

PROSPECTS - Pre-registration Details												
#	Category	Sub-Category	Ques No	Element	Column Label in Import file	Type	List	Rules	Mandatory	Query		
1	Location Details		1	Sub Region	Level2	Single Choice	Sub Region		Yes			
1			2	District	Level3	Single Choice	District		Yes			
1			3	District Status	DistrictStatus	Single Choice	District Status		Yes	Details missing	Pre-Registration	
1			4	Settlement	Level4	Single Choice	Settlement		Yes	Details missing	Pre-Registration	
1			5	Sub County/RWC III	Level5	Single Choice	SubCounty		Yes			
1			6	Parish/RWC II	Level6	Single Choice	Parish		Yes			
1			7	RWC I/Village/Zone	Level7	Single Choice	Village		Yes	Details missing	Pre-Registration	
2	Beneficiary Details		8	Beneficiary NIN	BeneficiaryNIN	14 characters			Yes			
2			9	Last name	LastName	Text			Yes			
2			10	First name	FirstName	Text			Yes			
2			11	Other name	OtherName	Text			No			
2			12	Gender	Gender	Single Choice	Gender		Yes			
2			13	Date of birth	DateOfBirth	Date (DD/MM/YYYY)			Yes			
2			14	Age	Age	Auto Calculate			Yes			
2			15	Nationality	Nationality	Single Choice	Nationality		Yes			
2			16	Country of origin	CountryOfOrigin	Single Choice	Country Of Origin		Yes			
2			17	Adolescent Status	AdolescentStatus	Single Choice	Adolescent Status		Yes			
2			18	Length of stay in the Country (Months)	LengthOfStayMonths	Numeric		if "Adolescent St	Yes	Should the value be in months?		
2			19	Disability status	DisabilityStatus	Single Choice	Yes/No		Yes			
2			20	Disability type	Disability	Multi Choice	Disability Type		Yes			
2			21	Marital Status	MaritalStatus	Single Choice	Marital Status		Yes			
2			22	Is household head?	IsHouseholdHead	Single Choice	Yes/No		Yes			
2			23	Total children born	ChildrenBorn	Numeric			Yes			
2			24	Birth certification status of children	BirthCertificationStatus	Multi Choice	Birth Certificate		Yes	How this will be captured in case of multiple children		
2			25	Children in ECD	ChildrenInECD	Numeric			No			
2			26	Telephone number	TelephoneNumber	Numeric		10 Digits	Yes	Will this number be playing any role in Cash transfer process?		
2			27	Telephone number registered in beneficiary	PhoneRegisteredInAdolescent	Single Choice	Yes/No		Yes			
2			28	Alternative telephone number	AlternativetelephoneNumber	Numeric		10 Digits	No			
3	Skilling & Mentorship Support		29	Skilling support from ILO/UNICEF	SkillingSupportFromILO/UNICEF	Single Choice	Yes/No		Yes			
3			30	Skilling type	SkillingType	Single Choice	Skilling Type		No			
3			31	Skilling duration (Months)	SkillingDurationMonths	Numeric			No	Should the value be in months?		
3			32	Cash support received	CashSupportReceived	Numeric	Yes/No		Yes			
3			33	Sat for DIT assessment	SatForDITAssesment	Single Choice	Yes/No		Yes			
3			34	DIT center	DitCenter	Text		if "SatForDITAss	No			
3			35	Knowledge of DIT Center	KnowledgeOfDitCenter	Single Choice	Yes/No		Yes			
3			36	Known DIT center	KnownDITCenter	Text		if "KnowledgeOfDitCenter" = "Yes"	No			
3			37	Amount provided	AmountProvided	Numeric			No			
3			38	Time period of cash provided	CashTimePeriod	Date (DD/MM/YYYY-DD/MM/YYYY)			No	Confirm the format		
3			39	Distance to the skilling locations	SkillingLocationDistance	Single Choice	Distance		No			
3			40	Skilling needs	SkillingNeeds	Multi Choice	Skilling Needs		Yes			
3			41	Mentorship received	MentorshipReceived	Single Choice	Yes/No		Yes			
3			42	Service provider for mentorship	MentorshipServiceProvider	Text		if "MentorshipRei	No			
3			43	Working status	WorkingStatus	Single Choice	Yes/No		Yes			
3			44	Type of employment	EmployementType	Single Choice	Employement Type	if "WorkingStatus	No			
4	DETAILS OF THE CARETAKER		45	Relationship with caretaker	RelationshipWithCaretaker	Single Choice	Relationship		Yes			
4			46	Caretaker last name	CaretakerLastName	Text		upto 200 charact	Yes			
4			47	Caretaker first name	CaretakerFirstName	Text		upto 200 charact	Yes			
4			48	Caretaker other name	CaretakerOtherName	Text		upto 200 charact	No			
4			49	Caretaker NIN Number	CaretakerNINNumber	Text		14 characters	Yes			

4			50	Caretaker telephone number	PrimaryTelephoneNumber	Numeric		10 Digits	Yes			
4			51	Caretaker alternative telephone number	SecondaryTelephoneNumber	Numeric		10 Digits	No			
	SOCIAL ECONOMIC INFORMATION	EDUCATIONAL BACKGROUND										
5a			52	Currently at school	SchoolStatus	Single Choice	Yes/No		Yes			
5a			53	Current education level	CurrentEducationLevel	Single Choice	Education Level		Yes			
5a			54	Highest level of education completed	HighestEducation	Single Choice	Education Level		Yes			
5a			55	Leadership role or involvement in community	LeadershipRole	Single Choice	Yes/No		Yes			
		HH INFORMATION										
5b			56	Household Size	HouseholdSize	Numeric			Yes			
5b			57	Household children in school	HHChildrenInSchool	Numeric			Yes			
5b			58	Household children <2 years	HHChildrenUnder2Years	Numeric			Yes			
5b			59	Household children 3-5 years	HHChildren3To5Years	Numeric			Yes			
5b			60	Household children in ECD	HHChildrenInECD	Numeric			Yes			
5b			61	Household disabled children <18 years	HHChildrenDisabledUnder18Years	Numeric			Yes			
5b			62	Primary Income Source	PrimaryIncomeSource	Single Choice	Income Source		Yes			
5b			63	Income Level	IncomeLevel	Single Choice	Income Level		No	Should this be non-mandatory?		
5b			64	Access to financial services	AccessToFinancialServices	Multi Choice	Financial Access		Yes			
5b			65	Barriers to skilling or employment	BarriersToSkillngOrEmployment	Text			Yes	Should this be Yes/No?		
		SOCIAL ECONOMIC QUESTIONS										
5c			66	Main household income earner	MainIncomeEarner	Single Choice	Income Earner		Yes			
5c			67	Main source of household income	MainIncomeSource	Single Choice	Income Source		Yes			
5c			68	Access to land	LandAccessStatus	Single Choice	Land Access		Yes			
5c			69	Household member economical activity during last 6 months	EconomicActivityInLastSixMonths	Single Choice	Yes/No		Yes			
5c			70	Any child whole day without food during last month	ChildNoMealStatusLastMonth	Single Choice	Yes/No		Yes			
5c			71	Household member with chronic disease	HHMemberChronicDiseaseStatus	Single Choice	Yes/No		Yes			
5c			72	Age group of household member	HHMemberAgeGroup	Multi Choice	Age Group	if "HHMemberChronicDiseaseStatus" = "Yes"	Yes			
5c			73	Main source of food consumed during last month	MainFoodSourceInLastMonth	Single Choice	Main Food Source		Yes			
5c			74	Household member whole day without food during last month	HHMemberNoMealStatusLastMonth	Single Choice	No Meal Frequency		Yes			
5c			75	Distance to the health care facility (KM)	HealthFacilityDistance	Single Choice	Health Facility Distance		Yes			
5c			76	Household head or caregiver with disability	CaregiverDisabilityStatus	Single Choice	Yes/No		Yes			
5c			77	Household head or caregiver disability type	CaregiverDisabilityType	Single Choice	Caregiver Disability	if "CaregiverDisabilityStatus" = "Yes"				
5c			78	Main type of dwelling/housing	HousingType	Single Choice	Housing Type		Yes			
		ACCESS TO OTHER SERVICES										
5d			79	Immunization	Immunization	Single Choice	Yes/No		Yes			
5d			80	Birth Registration	BirthRegistration	Single Choice	Yes/No		Yes			
5d			81	Mental Health /Psychosocial Support	MentalHealthStatus	Single Choice	Yes/No		Yes			
5d			82	WASH	Wash	Single Choice	Yes/No		Yes			
5d			83	Nutrition services	NutritionService	Single Choice	Yes/No		Yes			