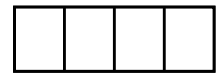




51566



DISASTER VULNERABILITY REDUCTION PROJECT



Climate Adaptation Finance Survey

Planning Together for the Future

Sample No.	Enumeration Area	Household No
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Remember to mark multiple choice boxes like this

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

RECORD OF VISITS

Visits	Date (DD/MM/YYYY)	Start Time	End Time	Duration (Mins)	Results
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RESULTS CODES

1 = Fully Completed: 2 = Partially Completed – Call back: 3 = Dwelling closed:
4 = No suitable respondent at home; 5 = Refusal: 6 = Other

First Name	Surname	Signature	No.
INTERVIEWER _____			<input type="text"/> <input type="text"/>
SUPERVISOR _____			<input type="text"/> <input type="text"/>



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For Information only





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HOUSEHOLD SURVEY: Climate Adaptation Finance for Saint Lucia

To be filled by interviewer (saves time). Interviewer should have laminated sheets to hand to interviewee for more complex questions.

1. Address of Household _____

2. Community _____

3. Town/Village _____

4. District/Parish _____

INTRODUCTION

Greeting: Good morning/afternoon/evening/night

My name is and I work with the Statistics Office. Today I am seeking your assistance in completing a Climate Adaptation Finance Survey questionnaire on behalf of the Ministries of Finance and Economic Affairs and Sustainable Development in collaboration with the World Bank.

St. Lucia has suffered immensely from several events related to climatic change, the most recent being the Christmas Eve Trough of 2013 , Hurricane Tomas in 2010 and the Drought of 2009/2010.

It is felt that the climate is changing and becoming less predictable. This is expected to result in stronger storms and increased occurrences of flooding and drought for which St. Lucians will need to deal with, by making changes such as building stronger homes,.

This survey aims at collecting information relating to:

- The effects of these and other disasters on the household;
- Forms of assistance received (if any);
- Access to information about approaching weather systems;
- Financing arrangements for the recovery effort.

All information provided will be held in the strictest of confidence and any information published will not allow individuals to be identified.

The published information will be available to Government Agencies, Financial Institutions, NGOs, Community Groups and individuals including yourself for planning and intervention purposes.

TOTAL NUMBER OF PERSONS IN HOUSEHOLD

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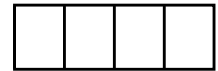


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PART 1: HOUSEHOLD ROSTER AND PERSONAL INFORMATION

INTERVIEWER SAY: First, I would like to ask some questions about the people living in this household.
 [Household members defined as those who slept four or more nights and shared at least one daily meal in this dwelling in a week..

ID Number	1 Name of Respondent	2 RELATIONSHIP TO HEAD OF HOUSEHOLD 1 Head 2 Spouse/Partner 3 Child 4 Grandchild 5 Parent 6 Other Relative 7 Employee 8 Non-relative 9 Other	3 (X) Main Respondent	4. Sex 1 Male 2 Female	5. Age For age 98 and over, enter 98. (Go to Q10 for age less than 15.)	6. What did you... do MOST during the past week (For persons 15 years and over) MAIN ACTIVITY/EMPLOYMENT STATUS															
						1 Student (Go to Q9)	2 Home Duties (Go to Q9)	3 Differently abled/ill, unable to work (physical/mental) (Go to Q9)	4 Unemployed – seeking work (Go to Q9)	5 Unemployed – not seeking work (Go to Q9)	6 Retired - did not work (Go to Q9)	7 Paid employee - Government or institution (hospital, school)	8 Paid employee – Government (NICE, STEP, SMILE etc.)	9 Paid employee – Statutory Body	10 Paid employee - Private company	11 Paid employee - Private home	12 Apprentice/intern	13 Self-employed with paid employees	14 Self-employed without paid employees	15 Unpaid worker/volunteer (Work for goods in kind)	16 Other (Specify.....)
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ID Number	7. MAIN SECTOR OF PRIMARY JOB (For persons 15 years and over) In which industry did you/.... work?		8. PRIMARY JOB Describe Clearly, e.g. Sales Clerk Banana Farmer Automobile Mechanic Primary School Teacher	9. Contributed financially during the last 6 months? (X)		10. Suffering with physical or mental disability? (X)							
				1 Yes	2 No	1 Yes	2 No						
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PART 2: HOUSING

INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling that this household
INTERVIEWER: Ask this question only if the answer is not obvious. Else, X the appropriate box.

1. What type of dwelling does this household occupy?

- | | |
|---|---|
| <input type="checkbox"/> 1 Separate house/detached | <input type="checkbox"/> 7 Barracks |
| <input type="checkbox"/> 2 Part of a private house/attached | <input type="checkbox"/> 8 Outroom |
| <input type="checkbox"/> 3 Flat, apartment, condominium | <input type="checkbox"/> 9 Group Dwelling |
| <input type="checkbox"/> 4 Townhouse | <input type="checkbox"/> 10 Improvised Housing Unit (Earth/Leaves/Branches etc) |
| <input type="checkbox"/> 5 Double house/Duplex | <input type="checkbox"/> 11 Other (Specify) _____ |
| <input type="checkbox"/> 6 Combined business & dwelling | |

2. Is this dwelling insured?

- 1 Yes 2 No 3 Don't Know 4 Not Stated

3. Does this household own, rent or lease this dwelling?

- | | | | | |
|--|--|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> 1 Owned Fully | <input type="checkbox"/> 3 Owned with other form of credit | <input type="checkbox"/> 5 Rented-Govt | <input type="checkbox"/> 7 Leased | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 2 Owned With Mortgage | <input type="checkbox"/> 4 Rented-Private | <input type="checkbox"/> 6 Rent-free | <input type="checkbox"/> 8 Squatted | _____ |

4. Under what arrangement is the land occupied? Is it....

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Owned/Freehold - Individually <i>Go to Q6</i> | <input type="checkbox"/> 5 Rented Free | <input type="checkbox"/> 8 Squatted |
| <input type="checkbox"/> 2 Owned – Family Land | <input type="checkbox"/> 6 Permission to work land | <input type="checkbox"/> 9 Other (Specify) _____ |
| <input type="checkbox"/> 3 Leasehold | <input type="checkbox"/> 7 Sharecropping | <input type="checkbox"/> 10 Don't Know/Not Stated |
| <input type="checkbox"/> 4 Rented | | |

5. Do you or does anyone in this household own any land individually?

- 1 Yes 2 No

6. What is the main material of the outer walls?

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Wood | <input type="checkbox"/> 5 Brick | <input type="checkbox"/> 8 Plywood |
| <input type="checkbox"/> 2 Concrete/Concrete Blocks | <input type="checkbox"/> 6 Adobe (Mud House) | <input type="checkbox"/> 9 Plywood & Concrete |
| <input type="checkbox"/> 3 Wood & Concrete | <input type="checkbox"/> 7 Makeshift (Specify) _____ | <input type="checkbox"/> 10 Other _____ |
| <input type="checkbox"/> 4 Stone | | |

7. What is the main material used for roofing?

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> 1 Sheet metal** | <input type="checkbox"/> 3 Shingle (wood) | <input type="checkbox"/> 5 Tile | <input type="checkbox"/> 7 Makeshift/thatched |
| <input type="checkbox"/> 2 Shingle (asphalt) | <input type="checkbox"/> 4 Shingle (other) | <input type="checkbox"/> 6 Concrete | <input type="checkbox"/> 8 Other (Specify) _____ |

**(*zinc, aluminum, galvanise, galvalume*)

8. In which year/period was this building built?

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> 1 Before 1980 | <input type="checkbox"/> 5 2010 | <input type="checkbox"/> 8 2013 |
| <input type="checkbox"/> 2 1980 - 1989 | <input type="checkbox"/> 6 2011 | <input type="checkbox"/> 9 2014 |
| <input type="checkbox"/> 3 1990 - 1999 | <input type="checkbox"/> 7 2012 | <input type="checkbox"/> 19 Don't Know |
| <input type="checkbox"/> 4 2000 - 2009 | | |

9. How many rooms does this household unit have? (A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches).

Number of Rooms

10. How many bedrooms does this household unit have? - Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.

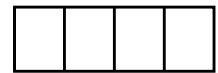
Number of Bedrooms

11. How would you describe the overall structural condition of this house (or apartment)? E.g. walls, roof etc.

- 1 Very Good 2 Good 3 Acceptable 4 Poor



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12. Who takes decisions about making improvements to this house (apartment, etc.)?

*[Use list of household members or it may be landlord, relative living away, etc.] If not on list, note relationship to household head.
(List the three (3) main persons in options 1 and 2.) X all that apply.*

1 Household member(s)

ID Number(s) of Household Members

Person 1	Person 2	Person 3
<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>

2 Relative(s)/friend(s) not in household

Relationship to Head		
<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>

3 Landlord/owner

4 Other _____

13. Who generally pays for improvements to this house (apartment, etc.)? (List the ID numbers for the three main persons in option 2 and relationship to head in option 3) X all that apply.

ID Number(s) of Household Members

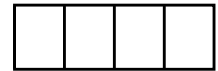
	Person 1	Person 2	Person 3
<input type="checkbox"/> 1 Single HH member (identify from HH list)	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>		
<input type="checkbox"/> 2 Multiple HH members (identify from HH list)	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>
	Relationship to Head		
<input type="checkbox"/> 3 Relative(s)/friend(s) not in household	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>
<input type="checkbox"/> 4 Landlord/owner			
<input type="checkbox"/> 5 Other (Specify) _____			

14. Were any improvements made to this house in the past three (3) years?

- 1 Yes 2 No (Go to Q16) 3 Don't know (Go to Q16)



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15. If yes, what improvements have been made in the past three years? Which were related to natural hazards such as flooding, wind or landslides? Which were related to normal wear and tear?

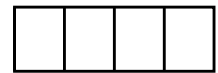
Answer key for source of payment for Questions 15 and 17: (List 2 main options)

- | | |
|--|---------------------------------|
| 1. Family income | 6. Remittances/transfers |
| 2. Family savings | 7. Grant from government or NGO |
| 3. Loan from bank | 8. Landlord/owner |
| 4. Loan from microfinance organization | 9. Don't know |
| 5. Loan from friends or family | 10. Other |

15a. Improvements in last 3 years	(x) those that apply				15e How were most of these improvements paid for? (List two main sources)	
	Related to water/wind/storm or other natural hazard		15d. Related to normal wear and tear		1	2
	15b. Repairs	15c. Precautionary	1.Yes	2.No		
1. New roof	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
2. Retrofitted roof (strengthened)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
3. Reinforced windows/doors (storm shutters)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
4. New foundation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
5. Other Structural improvements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
6. Retaining walls	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
7. Elevation of building	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
8. Extension to home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
9. Drainage (drains, guttering etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
10. Water Storage - Rainwater Harvesting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
11. Storage - Other (water from main)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
12. Solar Panels - Electricity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
13. Solar Panels - Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
14. Solar Panels - Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>
15. Other (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>



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16. Do you think that any improvements are needed to be made to this house in the next two years?

- 1 Yes 2 No (Go to Part 3)

17. If yes, what improvements do you think are needed?

17a. Improvements in next 2 years	17b. How much do you estimate this to cost (in EC\$)	17c. How will most of these improvements be paid for? (List two main sources)	
		1	2
1. New roof	\$ <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"/>
2. Retrofitted roof (strengthened)	\$ <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"/>
3. Reinforced windows/doors (storm shutters)	\$ <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"/>
4. New foundation	\$ <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"/>
5. Other Structural improvements	\$ <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"/>
6. Retaining walls	\$ <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"/>
7. Elevation of building	\$ <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"/>
8. Extension to home	\$ <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"/>
9. Drainage (drains, guttering etc.)	\$ <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"/>
10. Water Storage - Rainwater Harvesting	\$ <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"/>
11. Storage - Other (water from mains)	\$ <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"/>
12. Solar Panels - Electricity	\$ <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"/>
13. Solar Panels - Water Heater	\$ <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"/>
14. Solar Panels - Other	\$ <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"/>
15. Other (specify) _____	\$ <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"/>



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Four empty boxes for identification numbers

PART 3: SOURCES OF INCOME

1. What was/were the main source or sources of income for this household during the past 12 months? (X as many as 4 options)

- 1 Wages/salary, 2 Own business - Sale own product, 3 Own business - other, 4 Land lease, 5 House rent, 6 Cash remittances (child support etc.), 7 Non-cash remittances (food, clothes etc.), 8 Pension allowance, 9 No regular source of income, 10 Other source (Specify)

2. Is this house (apartment, etc.)/land being used for any sort of income generating activity? (if yes, X as many as apply)

- 1 Yes (In what way?), 2 No (Go to Q3), 1 Rent out room(s)/apartment(s) to person(s) who is/are not part of household, 2 Rent out other space in house, 3 Household member operates business in house, 4 Other (specify)

2b. Part of house/land used:

- 1 Kitchen, 2 Yard (Backyard/kitchen garden), 3 Garage, 4 Other space (Specify)

3. Did this household receive any cash remittances from within Saint Lucia or outside Saint Lucia during the past 12 months?

- 1 Yes - from within Saint Lucia only, 2 Yes - from outside Saint Lucia only, 3 Yes - from both within and outside Saint Lucia, 4 No - never receive any remittances (Go to Part 4)

4. How often did this household receive these cash remittances?

- 1 Weekly, 2 Fortnightly, 3 Monthly, 4 Every 2 - 3 months, 5 Twice to three times a year, 6 Once a year, 7 On special occasions, 8 Infrequently

5. How often did the household receive remittances during the last 12 months? _____ time(s)

6. What was the cash amount received during the last 12 months? EC \$ [] [] [] , [] [] []

PART 4: EFFECTS OF DISASTERS/NATURAL CATASTROPHES

1. Which of the following events has your household been affected by in the past 5 years? X all that apply.

- 1 Hurricane, 2 High/Strong Winds, 3 Flood, 4 Water damage as a result of heavy rains, 5 Landslide, 6 Earthquake, 7 Drought, 8 Not affected

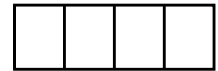
2. Was the physical structure of your household affected by any of the following events? Could you please rate how affected you were by each of the events indicated (1 = Not affected / 2 = Minimally / 3 = Fairly / 4 = Significantly / 5 = Very Significantly)

Table with 10 rows of disaster events and 5 columns of rating options (1-5)

INTERVIEWER PLACE AN X IN THIS BOX [] IF RESPONDENT ANSWERS 1 TO ALL EVENTS



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INTERVIEWER SAY: I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE EFFECT THESE EVENTS HAD ON YOUR HOUSEHOLD.

3. Did the number of persons in your household change following any of these events? 1 Yes 2 No

If Yes, due to what?

- 1 Migration of one or more (out of St Lucia) Household Members
- 2 Relocation of one or more (in St Lucia) Household Members
- 3 Gain of Household Member(s) (from other affected areas)
- 4 Other (Please specify: _____)

4. Did this/these disaster(s) have any of the following effects on the financial well-being of your household?

- Household members lost job: 1 No 2 Permanent job loss 3 Temporary job loss
- Loss of income 1 No 2 Significant loss 3 Moderate/temporary 4 Minor
- Household became more indebted 1 No 2 Significantly 3 Moderately 4 Minimal
- Loss of assets related to income generation 1 Yes 2 No _____ (specify)

5. Did this/these disasters affect your personal/emotional well-being?

- within the community 1 Not at all 2 A little 3 Strongly 4 Very strongly
- within the household 1 Not at all 2 A little 3 Strongly 4 Very strongly

6. Did this/these disasters affect your sense of physical safety?

- within the community 1 Not at all 2 A little 3 Strongly 4 Very strongly
- within the household 1 Not at all 2 A little 3 Strongly 4 Very strongly

INTERVIEWER IF YOU HAVE CHECKED THE BOX AT THE END OF Q2 AND THE ANSWERS TO Q3 AND Q4 ARE NO AND FOR Q5 AND Q6 NOT AT ALL THEN GO TO Q8.

INTERVIEWER SAY: Let's focus for a moment on the most recent event that affected you.

7. Do you feel your household has fully recovered from the effects of this event?

- 1 Yes (Go to Q8)
- 2 No

If No, please specify the ways you feel you have NOT recovered. (X) all that apply.

- 1 Physically (human health)
- 2 Living conditions (home)
- 3 Livelihood situation (work or own business)
- 4 Financially
- 5 Emotionally
- 6 Socially (Family, Community)
- 7 Other (specify) _____

INTERVIEWER SAY: I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR CONCERNS FOR FUTURE EFFECTS OF THESE EVENTS ON YOUR HOUSEHOLD OR WAY OF LIFE.

8. Which of the following types of events are you most concerned could affect your household or your way of life in the future? (X) all that apply

- 1 Hurricane
- 2 High/Strong Winds
- 3 Flood
- 4 Water damage as a result of heavy rains
- 5 Landslide
- 6 Earthquake
- 7 Drought
- 8 None
- 9 Other (specify) _____

9. Are there preparations you or your household or community are making or would like to make to be more prepared for these events?

Household

- 1 Yes
- 2 No

Community

- 1 Yes
- 2 No
- 3 Not aware

If yes for household and/or community, list two actions being taken: If no for Households and no or not aware for Community, go to Q10

Household

Community

1. _____

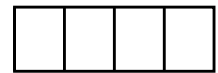
1. _____

2. _____

2. _____



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10. What assistance do you think that you or your household could use to be more prepared for future disaster events? (X all that apply)

- 1 More information including Early Warning
- 2 Contact with government to discuss needed measures at community level
- 3 Help to organize at the Community level
- 4 Financial help from Family
- 5 Financial help from government
- 6 Access to loan funds
- 7 Other (Specify) _____

11. Do you think that there are reasons which prevent persons from planning ahead for future effects of the changing climate?

- 1 Yes
- 2 No *Go to Part 5*

12. Do you think that the reasons preventing persons from planning ahead for future effects of the changing climate differ for men and women?

- 1 Yes
- 2 No (Go to PART 5)

13. If yes, what are the 3 main differences for women?

1. _____
2. _____
3. _____

14. If yes, what are the 3 main differences for men?

1. _____
2. _____
3. _____

PART 5: ASSISTANCE RECEIVED

1. When the most recent disaster occurred, did this household receive any form of assistance?

- 1 Yes
- 2 No

If Yes please (X) the boxes for all those that apply and indicate the two (2) main sources from whom you received assistance using the following key.

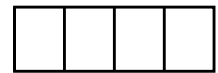
Answer key for source of assistance:

- 1. Community members
- 2. Community organizations
- 3. Family
- 4. Friends
- 5. Government
- 6. Church
- 7. NGO
- 8. NEMO
- 9. Red Cross Disaster Committee
- 10. Other

1a. Assistance received	List 2 main sources of assistance							
	1b. Wind related		1c. Flood related		1d. Landslide		1e. Other	
	1	2	1	2	1	2	1	2
<input type="checkbox"/> 1 Economic Support (cash etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 Food and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 Materials Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 Temporary Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5 Emotional Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6 Health-related Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7 Cou-de-Main	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8 Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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2. Have you ever participated in cou-de-main? 1 Yes 2 No

If yes, please (X) for all those that apply

- 1 Repair/Construction of home
- 2 Post-disaster Repair/Construction of home
- 3 Clearing of roads/drains
- 4 Clearing of land/homes of debris
- 5 Planting/Harvesting Crops
- 6 Preparation of Food
- 7 Other (Please specify _____)

3. Have you ever received services through cou-de-main? 1 Yes 2 No

If yes, please (X) for all those that apply

- 1 Repair/Construction of home
- 2 Post-disaster Repair/Construction of home
- 3 Clearing of roads/drains
- 4 Clearing of land/homes of debris
- 5 Planting/Harvesting Crops
- 6 Preparation of Food
- 7 Other (Please specify _____)

PART 6: ACCESS TO INFORMATION

1. Do you feel you receive enough information about how to deal with and prepare for natural and other disasters?

- 1 Yes
- 2 No

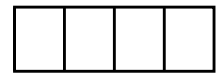
2. Do you feel you receive enough information about recovery efforts and available assistance in the aftermath of natural and other disasters? 1 Yes 2 No

3. What are your main sources of information about hazards/disasters and the effects of changing climate? (X) all that apply and rate your level of trust in these sources on a scale of 1 to 4 where, (1 = Somewhat / 2 = Fairly / 3 = Strongly / 4 = Very Strongly)

Source of Information	Trust rating			
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1 Television presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 Radio announcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 Mobile Phone / Text Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 Newspapers/Fliers/Bulletins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5 Internet – Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6 Internet - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7 Community-based Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8 Churches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9 Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10 Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 11 Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12 NGO's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 13 NEMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 14 SDED (Min. of Sustainable Dev.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 15 Other Government Agency (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 16 Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART 7: FINANCING

1. Do you have a bank account? 1 Yes 2 No
 If Yes, please specify the type of account. (X all that apply): 1 For Checking and Payments 2 Savings Account 3 Credit card

2. Do you have a credit union account? 1 Yes 2 No

3. Have you ever been part of a sou-sou group? 1 Yes 2 No (Go to Q10)

4. Are you currently part of one? 1 Yes 2 No (Go to Q10)
 More than one? 1 Yes 2 No

If yes, how many:

5. For what purpose are you involved in the sou-sou? _____

6. How often do you make a payment per year?

7. How much do you pay into the group per month? \$,

8. Where is the group based? (X) all that apply:

- 1 Work 4 Community
- 2 Family Members 5 Church
- 3 Friends 6 Other (Please specify _____)

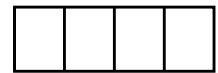
9. Is the sou-sou mixed or gender-specific? 1 Female only 2 Male only 3 Mixed

10. Do the members of this household have any experience getting access to credit or loans when the need for funds arises, either for personal or income generating related purposes? Identify any sources household members have used in the past.

10a. Source of Funds	10b If Yes, X institution where applicable
<input type="checkbox"/> 1 Formal bank	<input type="checkbox"/> 1 Bank of St. Lucia <input type="checkbox"/> 2 CIBC/First Caribbean <input type="checkbox"/> 3 1st National Bank <input type="checkbox"/> 4 RBC Royal Bank <input type="checkbox"/> 5 RBTT Bank Caribbean Ltd. <input type="checkbox"/> 6 Scotia Bank <input type="checkbox"/> 7 Saint Lucia Development Bank
<input type="checkbox"/> 2 Credit Union (specify)	Identify 3 main institutions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 3 Microfinance institution	<input type="checkbox"/> 1 Axcel Finance <input type="checkbox"/> 2 Fast Cash <input type="checkbox"/> 3 Other (specify) _____
<input type="checkbox"/> 4 Other Financial Institutions	<input type="checkbox"/> 1 BELFund <input type="checkbox"/> 2 FICS <input type="checkbox"/> 3 Sagicor Finance Ltd <input type="checkbox"/> 4 St.Lucia Mortgage Finance Co. Ltd. <input type="checkbox"/> 5 Other (Specify) _____
<input type="checkbox"/> 5 Family <input type="checkbox"/> 6 Friends <input type="checkbox"/> 7 Employer <input type="checkbox"/> 8 Money lenders <input type="checkbox"/> 9 Church/religious groups <input type="checkbox"/> 10 Credit cards <input type="checkbox"/> 11 Sou-sou <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Have not borrowed in the past (Go to Q16) <input type="checkbox"/> 14 Don't know about borrowing experience (Go to Q16)	



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11. For which of the following purposes was the credit or loan(s) taken? X as many as apply.

- 1 Vacation
- 2 Education
- 3 Major Home Improvement
- 4 Home Repair and Maintenance
- 5 Home building
- 6 Medical/Health expenses
- 7 Personal – Other (wedding, graduation etc.)
- 8 Business
- 9 Agricultural
- 10 Fisheries
- 11 Vehicle
- 12 Other (Specify) _____

12. You say you have borrowed in the past. Has/have the debt(s) been entirely repaid? 1 Yes (Go to Q14) 2 No

13. If No, please state why.

- 1 Still paying off loan
- 2 Loss of earnings
- 3 Loss of livelihood
- 4 Higher interest rates
- 5 Could no longer afford to make monthly payments
- 6 Health issues
- 7 Other (Specify) _____

14. Overall, referring to your most recent loan, was this a positive experience? 1 Yes 2 No

15. Please rate the following on a scale of 1 to 4 where (1 = Poor / 2 = Fair / 3 = Good / 4 = Very Good, 5 = Not applicable):

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Accessibility of lending institution | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Information availability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Presentation of information | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Professional, targeted Customer Service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Loan rescheduling/restructuring advice | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Cost of servicing the loan | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Loan fees | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. Interest rates - fixed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. Interest rates - variable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 10. Affordable Monthly payments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 11. Cost of ATM services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 12. Cost of other Bank charges | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 13. Other (Specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

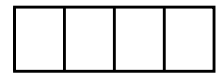
16. How important are the following characteristics in choosing a provider of banking or insurance services?

Rate on a scale of 1 to 3 where (1 = not important / 2 = important / 3 = very important)

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 1 Affordable Price | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2 Trustworthy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3 Flexible Repayment Methods | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4 Friendly Staff | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5 Professional, targeted Customer Service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6 Monthly premiums | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7 Close and easy access to public transportation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 8 Simplified procedures and paperwork | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9 Loan restructuring/rescheduling advice | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 10 Affordable monthly payments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 11 Late opening hours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 12 Open on Weekends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 13 24/7 access | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 14 Cost of ATM Services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 15 Cost of other Bank charges | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 16 Competitive premiums | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 17 Other (Please specify: _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |



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17. Do you or any member of your household have any insurance policies? 1 Yes 2 No (Go to Q21)

If Yes, do you have any of the following and what is the extent of your coverage? (X as many as apply)

17a. Type	Coverage					
	17b. Hurricane	17c. Flood	17d. Fire	17e. Earthquake	17f. Theft	17g. Other
1. House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Personal Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Agricultural Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
6. Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
7. Livelihood protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
8. Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
9. Medical <input type="checkbox"/> 9						
10. Life <input type="checkbox"/> 10						
11. Family Indemnity <input type="checkbox"/> 11						

18. If Yes, have you or any member of your household ever used this/these insurance(s) following a hazard/disaster?

1 Yes 2 No

19. Would you or any member of your household be interested in expanding existing or obtaining other insurance coverage to deal with the effects of climatic events? 1 Yes 2 No

20. Can you or any member of your household afford to expand existing or obtain other insurance coverage to deal with the effect of climatic events? 1 Yes 2 No

INTERVIEWER PLEASE PROCEED TO PART 8 AFTER THE RESPONDENT HAS COMPLETED QUESTION 20

21. Would your household be interested in obtaining insurance coverage to deal with the effect(s) of climatic events?

1 Yes 2 No

22. Why do you not have any insurance coverage? (X) all that apply

- 1 Age
- 2 Health issues
- 3 Vulnerability of location
- 4 High premiums
- 5 Refusal from the insurance company
- 6 Can't afford premiums
- 7 Do not believe in it
- 8 Type of risk involved
- 9 Other (Specify) _____

INTERVIEWER IF RESPONDENT INDICATES 5 Refusal PLEASE PROCEED TO Q23. OTHERWISE GO TO PART 8.

23. If refused, please specify why:

- 1 Property considered non-insurable by insurance company
- 2 Medical Issues
- 3 Age
- 4 Discrimination for no apparent reason
- 5 Lack of Connections
- 6 Other (Please specify): _____

INTERVIEWER, BEFORE PROCEEDING TO PART 8 IT MAY BE NECESSARY TO REMIND RESPONDENTS ABOUT WHAT IS MEANT BY CLIMATE ADAPTATION USING THE FOLLOWING EXPLANATION.

Adaptation to climate change involves undertaking an activity to lessen the impact of climate related disasters. Strengthening your roof so that it is better able to withstand strong winds is an example of climate change adaptation.

PART 8: POTENTIAL INTEREST IN CLIMATE ADAPTATION FINANCE

1. Do you think that there is a need for lending institutions to provide financing for recovery from the effects of damage resulting from climatic conditions and other disasters?

1 Yes 2 No



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2. If such financing was available, would you be interested in borrowing for any of the following purposes, in order to reduce risk from climate change or disasters? 1 Yes 2 No (Go to Q6)

2a. Purposes	2b. How much would you be willing to borrow (in EC\$)
Household improvements	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1. New roof	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2. Retrofitted roof (strengthened)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3. Reinforced windows/doors (storm shutters)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
4. New foundation	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5. Other Structural improvements	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
6. Retaining walls	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
7. Elevation of building	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
8. Drainage (drains, guttering etc.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
9. Water Storage -Rainwater Harvesting	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
10. Water Storage - Other (water from mains)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
11. Solar Panels - Electricity	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
12. Solar Panels - Water Heater	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
13. Solar Panels - Other	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
14. Other (specify)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Business/Livelihood	
1 Agriculture	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2 Fisheries	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3 Tourism	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
4 Manufacturing	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5 Other (Specify)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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3. What is the minimum amount you would be interested in borrowing for a climate adaptation loan?

EC \$

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4. How much could you afford to pay on a monthly basis?

EC \$

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5. When would you begin this project / activity if resources were available?

1 Immediately 2 Months (Specify timeframe in number of months)

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 Months

INTERVIEWER, FOR PERSONS WHO ANSWERED NO IN QUESTION 2, PLEASE ASK If you were in a position to receive a climate adaptation loan, what would make it appealing to you?

6. Which of the following would make a climate adaptation loan appealing to you? (X all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Affordable Price | <input type="checkbox"/> 8 Open on Weekends |
| <input type="checkbox"/> 2 Trustworthy | <input type="checkbox"/> 9 24/7 access |
| <input type="checkbox"/> 3 Flexible Repayment Methods | <input type="checkbox"/> 10 Rapid Disbursement |
| <input type="checkbox"/> 4 Friendly Staff | <input type="checkbox"/> 11 Lower interest rates |
| <input type="checkbox"/> 5 Close and easy access to public transportation | <input type="checkbox"/> 12 Restructuring/rescheduling advice |
| <input type="checkbox"/> 6 Simplified procedures and paperwork | <input type="checkbox"/> 13 Information |
| <input type="checkbox"/> 7 Late hours | <input type="checkbox"/> 14 Other (Please specify) _____ |

7. What criteria do you think would allow applicants to better qualify for such a loan? (X all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 Can provide a down payment | <input type="checkbox"/> 5 Have previous borrowing experience |
| <input type="checkbox"/> 2 Have a full-time job | <input type="checkbox"/> 6 Borrow as a group rather than an individual |
| <input type="checkbox"/> 3 Have access to remittances for repayment | <input type="checkbox"/> 7 Have technical advice so loan is spent wisely |
| <input type="checkbox"/> 4 Investing in income-generating activity | <input type="checkbox"/> 8 Other (Please specify) _____ |

Phone number of respondent or head of household

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THANK THE RESPONDENT(S)