

REPUBLIC OF RWANDA



SAMPLE CODE:

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NATIONAL INSTITUTE OF STATISTICS OF RWANDA
MINISTRY OF PUBLIC SERVICE AND LABOUR

RWANDA NATIONAL MANPOWER SURVEY

EMPLOYERS MODULE (formal)

Zone number.....

Confidentiality Note

The Information you give in this questionnaire will only be used for statistical purposes. According to the Statistical law individual data are kept confidential and will not be disclosed for any reason what so ever.

1. SAMPLE SPECIFICATION :

2. EMPLOYEES SAMPLE

1. PUBLIC

2. PRIVATE FORMAL

3. HEALTH

	Damy stage	Second stage			Total (A+B+C)
		High skilled(A)	Medium Skilled(B)	Low skilled(C)	
Population size					
Sample size					

3. INTERVIEW RESULTS

O050	A.Visit 1	B.Visit 2	C.Visit 3	D.Reason of non response
	Date :/...../.....	Date :/...../.....	Date :/...../.....	
	1. Fully completed 2. Partially completed 3. Non response 4. Posponed 5. Other (specify)	1. Fully completed 2. Partially completed 3. Non response 4. Posponed 5. Other (specify)	1. Fully completed 2. Partially completed 3. Non response 4. Posponed 5. Other (specify)	1. Refused 2. No contact 3. Not found (establishment)/ No longer operating 4. Other (Specify)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. NAMES AND SIGNATURE OF SURVEYS STAFFS

Name of the interviewer:	Name of the Field Editor:	Name of the Team Leader	Name of coder:	Name of the Data entry clerk:
Date of the interview: / /	Editing date: / /	Date: / /	Coding date: / /	Data entry date: / /
Signature:	Signature:	Signature:	Signature:	Signature:

5. ADDRESS/ LOCATION OF THE ESTABLISHMENT

5-1. PROVINCE / KIGALI CITY:

5-2. DISTRICT.....

5-3. SECTOR.....

5-4. CELL.....

5-5. VILLAGE.....

5-6. ESTABLISHMENT NAME:

5-7. ESTABLISHMENT PHONE NUMBER/THE MANAGER

5.8. E_MAIL ADDRESS (OFFICE).....

0060 (Option)	Respondent Position	1. Owner/Co-owner (manager) 2. Manager/Employee 3. Human resource Manager 4. Other (specify)	<input type="text"/>	If 2 , 3 or 4 go to A010
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SECTION 0: GENERAL PERSONAL INFORMATION ON EMPLOYER (ONLY TO BE FILLED IF THE RESPONDENT IS OWNER)

No.	Question	Answers	Code	Go to
M1:0061	Name of the owner		
M1:0062 (option)	Owner phone number		
M1:0063 (option)	Email adress (respondent)		
M1:0064 (option)	Sex	1. Female 2. Male	<input type="text"/>	
M1:0065 (option)	Age in completed years		<input type="text"/> <input type="text"/>	
M1:0066 (option)	Marital status	1. Single/Never married 2. Married 3. Separated 4. Divorced 5. Widowed	<input type="text"/>	
M1:0067 (option)	Nationality	1. Burundian 2. Kenyan 3. Rwandan 4. Tanzanian 5. Ugandan 6. The rest of Africa (specify) 7. The rest of the world (specify)	<input type="text"/>	

NATURE OF CURRENT AND PAST OCCUPATION (only to be filled if interview with OWNER)

No.	Question	Answers	Code	Go to
M1:0068 (option)	What is your current main occupation / job title?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>ISCO (2008)-Level 4 for office use</i>	
M1:0069 (option)	When did you start this establishment?	(yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M1:0070 (option)	Does your current job match your official education / training (certificate / degree)?	1. Yes 2. No (other job than qualific.) 3. No (lower level than qualific.) 4. No (higher level than qualific.) 5. Not applicable (no training)	<input type="text"/>	

M1:0071 (option)	Have ever worked for other establishments before starting your current business?	1. Yes 2. No	<input type="text"/>	If 2 → 0077
M1:0072 (option)	What kind of establishment did you work for before joining your current employer?	1=Ministry and other government institutions 2 =Parastatal 3=Company/firm 4=Co-operative / SACCO 5=NGO/CSO/CBO 6=Other (specify)	<input type="text"/>	
M1:0073 (option)	What was your employment status?	1. Own account worker 2. Employer 3 Employee 4 Unpaid family worker	<input type="text"/>	
M1:0074 (option)	What was the establishment's main economic activity?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISIC for office use	
M1:0075 (option)	What was your occupation?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ISCO-Level 4 for office use	
M1:0076 (option)	How long did you work in the previous job?	(If less than one year enter 00	Years <input type="text"/> <input type="text"/>	

FORMAL EDUCATION BACKGROUND (only to be filled if interview with OWNER)

No.	Question	Answers	Code	Go to
M1:0077 (option)	What is the highest level of formal education you have completed?	01.PhD/Doctorate 02.Masters Degree 03.Post Graduate Diploma 04.Bachelors 05.Diploma level (A1) 06.Certificate level (TVET) 07.Secondary-A Level 08.Secondary-O Level 09.Primary 10. Other (<i>specify</i>) 11. None	<input type="text"/> <input type="text"/>	If 8,9,10,11 → 0080
M1:0078 (option)	Please indicate the field of Specialization	<input type="text"/> <input type="text"/> <input type="text"/> ISCED Code-Level 3 for office use	
M1:0079 (option)	Where have you got your highest level of education?	1. Rwanda 2. Other EAC countries 3. Rest of Africa 4. Europe 5. Americas 6. Asia 7. Oceania	<input type="text"/>	
M1:0080 (option)	Are you currently enrolled in further training?	1. Yes 2. No	<input type="text"/>	If 2 → 0083
M1:0081 (option)	Please indicate the field/type of training you are enrolled for (formal Education)	<input type="text"/> <input type="text"/> <input type="text"/> ISCED Code-Level 3 for office use	

M1:0082	What kind of degree are you expecting from that training	01.PhD/Doctorate 02.Masters Degree 03.Post Graduate Diploma 04.Bachelors 05.Diploma level (A1) 06.Certificate level (TVET) 07.Secondary-A Level 10. None 12.Certificate 11. Other (<i>specify</i>)	<input type="checkbox"/>	
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Disability

M1:0083 (option)	Do you have any disability?	1. Yes 2. No	<input type="checkbox"/>	If 2 → A010
M1:0084 (option)	If Yes, what type of disability (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Sight (blind/severe visual limitation) 2. Hearing (deaf, hard of hearing) 3. Communicating (speech impairment) 4. Other Physic. disability/physical handic. 5. Intellectual (difficulties in learning) /mental problem 6. Emotional (behavioural, psycholog.) 7. Other (<i>specify</i>)..... 1=Yes 2= NO	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	

SECTION A. ESTABLISHMENT INFORMATION

No.	Question	Answers	Code	Go to
M1:A010	Please indicate the type of establishment.	1= Ministry and Other Gvt institutions 2= Parastatal 3= Company 4= Co-operative 5= NGO/CSO/CBO 6= Other (<i>specify</i>)	<input type="checkbox"/>	If 1 → B010
M1:A020	Is your establishment legally registered?	1. Yes 2. No	<input type="checkbox"/>	If 2 → A060
M1:A030	Under which authority (highest) is the establishment registered? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Registrar of companies (RDB) 2. Rwanda Revenue Authority(RRA) 3. Registrar of cooperatives(RCA) 4. Private Sector Federation 5. District 6. Sector 7. Social Security Fund(CSR) 8. Others (<i>specify</i>) 1 =YES 2= NO	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
M1:A040	Please record the year of registration at highest level		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M1:A050	Please record Registration Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M1:A060	Is the establishment affiliated to an International Organisation / MNC?	1. Yes 2. No	<input type="checkbox"/>	

M1:A070	What are the goods and services produced or activities performed in your establishment? <i>If more than one activity please start with the main activity in column one</i>	Main activity 1	<input type="text"/>			ISIC codes for office use.																								
		Main Activity 2	<input type="text"/>																											
		Main Activity 3	<input type="text"/>																											
M1:A080	What is the type of your establishment?	1. Head office 2. Stand alone establishment 4. Branch of international establishment	<input type="text"/>			If 2,4 go to A100																								
M1:A090	How many branches do you have, including the main office		<input type="text"/>																											
M1:A100	Are you self accounting/Financial autonomous?	1. Yes 2. No	<input type="text"/>																											
M1:A101 (option)	What is the the legal status of your establishment	1. Sole proprietorship 2. Limited by share(LTD) 3. Limited by guarantee 4. Limited by Both share and guarantee 5. Unlimited 6. Other(specify)	<input type="text"/>			If 1, 6 → A103																								
M1:A102 (option)	Please record the number shareholders by nationality and sex	<table border="1"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>TOT</th> </tr> </thead> <tbody> <tr> <td>RWANDESE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EAC Citizens</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other africa</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other foreigners/Overseas</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Male	Female	TOT	RWANDESE				EAC Citizens				Other africa				Other foreigners/Overseas				Total				
	Male	Female	TOT																											
RWANDESE																														
EAC Citizens																														
Other africa																														
Other foreigners/Overseas																														
Total																														
M1:A103 (option)	Ownership of premises	1. Fully owned 2. Joint ownership 3. Rented 4. Permitted by others to use site 5. Donated by Government 6. Donated by Local authority owned 7. Not applicable 8. Other (specify)	<input type="text"/>																											

SECTION B. WORKLOAD

M1:B010: Please fill in working/operating hours, working days per week and information about shifts number of shifts and their duration by occupation category for this establishment

Job description/occupations	Average Working hours per day		Working days in a week		Shifts (0 if not applicable)			ISCO CODE LEVEL I	
	Day	Night (if any)	Normal	Overtime	Number of shifts during the day	Number of shifts during the night (if any)	Duration of each shift		
							Day		Night

1. Managers 2. Professionals 3. Technicians 4. Clerical support 5. Service and support workers Skilled agricultural, forestry and fishery workers 6. Craft and related trades workers 7. Plant and machine operators, and assemblers 8. Elementary occupations 9. Low occupation

SECTION C. EMPLOYEE CHARACTERISTICS AND VACANT POSTS

No.	Question	Answers		Code		Go to																									
M1:C001 (option)	How many persons are currently engaged in this establishment?			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																											
M1:C002 (option)	How many of the persons engaged in this establishment fall under the following categories:	1. Working owners 2. Contributing family workers 3. Paid employees 4. Unpaid employees out of the family		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px;"></td> <td style="width: 60px;">Male</td> <td style="width: 60px;">Female</td> <td style="width: 60px;">Total</td> </tr> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">TOTAL</td> <td></td> </tr> </table>			Male	Female	Total	1.				2.				3.				4.					TOTAL				
	Male	Female	Total																												
1.																															
2.																															
3.																															
4.																															
	TOTAL																														
M1:C010	Please indicate the total number of employees and the labour turnover for the following period as at the 31 st december of each of the following years	2008 (a)	2008 (aa)	2009 (b)	2009 (bb)	2010 (c)	2010 (cc)																								
		Number of employees	Labour turnover (employees left)	Number of employees	Labour turnover (employees left)	Number of employees	Labour turnover (employees left)																								
	1. Number of employees in Headquarters / Stand alone establishment	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
	2. Number of employees in branch offices (If applicable)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
	3. Total	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

M1:C020. Please indicate by job title, total number of PERMANENT Posts, Minimum Education Required for the post and the Number of Filled Posts by Sex and Citizenship and Monthly Gross remuneration as of the 30 September 2011

Job title / Description a	Minimum education requirements 1. PHD 2. Masters 3. Postgrad. Diploma 4. Bachelor's Degree 5. Diploma 6. Certificate(A2) 7. Other (specify) C	Field(s) of education requirements Q	Filled Posts										How many do not have re-quired quali-fica-tion? m mm	Total Monthly gross remuneration		For official use only ISCO Code	For official use only ISCED Code	
			Citizens only		Non-citizens only						Total filled posts			Average Wage / Salary n	Average Allow-ances o			
			d	e	f g		h i		hh ii		j	k						
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M1:C030: Please indicate by job title, total number of TEMPORARY Posts, Minimum Education Required for the post and the Number of Filled Posts by Sex and Citizenship and Gross remuneration as of the 30 September, 2011

Job title / Description a	Minimum education requirements 1. PHD 2. Masters 3. Postgrad. Diploma 4. Bachelor's Degree 5. Diploma 6. Certificate(A2) 7. Other (specify) C	Field(s) of education requirements Q	Filled Posts										How many do not have re-quired quali-fica-tion? m mm	Total monthly gross remuneration		For official use only ISCO Code p	For official use only ISCED Code R	
			Citizens only		Non-citizens only						Total filled posts			Average Wage / Salary n	Average Allow-ances o			
			d	e	f	g	h	i	hh	ii	j	k						
M	F	M	F	M	F	M	F	M	F	M	F	M	F	n	o	p	R	
																	
																	
																	
																	
																	
																	
																	
																	
																	

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M1:C040: Please indicate by job title, total number of CASUAL Posts, Minimum Education Required for the post and the Number of Filled Posts by Sex and Citizenship and Gross remuneration as of the 30 September, 2011

Job title / Description a	Minimum education requirements C 1. PHD 2. Masters 3. Postgrad. Diploma 4. Bachelor's Degree 5. Diploma 6. Certificate 7. Other (specify)	Field(s) of education requirements Q*	Filled Posts										How many do not have re-quired quali-fica-tion? m M F		Total monthly gross remuneration		For official use only ISCO Code p	For official use only ISCED Code R	
			Citizens only		Non-citizens only						Total filled posts				Average Wage / Salary n	Average Allow-ances O			
			d	e	East African only f g		Other African h i		Other (over-seas) hh ii		j	k							
M	F	M	F	M	F	M	F	M	F	M	F	n	O						
																		
																		
																		
																		
																		
																		
																		
																		
																		
																		
																		
																		

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M1:C050: Please indicate by job title, total number of PERMANENT Vacant Posts, Minimum Education Required and the number by whether the post is available due to Growth or Replacement and Reasons why the post is vacant as of 30 September, 2011

Job title / Description a	Total number of vacant posts b	Minimum education requirement 1. PHD 2. Masters 3. Postgrad. Diploma 4. Bachelor's Degree 5. Diploma 6. Certificate(A2) 7. Other (specify) c	Field of Education required q	Number and reason for recruitment					No of post which have been vacant for one year or more f	For posts which have been vacant for one year or more give main reasons why. 1.Internal bureaucracy 2.Lack of qualif. applicants 3.Low activity 4. Budget constraints 5.Other (specify) 6. Not applicable g	For official use only ISCO Code h	For official use only ISCED Code r
				Business Growth (i.e. additional posts) d	Replacement							
					Retire-ment e1	Job change of employ-ee e2	Lack of qualifi-cations e3	No satis-faction with work results e4				
										<input type="text"/>	<input type="text"/>
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SECTION D. FUTURE MANPOWER PROJECTIONS

M1:D001: Does your establishment have a plan to increase or decrease the number of employees between 2012 and 2021? 1: Yes 2: No If 2 → E010

M1:D010: Indicate the Number of Staff and Skills Required for Future Employment (human resource forecast). Give reasons for future numbers (*indicate different fields of teaching separately*)

Job title/ Category or Job description/ Occupation	Minimum education requirement	Field of education required	2012		2013		2014		2015		2016		2017 2021		For official use only ISCO Code	For official use only ISCED Code
			Number	Reason	Number	Reason	Number	Reason	Number	Reason	Number	Reason	Number	Reason		
A	c	q	d	e	f	g	h	i	j	k	l	m	o	00	n	R
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SECTION E. STAFF DEVELOPMENT

No.	Question	Answers	Code	Go to
M1:E010	Does your establishment have a staff training and development policy or plan in place?	1. Yes 2. No	<input type="checkbox"/>	If 2 → E080
M1:E020	How is staff training carried out for managerial employees in your establishment? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1.Apprenticeship 2.On the-job-training 3.Own Training Centre 4.Sponsorship to training instit. (local) 5.Sponsorship to training instit. (abroad) 6.Workshops 8.Other programs (specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 8. <input type="checkbox"/>	
M1: E030	How is staff training carried out for technical and professional employees in your establishment? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1.Apprenticeship 2.On the-job-training 3.Own Training Centre 4.Sponsorship to training instit. (local) 5.Sponsorship to training instit. (abroad) 6.Workshops 8.Other programs (specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 8. <input type="checkbox"/>	
M1: E040	How is staff training and development carried out for clerical staff and casual employees? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1.Apprenticeship 2.On the-job-training 3.Own Training Centre 4.Sponsorship to training instit. (local) 5.Sponsorship to training instit. (abroad) 6.Workshops 8.Other programs (specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 8. <input type="checkbox"/>	
M1:E050	Please indicate how often such training exercises take place for each category of staff (Please indicate the code against the appropriate category)	a. Managerial(Mnisters,PS,DGs) b. Supervisory (Directors) c. Technical staff/Professional d. Clerical e. Casual 1. Monthly 2. Quarterly 3. Twice a year 4. Annually 5. Every two years 6. Irregular/adhoc 7.Other(specify) 8.No training 9.Not applicable	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	
M1:E070	Does your establishment have in-house training facilities for own staff?	1. Yes 2. No	<input type="checkbox"/>	If 2 → E080

M1:E071 (option)	What kind of facilities do you have? (Mult. answers,) (Read all and Ask each then respond by 1=Yes or 2=No)	1.Training space 2.Specialised trainers 3.Computers 4.Projector 5.Training materials (manuals, books...) 6. Laboratory 7.Other(Specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 					
M1:E080	What skills / qualifications are in general lacking among your staff? (Mult. answers,) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Managerial skills 2. Technical skills 3. Entrepreneurial skills 4. Language skills 5. Customer care 7. Innovativeness / creativity 8. IT skills 9. Didactics / teaching skills 10. Communication skills 6. Other (specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 06. <input type="checkbox"/> 					
M1: E090	Did you conduct any staff training in the last 12 months?	1.Yes 2. No	<input type="checkbox"/>	If 2 → E120				
M1:E100	In what kind of area(s)? (Mult. answers,) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Managerial skills 2. Technical skills 3. Entrepreneurial skills 4. Language skills 5. Customer care 7. Innovativeness / creativity 8. IT skills 9. Didactics / teaching skills 10. Communication skills 6. Other (specify) 1=Yes 2=No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 6. <input type="checkbox"/> 					
M1:E120	Do you face any challenges that limit your staff training?	1.Yes 2. No	<input type="checkbox"/>	If 2 → E131				
M1:E130	Which challenges limit the training of your staff? (Mult. answers, rank three most important)	1.Inadequate facilities (space) 2.Inadequate materials 3.Shortage of skilled trainers 4.Time off for the trainees 5.Other (specify) 6. Lack of funds	1rst . <input type="checkbox"/> 2 nd <input type="checkbox"/> 3rd <input type="checkbox"/> 					
M1: E131 (option)	If you have hired graduates of TVET and / or higher institutions, how satisfied are you with their performance?	1. Fully Satisfied 2. Partially satisfied 3. Little satisfied 4. Not satisfied 5. Not applicable (no such graduates hired)	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">TVET</td> <td style="width: 50%;">Higher inst.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	TVET	Higher inst.	<input type="checkbox"/>	<input type="checkbox"/>	
TVET	Higher inst.							
<input type="checkbox"/>	<input type="checkbox"/>							

M1:E132 (option)	In your view, what has to be improved in the training and education in TVET and higher institutions? (Multiple answers possible, rank three most important)	1. Managerial skills 2. Technical skills 3. Entrepreneurial skills 4. Language skills 5. Customer care 7. Innovativeness / creativity 8. IT skills 9. Didactics / teaching skills 10. Communication skills 11. None 6. Other (specify)	<table border="1"> <tr> <td></td> <td>TVET</td> <td>Higher Inst.</td> <td></td> </tr> <tr> <td>1rst .</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd</td> <td></td> <td></td> <td></td> </tr> </table> <p>.....</p>		TVET	Higher Inst.		1rst .				2 nd				3rd				
	TVET	Higher Inst.																		
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M1:E140	Do you have an industrial attachment. / apprenticeship / internship program?	1. Yes (institutionalised) 2. Yes (occasionally/informal) 3. No	<input type="checkbox"/>	If 3 → E155																
M1:E150	If Yes, how many interns do you have on average annually?		<table border="1"> <tr> <td>Male</td> <td>Female</td> <td>Total</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Male	Female	Total														
Male	Female	Total																		
M1:E151 (option)	How many of them are hired afterwards in 2009, 2010, 2011?		<table border="1"> <tr> <td></td> <td>Male</td> <td>Female</td> <td>Total</td> </tr> <tr> <td>2009</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2010</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2011</td> <td></td> <td></td> <td></td> </tr> </table>		Male	Female	Total	2009				2010				2011				
	Male	Female	Total																	
2009																				
2010																				
2011																				
M1:E152 (option)	Do interns take part in specifically designed training?	1. Yes 2. No	<input type="checkbox"/>																	
M1:E153 (option)	How long on average are the apprenticeships / internships?	(Indicate the average duration in months)	<input type="text"/>																	
M1:E154 (option)	What are the financial agreements?	1. Interns have to pay money 2. Interns receive money 3. Interns sponsored by other institution 4. No payments	<input type="checkbox"/>	→ F001																
M1:E155 (option)	What is the reason for not hosting interns (Multiple answers possible, rank three most important)	1. No need 2. No capacity / too small 3. Too cumbersome 4. No appropriate candidates 5. Candidates want to be paid / paid too much 6. Other (indicate)	<table border="1"> <tr> <td>1rst .</td> <td></td> </tr> <tr> <td>2nd</td> <td></td> </tr> <tr> <td>3rd</td> <td></td> </tr> </table> <p>.....</p>	1rst .		2 nd		3rd												
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SECTION F: CAPITAL / EXPENDITURES / REVENUE (for public institutions or ONG → F010)

If the answer to A010 is 2, 3,4, Complete this section.

No.	Question	Answers	Code	Go to
M1:F001 (option)	What was the major source of your start-up capital for your business?	01. Own saving 02. Loans from friends/relatives 03. Contributions from others 04. Loans from commercial banks 05. Informal money lenders 06. Government lending agencies 07. Micro finance institutions 08. Public share issuing 09. Inheritance 10. Other (specify) 11. Don't know	<input type="text"/>	If 2 - 11 → F003

M1:F002 (option)	If own saving, what was the major source?	1. Previous employment public sector 2. Previous employment in private sector 3. Sale of farm products 4. Sale of assets (cattle, property) 5. Other (specify)	<input type="checkbox"/>	
M1:F003 (option)	Have you ever applied for a loan from a bank or another financial institution?	1. Yes 2. No	<input type="checkbox"/>	If 1 → F005
M1:F004 (option)	Why didn't you apply? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1. No need 2. No guarantee 3. Long procedures 4. High interest rate 5. Lack of information 6. Fear of risks 7. Other(specify) 1= Yes 2= No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Go to F010
M1:F005 (option)	Have you received a loan from a bank or another financial institution?	1. Yes 2. No		If 1 → F010
M1:F006 (option)	If you applied and did not receive, give reasons (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1.Poor/No business plan 2.No guarantee/Insufficient guarantee 3.Lack of start_up fund 4.No feedback from the bank 5.Other (specify) 1= Yes 2= No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	

M1:F010: Indicate your establishment's expenditures on labour in September 2011 (in FRW)	Permanent		Temporary/casual	
	Number of employees as of 30th September 2011	Amount Paid for the month of September 2011(in FRW)	Number of employees as at 30 September 2011	Amount Paid for the month of September 2011(in FRW)
Wages and salaries including overtime pay				
Bonuses				
Allowances				
Social security Contribution				
Training				
Other not else where classified				

M1:F20 (option)	Can any of your product (good or service) be exported to EAC or Word market?	1= YES; 2= NO	<input type="checkbox"/>	If 2 go to F060
M1:F030 (option)	During 2011, have you exported any of your product to EAC or Word market?	1. YES to EAC market 2. YES to Other African market 3. YES, out side of Africa 1= Yes 2= No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
M1:F040	Before 2011, have you exported any of your product to EAC or Word market?	1. YES to EAC market 2. YES to Other African market 3. YES, out side of Africa 1= Yes 2= No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

M1:F050 (option)	Do you plan to export any of your product to EAC or Word market in the future?	1. YES to EAC market 2. YES to Other African market 3. YES, out side of Africa 1= Yes 2= No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
M1:F060 (option)	What are the major sources of funding for this institution?	1. Government/National budget 2. (International.)Donors 3. Shareholders 4. Financial Institutions 5. Faith-based organizations/charities 6. Payments by beneficiaries 7. Selling of output / services 8. Membership contribution fees 9. Others (specify) 	<input type="checkbox"/>	

SECTION G. SOURCING FOR REQUIRED STAFF

No.	Question	Answers	Code	Go to												
M1:G010	How do you source personnel to fill vacant posts? (Multiple answers possible, rank three most important for skilled / low-skilled)	1. Media advertisements 2. Own webpage/ Internet 3. LMIS/Registration systems 4. Job agents / bureaus 5. Friends/relatives 6. Training institution 7. Other(specify)	<table border="1"> <thead> <tr> <th></th> <th>Low skilled</th> <th>High and middle skilled</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Low skilled	High and middle skilled	1 st	<input type="checkbox"/>	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	<input type="checkbox"/>	3 rd	<input type="checkbox"/>	<input type="checkbox"/>	
	Low skilled	High and middle skilled														
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2 nd	<input type="checkbox"/>	<input type="checkbox"/>														
3 rd	<input type="checkbox"/>	<input type="checkbox"/>														
M3: G011 option	In the last year, have you recruited any person in your establishment ?	1. Yes 2. No	<input type="checkbox"/>													
M1:G020	In the last year, have you advertised any post?	1. Yes 2. No	<input type="checkbox"/>	If 2 → G040												

M1:G030 Please indicate the type of jobs, number advertised in the past year, number of applicants and the number filled through the process of advertising

Occupation / Job description	Number advertised	Number of applicants	Number of post filled through the process	For official use only ISCO Code
		<i>If no body applied enter 0</i>	<i>If no post filled enter 0</i>	
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M1:G040 (option)	Have you ever used LMIS?	1. Yes 2. No	<input type="checkbox"/>	If 2 → G042						
M1:G041 (option)	Please indicate your experience with LMIS (Multiple answers possible, rank three most important)	1. Satisfactory 2. Too complicated 3. Too few applications 4. Too many applications 5. Too many unqualified applications 6. Too few applicants registered 7. Other problems (indicate)	<table border="1"><tr><td>1rst</td><td><input type="checkbox"/></td></tr><tr><td>2nd</td><td><input type="checkbox"/></td></tr><tr><td>3rd</td><td><input type="checkbox"/></td></tr></table>	1rst	<input type="checkbox"/>	2nd	<input type="checkbox"/>	3rd	<input type="checkbox"/>	→ G050
1rst	<input type="checkbox"/>									
2nd	<input type="checkbox"/>									
3rd	<input type="checkbox"/>									
M1:G042 (option)	As you did not use LMIS, have you heard about it?	1. Yes 2. No	<input type="checkbox"/>	If 2 → G050						
M1:G043 (option)	Since you have heard about LMIS but have not used it, please indicate why (Mult. answers, rank three most important)	1. No need 2. Complicated / cumbersome 3. Fear too much applications 4. Don't want to expose information 5. Applicants don't match requirements 6. Is not properly working 7. Other (specify)	<table border="1"><tr><td>1rst</td><td><input type="checkbox"/></td></tr><tr><td>2nd</td><td><input type="checkbox"/></td></tr><tr><td>3rd</td><td><input type="checkbox"/></td></tr></table>	1rst	<input type="checkbox"/>	2nd	<input type="checkbox"/>	3rd	<input type="checkbox"/>	
1rst	<input type="checkbox"/>									
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M1:G050 (option)	Do you currently envisage hiring non-nationals?	1. Yes 2. No	<input type="checkbox"/>	If 2 → G053						
M1:G051 (option)	If Yes, Why? (Multiple answers possible, rank)	1. Cheaper 2. Better qualified 3. More Efficient 4. More productive 5. Other (specify)	<table border="1"><tr><td>1rst</td><td><input type="checkbox"/></td></tr><tr><td>2nd</td><td><input type="checkbox"/></td></tr><tr><td>3rd</td><td><input type="checkbox"/></td></tr></table>	1rst	<input type="checkbox"/>	2nd	<input type="checkbox"/>	3rd	<input type="checkbox"/>	
1rst	<input type="checkbox"/>									
2nd	<input type="checkbox"/>									
3rd	<input type="checkbox"/>									
M1:G052 (option)	From which countries / regions? (rank three most important)	1. EAC 2. Other African 3. Europe 4. Americas 5. Asia 6. Oceania 7. Any where	<table border="1"><tr><td>1rst</td><td><input type="checkbox"/></td></tr><tr><td>2nd</td><td><input type="checkbox"/></td></tr><tr><td>3rd</td><td><input type="checkbox"/></td></tr></table>	1rst	<input type="checkbox"/>	2nd	<input type="checkbox"/>	3rd	<input type="checkbox"/>	→ H010
1rst	<input type="checkbox"/>									
2nd	<input type="checkbox"/>									
3rd	<input type="checkbox"/>									

M1:G053 (option)	If No, Why?	1. No need 2. Regulations 3. Not acquainted with Rwanda 4. Language problems 5. Problems of sourcing / hiring 6. Cultural problems 7. Too cost 8. Other (specify)	<table border="1"> <tr><td>1rst</td><td></td></tr> <tr><td>2nd</td><td></td></tr> <tr><td>3rd</td><td></td></tr> </table>	1rst		2nd		3rd		
	1rst									
2nd										
3rd										
(Multiple answers possible, rank three most important)										

SECTION G. MEMBERSHIP TO EMPLOYERS ORGANIZATIONS

No.	Question	Answers	Code	Go to
M1:H010	Is your institution a member of any organization/association?	1. Yes 2. No	<input type="checkbox"/>	If 2 → I010
M1:H020	Name that organisation/association		
M1:H030	In the past year have you received any cooperation or assistance from the organization/association?	1. Yes 2. No	<input type="checkbox"/>	
M1:H060	Is your organization affiliated to an other organisation/associaton?	1. Yes 2. No	<input type="checkbox"/>	

SECTION I. CHALLENGES OF BUSINESS EXPANSION (Only applicable for private companies and public institutions which offer commercial services)

N°	Question	Answers	Code	Go to						
M1:I010	What are the difficulties affecting the operation / growth of your establishment / enterprise / organization. (Multiple answers possible, rank three most important)	1. Lack of customers/marketing 2. Non-payment of debts 3. Access to finance 4. Lack of management skills 5. Lack of capital equipment 6. Lack of skilled personnel 7. High taxes and license fees 8. Lack of raw materials/irregular supply 9. Lack of space/land 10. No new technology 11. Difficulties with existing regulations, law ... 12 Increased competition 13 Access to energy 14. Cost of energy 15. Crime/safety 16. Customs and trade regulations 17. Poor transport system 18. Transport cost 19. Labour regulations 20. High labour turnover 21. Corruption 22. HIV/AIDS 23. Other (specify) 24. No difficulties	<table border="1"> <tr><td>1rst</td><td></td></tr> <tr><td>2nd</td><td></td></tr> <tr><td>3rd</td><td></td></tr> </table>	1rst		2nd		3rd		
1rst										
2nd										
3rd										

SECTION J. GENDER

No.	Question	Answers	Code	Go to
M1: J010	Does your organization have a gender policy?	1. Yes 2. No	<input type="checkbox"/>	
M1: J020	Does your organisation practice preferential treatment due to sex?	1. Yes 2. No	<input type="checkbox"/>	If 2 → K010
M1: J030	Does this practice involve the following policy? (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Quota of management positions for women 2. Overall quota for women 3. Preferential recruitment for women 4. Preferential recruitment for men 5. Maternity leave 6. Differential retirement age 7. Preferential payment 8. Others (specify) 1= Yes 2= No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 	

SECTION K. HIV/AIDS POLICY AT WORKPLACE

No.	Question	Answers	Code	Go to
M1: K010	Do you have an HIV and AIDS workplace policy in place?	1. Yes 2. No	<input type="checkbox"/>	If 2 → L010
M1: K020	Does the HIV and AIDS work-place policy entail/contain the following (Mult. answers.) (Ask for each modality and respond by 1=Yes or 2=No)	1. VCT services 2. Free ARVs for workers who are HIV+ 3. Free condom distribution for workers 4. Free food rations for workers who are HIV+ 5. Workers' rights 6. Others (specify) 1= Yes 2= No	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 	

SECTION L. USE OF ICT

No.	Question	Answers	Code	Go to
M1: L010	Has your institution introduced ICT use?	1. Yes 2. No	<input type="checkbox"/>	If 2 → T010
M1: L020	Please indicate what for it is being used (Mult. answers.) (Read all and Ask each then respond by 1=Yes or 2=No)	1. Production 2. Marketing 3. Human resource management 4. Communication 5. Records management 6. Accounting/Finance/Planning/Budgeting 8. Employment 7. Others (specify) 1= Yes 2= No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8. <input type="checkbox"/> 7. <input type="checkbox"/> 	

M1: L030	According to your opinion how has the use of ICT affected the following? (read all) 1 = Increased/improved 2 = Decreased/worsened 3 = No effect 0 = Not applicable	1. Production 2. Marketing 3. Human resource management 4. Communication 5. Records management 6. Accounting/Finance/Planning/Budgeting 8. Employment 7. Others (specify)	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/> 6. <input type="text"/> 8. <input type="text"/> 7. <input type="text"/>							
M1: L040 (option)	What are the most important challenges with regard to the use of ICT? (multiple answers possible, list three most important by rank)	1. Lack of skilled employees 2. Lack of skilled outside IT support 3. Lack of skilled trainers 4. Insufficient / unreliable connectivity 5. Unreliable electricity 6. Costs of equipment 7. Availability of equipment 8. Others (specify) 9. No challenge	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">1rst</td> <td style="width: 40px;"><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">2nd</td> <td><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">3rd</td> <td><input type="text"/></td> </tr> </table>	1rst	<input type="text"/>	2nd	<input type="text"/>	3rd	<input type="text"/>	
1rst	<input type="text"/>									
2nd	<input type="text"/>									
3rd	<input type="text"/>									

SAMPLE CODE :

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NAME OF ESTABLISHMENT

DISTRICT.....

ZONE NUMBER.....

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SECTION T: SALE AND PURCHASE VALUES (VALUES IN 2010)

T10. SALES (VALUES IN 2010)

1. Sales of final goods produced:																			
2. Sales of semi-final goods produced:																			
3. Sales of industrial services lent to others:																			
4. Sales of goods purchased for resale:																			
5. Sales of produced services:																			
6. Interest received:																			
7. Others																			

T.20. Total sales values in 2010

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

T.30. INPUTS (VALUES IN 2010)

1. Raw materials:																			
2. Semi finished goods:																			
3. Cost of goods purchased for resale																			
4. Industrial services purchased:																			
5. Wages and salaries :																			
6. Interest paid:																			
7. Electricity:																			
8. Water:																			
9. Fuels:																			
10. Insurances:																			
11. Transport:																			
12. Rent:																			
13. Communication fees:																			
14. Depreciation:																			
15. Others:																			

T.40. Total inputs values in 2010

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T.50. SALES OF THE TOP 10 MAIN FINAL GOODS PRODUCED

1.																			
2.																			
3.																			
4.																			
5.																			
6.																			

7.																				
8.																				
9.																				
10.																				

T.60. PURCHASE OF THE TOP 10 MAIN RAW MATERIALS USED

1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				

T70: INVENTORIES IN 2010

	Raw materials	Outstanding products /Work in Progress	Final products /Own production	goods purchased for resale	Total
Opening stock 1/ 1/2010					
Closing stock 31/12/2010					

END OF INTERVIEW
THANK YOU

NAMES AND SIGNATURE OF SURVEY STAFFS

Name of the interviewer:	Name of the Field Editor:	Name of the Team Leader	Name of Supervisor:	Name of the Data entry clerk:
Date of the interview: / /	Editing date: / /	Date: / /	Date: / /	Data entry date: / /
Signature:	Signature:	Signature:	Signature:	Signature: