

8. INTERVIEWER ID

# Federal Republic of Nigeria National Bureau of Statistics Abuja, Nigeria



# **COVID-19 NATIONAL LONGITUDINAL PHONE SURVEY (COVID-19 NLPS) 2020**

## **Round 3**

## **Household Questionnaire**

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

# 

## **Section 1. Interview Information**

## INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME

|        | 1.           | 2.           | 3.                                 | 4.                           | 5.                              | 5a.                      |
|--------|--------------|--------------|------------------------------------|------------------------------|---------------------------------|--------------------------|
|        | INTERVIEWER: | TIME OF CALL | INTERVIEWER: DID                   | INTERVIEWER READ TO THE      | INTERVIEWER: ARE YOU            | INTERVIEWER: ARE YOU     |
|        | SELECT THE   | ATTEMPT      | ANYONE ANSWER THE                  | RESPONDENT:                  | SPEAKING TO [PREVIOUS           | SPEAKING TO A            |
|        | PHONE NUMBER |              | PHONE?                             | Greetings! My name           | RESPONDENT]?                    | HOUSEHOLD MEMBER         |
| С      | DIALLED      |              |                                    | is I am working              |                                 | OR A REFERENCE           |
| Α      |              |              |                                    | for the National Bureau of   |                                 | PERSON?                  |
| L      |              |              | YES1                               | Statistics (NBS). We are     |                                 |                          |
| L      |              |              | NO, NOBODY ANSWERED2 >>            | currently doing a nationwide |                                 |                          |
|        |              |              | NEXT ATTEMPT<br>NO, NUMBER         | survey to examine the impact |                                 |                          |
| Α      |              |              | DOES NOT EXIST3 >>                 | of and responses to the      | YES1 >> Q7<br>NO2               | HOUSEHOLD                |
| T      |              |              | NEXT ATTEMPT NO, PHONE SWITCHED    | coronavirus in the country.  | CANNOT UNDERSTAND               | MEMBER1<br>NON HOUSEHOLD |
| T      |              |              | OFF/NOT REACHABLE4 >> NEXT ATTEMPT |                              | THEIR LANGUAGE3 >> NEXT ATTEMPT | MEMBER2 >> Q6            |
| E      |              |              |                                    | I spoke with [NAME OF        |                                 |                          |
| M      |              |              |                                    | PREVIOUS RESPONDENT] a       |                                 |                          |
| P<br>- |              |              |                                    | few weeks ago and I am       |                                 |                          |
| T      |              |              |                                    | trying to reach them again.  |                                 |                          |
|        |              |              |                                    |                              |                                 |                          |
|        |              |              |                                    | Who am I speaking to please? |                                 |                          |
|        |              |              |                                    |                              |                                 |                          |
| 1      |              |              |                                    |                              |                                 |                          |
|        |              |              |                                    |                              |                                 |                          |
| 2      |              |              |                                    |                              |                                 |                          |
| 3      |              |              |                                    |                              |                                 |                          |
| 4      |              |              |                                    |                              |                                 |                          |
| 5      |              |              |                                    |                              |                                 |                          |

## **SECTION 1: INTERVIEW INFORMATION**

| 5b.                                       | 5c.               | 5d.                    | 6.                                |
|---|-------------------|------------------------|-----------------------------------|
| INTERVIEWER READ OUT: Can you please give | INTERVIEWER:      | INTERVIEWER: IS THERE  | INTERVIEWER READ OUT: Could       |
| the phone to [PREVIOUS RESPONDENT]?       | EXPLAIN WHY       | ANOTHER ELIGIBLE ADULT | you share with me a number that I |
|   | [PREVIOUS         | MEMBER OF THE          | can reach them at? It is really   |
|   | RESPONDENT] WILL  | HOUSEHOLD AVAILABLE TO | important for me to be able to    |
|   | NOT BE AVAILABLE  | BE INTERVIEWED?        | speak to them.                    |
| YES                                       | TO BE INTERVIEWED |                        | NO, DON'T KNOW THE                |
| YOU A PHONE NUMBER                        | THIS ROUND?       | YES                    | HOUSEHOLD                         |
|   |                   |                        |                                   |
|   |                   |                        |                                   |
|   |                   |                        |                                   |
|   |                   |                        |                                   |
|   |                   |                        |                                   |
|   |                   |                        |                                   |

## **SECTION 1: INTERVIEW INFORMATION**

| 7.  | 8.                  | 9.                  | 10.                          | 11a.         | 11b.       |
|---|---------------------|---------------------|------------------------------|--------------|------------|
| INTERVIEWER READ TO THE RESPONDENT:   | INTERVIEWER: DOES   | INTERVIEWER:        | Can I call you back later at | On what day? | What time? |
| Thank you for participating in the interview the last time. We  | THE RESPONDENT      | RECORD THE NAME     | a time that works better     |              |            |
| really appreciate your participation. I am calling again to ask   | AGREE TO BE         | OF THE RESPONDENT   | for you? It is really        |              |            |
| some follow up questions about how you and your   | INTERVIEWED?        |                     | important for us to speak    |              |            |
| household are coping since the last time interview.   |                     | IF THE PERSON IS A  | to you or anyone else in     |              |            |
|   |                     | NEW MEMBER, ADD     | your household.              |              |            |
| This interview will take around 25 minutes. Any information   |                     | TO THE ROSTER FIRST | ,                            |              |            |
| you share with us will be kept strictly confidential and only   |                     | TO THE MOSTER TIMOT |                              |              |            |
| be used for statistical purposes but will not be used to determine if your household is eligible to receive any | YES1                |                     |                              |              |            |
| assistance from the government. If at any point there are any   | NO, NOT NOW2 >> Q10 |                     |                              |              |            |
| questions you do not feel comfortable answering, you can  | NO, REFUSED3 >>     |                     |                              |              |            |
| choose not to answer them. You can also choose to stop the  | INTERVIEW RESULT    |                     |                              |              |            |
| interview at any point.   |                     | >> NEXT SECTION     | YES1                         |              |            |
|   |                     | >> NEXT SECTION     | INTERVIEW RESULT             |              |            |
| Like the last time, this call will not cost you any airtime. To   |                     |                     |                              |              |            |
| thank you for your participation, we will also transfer airtime   |                     |                     |                              |              |            |
| to your phone like we did last time. Are you willing to   |                     |                     |                              |              |            |
| participate?  |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |
|   |                     |                     |                              |              |            |

## **Section 1b. Phone Number Roster**

# INTERVIEWER: THE LIST INCLUDES ALL KNOWN NUMBERS FOR THE HOUSHEOLD. ADD ANY NEW NUMBERS HERE. MAKE CORRECTIONS TO EXISTING NUMBERS IF NEEDED

| 12a.   | 12.                 | 13.               | 14.                    | 15.  |
|--|---------------------|-------------------|------------------------|--|
| PHONE NUMBERS:   | WHOSE NUMBER IS IT? | IS [NAME] A       | WHAT IS [NAME]'s       | WHAT IS [NAME]'S RELATIONSHIP WITH THE   |
|  |                     | HOUSEHOLD MEMBER? | RELATIONSHIP WITH THE  | HEAD OF THE HOUSEHOLD?   |
| INTERVIEWER, THE LIST INCLUDES                                 |                     |                   | HEAD OF THE HOUSEHOLD? |  |
| ALL KNOWN NUMBERS FOR THE HOUSHEOLD. ADD ANY NEW NUMBERS HERE. |                     | YES1 >>Q16<br>NO2 |                        | HEAD 01 SPOUSE 02 OWN CHILD 03 STEP CHILD 04 ADOPTED CHILD 05 GRANDCHILD 06 BROTHER/SISTER 07 NIECE/NEPHEW 08 BROTHER/SISTER-IN-LAW 09 PARENT 10 PARENT-IN-LAW 11 DOMESTIC HELP (RESIDENT) 12 DOMESTIC HELP (NON RESIDENT) 13 OTHER RELATION (SPECIFY ) 14 OTHER NON-RELATION (SPECIFY ) 15  >>NEXT PHONE NUMBER |
|  |                     |                   |                        |  |
|  |                     |                   |                        |  |
|  |                     |                   |                        |  |
|  |                     |                   |                        |  |
|  |                     |                   |                        |  |

# **Section 2. Household Roster Update**

| OA. Since the last interview on [ROUND2 DATE], h | ave any members of your household left (are no |
|--|--|
| longer members)?                                 | YES.1 >> Q3<br>NO2 >> Q0B                      |
| OB. Since the last interview on [ROUND2 DATE], h | ave any new members joined your household?     |
|  | YES.1 >> ADD NEW MEMBER NO2 >> NEXT SECTION    |

|             |  | 1.   | 2.                               | 3.                         | 4.                                  |
|-------------|--|--|----------------------------------|----------------------------|-------------------------------------|
|             | ENUMERATOR: ALL HOUSEHOLD MEMBERS  | NAME   |                                  | Is [NAME] still a          | Why did [NAME] leave the household? |
|             | RECORDED DURING THE POST-HARVEST   |  | : IS [NAME] A NEW                | member of the              | DO NOT READ OPTIONS                 |
| <u> </u>    | INTERVIEW OF THE GHS ARE PRE-FILLED IN Q1.   | CAPI: PRE-FILLED   | I = =                            | household?                 |                                     |
| U<br>A<br>L | FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS<br>Q3 AND Q4.<br>AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED | NAMES FROM LAST INTERVIEW ENUMERATOR: ADD NEW MEMBERS HERE | THIS INTERVIEW?  YES.1 >> Q5 NO2 | YES.1 >> <b>Q9a</b><br>NO2 | DIVORCE/SEPARATION                  |
| _           | Q5 - Q7.   |  |                                  |                            | >> NEXT PERSON                      |
|             |  |  |                                  |                            |                                     |
| 2           |  |  |                                  |                            |                                     |
| 3           |  |  |                                  |                            |                                     |
| 4           |  |  |                                  |                            |                                     |
| 5           |  |  |                                  |                            |                                     |
| 6           |  |  |                                  |                            |                                     |
| 7           |  |  |                                  |                            |                                     |
| 8           |  |  |                                  |                            |                                     |
| 9           |  |  |                                  |                            |                                     |
| 10          |  |  |                                  |                            |                                     |

| 5.                 | 6.       | 7a.                         | 7.  | 8.                                  | 9.                                       |
|--------------------|----------|-----------------------------|---|-------------------------------------|--|
| What is            | What is  | IS THE PREFILLED            | What is [NAME]'s relationship to the head | Why did [NAME] join this household? | What is [NAME]'s relationship to the NEW |
| [NAME]'s sex?      | [NAME]'s | HEAD OF THE                 | of household?                             |                                     | head of household?                       |
|                    | age?     | HOUSEHOLD STILL             | DO NOT READ OPTIONS                       |                                     | DO NOT READ OPTIONS                      |
|                    |          | A MEMBER OF THE             |   | _                                   |  |
| MALE1<br>FEMALE .2 |          | HOUSEHOLD?  YES.1 NO2 >> Q9 | HEAD                                      | NEW BORN.                           | HEAD                                     |
|                    |          |                             |   | >> NEXT PERSON                      |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |
|                    |          |                             |   |                                     |  |

## **Section 5. Access to Basic Services**

| 1ai.       |  |  |                                 |                   | 1bi.    |   |  |   |  | 1ci.    |          |  |                                 |            |
|------------|--|--|---------------------------------|-------------------|---------|---|--|---|--|---------|----------|--|---------------------------------|------------|
| In the pas | In the past 7-days, did you or anyone in your household need |  |                                 |                   |         | Were you or someone in your household able to buy [ITEM]? |  |   | Why was your household not able to buy [ITEM]? |         |          |  |                                 |            |
| YES        | to buy [ITEM]?  YES1 NO2 >> Q2                               |  |                                 | YES1 >> Q2<br>NO2 |         |   | ŕ  | OUT OF STOCK1 LOCAL MARKETS NOT OPERATING/CLOSED2 LIMITED/NO TRANSPORTATION3 RESTRICTION TO GO OUTSIDE4 PRICE TOO HIGH5 NO MONEY TO BUY6  SELECT ALL THAT APPLY |  |         |          |  |                                 |            |
| 4. Rice    | 5.<br>Beans  | 6. Cassava<br>(white garri,<br>yellow garri,<br>cassava flour,<br>cassava roots) | 7. Yam<br>(tubers and<br>flour) | 8. Sorghum        | 4. Rice | 5. Beans  | 6. Cassava<br>(white garri,<br>yellow garri,<br>cassava flour,<br>cassava roots) | 7. Yam<br>(tubers and<br>flour)   | 8. Sorghum                                     | 4. Rice | 5. Beans | 6. Cassava (white<br>garri, yellow<br>garri, cassava<br>flour, cassava<br>roots) | 7. Yam<br>(tubers and<br>flour) | 8. Sorghum |
|            |  |  |                                 |                   |         |   |  |   |  |         |          |  |                                 |            |

#### SECTION 5: ACCESS TO BASIC SERVICES

| 1c.                           | 1d.                               | 1e.  | 2.                     | 3.                  | 4.   |
|-------------------------------|-----------------------------------|--|------------------------|---------------------|--|
| In the last 7 days, how often | In the last 7 days, how often did | In the last 7 days, how                    | Have you or any        | Were you or the     | What was the reason you or   |
| did you wash your hands with  | you wear a mask when in           | many religious (friday                     | member of your         | member of your      | the member of your   |
| soap after being in public?   | public?                           | prayers, congregation, etc)                | household needed       | household able to   | household were not able to   |
|                               |                                   | or social (marriage, party,                | medical treatment      | access the medical  | access the medical treatment?  |
|                               |                                   | etc) gatherings have you                   | in last 7 days?        | treatment?          |  |
| All of the time               | All of the time                   | None0 One1 Two2 Three3 Four4 Five or more5 | YES.1<br>NO2 >> FILTER | YES.1 >> FILTER NO2 | LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE2 TURNED AWAY BECAUSE FACILITY WAS FULL3 DUE TO MOVEMENT RESTRICTIONS4 ON SUSPICION OF HAVING CORONAVIRUS5 REFUSED TREATMENT BY FACILITY6 OTHER (SPECIFY)96 |
|                               |                                   |  |                        |                     |  |

#### SECTION 5: ACCESS TO BASIC SERVICES

| FILTER2             | 3a.                                 | 3b.                 | 3c.                            | 3d.                    | 3e.                          | 3f.                                |
|---------------------|-------------------------------------|---------------------|--------------------------------|------------------------|------------------------------|------------------------------------|
| ARE THERE           | Since mid-March, have               | Were the            | Why were the children not able | Did you or others in   | Would you or                 | Why would you or others in your    |
| CHILDREN AGED       | the children (0-5 years)            | children able to    | to get their                   | your household         | others in your               | household not be comfortable using |
| 0 -5 YEARS OLD      | in your household                   | get their           | vaccination/immunization?      | receive any SMS        | household be                 | the hotline if needed?             |
| IN THE              | needed or were due for              | vaccination/        |                                | from NCDC about        | comfortable using            |                                    |
| HOUSEHOLD?          | vaccination/                        | immunization?       | DO NOT READ OUT                | coronavirus?           | the hotline or self-         | SELECT ALL THAT APPLY              |
|                     | immunization?                       |                     | SELECT ALL THAT APPLY          |                        | assessment tool if           |                                    |
| YES.1<br>NO2 >> Q3d | YES1 NO2 >> Q3d DON'T KNOW98 >> Q3d | YES.1 >> Q3d<br>NO2 | LACK OF MONEY                  | YES.1<br>NO2 >> FILTER | needed?  YES.1 >> FILTER NO2 | Worried it might cost money        |
|                     |                                     |                     |                                |                        |                              |                                    |

#### **EDUCATION**

| FILTER                          | 4b.                           | 5.   | 11.  | 12.                 | 13.  |
|---------------------------------|-------------------------------|--|--|---------------------|--|
| ARE THERE CHILDREN AGED         | Have the children             | In what types of education or learning activities have the               | In the past 7  | Were you or         | Why were you or other  |
| BETWEEN 5 & 20 YEARS OLD        | been engaged in               | children been engaged in during the past 7 days?                         | days, did you or   | member(s) of your   | member(s) of your household  |
| IN THE HOUSEHOLD WHO            | any education or              |  | any member of  | household able to   | not able to access it?   |
| ATTENDED SCHOOL                 | learning activities           | SELECT ALL THAT APPLY  | your household   | successfully access |  |
| (PRIMARY OR SECONDARY)          | in the past 7 days,           | PLEASE READ OPTIONS  | need to make   | it?                 | SELECT ALL THAT APPLY  |
| BEFORE SCHOOLS CLOSED           | excluding religious           |  | use of public  |                     | DO NOT READ OPTIONS  |
| DUE TO THE CORONAVIRUS?         | study and                     |  | transportation   |                     |  |
| YES.1<br>NO2 >> NEXT<br>SECTION | instruction?  YES.1 NO2 >> Q6 | Completed assignments provided by the teacher1 Used mobile learning apps | services (e.g.<br>bus, taxi, drop,<br>Keke, Okada)?<br>YES.1<br>NO2 >> Q14 | YES1 >> Q13a<br>NO2 | CESSATION OF SERVICE1 MOVEMENT RESTRICTION2 AFRAID TO GO OUT BECAUSE OF CORONAVIRUS.3 INCREASE IN COST OF TRANSPORTATION |
|                                 |                               |  |  |                     |  |

#### SECTION 5: ACCESS TO BASIC SERVICES

| 13a.                       | 13b.  | 14.                             | 15.                          | 16.  | 17.                                |
|----------------------------|---|---------------------------------|------------------------------|--|------------------------------------|
| Even though you were       | What difficulties did you or                      | Since mid-March,                | What was the main            | What was the main means of   | What time of the day did           |
| able to access the public  | other member(s) of your                           | have you or any                 | purpose of the travel?       | transport you used to travel   | you or others in your              |
| transport, did you or any  | household face accessing the                      | other member of                 |                              | between states?  | household travel                   |
| member(s) of your          | public transport?                                 | your household                  |                              |  | between states?                    |
| household face any         |   | traveled between                |                              | ASK FOR THE MAIN MEANS OF  | SELECT ALL THAT APPLY              |
| difficulties accessing it? | SELECT ALL THAT APPLY                             | states?                         |                              | TRANSPORT  | REFER TO MODE OF                   |
| YES.1<br>NO2 >> Q14        | DO NOT READ OPTIONS  REDUCED FREQUENCY OF SERVICE | YES.1<br>NO2 >> NEXT<br>SECTION | OFFICIAL/BUSINESS1 PERSONAL2 | PUBLIC/COMMERCIAL TRANSPORT1 PRIVATE TRANSPORT2 GOVERNMENT/OFFICIAL TRANSPORT3 BY AIR4 BY WATER5 | MORNING1 AFTERNOON2 EVENING/NIGHT3 |
|                            |   |                                 |                              |  |                                    |

## Section 5A. Housing

| 1.                | 2.   | 3.                           | 4.                         | 5.                                  | 6a.   | 6b.                       | 7.                            |
|-------------------|--|------------------------------|----------------------------|-------------------------------------|---|---------------------------|-------------------------------|
| Since [MID-       | From where did your  | Why did your household move? | Does your household        | When is your next rent payment due? | Can you or others in your                                   | Will you or others in     | Why do you think you won't    |
| MARCH], has your  | household move?  |                              | own the dwelling you       |                                     | household pay your rent?                                    | your household be         | be able to pay your rent?     |
| HH moved?         |  | DO NOT READ OUT OPTIONS      | are living in, rent it, or |                                     |   | able to pay your          |                               |
|                   | From within same   | SELECT ALL THAT APPLY        | occupy for free?           |                                     |   | rent when it is due?      | READ OUT OPTIONS              |
| YES1<br>NO2 >> Q4 | community/locality1 From another community/locality2 From another LGA3 From another State4 From outside the country5 Other (specify)96 | TO LIVE WITH RELATIVES       | OWN                        | RENT ALREADY DUE                    | YES, IN FULL1 >> NEXT SECTION YES, FARTIAL2 >> Q7 NO3 >> Q7 | YES1  >> NEXT SECTION NO2 | Reduction in household income |
|                   |  |                              |                            |                                     |   |                           |                               |

#### Section 6. Employment

|  | STATUS IN EMPLOYMEN  | NT   |                                      | WHY NOT CURRENTLY WORKING |  |
|--|--|--|--------------------------------------|---------------------------|--|
| FILTER   | 1.   | 1a.  | 1b.                                  | 1c.                       | 3.   |
| FILTER TWO CASES BASED ON RESPONSE IN LAST INTERVIEW:  CASE 1: RESPONDENT WAS WORKING IN [LAST_INTERVIEW]  CASE 2: RESPONDENT WAS NOT WORKING [LAST_INTERVIEW] | 1. Last week, that is from Monday [DATE] up to Sunday [DATE], did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one | 1a.  Even though you did not work last week, do you have a job, business or family | When do you expect to return to this | 1c.                       | 3.  Why did you stop working?  DO NOT READ OPTIONS  BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LECAL RESTRICTIONS 1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON 2 LAID OFF WHILE BUSINESS CONTINUES 3 FURLOUGH 4 ILL / QUARANTINED 66 NEED TO CARE FOR ILL RELATIVE 7 SEASONAL WORKER 8 RETIRED 9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS 10 NOT ABLE TO FARM DUE TO LACK OF INPUTS 11 NOT FARMING SEASON 12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK) 13 CONFLICT/INSURGENCY 14 OTHER (PLEASE SPECIFY) 96 |
|  |  |  |                                      |                           |  |
|  |  |  |                                      |                           |  |

#### **SECTION 6: EMPLOYMENT**

| JOB SEARCH                 |  | CHANGE IN JO                                     | BS  | ACTUAL JOB                                      |   |  |
|----------------------------|--|--|---|---|---|--|
| 3a.                        | 3b.  | 4a.  | 4b.   | 5.  | 6.  |  |
| During the last            | What did you mainly do in the last four weeks to | CASE 1:  | Why did you change jobs?                          | What is the main activity of the business       | In the work you did <u>last week</u> , did you work   |  |
| four weeks, did            | find a paid job or start a business?             | Is this the                                      |   | or organization in which you worked <u>last</u> |   |  |
| you do anything            |  | same job you                                     | DO NOT READ OPTIONS                               | week?   | READ RESPONSES  |  |
| to find a paid job         | DO NOT READ OPTIONS                              | were doing                                       |   |   |   |  |
| or start a                 |  | when we last                                     | CORONAVIRUS LEGAL RESTRICTIONS1                   | DO NOT READ OPTIONS                             | In your own non-farm busine                           |  |
| business?  YES.1 NO2 >> Q9 | DECTORED WITH (PMDIOVMENT CENTED) /              | spoke on [LAST INTERVIEW DATE]?  YES.1 >> Q6 NO2 | PREVIOUS BUSINESS / JOB CLOSED FOR ANOTHER REASON | AGRICULTURE, HUNTING, FISHING                   | In a non-farm business operated by a household member |  |

#### **SECTION 6: EMPLOYMENT**

| WAGE WORK             |   |  |                   |  |  |
|-----------------------|---|--|-------------------|--|--|
| 7.                    | 8.  | 8a.  | 8b.               | 8c.  | 8f.  |
| In the last week,     | Even though you were not able                     | Why were you not able to work as usual?                        | How many hours    | How have your                                  | What are the preventive measures taken by  |
| were you able to      | to work as usual, will you be                     |  | did you work last | working hours                                  | your employer for the safety of the staff at the   |
| work as usual in your | paid/were you paid?                               | DO NOT READ OPTIONS  | week?             | changed compared to                            | workplace?   |
| wage job either at    |   |  |                   | before Mid-March?                              |  |
| your place of work or | PLEASE READ ALL OPTIONS                           |  |                   |  | SELECT ALL THAT APPLY  |
| remotely?             |   |  |                   |  | READ OUT ALL OPTIONS   |
| YES.1 >> Q8b<br>NO2   | Full normal payment1 Partial payment2 No payment3 | BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS |                   | More hours1 Same number of hours2 Fewer hours3 | Use of disinfectant for cleaning .1 Provided hand sanitizer2 Raising awareness about preventative measures3 Provided masks4 Provided gloves5 Allowed work from home6 I am not going to the office/ my office is closed7 >> Q9 My employer is not taking any preventative measures8 >> Q9 Other (specify)96 |
|                       |   |  |                   |  |  |

| 8g.  | 9.                           | 10.             |
|--|------------------------------|-----------------|
| Do you and your colleagues at  | In the last week, was any    | Who were these  |
| the workplace follow the   | member of your household     | household       |
| preventive measures of personal  | (apart from yourself) not    | members?        |
| hygiene and social distancing?   | able to perform his/her      |                 |
|  | usual wage job?              | SELECT FROM THE |
| READ OUT ALL OPTIONS   |                              | ROSTER ALL THAT |
|  | ASK ONLY TO HOUSEHOLDS       | APPLY           |
|  | WITH MORE THAN ADULT         |                 |
| Do not follow at all1 Mostly do not follow2 Sometimes follow and sometimes don't follow3 Mostly follow4 Strongly follow5 | YES.1<br>NO2 >> NEXT SECTION |                 |
|  |                              |                 |

## Section 6. Non-Farm Enterprise

| CASES   | 11.            | 11a.                            | 11b.   | 11c.                  |
|---|----------------|---------------------------------|--|-----------------------|
| FIVE CASES BASED ON LAST INTERVIEW AND EMPLOYMENT       | Since my last  | CASE 1: What is the current     | Why is your family business closed?                                  | Please describe the   |
| RESPONSES:  | phone call on  | status of your family business, |  | main activity of this |
|   | [LAST          | the one you said was            |  | family business.      |
| CASE 1: HOUSEHOLDS THAT HAD AN NFE TEMPORARILY CLOSED   | INTERVIEW      | temporarily closed when we      |  |                       |
| AT LAST INTERVIEW                                       | DATE], did you | spoke on [LAST INTERVIEW        |  | PLEASE WRITE A SHORT  |
| >> Q11a   | or any member  | DATE]?                          |  | DESCRIPTION OF THE    |
|   | of your        |                                 | USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS | FAMILY BUSINESS       |
| CASE 2: HOUSEHOLDS THAT WERE OPERATING AT [LAST         | household      | CASE 2 OR 4: What is the        | USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON                    |                       |
| INTERVIEW]  | operate a non- | current status of your family   | NO COSTUMERS / FEWER CUSTOMERS                                       |                       |
| >> Q11a   | farm family    | business, the one you were      | CAN'T GET INPUTS   |                       |
|   | business?      | operating when we spoke last    | ILL / QUARANTINED DUE TO CORONAVIRUS                                 |                       |
| 3. HOUSEHOLDS THAT WERE NOT OPERATING AT [LAST          |                | time on [LAST INTERVIEW         | NEED TO TAKE CARE OF A FAMILY MEMBER8                                |                       |
| INTERVIEW] AND THOSE THAT REPORTED BEING PERMANENTLY    | YES.1          | DATE]?                          | SEASONAL CLOSURE   |                       |
| CLOSED LAST INTERVIEW                                   | NO2 >> Q16     |                                 | OTHER, SPECIFY96   |                       |
| >> Q11  |                | CASE 3 OR 5: What is the        |  |                       |
|   |                | current status of your family   |  |                       |
| CASE 4: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS    |                | business?                       |  |                       |
| LAST WEEK (IF Q6=1 or Q6=2) AND WERE OPERATING AT [LAST |                |                                 |  |                       |
| INTERVIEW]  |                | READ OPTIONS                    |  |                       |
| >> Q11a   |                | Open1                           |  |                       |
|   |                | >> Q11c Temporarily closed2     |  |                       |
| CASE 5: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS    |                | Permanently closed3             |  |                       |
| LAST WEEK (IF Q6=1 or Q6=2) AND WERE NOT OPERATING AT   |                |                                 |  |                       |
| [LAST INTERVIEW]  |                |                                 |  |                       |
| >> Q11a   |                |                                 |  |                       |
|   |                |                                 |  |                       |
|   |                |                                 |  |                       |
|   |                |                                 |  |                       |
|   |                |                                 |  |                       |
|   |                |                                 |  |                       |

| 12.  | 13.   | 14.  | 15a.                         | 15b.                |
|--|---|--|------------------------------|---------------------|
| INTERVIEWER: WHICH OF THE FOLLOWING                                      | Compared to last month,                                 | Q13=4: Why was there no revenue from sales?                          | Do you or any other          | How many family     |
| BEST DESCRIBES THE SECTOR OF THE   | are the revenue from sales                              |  | member of your household     | business does your  |
| FAMILY BUSINESS?   | from the non-farm family                                | Q13=3: Why was the revenue from the business                         | have another nonfarm         | household operate?  |
|  | business  | sales less than in May?  | business that is currently   |                     |
|  |   |  | operating?                   | INCLUDES THE NFE IN |
| AGRICULTURE, HUNTING, FISHING1   | READ OPTIONS  | IN CAPI THE QUESTION WILL BE ADAPTED                                 |                              | 11C                 |
| MINING, MANUFACTURING  |   | DEPENDING ON THE ANSWER IN Q13                                       |                              |                     |
| CONSTRUCTION   | Higher 1 >> Q15A The same 2 >> Q15A Less 3 No revenue 4 | DO NOT READ OPTIONS  |                              |                     |
| PROFESSIONAL ACTIVITIES: FINANCE, LEGAL, ANALYSIS, COMPUTER, REAL ESTATE |   | USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS | YES.1<br>NO2 >> NEXT SECTION |                     |
|  |   |  |                              |                     |

# Section 6. Agriculture

#### ACCESS TO FARM INPUTS

| S6Q16A.                               | 1.  | 1b.                  | 2.  |   |                          |                 |                 |
|---------------------------------------|---|----------------------|---|---|--------------------------|-----------------|-----------------|
| ROUND2 S6Q16A. PREFILLED              | Since the last interview on [SECOND   | Which member         | Since the begin                                       | ning of the agricultural seas                         | on 2020, have            | ou or others in | your household  |
| Since the beginning of the            | ROUND DATE], have you or any member   | of your              | used or intend to use [INPUT] on your household farm? |   |                          |                 |                 |
| agricultural season 2020, have you or | of your household worked on land  | household is         |   |   |                          |                 |                 |
| any member of your household          | preparation, planting or crop production  | the <u>primary</u>   |   |   |                          |                 |                 |
| worked on land preparation or         | activities on your household farm?  | <u>decisionmaker</u> |   |   |                          |                 |                 |
| planting on your household farm?      |   | for the              |   |   |                          |                 |                 |
|                                       |   | household's          |   |   |                          |                 |                 |
|                                       |   | crop farming         |   |   |                          |                 |                 |
| YES                                   | YES1  | activities?          |   |   |                          |                 |                 |
| A FARM BUT DID NOT WORK               | NO, MY HOUSEHOLD HAS A FARM BUT DID NOT WORK2 >> NEXT SECTION  NO, MY HOUSEHOLD DOESN'T HAVE A FARM |                      | YES   |   |                          |                 |                 |
|                                       |   |                      |   |   |                          |                 |                 |
|                                       |   |                      | Α   | В   | С                        | D               | Е               |
|                                       |   | ID CODE              | Inorganic<br>fertilizer<br>(NPK, Urea)                | Organic fertilizer (e.g.<br>manure, compost,<br>etc.) | Pesticide /<br>herbicide | Hired labor     | Animal traction |
|                                       |   |                      |   |   |                          |                 |                 |

#### **SECTION 6: AGRICULTURE**

| 3.                                     |   |                          |                |                 | 4.   | 5.   |  |
|--|---|--------------------------|----------------|-----------------|--|--|--|
| Are you or others                      | in your household able to a                     | access or transp         | ort enough [IN | PUT] for your   | Why were you not able to access/ transport | Why were you not able to access/ transport   |  |
| household's farm                       | ing operations this agricultu                   | ıral season?             |                |                 | enough inorganic fertilizer?               | enough organic fertilizer?   |  |
| CAPI: FILTER BASE                      | ED ON RESPONSES IN [Q2]                         |                          |                |                 | SELECT ALL THAT APPLY DO NOT READ OPTIONS  | SELECT ALL THAT APPLY DO NOT READ OPTIONS  |  |
| YES                                    |   |                          |                |                 | SHOPS HAVE RUN OUT OF STOCK                | DO NOT READ OPTIONS  SHOPS HAVE RUN OUT OF STOCK 1 LOCAL MARKETS NOT OPERATING/CLOSED .2 LIMITED / NO TRANSPORTATION 3 RESTRICTIONS ON MOVEMENT / TRAVEL 4 INCREASE IN PRICE 5 NOT ENOUGH MONEY TO BUY THEM 6 OTHER (SPECIFY) 96  ONLY ASKED TO THOSE THAT ANSWER Q3B==2 |  |
| А                                      | В   | С                        | D              | E               |  |  |  |
| Inorganic<br>fertilizer<br>(NPK, Urea) | Organic fertilizer (e.g. manure, compost, etc.) | Pesticide /<br>herbicide | Hired labor    | Animal traction |  |  |  |
|  |   |                          |                |                 |  |  |  |

#### **SECTION 6: AGRICULTURE**

| 6.   | 7.   | 8.  |
|--|--|---|
| Why were you not able to access/ transport | Why were you not able to hire enough labor   | Why were you not able to access/ transport                                    |
| pesticide/herbicide?                       | for your farming activities this agricultural  | animal traction?  |
|  | season 2020 as usual?  |   |
| SELECT ALL THAT APPLY                      |  | SELECT ALL THAT APPLY   |
| DO NOT READ OPTIONS                        | SELECT ALL THAT APPLY  | DO NOT READ OPTIONS   |
| SHOPS HAVE RUN OUT OF STOCK                | DO NOT READ OPTIONS  I DECIDED NOT TO HIRE TO AVOID THE POSSIBILITY OF CONTRACTING THE CORONAVIRUS | I DECIDED NOT TO HIRE TO AVOID THE POSSIBILITY OF CONTRACTING THE CORONAVIRUS |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

# **Section 7. Other Income**

| ı | 1.  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Т | Since the last interview [INTERVIEW DATE], did you receive? |  |  |  |  |  |  |
| Ε |   |  |  |  |  |  |  |
| М | SELECT ALL THAT APPLY                                       |  |  |  |  |  |  |
|   | YES.1   |  |  |  |  |  |  |
| С | NO2   |  |  |  |  |  |  |
| 0 |   |  |  |  |  |  |  |
| D |   |  |  |  |  |  |  |
| Е |   |  |  |  |  |  |  |
| 4 | Remittances from abroad                                     |  |  |  |  |  |  |
| 5 | Remittances from family within the country                  |  |  |  |  |  |  |
|   | Assistance (in cash and/or inkind) from other non-family    |  |  |  |  |  |  |
| 6 | individuals   |  |  |  |  |  |  |
| 7 | Income from properties, investments or savings              |  |  |  |  |  |  |
| 8 | Pension   |  |  |  |  |  |  |

# **Section 10. Coping/Shocks**

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE WE FIRST SPOKE ON [BASELINE INTERVIEW DATE].

|             | 1.   | 3.                          | CODES FOR Q3.  |
|-------------|--|-----------------------------|--|
|             | Has your household been affected by [SHOCK] since [BASELINE INTERVIEW DATE]? | How did your household cope | SALE OF ASSETS (AC AND NO-AC)  |
| S<br>H<br>O |  | with the [SHOCK]?           | ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES2  RECEIVED ASSISTANCE FROM FRIENDS & FAMILY |
| С           |  | SEE CODES.                  | BORROWED FROM FRIENDS & FAMILY4  |
| K           |  | SELECT ALL<br>THAT APPLY    | TOOK A LOAN FROM A FINANCIAL INSTITUTION5  |
| С           | YES1   |                             | CREDITED PURCHASES6  |
| 0           | NO2 (► NEXT SHOCK)   |                             | DELAYED PAYMENT OBLIGATIONS7   |
| D<br>F      |  |                             | SOLD HARVEST IN ADVANCE8   |
|             |  |                             | REDUCED FOOD CONSUMPTION9  |
|             |  |                             | REDUCED NON-FOOD CONSUMPTION   |
|             |  |                             | RELIED ON SAVINGS  |
| 5           | Job loss   |                             | RECEIVED ASSISTANCE FROM NGO12   |
| 6           | Nonfarm business closure   |                             | TOOK ADVANCED PAYMENT FROM EMPLOYER  |
| 7           | Theft/looting of cash and other property                                     |                             | RECEIVED ASSISTANCE FROM GOVERNMENT  |
| 8           | Disruption of farming, livestock, fishing activities                         |                             |  |
| 10          | Increase in price of farming/business inputs                                 |                             | WAS COVERED BY INSURANCE POLICY  |
| 11          | Fall in the price of farming/business output                                 |                             | DID NOTHING16  |
| 12          | Increase in price of major food items consumed                               |                             | OTHER (SPECIFY)96  |
|             | Illness, injury, or death of income earning member of household              |                             |  |
| 96          | Other (specify)  |                             |  |

| Δ      |  | 1.   | 2.                           | 3.                                   | 5                        | 6   |
|--------|--|--|------------------------------|--------------------------------------|--------------------------|---|
| A      |  | Since we last spoke on   | What was the                 | What was the source of this          | Did your household       | What kind of difficulties did your household experience |
| S      |  | [LAST INTERVIEW DATE],   | total value of               | [ASSISTANCE]?                        | experience any           | to access this [ASSISTANCE]?                            |
|        |  | has any member of your   | [ASSISTANCE]?                |                                      | difficulties or problems |   |
| S      |  | household received any   |                              | SELECT ALL THAT APPLY                | when accessing this      | SELECT ALL OPTIONS THAT APPLY                           |
| Т      |  | assistance from any  | ESTIMATE VALUE               |                                      | [ASSISTANCE]?            |   |
| A<br>N |  | institution such as the government, international organisations, religious | OF ANY IN-KIND<br>ASSISTANCE | FEDERAL GOVERNMENT                   |                          | MOBILITY CONTRAINTS DUE TO LOCKDOWN                     |
| C<br>E |  | bodies in form of [ASSISTANCE]?  |                              | COMMUNITY ORGANIZATION / COOPERATIVE | YES1<br>NO2 >><br>NEXT   | BRIBE WAS REQUESTED                                     |
| С      |  | [  |                              | RELIGIOUS BODIES                     | ASSISTANCE               | LACK OF ADEQUATE INFORMATION TO ACCESS BENEFIT7         |
| 0      |  | YES1   |                              |                                      |                          |   |
| D      |  | NO2 >> Q3  |                              |                                      |                          |   |
|        |  |  | NAIRA                        |                                      |                          |   |
| 1      | Food                                     |  |                              |                                      |                          |   |
| 2      | Cash Transfers                           |  |                              |                                      |                          |   |
| 3      | Other in-kind transfers (excluding food) |  |                              |                                      |                          |   |

# Section 12. Interview Result

|                               | 1.                         | 2.             | 3.                  | 4.                    | FILTER            | 4a.                                      |
|-------------------------------|----------------------------|----------------|---------------------|-----------------------|-------------------|--|
| INTERVIEWER READ OUT:         | Is this number the best    | Which number   | What day of the     | What time of the day  | IS THE RESPONDENT | We would be interested to learn more     |
| Thank you very much for       | one to reach you or your   | would be best? | week will be best   | would be best to call | THE SAME AS THE   | about the crop cultivation activities of |
| your participation in this    | household in the future or |                | to reach you?       | you?                  | PRIMARY           | your household as the season             |
| survey! I will be transfering | would it be better to use  |                |                     |                       | DECISIONMAKER     | progresses. You said that [NAME] was     |
| 500 Naira credit to your      | another number?            |                | SELECT ALL THAT     | SELECT ALL THAT APPLY | FOR CROP          | the primary decisionmaker for your       |
| phone shortly as a thank      |                            |                | APPLY               |                       | CULTIVATION?      | household's crop cultivation activities. |
| you for your time today. I    |                            |                |                     |                       |                   | What number is best to reach [NAME]      |
| may try to contact you in     | THIS NUMBER1 >> Q3         |                |                     |                       |                   | at to ask them a few questions next      |
| future for another short      | ANOTHER NUMBER2            |                | ANY DAY0 MONDAY1    | ANY TIME OF DAY0      | YES1 >> Q5A       | month?                                   |
| interview. Before you go, I   |                            |                | TUESDAY2 WEDNESDAY3 | MORNING1 AFTERNOON2   | NO2               |  |
| have a couple of questions    |                            |                | THURDAY4            | EVENING3              |                   |  |
| to help in case I need to     |                            |                | FRIDAY5 SATURDAY6   |                       |                   | AT THIS NUMBER                           |
| contact you in future.        |                            |                | SUNDAY7             |                       |                   | DECISIONMAKER NOT                        |
|                               |                            |                |                     |                       |                   | AVAILABLE FOR INTERVIEW3 >> Q5A          |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |
|                               |                            |                |                     |                       |                   |  |

| 4b.           |                                      | 5.   | 6.            | 7.                          | 8.            | 9.           |
|---------------|--------------------------------------|--|---------------|-----------------------------|---------------|--------------|
| INTERVIEWER:  | INTERVIEWER CONFIRM THAT ALL         | WHAT IS THE RESULT OF THE                              | COULD THE     | INTERVIEWER: PLEASE GIVE    | INTERVIEWER:  | INTERVIEWER: |
| SELECT        | QUESTIONS HAVE BEEN                  | INTERVIEW?   | HOUSEHOLD BE  | DETAILS ON WHY THE          | WHICH         | WHO WAS THE  |
| NUMBER TO     | ANSWERED.                            |  | REACHED / THE | HOUSEHOLD CANNOT BE         | LANGUAGE DO   | MAIN         |
| REACH [NAME]  |                                      |  | INTERVIEW BE  | REACHED, WHY THEY REFUSED,  | YOU THINK THE | RESPONDENT   |
| AT. IF NOT    | READ OUT: That's it for now. Thank   |  | COMPLETED IF  | OR WHY THE INTERVIEW COULD  | RESPONDENT    |              |
| LISTED HERE,  | you very much for answering all      | COMPLETE   | ANOTHER       | NOT BE COMPLETED            | SPEAKS        |              |
| ADD TO        | questions and helping us to          | REFUSED  | INTERVIEWER   |                             |               |              |
| NUMBERS       | understand the current situation     | DON'T SPEAK THE LANGAUGE4 >> Q8                        | TRIED TO CALL | IF PARTIALLY COMPLETE >> Q9 | WRITE "DK" IF |              |
| ROSTER FIRST. | with COVID19 in Nigeria and          | NOBODY ANSWERING5 >> Q12 NUMBER DOES NOT EXIST6 >> Q12 | LATER?        | ELSE >> Q12                 | DON'T KNOW    |              |
|               | worldwide. This is really important. | PHONE TURNED OFF7 >> Q12                               | VEC 1         |                             |               |              |
|               |                                      | DON'T KNOW THE HOUSEHOLD8 >> Q7                        | YES1<br>NO2   |                             | 1             |              |
|               | I will transfer you the 500 Naira    | REFERENCE PERSON                                       |               |                             |               |              |
|               | after this call. If you have any     | CAN'T CONNECT TO HH9 >> Q7                             |               |                             | >> Q12        |              |
|               | question about the survey you can    |  |               |                             |               |              |
|               | call 0987 6543 2198. If you have     |  |               |                             |               |              |
|               | any questions about COVID19          |  |               |                             |               |              |
|               | please call the NCDC at 0800 9700    |  |               |                             |               |              |
|               | 0010.                                |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |
|               |                                      |  |               |                             |               |              |

| 10.                     | 10a.            | 11.            | 12.                 | 13.               | 14.             |
|-------------------------|-----------------|----------------|---------------------|-------------------|-----------------|
| INTERVIEWER: IN WHICH   | INTERVIEWER:    | INTERVIEWER:   | INTERVIEWER: DO YOU | INTERVIEWER: NOTE | RECORD END TIME |
| LANGUAGE DID YOU MAINLY | DID YOU USE THE | PLEASE CONFIRM | HAVE ANY NOTES THAT |                   |                 |
| CONDUCT THE INTERVIEW?  | TRANSLATION     | THE NUMBER YOU | ARE RELEVANT WHEN   |                   |                 |
|                         | FOR THE         | REACHED THE    | CALLING THIS        |                   |                 |
|                         | INTERVIEW?      | RESPONDENT ON  | HOUSEHOLD IN THE    |                   |                 |
|                         |                 |                | FUTURE?             |                   |                 |
| ENGLISH                 | YES1<br>NO2     |                | YES1<br>NO2 >> Q14  |                   |                 |
|                         |                 |                |                     |                   |                 |