|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interview Details** | | | | | |
| Organization name:  ☐Mercy Corps ☐Oxfam ☐Other   |  | | --- | | If Other, Please specify: | | | | | | |
| Interviewer name: | | | | Interview date: | |
| Where does the household currently reside?  ☐Anbar ☐Babylon ☐Baghdad ☐Basrah ☐Dahuk ☐Diyala  ☐Erbil ☐Karbala ☐Kirkuk ☐Missan ☐Muthanna ☐Najaf  ☐Ninewa ☐Qadissiya ☐Salah Al-Din ☐Sulaymaniyah ☐Thi-Qar ☐Wassit | | | | | |
| District: | | | | | |
| Sub district:   |  | | --- | | If Other, Please specify: | | | | | | |
| Community area/ City / Town / Village: | | | GPS: | | |
| **Survey Consent:**  We are working for the Cash Consortium for Iraq, and we would like to ask you some questions about you and your family with the aim of having a better understanding of your living conditions. This information will be used to understand the effectiveness of our programme. The survey takes about 30 minutes to complete. This is voluntary and you can end the interview at any time or refuse to answer any question. As you know, you have been randomly picked by a computer to receive a different payment schedule of cash transfer assistance and possibly a briefed financial literacy training.  Information obtained about you for this study will be kept confidential to the extent allowed by law. Steps will be taken to ensure that any data related to this study is anonymous. The information from the research may be published for scientific purposes; however, your identity will not be given out. Information relating to this study, including your name, date of birth and national ID number, will not be shared with the research study team.  Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in the study. You are free to withdraw from this research study at any time. Your choice to leave the study will not affect your relationship with the CCI. You may be removed from the study without your consent if the sponsor ends the study. You are not waiving any of your legal rights by agreeing to participate in this study.  If you have any questions, concerns, or complaints about the research or would like to withdraw from the study, you may contact the UNOPS Iraq Accountability Hotline (for all regions) on 80069999 or the Oxfam Hotline (Ninewa-80010100) (Anbar-80010101) (Salah al-Din-80010103). Please be sure to note in this call that your query is to do with the ‘CCI research’. You can also write to us directly by email on vkrishnan@mercycorps.org. | | | | | |
| Do you agree to be interviewed for the purpose of continuing participation in the ongoing study?  ☐Yes ☐No | | | | | |
| Do you agree that the information you give us can be used to conduct research for the purposes of improving how we provide assistance?  ☐Yes ☐No | | | | | |
| **Survey** | | | | | |
| Has your location changed since our last contact? ☐Yes ☐No | | | | | |
| Has your primary phone number changed? ☐Yes ☐No   |  | | --- | | If Yes, New primary phone | | | | | | |
| Status:  ☐Displaced ☐Host Community ☐Refugee ☐Returnee ☐Remainee | | | | | |
| Donor: | | Respondent's Gender: | | | |
| Number of months assistance received to date: | | Including yourself, how many people reside in this household? | | | |
| **Household Details** | | | | | |
| Are you the head of household? ☐Yes ☐No  If No,   |  |  |  | | --- | --- | --- | | What is your first name? | What is your father's name? | What is your grandfather's name? | | What is your mother's name? | What is your date of birth? | | | Respondent's gender: ☐Male ☐Female | | | | The head of household is your:  ☐Spouse ☐Daughter ☐Son ☐Parent ☐Parent in-law ☐Other   |  | | --- | | If Other, Please specify: | | | | | | | | | |
| **Expenditures in your current location for the past 30 days (IQD)** | | | | | |
| Rent: | Food: | | | | Electricity: |
| Water: | Transportation: | | | | Communications (ex. phones): |
| Shelter maintenance: | Medical care (including medicine): | | | | Education: |
| Non-food items for the household: | Debt payment: | | | | Productive assets: |
| Hygiene items (e.g. soap, tooth brush, shampoo) |  | | | |  |
| Other:   |  | | --- | | Please explain: | | | | | | |
| What is the total cumulative amount of debt incurred to date? (IQD) | | | | | |
| Household Disaggregation | | | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| Gender of household member: | | Age (years) of household member: | | | |
| **Income** | | | | | |
| In your current location, how many household members over 18 have worked in the 30 days? (including head of HH) | | | | | |
| How many of the working household members have regular, permanent job (20 or more days per month):   |  | | --- | | Do you expect the same level of employment for those with regular job for next month?  ☐Expect less ☐Expect same ☐Expect more ☐Don't know | | | | | | |
| How many of the working household members have a temporary, daily labor job (fewer than 20 days per month):   |  | | --- | | Do you expect the same level of employment for those with temporary job for next month?  ☐Expect less ☐Expect same ☐Expect more ☐Don't know | | | | | | |
| What were your household’s primary income sources of the last 30 days (do not read aloud from list, Also mention total income in Iraqi Dinars for each option selected)?   |  |  | | --- | --- | | ☐Regular employment (private or government job): | ☐Temporary or daily wage earning employment: | | ☐Own business: | ☐Remittances: | | ☐Retirement fund or pension: | ☐Selling household assets: | | ☐Selling the assistance received: | ☐Loans, debt including store credit: | | ☐Support from the community, friends and family (including borrowing money): | | | ☐Illegal or socially degrading activities (e.g. Unlawful sales, begging, etc.): | | | ☐MoDM cash assistance: | ☐NGO or charity assistance: | | ☐Social services (disability allowance): | ☐Social protection network: | | ☐Humanitarian aid: | ☐Other safety nets: | | ☐Other: | ☐None | | If None, Please Explain: | | | If Other, Please specify: | | | | | | | |
| Is this employment seasonal/temporary? ☐Yes ☐No ☐Decline to answer | | | | | |
| Which of the following household members worked over the course of the last 30 days?  ☐Boys (0 - 5) ☐Girls (0 - 5) ☐Males (6 - 17) ☐Females (6 - 17)  ☐Males (18 - 59) ☐Females (18 - 59) ☐Males over 60 ☐Females over 60  ☐None | | | | | |
| In the past month, have you experienced any of the following because of COVID-19 or related restrictions?  ☐Lay-off/suspension of work (temporary) ☐Lay-off/suspension of work (permanent) ☐Reduction of wages or salary  ☐Working fewer hours than before ☐Delay in wage/salary payment ☐None | | | | | |
| **Additional Sectors** | | | | | |
| Do you have adequate access to essential hygiene items (ex. soap, toothbrush, shampoo)? ☐Yes ☐No   |  | | --- | | If No, Why?  ☐Items aren't available in Market ☐I can't access the Market ☐I can't afford the Items  ☐I can’t access due to COVID-19 curfew or concerns | | | | | | |
| Do you have adequate access to clothing, fuel and basic household items (ex. bedding, cooking items)? ☐Yes ☐No   |  | | --- | | If No, Why?  ☐Items aren't available in Market ☐I can't access the Market ☐I can't afford the Items  ☐I can’t access due to COVID-19 curfew or concerns | | | | | | |
| Do you have access to a sufficient quantity of Water for Drinking, Cooking, and Personal and Domestic Hygiene (Ex. Water storage container, sanitary pads, diapers, hygiene items related to medical condition)? ☐Yes ☐No   |  | | --- | | If No, Why?  ☐Adequate Water isn't available ☐I can't access Water Points ☐I can't afford it  ☐I can’t access due to COVID-19 curfew or concerns | | | | | | |
| How many days in the past 7 days did your household consume Cereals, grains, roots and tubers (rice, pasta, bread, potato)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Legumes/nuts (beans, peanuts, lentils, nut, soy and/or other nuts? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume vegetables and leaves (spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, cabbages, eggplant)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Fruits (banana, apple, lemon, mango, watermelon, apricot, peach, pineapple, passion, gishta, orange, avocado, wild fruits, etc.)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Meat, fish and eggs (goat, beef, chicken, fish including canned tuna and/or other seafood, eggs)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume) Milk and other dairy products (fresh milk, yogurt, cheese, other dairy products, excluding margarine/butter or small amounts of milk for tea/coffee)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Sugar or sweets (honey, jam, cakes, candy, cookies, pastries, cakes and other sweets)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Oils, fats and butter (vegetable oil, palm oil, margarine, other fats)? (0-7 days) | | | | | |
| How many days in the past 7 days did your household consume Condiments and spices (tea, coffee, cocoa, salt, garlic, spices, yeast, lanwin, tomato)? (0-7 days) | | | | | |
| Any other comments. Please state any other comments that you think are relevant for this household, based on your observations during the interview and household visit. | | | | | |
| Does your household have adequate access to livelihood inputs (eg. inventory for a business, supplies for agriculture. etc)? ☐Yes ☐No | | | | | |
| Does your household have access to essential medical supplies/services? ☐Yes ☐No | | | | | |
| Has your household attempted to use medical supplies/services in the last 30 days? ☐Yes - and they were accessible ☐Yes - but they were not accessible ☐No | | | | | |
| Does your household have access to nonessential medical supplies/services? ☐Yes ☐No | | | | | |
| Has your household attempted to use nonessential medical supplies/services in the last 30 days? ☐Yes - and they were accessible ☐Yes - but they were not accessible ☐No | | | | | |
| **WASH and Shelter Status** | | | | | |
| What has been your household’s primary source of drinking water over the past 7 days?  ☐Network (private access) ☐Network (communal access) ☐Dug well ☐Water trucking  ☐River or Spring ☐Purchased from shop ☐Other   |  | | --- | | If Other, Please specify: | | | | | | |
| What types of functional toilets do you have access to?  ☐Public Latrines ☐Private Latrines (only for my household) ☐Communal latrines (shared with relatives)  ☐Communal latrines (shared with non-relatives) ☐No Latrines ☐Other   |  | | --- | | If Other, Please specify: | | If Communal (Shared with relatives and non-relatives), How many individuals share the toilet/washing facilities? (including you) | | | | | | |
| What type of shelter are you currently living in?  ☐House ☐Apartment ☐Unfinished or abandoned building  ☐War-damaged residential building ☐Makeshift shelter (made of scavenged materials) ☐Tent  ☐Religious building ☐Public building ☐Container  ☐Non-residential structure (garage, farmhouse, shop) ☐Other   |  | | --- | | If Other, Please specify: | | | | | | |
| Are you living in a rental house/shelter? ☐Yes ☐No   |  | | --- | | If Yes, What type of tenancy agreement do you have in your current shelter?  ☐Written valid tenancy agreement (not expired) ☐Written valid tenancy agreement (expired)  ☐Verbal tenancy agreement  ☐None | | | | | | |
| Do you currently face risk of eviction? ☐Yes ☐No   |  |  | | --- | --- | | If Yes, What are the main reasons for eviction?  ☐Lack of funds to pay rental costs ☐Host family no longer able to host our family  ☐Local community does not accept our family living in this location ☐Authorities requested our household to leave  ☐Request to vacate from owner of building/land ☐Other   |  | | --- | | If Other, Please specify: | | | | | | | |
| Do you share your shelter with another family? ☐Yes ☐No   |  | | --- | | If Yes, How many families share your shelter? (including yours) | | | | | | |
| Does your shelter provide your household with adequate space, privacy, and security? ☐Yes ☐No | | | | | |
| **Coping Strategies** | | | | | |
| During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?   |  | | --- | | Selling household property  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Spending savings  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Buying food on credit or through borrowed money from relatives and friends  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Selling means of transport  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Children dropout from school  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Reducing expenditure on non-food items (health, education)  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Changing place of residence and accommodation to reduce expenses  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Accepting that adult males of the family are engaging in risky behavior (for example behaviors that can result in harm to physical health, mental health, jail time, social stigma)  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Accepting that adult females of the family are engaging in risky behavior (for example behaviors that can result in harm to physical health, mental health, jail time, social stigma)  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Children under 18 work to provide resources  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Anyone in family migrating  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Attending banquets held on religious and social events to have food  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Child marriage  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | Forced marriage (for adults)  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it | | During the past 30 days, did anyone in your household have to do any other things that are not listed here because there was not enough food or money to buy it?  ☐Yes ☐No ☐No, because we already did it so we cannot continue to do it   |  | | --- | | If Other, Please specify: | | | | | | | |
| During the last 7 days, how many times, in days, did your household have to employ one of the following strategies to cope with a lack of food or money to buy it?   |  | | --- | | Shifting towards cheaper and less quality food items: | | Borrowing food or asking assistance from relatives and friends: | | Reducing the number of daily meals: | | Consume less food during meals: | | Curbing the adults’ need to ensure food needs of children: | | Other:   |  | | --- | | If Other, Please specify: | | | | | | | |
| **RCT Survey** | | | | | |
| **Finance** | | | | | |
| In the last month have you or anyone in your household taken any new loans? ☐Yes ☐No   |  | | --- | | If Yes, Approximately how much did you borrow? | | Where did you get the new loans from? (Can select more than one option)  ☐Bank ☐microfinance institution (MFI) ☐saving and credit cooperative  ☐Employer ☐pawn shop (local money lender) ☐Neighbor, community, family, friends  ☐Person (with interest) ☐Local shop owner ☐Other   |  | | --- | | If Other, Please specify: | | | What did you take the loans for? (Can select more than one option)  ☐Household consumption needs ☐Buy livestock ☐Buy livestock feed  ☐For education/school fees ☐For household repair/construction ☐Household assets (vehicles, tvs, etc.)  ☐Buy land/apartment ☐For business/entrepreneurship ☐To pay for other debts  ☐Other   |  | | --- | | If Other, Please specify: | | | Including the loans from last month, how much in loans do you believe your family owes? |   In the last 60 days (2 months), has your household attempted, but been unable, to borrow or take out a new loan? ☐Yes ☐No   |  | | --- | | If yes, To your knowledge was your lack of access to loans/credit related to restrictions/challenges faced by covid 19?  ☐Yes ☐No ☐Do not know | | | | | | |
| Are you currently making payments on an asset or piece of equipment worth more than 100,000 IQD? ☐Yes ☐No   |  | | --- | | If Yes, Approximately, how much more do you owe on all of these items? | | Please tell me what these items are primarily for  ☐Basic Needs/Required for home ☐Luxury/Not required for Home ☐Productive Asset/Income Generation | | | | | | |
| How much debt have you taken on since the end of November? What was the source of this loan? (Can select more than one option)  ☐Bank ☐microfinance institution (MFI) ☐saving and credit cooperative  ☐Employer ☐pawn shop (local money lender) ☐Neighbor, community, family, friends  ☐Person (with interest) ☐Local shop owner ☐Other   |  | | --- | | If Other, Please specify: | | | | | | |
| Do people in your community save money? ☐Yes ☐No | | | | | |
| Compared to your neighbors, do you think you are able to save more, the same, or less money?  ☐More ☐Same ☐Less | | | | | |
| **Human Insecurity Scale** | | | | | |
| To what extent do you fear for yourself in your daily life?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you fear for your family in your daily life?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you feel worry/fear not being able to provide your family with daily life necessities?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you worry/fear about losing your source of income or your family’s source of income?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you worry/fear losing your home?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you feel worry about/fear displacement or uprooting?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you worry/fear for your future and your family’s future?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you feel fear for your safety?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| To what extent do you feel fear for the safety of your family?  ☐Never, not even once ☐Sometimes, a little bit ☐Most of the time, a lot ☐Always, all the time  ☐I do not know | | | | | |
| How confident are you that your household can absorb or use current resources to address any livelihood or health challenges that you experience in the next 30 days?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| How confident are you that your household can change behaviours or adapt to address likely challenges in the next 30 days?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| How confident are you that your household has access to borrowing money in case of a livelihood or health emergency in the next 30 days?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| **Decision Making** | | | | | |
| Who usually decides how to spend the income that you bring into the household?  ☐Wife ☐Husband ☐Wife and husband jointly  ☐Another household member ☐Respondent and another household member jointly ☐Someone outside the household  ☐Household not involved in this activity | | | | | |
| Who usually decides how to spend the income that your partner brings into the household?  ☐Wife ☐Husband ☐Wife and husband jointly  ☐Another household member ☐Respondent and another household member jointly ☐Someone outside the household  ☐Household not involved in this activity | | | | | |
| Who usually decides about making smaller purchases, such as food and other less expensive needs?  ☐Wife ☐Husband ☐Wife and husband jointly  ☐Another household member ☐Respondent and another household member jointly ☐Someone outside the household  ☐Household not involved in this activity | | | | | |
| Who usually decides about making more expensive purchases, such as new animals or household equipment?  ☐Wife ☐Husband ☐Wife and husband jointly  ☐Another household member ☐Respondent and another household member jointly ☐Someone outside the household  ☐Household not involved in this activity | | | | | |
| Who usually decides about making livelihood purchases/business related expenses?  ☐Wife ☐Husband ☐Wife and husband jointly  ☐Another household member ☐Respondent and another household member jointly ☐Someone outside the household  ☐Household not involved in this activity | | | | | |
| **Social Connection and Cohesion** | | | | | |
| How confident are you that you can count on members of your own community to help you (for example, sharing resources) when there is a problem?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| Generally speaking, would you say that most people in your community can be trusted or that you need to be very careful in dealing with people in your community?  ☐Trust most people in the group ☐Feel cautious towards most people | | | | | |
| To what extent do you agree or disagree with the following statement: 'If I lost something of value, most people in my community would be honest enough to return it to me'?  ☐Strongly agree ☐Agree ☐Neither agree or disagree ☐Disagree ☐Strongly disagree | | | | | |
| How much do you agree with the following statement? You currently benefit from cooperating with others in the community (example, helping to rebuild housing, rebuilding livelihoods, getting enough food, psychosocial (or alternately use 'emotional' support during times of hardship, pooling money for shared costs, resolving community disputes)  ☐Strongly agree ☐Agree ☐Neither agree or disagree ☐Disagree ☐Strongly disagree | | | | | |
| If someone in your community needs help, how confident are you that you will be willing and able to provide it?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| In the past month, have you had economic connections with people outside your community, such as buying or selling things to them, borrowing or loaning money to them? ☐Yes ☐No | | | | | |
| How confident are you that you can count on members outside your community to help you (for example, sharing resources) when there is a problem?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| Generally speaking, would you say that most people outside your community can be trusted or that you need to be very careful in dealing with people outside your community?  ☐Trust most people in the group ☐Feel cautious towards most people | | | | | |
| How much do you agree with the following statement? You currently benefit from cooperating with others outside your community (rebuilding housing, rebuilding livelihoods, getting enough food, psychosocial support during times of hardship, pooling money for shared costs, resolving community disputes).  ☐Strongly agree ☐Agree ☐Neither agree or disagree ☐Disagree ☐Strongly disagree | | | | | |
| If someone outside your community needs help, how confident are you that you will be willing and able to provide it?  ☐Very Confident ☐Somewhat confident ☐Don't Know ☐Somewhat Unconfident  ☐Very Unconfident | | | | | |
| To what extent do you agree or disagree with the following statement: It is the duty of Iraqi citizens to protect their families and communities against other communities when your interests are threatened, including using violence if necessary  ☐Strongly agree ☐Agree ☐Neither agree or disagree ☐Disagree ☐Strongly disagree | | | | | |
| To what extent do you agree or disagree with the following statement: It is never justified to use violence against other communities, even when your interests are being threatened.  ☐Strongly agree ☐Agree ☐Neither agree or disagree ☐Disagree ☐Strongly disagree | | | | | |
| On a scale from 0-5 measuring the extent of your satisfaction with the government’s performance in response to Covid-19 outbreak, 0 means that you are completely dissatisfied with its performance and 5 means you are completely satisfied.  To what extent are you satisfied with the current government’s performance? | | | | | |
| **Training** | | | | | |
| Has any member of your house attended a financial literacy training? ☐Yes ☐No   |  | | --- | | If Yes, What changes have you made to your life after attending the training?  ☐Saved more ☐Invested ☐Started a new business ☐Awareness/importance of budgeting  ☐Awareness of formal/informal savings/loan institutions ☐Increased creditworthiness | | | | | | |
| Do you own/run a business currently? ☐Yes ☐No   |  |  | | --- | --- | | If Yes, Has the training supported you to start a new business ☐Yes ☐No   |  | | --- | | If Yes, Number of new businesses established | | | | | | | |
| **Markets** | | | | | |
| How far away is the nearest market where you buy your food and other household needs?  ☐Less than one km ☐1 to 2 km ☐ 2 to 3 km ☐ 3 to 4 km ☐4 to 5 km ☐More than 5 km | | | | | |
| How much time does it take to access the nearest market where you can buy your food and other household needs?  ☐Half an hour or less ☐30 minutes to 1 hour ☐1 hour to 2 hours ☐More than 2 hours | | | | | |
| How much do you pay in transport costs to reach the nearest market for food and other household needs? [Enumerator: Calculate one way costs, and only include fuel and any direct payments for transportation] (IQD) | | | | | |
| Were markets closed or limited due to COVID? ☐Yes ☐No | | | | | |
| What degree are they functioning now:  ☐Fully Open/back to pre-COVID stocks  ☐Fully Open/limited or low stocks  ☐Partially open/Essential Goods well stocked  ☐Partially open/Low Stocks of needed goods  ☐Still closed/No Access | | | | | |
| **PDM Questions** | | | | | |
| To what extent are you satisfied with the selection process?  ☐Not satisfied at all ☐Somewhat satisfied, but it could have been better ☐Satisfied ☐Very satisfied   |  | | --- | | Please explain? | | | | | | |
| To what extent are you satisfied with the distribution process?  ☐Not satisfied at all ☐Somewhat satisfied, but it could have been better ☐Satisfied ☐Very satisfied   |  | | --- | | Please explain? | | | | | | |
| Has the cash enabled you to purchase assets, essential goods and/or services that you otherwise would not have been able to purchase?  ☐Yes ☐No   |  | | --- | | If Yes, Like what? | | | | | | |
| Has the cash enabled you to better manage the covid crisis/curfew? ☐Yes ☐No   |  | | --- | | If yes, what did you spend it on to help your household manage? | | | | | | |
| What is your preferred assistance method? ☐Cash ☐Voucher ☐In-kind   |  | | --- | | Please explain why this is your preferred assistance method: | | | | | | |
| To what extent are you satisfied with the quality of service provided by our organization?  ☐Not satisfied at all ☐Somewhat satisfied, but it could have been better ☐Satisfied ☐Very satisfied   |  | | --- | | Please explain? | | | | | | |
| How do you rate the smell of the water?  ☐Very bad ☐Bad ☐Average ☐Good ☐Very Good | | | | | |
| How do you rate the taste of the water?  ☐Very bad ☐Bad ☐Average ☐Good ☐Very Good | | | | | |
| How do you rate the turbidity of the water?  ☐Very bad ☐Bad ☐Average ☐Good ☐Very Good | | | | | |
| Has the cash enabled you to meet Basic Needs (Rent, Food, Hygiene Items, Electricity, Water, Transportation and Communication) that you otherwise would not have been able to meet?   |  | | --- | | If Yes, Like what? | | | | | | |
| COVID-19 and SERS | | | | | |
| The following questions try to understand if and how your family has dealt with the coronavirus or COVID-19 pandemic. We understand that these questions might be sensitive, but they can be used to help organizations better understand how to help households that are affected by the illness. | | | | | |
| On a scale from 0-5, do you feel that people in your neighborhood/community are at risk of contracting COVID-19? (0 means no risk and 5 means very high risk) | | | | | |
| To what extent does illness, including COVID-19, in your community limit the ability for people to do work or perform daily tasks?  ☐Very large extent ☐Large extent ☐Neither large nor small ☐Small extent  ☐Very small extent | | | | | |
| On a scale from 0-5, do you feel that you or anyone in your household is at risk of contracting COVID-19? (0 means no risk and 5 means very high risk) | | | | | |
| To what extent does illness, including COVID-19 limit the ability for you or household to do work or perform daily tasks?  ☐Very large extent ☐Large extent ☐Neither large nor small ☐Small extent  ☐Very small extent | | | | | |
| SERS module:  I am going to read out a series of statements. Please tell me the extent to which you agree or disagree with each. [Enumerators, read each statement and ask] Would you say that you “Strongly agree, Agree, Disagree, Strongly Disagree, Neither agree nor disagree”   1. Your household can bounce back from any challenges that life throws at it. 2. If threats to your household became more frequent and intense, you would still find a way to get by. 3. During times of hardship, your household can change its primary income or source of livelihood if needed 4. Your household can rely on the support of family and friends when you need help 5. During times of hardship, your household can access the financial support you need | | | | | |