b) TELECOMMUNICATION			(b) I	HOSPITAL					(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		k	KM IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO					YES	NO				YES	NO
(c) INTERNET CAFE			(c) I	MATERNITY HO	ME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		<u></u> ⊦	KM IF NO), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
	YES	NO											
(4) PUBLIC TOILET FACILITY													

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

	(otali a i	don rooding)								
Serial No.	Address of house/compound or	Use of	No. of				3	Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		· · · · · ·		(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) TF	RADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO,	DISTANCE TO TI	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) 116	CODITAL			YES	NO	(-) 11.10			YES	NO
(b) TELECOMMUNICATION			(p) H	OSPITAL					(b) JHS				oxdot
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO,	DISTANCE TO TI	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO					YES	NO				YES	NO
(c) INTERNET CAFE			(c) M	ATERNITY HO	ME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO,	DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of		REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	Households		Group (Quarters	question- naires used	ENUMERATION BEEN COMPLETED?	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a)	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		K	M IF NO	O, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b)	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		K	M IF NO	O, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		K	M IF NO	O, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO					· -						

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.			No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Structure (Residen-	households in house / Compound	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special case or
of outdoor sleepers		tial = R; Other, specify).		М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

IOIAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY	_		•		(3) EDU	ICATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a)	TRADITIONAL H	EALTH CENTRE	.	[YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	/ IF NO	D, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b)	HOSPITAL			[YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KN_	/I IF NO), DISTANCE TO T	HE NEAREST HOS	SPITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) I	MATERNITY HOI	ME / CLINIC		[YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KMK	/I IF NO), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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(4) PUBLIC TOILET FACILITY

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

	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of		REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	Households		Group (Quarters	question- naires used	ENUMERATION BEEN COMPLETED?	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL												
LOCALITY'S FACILITIES												
) POST & TELECOMMUNICATION		(2	HEALTH FA	CILITY				(3) EDU	CATION FACILIT	ΓY _		
a) POST OFFICE	YES NO		TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMARY	([YES	NO
NO, DISTANCE TO THE NEAREST POST OFFICE		KM IF	NO, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		_KM
o) TELECOMMUNICATION	YES NO		HOSPITAL			YES	NO	(b) JHS		[YES	NO
NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM IF	NO, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
c) INTERNET CAFE	YES NO		MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS		[YES	NO
NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM IF	NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		_KM
	VEC NO	$\overline{}$										

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL														
LOCALITY'S FACILITIES			(0)							(a) EDII	0.471031.54011.11			
(1) POST & TELECOMMUNICATION	VEO I	NO	(2)	HEALTH FA	CILITY		1	L VEO	NO	(3) EDU	CATION FACILI	ГҮ	VEO	
(a) POST OFFICE	YES	NO	(a) T	RADITIONAL H	EALTH CENTRE			YES	NO	(a) PRIMAR	(YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO TI	HE NEAREST TRA	D. HEALTH CENTR	Ε		KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
	YES	NO					I	YES	NO				YES	NO
(b) TELECOMMUNICATION			(b) F	HOSPITAL						(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO TI	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
	YES	NO						YES	NO				YES	NO
(c) INTERNET CAFE			(c) N	MATERNITY HO	ME / CLINIC					(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of No. of			TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
-										
	TOTAL					_			_	

IOIAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY	_				(3) EDU	ICATION FACILI	тү		
(a) POST OFFICE	YES	NO	(a)	TRADITIONAL H	EALTH CENTRE	.		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF	NO, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	` '	HOSPITAL				YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF	NO, DISTANCE TO T	HE NEAREST HOS	SPITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HO	ME / CLINIC			YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF	NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES					•	•				•		•	•	
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		_			(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) T	RADITIONAL H	EALTH CENTRE	:		YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO TI	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) F	HOSPITAL			E	YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO TI	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOM	ME / CLINIC		E	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of No. of			TOTAL No. OI ENUMEI		3	Total No. of question-	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	Households		Group Quarters		ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL												
LOCALITY'S FACILITIES												
(1) POST & TELECOMMUNICATION		(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO	(a)	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NO	, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		_KM
(b) TELECOMMUNICATION	YES NO	(b) I	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES NO	(c) N	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	KM	IF NO), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		_KM
(4) PUBLIC TOILET FACILITY	YES NO											

NAME OF LOCALITY ((TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a)	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMARY				NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		K	M IF NO	D, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b)	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		K	M IF NO	O, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		K	M IF NO	O, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO					· -						

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

(Start a new page for each locality)			(2) you use a fresh line for each nouse/compound or location							
Serial No.	Address of house/compound or	Use of	No. of	TOTAL No. OF PERSONS ENUMERATED				Total No. of question-	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	Households		Group Quarters		ENUMERATION BEEN COMPLETED?	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES									·				
(1) POST & TELECOMMUNICATION	YES I	NO	(2)	HEALTH FA	CILITY		YES	NO	(3) EDU	CATION FACILI	TY	YES	NO
(a) POST OFFICE	123	NO	(a)	TRADITIONAL H	EALTH CENTRE		123	NO	(a) PRIMAR	Y		123	LNO
IF NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF	O, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b)	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF N	O, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF N	O, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Otan a	new page for e	acii iocanty)					or cacifficuse	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	Households		Group Quarters		question- naires used	ENUMERATION BEEN COMPLETED?	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL												
LOCALITY'S FACILITIES				_								
(1) POST & TELECOMMUNICATION		(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO	(a) T	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NO	D, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES NO	(b) H	(b) HOSPITAL				NO	(b) JHS	YES	NO		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES NO	(c) N	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	KM	IF NO	D, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES NO											

NAME OF LOCALITY (1	TOWN / VILLAGE)	
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of	TOTAL No. OF PERSONS ENUMERATED				Total No. of question-	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	Households		Group Quarters		ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL													
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION		(2	HEALTH FA	CILITY					(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES NO		TRADITIONAL H	IEALTH CENTRE		YE	ES NO		(a) PRIMARY	(YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM IF	NO, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E		KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES NO		HOSPITAL			YE	ES NO		(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM IF	NO, DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES NO		MATERNITY HO	ME / CLINIC		YE	ES NO		(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM IF	NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of households		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2	HEALTH FA	CILITY			•		(3) EDU	ICATION FACILI	TY		
(1) TOOT & TEEEOOMMONIOATION	YES	NO	(-	IILALIIIIA	OILITT		г	YES I	NO	(5)	OATION LAGIL	••	YES	NO
(a) POST OFFICE	120		(a	TRADITIONAL H	IEALTH CENTRE	=		120		(a) PRIMAR	Υ		120	-110
IF NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF	NO, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTE	RE		KM	IF NO, DISTA	ICE TO THE NEAR	EST PRIM. SCH.		KM
	YES	NO					Г	YES	NO				YES	NO
(b) TELECOMMUNICATION			(b	HOSPITAL						(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF	NO, DISTANCE TO T	HE NEAREST HOS	SPITAL			KM	IF NO, DISTA	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c	MATERNITY HO	ME / CLINIC		Е	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF	NO, DISTANCE TO T	HE NEAREST MAT	TERNITY HOME/CL	INIC		KM	IF NO, DISTA	NCE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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(4) PUBLIC TOILET FACILITY

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 e	acii iocanty)					or caon noaso	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of		REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	Households		Group Quarters		question- naires used	ENUMERATION BEEN COMPLETED?	Record special
of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
) POST & TELECOMMUNICATION		(2)	HEALTH FAC	CILITY					(3) EDU	CATION FACILIT	ΓY		
\	YES NO						YES	NO				YES	NO
a) POST OFFICE		(a)	TRADITIONAL HE	EALTH CENTRE					(a) PRIMARY	(
NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NO), DISTANCE TO TH	HE NEAREST TRAI	D. HEALTH CENTR	RE			IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
	YES NO					Г	YES	NO				YES	NO
) TELECOMMUNICATION		(b)	HOSPITAL						(b) JHS				
NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO), DISTANCE TO TH	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
	YES NO					Г	YES	NO				YES	NO
c) INTERNET CAFE		(c) I	MATERNITY HOM	//E / CLINIC		Ĺ			(b) SHS				
NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	KM	IF NO), DISTANCE TO TH	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
	VES NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Structure (Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN COMPLETED?	Record special
of outdoor sleepers		tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL														
LOCALITY'S FACILITIES			(2)	LIEAL TILEA	CILITY					(2) EDI	ICATION FACILI	- TV		
(1) POST & TELECOMMUNICATION	L VEO L A	10 1	(2)	HEALTH FA	CILITY		r	VEO I	NO	(3) EDI	JCATION FACILI	1 Y	VEO	- NO
(a) POST OFFICE	YES N	10	(a) T	RADITIONAL H	EALTH CENTRE	.	ŀ	YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTA	NCE TO THE NEAR	EST PRIM. SCH.		KM
	YES I	10					ſ	YES	NO				YES	NO I
(b) TELECOMMUNICATION	120		(b) H	IOSPITAL			į	120		(b) JHS			120	
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO T	HE NEAREST HOS	SPITAL			KM	IF NO, DISTA	NCE TO THE NEAR	EST JHS		KM
	YES N	10 0					[YES	NO				YES	NO
(c) INTERNET CAFE			(c) N	MATERNITY HO	ME / CLINIC		[(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CL	INIC		KM	IF NO, DISTA	NCE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES N	10												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Start a	new page for e	acii iocanty)					or caon noaso	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of		REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	Households		Group Quarters		question- naires used	ENUMERATION BEEN COMPLETED?	Record special
of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES							•						
(1) POST & TELECOMMUNICATION			(2	HEALTH FA	CILITY				(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a	TRADITIONAL H	EALTH CENTRE	:	YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF	NO, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF	NO, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c	MATERNITY HO	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF	NO, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO	- -										

NAME OF LOCALITY	(TOWN / VILLAGE)
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(4) PUBLIC TOILET FACILITY

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)						(2) you use A FRESH LINE for each nouse/compound or location								
se/compound or	Structure (Residen-	No. of households in house / Compound				3	Total No. of	HAS	REMARKS					
of House / Compound or location of outdoor sleepers location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).			Households		Group Quarters		question- naires used	BEEN	Record special					
			М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.					
02	03	04	05	06	07	08	09	10	11					
OTAL														
	se/compound or oor sleepers (e.g. Owner, House No., c).	se/compound or open sleepers (e.g. Owner, House No., c). Owner, House No., tial = R; Other, specify).	se/compound or por sleepers (e.g. Owner, House No., c). Outher, specify). Outher, specify). Outher, specify). Outher, specify).	se/compound or or sleepers (e.g. Owner, House No., e). Use of Structure (Residential = R; Other, specify). O2 O3 O4 O5	de/compound or selepers (e.g. Owner, House No., ct). Outher, specify). Outher, specify).	se/compound or oor sleepers (e.g. Owner, House No., c). 102 103 104 105 105 105 105 105 105 105	Se/compound or obor sleepers (e.g. Owner, House No., c). Use of Structure (Residential = R; Other, specify). No. of households in house / Compound M F M F M F Ode Of Structure (Residential = R; Other, specify). No. of households in house / Compound M F M F M F Ode Of Structure (Residential = R; Other, specify).	Se/compound or or or sleepers (e.g. Owner, House No., c). Use of Structure (Residential = R; Other, specify). No. of households (Residential = R; Other, specify). No. of households (Residential = R; Other, specify). Total No. of households (Rouseholds in house / Compound M F M F M F M F M F M F M F M F M F M	Selecompound or Structure (Residential = R; Other, specify). Output Output					

TOTAL													
LOCALITY'S FACILITIES													
) POST & TELECOMMUNICATION			(2) HEALTH FACILITY					(3) EDUCATION FACILITY					
) POST OFFICE	YES	NO	(a) TRADITIONAL	HEALTH CENTRE	<u> </u>	YES	NO	(a) PRIMARY	Y	-	YES	NO	
NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO, DISTANCE TO			.E	KM	` '	CE TO THE NEAR	EST PRIM. SCH.	<u> </u>	KM	
	YES	NO				YES	NO			Ë	YES	NO	
) TELECOMMUNICATION			(b) HOSPITAL					(b) JHS					
NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO, DISTANCE TO	THE NEAREST HOS	SPITAL		KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM	
) INTERNET CAFE	YES	NO	(c) MATERNITY H	OME / CLINIC		YES	NO	(b) SHS		E	YES	NO	
NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO, DISTANCE TO	THE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM	
	VES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Start a	new page for e	acri rocanty)					or caon noaso	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	f outdoor leepers	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(2) EDII	CATION FACILI	TV		
(1) FOST & TELECOMMONICATION	YES	NO	(2)	HEALIH FA	CILIT		YES	NO	(3) EDU	CATION FACILI		YES	NO
(a) POST OFFICE			(a)	TRADITIONAL H	EALTH CENTRE		-120		(a) PRIMAR	Y		120	
IF NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF N	O, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	EST PRIM. SCH.	. KM			
(b) TELECOMMUNICATION	YES	NO	(b)	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF N	O, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HO	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF N	O, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO					,						

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen- tial = R;	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	outdoor eepers		Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

IOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION								(3) EDUCATION FACILITY						
(a) POST OFFICE	YES	NO	(a) T	RADITIONAL H	EALTH CENTRE		E	YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		
(b) TELECOMMUNICATION	YES	NO	(b) H	HOSPITAL				YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOI	ME / CLINIC			YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

	(Start a	new page for e	acri rocanty)					or caon noaso	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	f outdoor leepers	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL												
LOCALITY'S FACILITIES				-								
(1) POST & TELECOMMUNICATION			(2) HEALTH I	FACILITY				(3) EDU	CATION FACILI	TY		
	YES	NO				YES	NO	(a) PRIMAR			YES	NO
(a) POST OFFICE			a) TRADITIONAL	HEALTH CENTRE								
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	F NO, DISTANCE TO	THE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	EST PRIM. SCH.		KM	
	YES	NO				YES	NO			Γ	YES	NO
(b) TELECOMMUNICATION			b) HOSPITAL					(b) JHS		į		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	F NO, DISTANCE TO	THE NEAREST HOS	SPITAL		KM	IF NO, DISTAN	EST JHS		KM	
	YES	NO				YES	NO			Г	YES	NO
(c) INTERNET CAFE	120		c) MATERNITY F	IOME / CLINIC				(b) SHS		t		
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	F NO, DISTANCE TO	THE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(A) PURI IO TOU ET ELOUITY	YES	NO										
(4) PUBLIC TOILET FACILITY												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(0.55.7.2.)	ion page for o		(-/) -				compound or local		
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers Street Name, etc). 01 02		tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES				_										
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		_			(3) EDU	CATION FACILI	ΤΥ		
(a) POST OFFICE	YES	NO	(a) T	RADITIONAL H	EALTH CENTRE		NO	(a) PRIMARY	YES	NO				
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E.		KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) F	HOSPITAL			Y	YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOI	ME / CLINIC		Y	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Start a	new page for e	acri rocanty)					or caon noaso	compound of locati	OH
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of question-	HAS REMARKS ENUMERATION BEEN Record special COMPLETED? case or	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	Households		Group Quarters		BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call-back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL	TOTAL													
LOCALITY'S FACILITIES				•	•	•	•	•				•		
(1) POST & TELECOMMUNICATION	(2)	HEALTH FA	CILITY					(3) EDUCATION FACILITY						
(a) POST OFFICE	YES	NO	(a) 1	TRADITIONAL HEALTH CENTRE						(a) PRIMARY			YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE	IF NC), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E		_KM	IF NO, DISTANCE TO THE NEAREST PRIM. SCH.						
	YES	NO					YE	S N	0				YES	NO
(b) TELECOMMUNICATION			(b) F	HOSPITAL						(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NC), DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
	YES	NO					YE	S N	0				YES	NO
(c) INTERNET CAFE			(c) N	MATERNITY HO	ME / CLINIC					(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NC), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Ottain a	non pago ioi o	aon roounty)					0. 000	compound or recati	•
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL															
LOCALITY'S FACILITIES		•		•	•		•			•	•				
(1) POST & TELECOMMUNICATION		(2) HEALTH FACILITY (3)								EDUCATION FACILITY					
() DOOT OFFICE	YES I		, , , ,	DADITIONIAL LI	EALTH OFNEDE			YES NO					YES NO		
(a) POST OFFICE			(a) II	RADITIONAL H	EALTH CENTRE					(a) PRIMAR	Y				
IF NO, DISTANCE TO THE NEAREST POST OFFICE	NCE TO THE NEAREST POST OFFICE KN					D. HEALTH CENTR			KM	IF NO, DISTAN		KM			
	YES 1	ON	Y					YES	NO				YES	NO	
(b) TELECOMMUNICATION			(b) H	OSPITAL						(b) JHS					
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	F NO,	DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN		KM			
	YES N	NO						YES NO				YES	NO		
(c) INTERNET CAFE			(c) M	IATERNITY HO	ME / CLINIC			(b) SHS				120 110			
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	STANCE TO THE NEAREST INTERNET CAFÉ KM					IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM IF NO, DISTANCE TO THE NEAF							AREST SHS KM		
	YES N	NO													
(4) PUBLIC TOILET FACILITY															

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(0.55.7.2.)	ion page for o	,		(-/) -				compound or local	
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES			•	•					•				
(1) POST & TELECOMMUNICATION	(2)	HEALTH FA	CILITY			(3) EDUCATION FACILITY							
(a) POST OFFICE	YES NO	(a) 1	TRADITIONAL H	EALTH CENTRE	i.	YES	YES NO (a) PRIMARY			YES NO			
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NC), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTAN	EST PRIM. SCH.	H. KM			
(b) TELECOMMUNICATION	YES NO	(b) H	HOSPITAL			YES	NO	(b) JHS			YES	NO	
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NC	NO, DISTANCE TO THE NEAREST HOSPITAL				KM IF NO, DISTANCE TO THE NEAREST JH					KM	
(c) INTERNET CAFE	YES NO	(c) N	(c) MATERNITY HOME / CLINIC			YES	YES NO (b) SHS				YES	NO	
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM IF NO, DISTANCE TO THE NEAREST SHS								KM				
(4) PUBLIC TOILET FACILITY	YES NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of households		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL												
LOCALITY'S FACILITIES												
(1) POST & TELECOMMUNICATION	(2)	HEALTH FA	CILITY		(3) EDUCATION FACILITY							
(a) POST OFFICE	YES NO	(a)	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR		YES NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NO	, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	EST PRIM. SCH.		_KM	
(b) TELECOMMUNICATION	YES NO	(b) I	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	EST JHS		KM	
(c) INTERNET CAFE	YES NO	(c) N	(c) MATERNITY HOME / CLINIC				YES NO (b) SHS				YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM IF NO, DISTANCE TO THE NEAREST SHS							EST SHS		_KM		
(4) PUBLIC TOILET FACILITY												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(Start a	new page for e	acri rocanty)					or caon noaso	Compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	ENUMERATION BEEN COMPLETED? Enter "Yes" or	REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Structure (Residen-	households in house /	House	Households		Quarters	question- naires used	BEEN	Record special
of outdoor sleepers		tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call-	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09		11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES										•				
(1) POST & TELECOMMUNICATION					HEALTH FA	CILITY		(3) ED	(3) EDUCATION FACILITY			T 110 T		
(a) POST OFFICE					RADITIONAL H	EALTH CENTRE		YE	S NO	(a) PRIMAF	YES	NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE KM					, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	IF NO, DISTA		KM				
(b) TELECOMMUNICATION	YES	NO		(b) HOSPITAL							(b) JHS			
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM	IF NO, DISTANCE TO THE NEAREST HOSPITAL						IF NO, DISTANCE TO THE NEAREST JHS				KM
(c) INTERNET CAFE					(c) MATERNITY HOME / CLINIC YES NO (b) SHS								YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ KM				IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM						IF NO, DISTANCE TO THE NEAREST SHS				KM
(4) PUBLIC TOILET FACILITY														

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or		No. of households		TOTAL No. OI ENUMEI		3	Total No. of	HAS ENUMERATION BEEN COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back 10	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	in house /	house / Househo		Group (Quarters	question- naires used	BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call-	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09		11
-										
	TOTAL					_			_	

TOTAL													
LOCALITY'S FACILITIES						•		•		•	•		
(1) POST & TELECOMMUNICATION	(2)	HEALTH FA	CILITY				(3) EDUCATION FACILITY						
(a) POST OFFICE	YES	YES NO (a) TRADITIONAL HEALTH CENTRE						NO	(a) PRIMARY				NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		h	KM IF N	O, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTANCE TO THE NEAREST PRIM. SCH.				KM
	YES	NO					YES	NO				YES	NO
(b) TELECOMMUNICATION			(b)	HOSPITAL					(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		h	KM IF N	D, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c)	MATERNITY HO	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF N	O, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(0.55.7.2.)	ion page for o	,		(-/) -				compound or local	
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	e / Households		Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION	(2) HEALTH FACILITY							(3) EDUCATION FACILITY					
(a) POST OFFICE	YES NO	(a) TR	ADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMARY			YES NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE	IF NO, D	DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTANCE TO THE NEAREST PRIM. SCH.				KM		
(b) TELECOMMUNICATION	YES NO	(b) HOSPITAL				YES	NO	(b) JHS			YES	NO	
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO, D	DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN		KM			
(c) INTERNET CAFE	(c) MATERNITY HOME / CLINIC				YES	YES NO (b) SHS				YES NO			
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM IF NO, DISTANCE TO THE NEAREST SHS								KM				
(4) PUBLIC TOILET FACILITY													

NAME OF LOCALITY	(TOWN / VILLAGE)
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Serial No.	Address of house/compound or	Use of	No. of households		TOTAL No. OI ENUMEI		3	Total No. of	COMPLETED? Enter "Yes" or	REMARKS
of House / Compound or location	location of outdoor sleepers (e.g. Name of House Owner, House No., Street Name, etc).	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	BEEN	Record special
of outdoor sleepers		tial = R; Other, specify).	Compound	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call-	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL															
LOCALITY'S FACILITIES															
(1) POST & TELECOMMUNICATION	(2)	HEALTH FA	CILITY		(3) EDUCATION FACILITY										
(a) POST OFFICE	YES NO	(a) T	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMARY			YES NO				
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	IF NO), DISTANCE TO TI	HE NEAREST TRA	D. HEALTH CENTR	E	KM	IF NO, DISTANCE TO THE NEAREST PRIM. SCH			. KM				
(b) TELECOMMUNICATION	YES NO	(b) H	HOSPITAL			YES	NO	(b) JHS			YES	NO			
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION	KM	IF NO), DISTANCE TO TI	HE NEAREST HOS	PITAL		KM	M IF NO, DISTANCE TO THE NEAREST JHS				KM			
(c) INTERNET CAFE	YES NO	(c) N	(c) MATERNITY HOME / CLINIC			YES	NO	(b) SHS			YES	NO			
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	NEAREST INTERNET CAFÉ KM				IF NO, DISTANCE TO THE NEAREST MATERNITY HOME/CLINIC KM						I IF NO, DISTANCE TO THE NEAREST SHS KM				
(4) PUBLIC TOILET FACILITY						-									

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

Serial No.	Address of house/compound or	Use of	No. of households		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL						_			

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION	YES NO	(2)	HEALTH FA	CILITY		YES	I NO I	(3) EDU	CATION FACILI	TY [YES	NO I		
(a) POST OFFICE	120 110	(a)	TRADITIONAL H	EALTH CENTRE				(a) PRIMAR	Υ		120 140			
IF NO, DISTANCE TO THE NEAREST POST OFFICE	KM	l IF NO), DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	EST PRIM. SCH.	CH. KM					
(b) TELECOMMUNICATION	YES NO (b) HOSPITAL					YES	NO	(b) JHS		[YES	NO		
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICA	TION KM	l IF NO), DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR		KM			
(c) INTERNET CAFE	YES NO	(c) I	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS		[YES	NO		
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ	KM	I IF NO), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLII	VIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM		
(4) PUBLIC TOILET FACILITY	YES NO													

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(0.55.7.2.)	don rooding)	(2) you do 2 / 1 / 12 or dust industrial of location								
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS	
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special	
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.	
01	02	03	04	05	06	07	08	09	10	11	
	TOTAL										

TOTAL													
LOCALITY'S FACILITIES				•	•	•	•	•		•	•	•	
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY				(3) EDU	CATION FACILI	ΓY		
(a) POST OFFICE	YES	NO	(a) 1	TRADITIONAL H	EALTH CENTRE		YES	NO	(a) PRIMAR	Y	YES		NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KN_	1 IF NO	, DISTANCE TO T	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN	ICE TO THE NEAR			KM
(b) TELECOMMUNICATION	YES	NO	(b) H	HOSPITAL			YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KNK	1 IF NO	, DISTANCE TO T	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOI	ME / CLINIC		YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KN	1 IF NO	, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME	OFIO	YTI IA:	(TOWN	/ VII I /	AGE)
	OI LOC	<i>_</i>	LICVVII	/ VILL/	~OL/

	(0.55.7.2.)	don rooding)	(2) you do 2 / 1 / 12 or dust industrial of location								
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS	
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special	
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.	
01	02	03	04	05	06	07	08	09	10	11	
	TOTAL										

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY					(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) T	TRADITIONAL H	EALTH CENTRE	1	<u> </u>	YES	NO	(a) PRIMAR	Y		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NC), DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) H	HOSPITAL			<u> </u>	YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NC), DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) N	MATERNITY HOI	ME / CLINIC		E	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NC), DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME	OF	LOCAL	ITY	(TOWN	/ \/II I	AGE)
	OF	LOCAL	-111	(IOVVIV	/ VILL	AGE)

	(otali a i	aon rooanty)		(=) } °			o. o	compound or locati		
Serial No.	Address of house/compound or		No. of		TOTAL No. OF ENUMER		3	Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group Quarters		question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION		(2)	2) HEALTH FACILITY (3) EDUCATION FACILITY									·		
	YES	NO						YES	NO	. ,		•	YES	NO
(a) POST OFFICE			(a)	TRADITIONAL H	EALTH CENTRE					(a) PRIMAR	Y			
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KI	√I IF NO	D, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) I	HOSPITAL			E	YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KI	M IF NO	D, DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) I	MATERNITY HOI	ME / CLINIC		E	YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KI	M IF NO	D, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY (1	TOWN / VILLAGE)	
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	(0.55.7.2.)	ion page for o	,		(-/) -				compound or local	
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES														
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY					(3) EDU	CATION FACILI	ΓY		
(a) POST OFFICE	YES I	NO	(a) T	RADITIONAL HI	EALTH CENTRE		ŀ	YES	NO	(a) PRIMARY	(YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO TH	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	CE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	ON	(b) H	IOSPITAL				YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO TH	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	CE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	ON	(c) M	IATERNITY HOM	ME / CLINIC			YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO TH	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	CE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME	OF	LOCALITY	/ (TOWN	۱/۱	/II I	AGE)
	OI.	LOCALII	I (IOVVI)	· / ·	V ILL	$\neg \cup $

	(0.55.7.2.)	ion page for o	,		(-/) -				compound or local	
Serial No.		Use of	No. of		TOTAL No. OI ENUMEI			Total No. of	HAS	REMARKS
of House / Compound	Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

TOTAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY					(3) EDU	CATION FACILI	TV		
(1) 1 GOT & TELECOMMONICATION	YES	NO	(2)	IILALIIII A	CILITI		Г	YES	NO	(3)	CATIONTACILI	• •	YES	NO
(a) POST OFFICE			(a) T	RADITIONAL H	EALTH CENTRE		į			(a) PRIMAR	Υ			
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO TI	HE NEAREST TRA	D. HEALTH CENTR	RE.		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
	YES	NO						YES	NO				YES	NO
(b) TELECOMMUNICATION			(b) F	HOSPITAL						(b) JHS				
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO TI	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
() "	YES	NO	, , .					YES	NO	# N 0110			YES	NO
(c) INTERNET CAFE			(c) N	MATERNITY HO	ME / CLINIC		L			(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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	(2.00.00)	Ton page for o	,,						compound or locati	
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	(Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
LOCALITYIS	TOTAL									

TOTAL													
LOCALITY'S FACILITIES													
(1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY		· · · · · · ·		(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) TF	RADITIONAL H	EALTH CENTRE		YES	NO		YES	NO		
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO,	DISTANCE TO TI	HE NEAREST TRAI	D. HEALTH CENTR	E	KM	IF NO, DISTAN		KM		
(b) TELECOMMUNICATION	YES	NO	(b) 116	CODITAL			YES	NO	(-) 11.10			YES	NO
(b) TELECOMMUNICATION			(p) H	OSPITAL					(b) JHS				oxdot
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO,	DISTANCE TO TI	HE NEAREST HOS	PITAL		KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO					YES	NO				YES	NO
(c) INTERNET CAFE			(c) M	ATERNITY HO	ME / CLINIC				(b) SHS				
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO,	DISTANCE TO TI	HE NEAREST MAT	ERNITY HOME/CLI	NIC	KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO											

NAME	OF LOCALITY	(TOWN.	/ \/III AGE\
	OF LOCALII I	(IOVVIV	VILLAGE)

	(Otan a	new page for e	acii iocanty)					or cacil flouse	compound of locati	OH
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	eholds	Group (Quarters	question- naires used	ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound	М	F	М	F		COMPLETED? Enter "Yes" or "No". If No, enter date and time of call- back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
	TOTAL									

IOIAL														
LOCALITY'S FACILITIES (1) POST & TELECOMMUNICATION			(2)	HEALTH FA	CILITY					(3) EDU	CATION FACILI	TY		
(a) POST OFFICE	YES	NO	(a) T	RADITIONAL H	EALTH CENTRE	Ē		YES	NO	(a) PRIMAR	Υ		YES	NO
IF NO, DISTANCE TO THE NEAREST POST OFFICE		KM	IF NO	, DISTANCE TO T	HE NEAREST TRA	D. HEALTH CENTR	RE		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
(b) TELECOMMUNICATION	YES	NO	(b) H	HOSPITAL				YES	NO	(b) JHS			YES	NO
IF NO, DISTANCE TO THE NEAREST TELECOMMUNICATION		KM	IF NO	, DISTANCE TO T	HE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
(c) INTERNET CAFE	YES	NO	(c) M	MATERNITY HOI	ME / CLINIC			YES	NO	(b) SHS			YES	NO
IF NO, DISTANCE TO THE NEAREST INTERNET CAFÉ		KM	IF NO	, DISTANCE TO T	HE NEAREST MAT	ERNITY HOME/CLI	INIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
(4) PUBLIC TOILET FACILITY	YES	NO												

NAME OF LOCALITY	(TOWN / VILLAGE)
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(4) PUBLIC TOILET FACILITY

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 tor e	each locality)		(2) yo	u USE A FR	ESH LINE I	or each house.	compound or locati	on
Serial No.	Address of house/compound or	Use of	No. of		TOTAL No. OI ENUMEI		3	Total No. of guestion-	HAS	REMARKS
of House / Compound	location of outdoor sleepers (e.g. Name of House Owner, House No.,	Structure (Residen-	households in house /	House	Households		Group Quarters		ENUMERATION BEEN	Record special
or location of outdoor sleepers	Street Name, etc).	tial = R; Other, specify).	Compound 04	М	F	М	F		Enter "Yes" or "No". If No, enter date and time of call-back	case or problems encountered in the house.
01	02	03	04	05	06	07	08	09	10	11
			-							
	TOTAL									
LOCALITY'S E	ACII ITIES									

LOCALITY'S FACILITIES														
) POST & TELECOMMUNICATION			(;) HEALTH FA	CILITY					(3) EDU	CATION FACILI	ΓY		
	YES	NO	,				Y	ES N	10	/ \ ==!!			YES	NO
) POST OFFICE			(6) TRADITIONAL F	HEALTH CENTRE					(a) PRIMAR	Y			
NO, DISTANCE TO THE NEAREST POST OFFICE			KM IF	NO, DISTANCE TO	THE NEAREST TRA	D. HEALTH CENTR	E		KM	IF NO, DISTAN	ICE TO THE NEAR	EST PRIM. SCH.		KM
	YES	NO	Ī				Y	ES N	10				YES	NO
) TELECOMMUNICATION			(1) HOSPITAL						(b) JHS				
NO, DISTANCE TO THE NEAREST TELECOMMUNICATION			KM IF	NO, DISTANCE TO	THE NEAREST HOS	PITAL			KM	IF NO, DISTAN	ICE TO THE NEAR	EST JHS		KM
	YES	NO	Ī				Y	ES N	NO				YES	NO
) INTERNET CAFE			(0) MATERNITY HC	ME / CLINIC					(b) SHS				
NO, DISTANCE TO THE NEAREST INTERNET CAFÉ			KM IF	NO, DISTANCE TO	THE NEAREST MAT	ERNITY HOME/CLI	NIC		KM	IF NO, DISTAN	ICE TO THE NEAR	EST SHS		KM
	VES	NO	7						1 117 117					

Use one line for each locality

			TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of	Total No. of	Total No. of	Hous	eholds	Group (Quarters	Question-	Telecommuni-	Type of Health	Type of	Public Toilet
Locality	houses / compound [R and R+]	households	М	F	М	F	naires used	cation Facilities Facility(ies)	Facility(ies)	Educational Facility(ies)	Facility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
									<u> </u>		
									<u> </u>		
TOTAL FOR EA											

Use one line for each locality

			TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of	Total No. of	Total No. of	Hous	eholds	Group (Quarters	Question-	Telecommuni-	Type of Health	Type of	Public Toilet
Locality	houses / compound [R and R+]	households	М	F	М	F	naires used	cation Facilities Facility(ies)	Facility(ies)	Educational Facility(ies)	Facility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
									<u> </u>		
									<u> </u>		
TOTAL FOR EA											

Use one line for each locality

			TOTA	AL NUMBER OR PE	ERSONS ENUMER	RATED	Total No of	Type of			
Name of	Total No. of	Total No. of	Hous	eholds	Group	Quarters	Question-	Telecommuni-	Type of Health	Type of	Public Toilet
Locality	houses / compound [R and R+]	households	М	F	М	F	naires used	cation Facilities Facility(ies)	Facility(ies)	Educational Facility(ies)	Facility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
									<u> </u>		
									1		1
		+						+			
OTAL FOR EA							1				

Use one line for each locality

			TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of Locality	Total No. of houses /	Total No. of households	Hous M	Households M F		Quarters F	Question- naires used	Telecommuni- cation Facilities	Type of Health Facility(ies)	Type of Educational	Public Toilet Facility
Locality	compound [R and R+]	nousenolus	IVI		M	'	naires useu	Facility(ies)	,	Facility(ies)	i aciity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		+						+			
							-		<u> </u>		
							-				
OTAL FOR EA											+

Use one line for each locality

			TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of Locality	Total No. of houses /	Total No. of households	Hous M	Households M F		Quarters F	Question- naires used	Telecommuni- cation Facilities	Type of Health Facility(ies)	Type of Educational	Public Toilet Facility
Locality	compound [R and R+]	nousenolus	IVI		M	'	naires useu	Facility(ies)	,	Facility(ies)	i aciity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		+						+			
							-		<u> </u>		
							-				
OTAL FOR EA											+

Use one line for each locality

			TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of Locality	Total No. of houses /	Total No. of households	Hous M	Households M F		Quarters F	Question- naires used	Telecommuni- cation Facilities	Type of Health Facility(ies)	Type of Educational	Public Toilet Facility
Locality	compound [R and R+]	nousenolus	IVI		M	'	naires useu	Facility(ies)	,	Facility(ies)	i aciity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		+						+			
							-		<u> </u>		
							-				
OTAL FOR EA											+

Use one line for each locality

		Total No. of households	TOTA	AL NUMBER OR PI	ERSONS ENUMER	RATED	Total No of	Type of			
Name of Locality	Total No. of houses / compound [R and R+]		Hous M	eholds F	Group M	Quarters F	Question- naires used	Telecommuni- cation Facilities Facility(ies)	Type of Health Facility(ies)	Type of Educational Facility(ies)	Public Toilet Facility
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		+					+				
											1
OTAL FOR EA											