



Community Needs Assessment

Volta Region, Ghana,

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Lumana Community Needs Assessment

1. Household identification:

i) House number, family name, special name, assigned name/tag:

ii) Cell phone number:

iii) What is your floor made of?

iv) What do you sleep on?

v) How do you deal with your rubbish?

vi) Do you have access to a toilet/latrine?

vii) If so where and at what cost?

viii) Do you have access to clean drinking water

ix) Do you use a gas stove or a fire stove?

2. Occupants of the house:

i) Full name:

ii) Number of spouses:

iii) Number of Children:

iv) Number of children living in Atorkor:

v) Number of Children not attending school (of school going age):

vi) Has any member of your family visited the medical center in the last month?:

vii) If so, which medical center did you visit?:

viii) If so, What was the reason for your visit?:

ix) What is your education level?:

-None

-Primary

-Secondary

-University/trade school

-None

-Primary

-Secondary

-University/trade school

3. Occupation/market participation/business ideas

i) What is your occupation?:

ii) Are you happy with your occupation?:

-Not happy

-Moderately happy

-Very happy

iii) What are you good at (trade specific skills)?:

iv) Do you have an idea for a business?:

v) What do you need to make this business happen?:

vi) Do you need additional training?:

vii) Do you own a cell phone:

viii) Do you have a market? (place to do business):

ix) Do you have customers? Current/potential:

x) Do you have any debts outstanding?

xi) Do How do you practice savings?