



Malawi Government
National Statistical Office



TELEPHONE SURVEY ON THE ECONOMIC AND SOCIAL IMPACT OF COVID-19 IN MALAWI, 2020

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.

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

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

	CODE	NAME
A01. DISTRICT:	<input type="text"/> <input type="text"/> <input type="text"/>
A02. TA, STA, or TOWN:	<input type="text"/> <input type="text"/>
A03. ENUMERATION AREA:	<input type="text"/> <input type="text"/> <input type="text"/>
A04. PLACE / VILLAGE NAME:	
A07. NAME OF HOUSEHOLD HEAD:	

A08: IHPS 2019 Y4-HHID: -

A10. LOCATION OF HOUSEHOLD:

A14. LANGUAGE PREVIOUS INTERVIEW WAS MAINLY CONDUCTED (**PREFILLED**)

SURVEY STAFF DETAILS

A16.1. PREVIOUS ROUND ENUMERATOR CODE:	<input type="text"/> <input type="text"/>	A16. ENUMERATOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
		A17. SUPERVISOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
A18.1. PREVIOUS ROUND DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>	A18. DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>
	DD MM YYYY		DD MM YYYY

1. Interview Information Panel

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

[illegible]

[illegible]

Section 2A. Household Roster Update

INTERVIEWER READ OUT: Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

		1.	2.	3.	4.
I N D I V I D U A L I D	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q1.	NAME	CAP/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?	Is [NAME] still a member of the household?	Why did [NAME] leave the household?
	FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4.	CAP: PRE-FILLED NAMES FROM LAST INTERVIEW			
	AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?"	INTERVIEWER: ADD NEW MEMBERS HERE			
	IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.		YES..1 >> Q5 NO..2	YES..1 >>NEXT PERSON NO..2	
					DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY)....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 OTHER, (SPECIFY).....15 REFUSED.....99 >> NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
10					

[illegible]

Section 3. Knowledge about the COVID Vaccine and Perceptions Regarding the Spread of COVID-19

COVID-19 Vaccine Misconceptions						Satisfaction with government policies
1	2					3
Have you heard about COVID-19 vaccine(s)?	To your knowledge, do you agree or disagree with the following statements regarding COVID-19 Vaccine? PLEASE READ ALOUD ALL MEASURES AND RECORD AGREE/DISAGREE FOR EACH OF THEM					Are you satisfied with the government's response to the COVID-19 crisis?
YES..1 NO..2 >> Q3	AGREE.....1 DISAGREE.....2 NEITHER AGREE NOT DISAGREE...3					YES.....1 >> Q5 NO.....2 NEITHER SATISFIED NOT UNSATISFIED...3 >> Q5
	It is there to reduce African population	It is to be used only in Africa	Once vaccinated, you die	The COVID-19 vaccine causes infertility in women.	Once I receive the COVID-19 vaccine, I no longer need to wear a mask	

Perception of Spread		
4	5a	5
Why are you not satisfied with Government's response?	Do you have a friend/relative/neighbour who you know have been infected with COVID-19 (suspected or confirmed)?	Do you believe you have or have had COVID/19 regardless of having done a test or not?
PLEASE DO NOT READ. SELCT ALL THAT APPLY LIMITED TESTING POINTS..... 1 NO FINANCIAL ASSISTANCE FROM THE GOVERNMENT.....2 SLOW RESPONSE BY GOVERNMENT...3 SHORTAGE OF MEDICAL MATERIALS..4 NO ENFORCEMENT OF GUIDELINES..5 OTHER (SPECIFY)95	YES..1 NO..2	YES..1 NO..2

Section 4. BEHAVIOR AND SOCIAL DISTANCING

INTERVIEWER READ: Now I want to ask you about some measures that you may have taken since the government put guidelines and restrictions in place for corona virus

1	2a	3a	3b	5	6	7.
<p>Since last week, did you wash your hands with soap,...?</p> <p>READ OUT OPTIONS</p> <p>More than you used to.....1 About the same as you typically do.....2 Less than you typically do.....3 Did not do at all...4</p>	<p>In the last 7 days, did you avoid handshakes/ physical greetings?</p> <p>Yes.....1 No.....2 N/A.....3</p>	<p>In the last 7 days, did you avoid groups of more than 10 people such as family gatherings, parties, church / mosque, funerals, etc?</p> <p>Yes.....1 No.....2 N/A.....3</p>	<p>In the last 7 days, how many religious (friday prayers, congregation, etc) or social (marriage, party, etc) gatherings have you attended?</p> <p>None.....0 One.....1 Two.....2 Three.....3 Four.....4 Five or more.....5</p>	<p>In the last 7 days, did you stock up on more food than normally, purchased or produced in your farm for home consumption?</p> <p>Yes.....1 No.....2</p>	<p>In the last 7 days, did you reduce the number of times you go to the market/grocery store?</p> <p>Yes.....1 No.....2</p>	<p>In the last week, how often did you wash your hands with soap after being in public?</p> <p>All of the time.....1 Most of the time.....2 About half of the time..3 Some of the time.....4 None of the time.....5 I have not been in public during the last 7 days.....6</p>

<p>8.</p> <p>In the last week, how often did you wear a mask when in public?</p> <p>All of the time.....1 Most of the time.....2 About half of the time..3 Some of the time.....4 None of the time.....5 I have not been in public during the last 7 days.....6</p>

Section 5. ACCESS

AGRICULTURAL AFFORDABLE INPUTS PROGRAM				HEALTH			
0a	0b	0c	0d	3	3b	4	5
<p>PRE-FILL: HOUSEHOLD REGISTERED IN AGRICULTURAL AIP BUT DID NOT PURCHASE INPUTS LAST INTERVIEW</p> <p>REGISTERED AND PURCHASED.....1 >>3 REGISTERED BUT NOT PURCHASED..2</p>	<p>Have you already purchased the inputs?</p> <p>YES..1 NO..2</p>	<p>How satisfied are you with the program?</p> <p>VERY SATISFIED...1 >>3 SATISFIED.....2 >>3 NEUTRAL.....3 >>3 UNSATISFIED.....4 VERY UNSATISFIED.5</p>	<p>What are the reasons you are not satisfied with the program?</p> <p>SELLING POINTS ARE TOO FAR.....1 SUPPLIES ARE NOT AVAILABLE.....2 WAITING TIME IS TOO LONG.....3 SELLING POINTS ARE ASKING FOR MONEY4 BAGS ARE BEING OPENED AND FERTILIZERS REMOVED BY SELLERS.....5 NETWORK IS ALWAYS DOWN.....6 OTHER, SPECIFY.....555</p>	<p>Have you or any member of your household needed any medical services (treatment or consultation) in the past 4 weeks whether there was illness or not?</p> <p>YES1 NO.....2 >>Q6 REFUSED..99 >>Q6</p>	<p>What type of service did you or any member of your household need?</p> <p>DO NOT READ OUT SELECT ALL THAT APPLY</p> <p>FAMILY PLANNING.....1 VACCINATION.....2 MATERNAL HEALTH/PREGANCY CARE.3 CHILD HEALTH.....4 ADULT HEALTH.....5 EMERGENCY CARE.....6 PHARMACY.....7 OTHER (SPECIFY).....96</p>	<p>Were you or the member of your household able to access the medical treatment/services?</p> <p>YES1 >>NEXT SECTION NO2 REFUSED..99>>NEXT SECTION</p>	<p>What was the main reason you or the member of your household were not able to access the medical treatment/services?</p> <p>DO NOT READ OUT</p> <p>LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE2 TURNED AWAY BECAUSE FACILITY WAS FULL3 FACILITY WAS CLOSED.....4 LIMITED/NO TRANSPORTATION5 RESTRICTION TO GO OUTSIDE6 AFRAID OF GOING AND GETTING THE VIRUS7 HEALTH FACILITY IS TOO FAR8 HOSPITAL/CLINIC NOT HAVING ENOUGH SUPPLIES OR TESTS...9 OTHER...555</p>

Preventive Measures at Shops/Supermarkets

6	7	8	9	10
<p>Over the past 7 days, did you want to access a shop/supermarket?</p> <p>YES1 NO2>>NEXT MODULE</p>	<p>Before entering the shop, were you asked to Wear Mask?</p> <p>YES1 NO2</p>	<p>Before entering the shop, were you asked to Wash Hands?</p> <p>YES1 NO2</p>	<p>Before entering the shop, were you asked to Sanitize your Hands?</p> <p>YES1 NO2</p>	<p>Before entering the shop, were you asked to wait on a line till space is available?</p> <p>YES1 NO2</p>

Section 5A. EDUCATION

ASK OF HOUSEHOLDS WITH CHILDREN ATTENDING PRIMARY OR SECONDARY SCHOOL (5 TO 18 YEARS)

1	1a	2	3	4
<p>Are any of your kids currently attending school?</p> <p>YES.....1 >> Q2 NO.....2</p>	<p>Were the kids attending school before official closure on 17 January?</p> <p>YES.....1 NO.....2 >> NEXT SESSION</p>	<p>Are you sensitizing your children to wear face masks/shields when going to school and during classes?</p> <p>1.....1 NOT SENSITIZING 2.....2 3.....3 4.....4 5.....5 6.....6 7.....7 8.....8 9.....9 10.....10 HEAVILY SENSITIZING</p>	<p>Are you sensitizing your children to wash hands regularly when going to school, at home or during classes?</p> <p>1.....1 NOT SENSITIZING 2.....2 3.....3 4.....4 5.....5 6.....6 7.....7 8.....8 9.....9 10.....10 HEAVILY SENSITIZING</p>	<p>What safety precautions against COVID-19 are available at the school?</p> <p>DO NOT READ</p> <p>SELECT ALL THAT APPLY</p> <p>Handwashing points.....1 Running water.....2 Hand sanitizers3 Face masks.....4 Face shield.....5 Temperature checks.....6 Social distancing.....7 Reduced number of persons per class to meet social distancing guidelines..8 School funmigated.....9 Sick bays.....10 Ambulance/school bus..11 NONE.....99 DON'T KNOW.....96</p>

Section 6B. Employment

	STATUS IN EMPLOYMENT			WHY NOT CURRENTLY WORKING	
FILTER	1	1a	1b	1c	3
<p>TWO CASES BASED ON RESPONSE IN LAST INTERVIEW:</p> <p>CASE 1: RESPONDENT WAS WORKING IN [LAST_INTERVIEW]</p> <p>CASE 2: RESPONDENT WAS NOT WORKING [LAST_INTERVIEW]</p>	<p>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 hour?</p> <p>YES...1 IF CASE 1 >>Q4A IF CASE 2 >>Q5 NO....2</p>	<p>Even though you did not work last week, do you have a job, business or family farm from which you were absent last week to which you</p> <p>YES...1 NO....2 >> Q3 IF CASE 1, Q3a IF CASE 2</p>	<p>When do you expect to return to this job?</p> <p>WITHIN ONE WEEK.....1 WITHIN ONE MONTH.....2 WITHIN THREE MONTHS.....3 IN MORE THAN THREE MONTHS...4 DON'T KNOW.....98</p>	<p>Why did you not work last week?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / OFFICE CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 BUSINESS / OFFICE CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED).....4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER.....8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 OTHER (SPECIFY)96</p> <p>>> Q4a IF CASE=1, >> Q4a IF CASE=2, OR >> Q5 IF CASE=3</p>	<p>Why did you stop working?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON2 LAID OFF WHILE BUSINESS CONTINUES3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE (FURLOUGHED)4 VACATION5 ILL / QUARANTINED6 NEED TO CARE FOR ILL RELATIVE7 SEASONAL WORKER8 RETIRED9 NOT ABLE TO GO TO FARM DUE TO MOVEMENT RESTRICTIONS10 NOT ABLE TO FARM DUE TO LACK OF INPUTS11 NOT FARMING SEASON12 ROTATION OF PERSONEL DUE TO CORONAVIRUS (MY TURN IS NEXT WEEK)13 OTHER (SPECIFY)96</p>

JOB SEARCH		CHANGE IN JOBS			ACTUAL JOB
3a	3b	4a.	4b.	5a.	5
<p>During the last four weeks, did you do anything to find a paid job or start a business?</p> <p>YES.1 NO..2 >>Q9</p>	<p>What did you mainly do in the last four weeks to find a paid job or start a business?</p> <p>DO NOT READ OPTIONS</p> <p>APPLY TO PROSPECTIVE EMPLOYERS.....1 PLACE OR ANSWER JOB ADVERTISEMENTS.....2 STUDY OR READ JOB ADVERTISEMENTS.....3 REGISTER WITH EMPLOYMENT CENTER.....4 REGISTER WITH PRIVATE RECRUITMENT OFFICES.....5 TAKE A TEST OR INTERVIEW.....6 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS.....7 CHECK AT FACTORIES, WORK SITES.....8 WAIT ON THE STREET TO BE RECRUITED.....9 SEEK FINANCIAL HELP TO START A BUSINESS..10 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS.....11 APPLY FOR PERMIT OR LICENSE TO START A BUSINESS.....12 OTHER (SPECIFY).....96</p> <p>>>Q9</p>	<p>CASE 1: Is this the same job you were doing when we last spoke on [LAST_INTERVIEW DATE]?</p> <p>YES.1 >>Q6 NO..2</p>	<p>Why did you change jobs?</p> <p>DO NOT READ OPTIONS</p> <p>PREVIOUS BUSINESS / JOB CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS.....1 PREVIOUS BUSINESS / JOB CLOSED FOR ANOTHER REASON.....2 LAID OFF WHILE BUSINESS CONTINUES IN PREVIOUS JOB.....3 TEMPORARILY LAID OFF/LEAVE OF ABSENCE FROM PREVIOUS JOB (FURLOUGHED).....4 ILL / QUARANTINED.....6 NEED TO CARE FOR ILL RELATIVE.....7 SEASONAL WORKER.....8 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 OTHER (PLEASE SPECIFY).....96</p>	<p>Please provide a description of the primary activity/tasks you performed in your main work last week.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY</p>	<p>What is the main activity of the business or organization in which you worked <u>last week</u>?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES.....4 ELECTRICITY/WATER/GAS/WASTE.....5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 TOURISM.....14 FOOD PROCESSING.....15 OTHER, SPECIFY.....16</p>

WAGE WORK

6	6a.	7	8	8a	8b	8c	9
In the work you did <u>last week</u> , did you work....	Thinking about all the family [farming products/animals/fish] you worked on, are they intended...	In the last week, were you able to work as usual in your wage job either at your place of work or remotely?	Even though you were not able to work as usual, will you be paid/were you paid.....?	Why were you not able to work as usual?	How many hours did you work last week?	How many hours do you usually work per week doing [PRIMARY ACTIVITY]?	What are the preventive measures taken by your employer for the safety of the staff at the workplace?
READ RESPONSES				DO NOT READ OPTIONS			
In your own business1 >>Q9 In a business operated by a household or family member2 >>Q9 In a family farm growing crops, raising livestock, or fishing.....3 >>Q9 As an employee for someone else4 As an apprentice, trainee, intern5	READ OPTIONS Only for sale.....1 Only for family consumption2 Some will be sold, some will be consumed by the family3	YES.1 >>Q8b NO..2	PLEASE READ ALL OPTIONS Full normal payment ..1 Partial payment2 No payment3	BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS...1 BUSINESS / GOV'T CLOSED FOR ANOTHER REASON.....2 FURLOUGH.....3 ILL / QUARANTINED.....4 NEED TO CARE FOR ILL RELATIVE.....5 SEASONAL WORKER.....6 NOT ABLE TO GO TO PLACE OF WORK DUE TO MOVEMENT RESTRICTIONS.....7 OTHER (PLEASE SPECIFY).....96			Use of disinfectant for cleaning.....1 Provided hand sanitizer.....2 Raising awareness about preventative measures...3 Provided masks.....4 Provided gloves.....5 Allowed work from home.....6 I am not going to the office/my office is closed.....7 My employer is not taking any preventative measures...8 Other (specify).....9

Section 6B. Non-Farm Enterprise

CASES	11.	11a.	11b.	11c.	12.	13.
<p>FIVE CASES BASED ON LAST INTERVIEW AND EMPLOYMENT RESPONSES:</p> <p>CASE 1: HOUSEHOLDS THAT HAD AN NFE TEMPORARILY CLOSED AT LAST INTERVIEW >> Q11a</p> <p>CASE 2: HOUSEHOLDS THAT WERE OPERATING AT [LAST INTERVIEW] >> Q11a</p> <p>3. HOUSEHOLDS THAT WERE NOT OPERATING AT [LAST INTERVIEW] AND THOSE THAT REPORTED BEING PERMANENTLY CLOSED LAST INTERVIEW >> Q11</p> <p>CASE 4: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS LAST WEEK (IF Q6=1 or Q6=2) AND WERE OPERATING AT [LAST INTERVIEW] >> Q11a</p> <p>CASE 5: RESPONDENTS THAT WORKED ON A FAMILY BUSINESS LAST WEEK (IF Q6=1 or Q6=2) AND WERE NOT OPERATING AT [LAST INTERVIEW]</p>	<p>Since last phone call on [LAST INTERVIEW DATE], did you or any member of your household operate a non-farm family business?</p> <p>YES..1 NO..2 >> Q16</p>	<p>CASE 1: What is the current status of your family business, the one you said was temporarily closed when we spoke on [LAST INTERVIEW DATE]?</p> <p>CASE 2 OR 4: What is the current status of your family business, the one you were operating when we spoke last time on [LAST INTERVIEW DATE]?</p> <p>CASE 3 OR 5: What is the current status of your family business?</p> <p>READ OPTIONS</p> <p>Open1 >> Q15 IF CASE=1, Q13 IF CASE=2, Q12 IF CASE=3, Q13 IF CASE=4, Q12 IF CASE=5 Temporarily closed ..2 Permanently closed ..3</p>	<p>Why is your family business closed?</p> <p>USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2 NO CUSTOMERS / FEWER CUSTOMERS3 CAN'T GET INPUTS4 CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE ...5 ILL / QUARANTINED DUE TO CORONAVIRUS.....6 ILL WITH ANOTHER DISEASE.....7 NEED TO TAKE CARE OF A FAMILY MEMBER8 SEASONAL CLOSURE9 VACATION10 OTHER, SPECIFY96</p> <p>IF CASE=3, 5 >> Q12 IF CASE=1,2,4 & Q11a=2 >> Q15 IF CASE=1,2,4 & Q11a=3 >> Q16</p>	<p>Please describe the main activity of this family business.</p> <p>PLEASE WRITE A SHORT DESCRIPTION OF THE PRIMARY ACTIVITY</p>	<p>Which of the following best describes the sector of the family business?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE.....1 MINING.....2 MANUFACTURING.....3 PROFESSIONAL/ SCIENTIFIC/TECHNICAL ACTIVITIES...4 ELECTRICITY/WATER/GAS/WASTE...5 CONSTRUCTION.....6 TRANSPORTATION.....7 BUYING AND SELLING.....8 FINANCIAL/INSURANCE/ REAL EST. SERVICES.....9 PERSONAL SERVICES.....10 EDUCATION.....11 HEALTH.....12 PUBLIC ADMINISTRATION.....13 TOURISM.....14 FOOD PROCESSING.....15 OTHER, SPECIFY.....16</p>	<p>Compared to when we last spoke, are the revenue from sales from the non-farm family business...</p> <p>READ OPTIONS</p> <p>Higher1 >> Q15 The same2 >> Q15 Less3 No revenue ..4</p>

14.	15.							15a.	15b.	15c.	15d.
<p>Q13=4: Why was there no revenue from sales?</p> <p>Q13=3: Why was the revenue from the business sales less than in [LAST MONTH]?</p> <p>DO NOT READ OPTIONS</p> <p>USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1</p> <p>USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2</p> <p>NO CUSTOMERS / FEWER CUSTOMERS3</p> <p>CAN'T GET INPUTS4</p> <p>CAN'T TRAVEL / TRANSPORT GOODS FOR TRADE ...5</p> <p>ILL / QUARANTINED DUE TO CORONAVIRUS.....6</p> <p>ILL WITH ANOTHER DISEASE.....7</p> <p>NEED TO TAKE CARE OF A FAMILY MEMBER8</p> <p>SEASONAL CLOSURE9</p> <p>VACATION10</p> <p>OTHER, SPECIFY96</p>	<p>Has the non-farm family business you or your household operated faced any of the following challenges due to the coronavirus?</p> <p>READ OUT OPTIONS AND RECORD Y/N RESPONSE</p> <p>YES..1</p> <p>NO..2</p>							<p>Have you changed or are planning to change the way you conduct business due to the coronavirus?</p> <p>YES..1</p> <p>NO..2 >> Q15a</p>	<p>What type of changes have you done or are planning to make on the way you conduct your business due to the coronavirus?</p> <p>READ OUT THE OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Requiring customers to wear masks.....1</p> <p>Keeping distance between customers....2</p> <p>Allowing a reduced number of customers at a time.....3</p> <p>Use of phone and or social media to market produce/services.....4</p> <p>Switched to delivery services only....5</p> <p>Switched product/service offering.....6</p> <p>Other (specify).....96</p>	<p>Do you or any other member of your household have another nonfarm business that is currently operating?</p> <p>YES..1</p> <p>NO..2 >> NEXT MODULE</p>	<p>How many family businesses does your household operate?</p> <p>NUMBER</p>
	Difficulty buying and receiving supplies and inputs to run my business	Difficulty raising money for the business	Difficulty repaying loans or other debt obligations	Difficulty paying rent for business location	Difficulty paying workers	Difficulty selling goods or services to customers	Other difficulty (SPECIFY)				

5A. Agriculture

<p>1</p> <p>Since the beginning of the agricultural season 2020/21, have you or any member of your household worked on land preparation or planting on your household farm?</p> <p>HOUSEHOLD FARM COMPRISES BOTH OWNED AND ACCESSED LAND</p> <p>YES1 >>Q4 NO, MY HOUSEHOLD HAVE A FARM BUT DID NOT WORK2 NO, MY HOUSEHOLD DON'T HAVE A FARM3 >>NEXT SECTION</p>	<p>2</p> <p>Before the coronavirus crisis, were you planning to grow crops on your farm this agricultural season 2020/21?</p> <p>YES.1 NO..2 >>NEXT SECTION</p>	<p>3</p> <p>What are the reasons you did not grow crops on your farm this agricultural season as you had planned?</p> <p>Advised to stay home1 Reduced availability of hired labor2 Restrictions on movement / travel3 Unable to acquire / transport seeds.....4 Unable to acquire / transport fertilizer..5 Unable to acquire / transport other inputs.....6 Unable to sell / transport outputs7 Ill or need to care for ill family member8 Other, specify555</p> <p>If Q3=4 >> Q7 OR Q3=5 >> Q8 OR Q3=6 >> Q9 All other answers >> NEXT MODULE</p>	<p>4</p> <p>Please indicate the main crops you or other members of your household cultivated this agricultural season 2020/21</p> <p>LIST UP TO 3 CROPS</p> <p>MAIZE.....1 BEANS.....2 GROUNDNUTS.....3 PEAS.....4 SOYA BEANS.....5 CASSAVA.....6 SWEET POTATOES...7 IRISH POTATOES...8 BANANA.....9 TOBACCO.....10 SUGARCANE.....11 VEGETABLES.....12 RICE.....13 SESEMA.....14 OTHER, SPECIFY...555</p>	<p>5</p> <p>I would like to ask you about how the activities are progressing for your household farm.</p> <p>Did you change your planting activities this agricultural season because of changes in the country or community due to coronavirus?</p> <p>YES.....1 NO, TOO EARLY IN AGRICULTURAL CYCLE.....2 >>NEXT MODULE NO.....3 >>NEXT MODULE</p>
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<p>6</p> <p>How did you change your crop planting activities?</p> <p>SELECT ALL THAT APPLY</p> <p>Abandoned crop farming.....1 Reduced the area planted2 Increased the area planted.....3 Planted crops that take less time to mature.....4 Planted less variety/number of crops.....5 Planted more variety/number of crops.....6 Delayed planting.....7 Other, specify.....555</p>	<p>7</p> <p>Why were you not able to access/transport enough seeds?</p> <p>DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK1 LOCAL MARKETS NOT OPERATING/CLOSED .2 LIMITED / NO TRANSPORTATION.....3 RESTRICTIONS ON MOVEMENT / TRAVEL...4 INCREASE IN PRICE5 NOT ENOUGH MONEY TO BUY THEM.....6 OTHER (SPECIFY).....555</p> <p>ONLY ASKED TO THOSE THAT ANSWER Q3=4</p>	<p>8</p> <p>Why were you not able to access/transport enough fertilizer?</p> <p>DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK1 LOCAL MARKETS NOT OPERATING/CLOSED .2 LIMITED / NO TRANSPORTATION.....3 RESTRICTIONS ON MOVEMENT / TRAVEL...4 INCREASE IN PRICE5 NOT ENOUGH MONEY TO BUY THEM.....6 OTHER (SPECIFY).....555</p> <p>ONLY ASKED TO THOSE THAT ANSWER Q3=5</p>	<p>9</p> <p>Why were you not able to access/transport other agricultural inputs?</p> <p>DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK1 LOCAL MARKETS NOT OPERATING/CLOSED .2 LIMITED / NO TRANSPORTATION.....3 RESTRICTIONS ON MOVEMENT / TRAVEL...4 INCREASE IN PRICE5 NOT ENOUGH MONEY TO BUY THEM.....6 OTHER (SPECIFY).....555</p> <p>ONLY ASKED TO THOSE THAT ANSWER Q3=6</p>
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Section 6D. CREDIT

INTERVIEWER: Now I will ask you some questions regarding credit/loan

<p>1</p> <p>Since <u>our last call</u>, have you or anyone in your household successfully obtained a loan from sources such as banks, cooperative societies, savings associations, micro-finance institutions, money lenders, family, friends, etc?</p> <p>YES.....1 NO, FAILED TO OBTAIN A LOAN.....2 >>3 NO, DID NOT SEEK ANY LOAN.3 >> Q10</p>	<p>2</p> <p>From whom did you or others in your household borrow money?</p> <p>SELECT ALL THAT APPLY. DO NOT READ OPTIONS CAPI: ANSWER IF SUCCESSFULLY OBTAINED A LOAN</p> <p>COOPERATIVE SOCIETY...1 SAVINGS ASSOCIATION...2 MICRO FINANCE.....3 BANK.....4 FRIENDS & RELATIVES...5 MONEY LENDERS.....6 HIRE PURCHASE.....7 WOMEN GROUP/ ASSOCIATION.....8 OTHER (SPECIFY).....95</p> <p>>>Q4</p>	<p>3</p> <p>From whom did you or others in your household attempted to borrow money?</p> <p>SELECT ALL THAT APPLY. DO NOT READ OPTIONS CAPI: ANSWER IF FAILED TO OBTAINED A LOAN</p> <p>COOPERATIVE SOCIETY...1 SAVINGS ASSOCIATION...2 MICRO FINANCE.....3 BANK.....4 FRIENDS & RELATIVES...5 MONEY LENDERS.....6 HIRE PURCHASE.....7 WOMEN GROUP/ ASSOCIATION.....8 OTHER (SPECIFY).....95</p> <p>>>Q5</p>	<p>4</p> <p>What was the main purpose for borrowing money? DO NOT READ OUT OPTIONS CAPI: ONLY IF LOAN WAS SUCCESSFULLY OBTAINED</p> <p>BUY LAND.....1 BUY LIVESTOCK.....2 BUY FARM TOOLS/IMPLEMENTS.....3 BUY FARM INPUTS (SEEDS, FERTILIZER).....4 PURCHASE OF INPUTS/ WORKING CAPITAL FOR NON FARM ENTERPRISES.....5 HOUSE CONSTRUCTION OR PURCHASE.....6 BUY FOOD STUFF.....7 PAY FOR EDUCATION EXPENSES.....8 PAY FOR HEALTH EXPENSES.....9 PAY FOR CEREMONIES EXPENSES.....10 BUY OTHER NON-FOOD CONSUMPTION GOODS/SERVICES..11 REPAY OTHER DEBTS.....12 OTHERS (specify).....95</p> <p>>>Q6</p>	<p>5</p> <p>What was the main purpose for attempting to borrow money? DO NOT READ OUT OPTIONS CAPI: ONLY IF LOAN WAS SUCCESSFULLY OBTAINED</p> <p>BUY LAND.....1 BUY LIVESTOCK.....2 BUY FARM TOOLS/IMPLEMENTS.....3 BUY FARM INPUTS (SEEDS, FERTILIZER).....4 PURCHASE OF INPUTS/ WORKING CAPITAL FOR NON FARM ENTERPRISES.....5 HOUSE CONSTRUCTION OR PURCHASE.....6 BUY FOOD STUFF.....7 PAY FOR EDUCATION EXPENSES.....8 PAY FOR HEALTH EXPENSES.....9 PAY FOR CEREMONIES EXPENSES.....10 BUY OTHER NON-FOOD CONSUMPTION GOODS/SERVICES..11 REPAY OTHER DEBTS.....12 OTHERS (specify).....95</p> <p>>>Q7</p>
<p>6</p> <p>Which household member(s) borrowed money?</p> <p>ID OF MEMBERS</p> <p>SELECT ALL THAT APPLY</p> <p>>>Q8</p>	<p>7</p> <p>Which household member(s) attempted to borrow money?</p> <p>ID OF MEMBERS</p> <p>SELECT ALL THAT APPLY</p> <p>>> Q10</p>	<p>8</p> <p>Approximately when is the final payment of the loan due?</p>	<p>9</p> <p>How worried are you that you will not be able to repay all the money you borrowed within the repayment period?</p> <p>Very worried1 Somewhat worried2 Not too worried3 Not worried at all ..4</p>	<p>10</p> <p>Do you or others in your household have any other loans taken before mid-March (the beginning of the coronavirus crisis) that you have to repay?</p> <p>EXCLUDING LOANS THAT ARE ALREADY FULLY REPAYED</p> <p>YES..1 NO...2 >> NEXT SECTION</p>

Section 6D. CREDIT

INTERVIEWER: Now I will ask you some questions regarding credit/loan

11	12	13	14	15
<p>What was the main purpose for borrowing money before mid-March (the beginning of the coronavirus crisis)</p> <p>BUY LAND.....1 BUY LIVESTOCK.....2 BUY FARM TOOLS/IMPLEMENTS.....3 BUY FARM INPUTS (SEEDS, FERTILIZER).....4 PURCHASE OF INPUTS/ WORKING CAPITAL FOR NON FARM ENTERPRISES.....5 HOUSE CONSTRUCTION OR PURCHASE.....6 BUY FOOD STUFF.....7 PAY FOR EDUCATION EXPENSES.....8 PAY FOR HEALTH EXPENSES.....9 PAY FOR CEREMONIES EXPENSES.....10 BUY OTHER NON-FOOD CONSUMPTION GOODS/SERVICES..11 REPAY OTHER DEBTS.....12 OTHERS (specify).....95</p>	<p>Which household member(s) borrowed money before mid-March 2020?</p> <p>ID OF MEMBERS</p> <p>SELECT ALL THAT APPLY</p>	<p>How worried are you that you will not be able to repay the outstanding loan(s) taken before mid-March?</p> <p>Very worried1 Somewhat worried2 Not too worried3 Not worried at all ..4</p>	<p>Since mid-March, have you missed a loan payment or stopped paying any loans?</p> <p>ASK IF Q1=1 OR Q10=1</p> <p>YES..1 NO...2 >> NEXT SECTION</p>	<p>Did the lender agree to delay the payments or change the payment arrangement?</p> <p>YES.....1 NO.....2 DON'T KNOW...99</p>

Section 7. INCOME LOSS

I T E M C O D E	1	2	3
	In the last 12 months, which of the following were your household's sources of livelihood? SELECT ALL THAT APPLY	Since our last call has income from [INCOME SOURCE] ..? Increased1 Stayed the same.....2 Reduced3 Not received4	Since our last call, has income from [SOURCE] ..? Increased1 Stayed the same.....2 Reduced3 Not received4
1	Family farming, livestock or fishing		
2	Non-farm family business, including family business		
3	Wage employment of household members		
4	Remittances from abroad		
5	Assistance from family within the country		
6	Assistance from other non-family individuals		
7	Income from properties, investments or savings		
8	Pension		
9	Assistance from the Government		
10	Assistance from NGOs / charitable organization/religious bodies		
99	Refused		
95	Other, Specify		

Section 8. FOOD INSECURITY EXPERIENCE SCALE

Now I would like to ask you some questions about food . During the **last 30 days**, was there a time when:

1	2	3	4	5	6	7	8
You or others in your household <u>were worried about not having enough food to eat because of lack of money or other resources?</u>	You, or others in your household, were <u>unable to eat healthy and nutritious/ preferred foods</u> because of a lack of money or other resources?	You, or any other adult in your household, <u>ate only a few kinds of foods</u> because of a lack of money or other resources?	You, or any other adult in your household, had to <u>skip a meal</u> because there was not enough money or other resources to get food?	You, or any other adult in your household, <u>ate less than you thought you should</u> because of a lack of money or other resources?	Your household <u>ran out of food</u> because of a lack of money or other resources?	You, or any other adult in your household, were <u>hungry but did not eat</u> because there was not enough money or other resources for food?	You, or any other adult in your household, <u>went without eating for a whole day</u> because of a lack of money or other resources?
YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2

Section 9. CONCERNS

1	2
How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (corona virus disease)? READ OUT ANSWER OPTIONS Very worried1 Somewhat worried2 Not too worried3 Not worried at all ..4	How much of a threat would you say the corona virus outbreak is to your household's finances? READ OUT ANSWER OPTIONS A substantial threat1 A moderate threat2 Not much of a threat3 Not a threat at all4

Section 10. SHOCKS/COPING

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE OUR LAST CALL

1.	2.	3.
Since our last call on [DATE], has your household been affected by....? READ OUT RESPONSES YES...1 NO...2 (► NEXT SHOCK)	Who else was affected by the shock? Just this household.....1 Family members outside HH.....2 Several HHs in this village.....3 Most or all HHs in this village...4 Several villages in this area.....5	How did your household cope with the [shock]? DO NOT READ OPTIONS SEE CODES. SELECT ALL THAT APPLY
1	Job loss	
2	Nonfarm business closure	
3	Theft/looting of cash and other property	
4	Disruption of farming, livestock, fishing activities	
5	Increase in price of farming/business inputs	
6	Fall in the price of farming/business output	
7	Lack of availability of farming/business inputs	
8	Increase in price of major food items consumed	
9	Illness, injury, or death of income earning member of household	
95	Other (specify)	

CODES FOR Q3.

SALE OF ASSETS (AG AND NO-AG).....1
 ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...6
 RECEIVED ASSISTANCE FROM FRIENDS & FAMILY.....7
 BORROWED FROM FRIENDS & FAMILY.....8
 TOOK A LOAN FROM A FINANCIAL INSTITUTION.....9
 CREDITED PURCHASES.....11
 DELAYED PAYMENT OBLIGATIONS.....12
 SOLD HARVEST IN ADVANCE.....13
 REDUCED FOOD CONSUMPTION.....14
 REDUCED NON-FOOD CONSUMPTION.....15
 RELIED ON SAVINGS.....16
 RECEIVED ASSISTANCE FROM NGO.....17
 TOOK ADVANCED PAYMENT FROM EMPLOYER.....18
 RECEIVED ASSISTANCE FROM GOVERNMENT.....19
 WAS COVERED BY INSURANCE POLICY.....20
 DID NOTHING.....21
 OTHER (SPECIFY).....96

Section 12. Interview Result

	1	2	3	4
<p>INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 1000 Malawi Kwacha Airtime to your phone shortly as a thank you for your time today.</p> <p>I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.</p>	<p>Is this number the best one to reach you or your household in the future or would it be better to use another number?</p> <p>THIS NUMBER....1 >> Q3 ANOTHER NUMBER..2</p>	<p>Which number would be best?</p>	<p>What day of the week will be best to reach you?</p> <p>SELECT ALL THAT APPLY</p> <p>MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURDAY.....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7</p>	<p>What time of the day would be best to call you?</p> <p>SELECT ALL THAT APPLY</p> <p>ANYTIME OF THE DAY.....0 MORNING.....1 AFTERNOON.....2 EVENING.....3</p>
		PHONE NUMBER		

	5	6	7
<p>INTERVIEWER CONFIRM THAT ALL QUESTIONS HAVE BEEN ANSWERED.</p> <p>READ OUT: That's it for now. Thank you very much for answering all questions and helping us to understand the current situation with COVID19 in Malawi and worldwide. This is really important.</p> <p>I will transfer you the 1000 Malawi Kwacha after this call. If you have any question about the survey you can call +265 882 16 87 11. If you have any questions about COVID19 please call the CDC at X XXX XXX XXXX.</p>	<p>WHAT IS THE RESULT OF THE INTERVIEW?</p> <p>COMPLETE.....1 >> Q9 PARTIALLY COMPLETE.....2 REFUSED.....3 >> Q7 DON'T SPEAK THE LANGAUGE.....4 >> Q8 NOBODY ANSWERING.....5 >> Q12 NUMBER DOES NOT EXIST..6 >> Q12 PHONE TURNED OFF.....7 >> Q12 DON'T KNOW THE HOUSEHOLD.....8 >> Q7 REFERENCE PERSON CAN'T CONNECT TO HH...9 >> Q7</p>	<p>COULD THE HOUSEHOLD BE REACHED / THE INTERVIEW BE COMPLETED IF ANOTHER INTERVIEWER TRIED TO CALL LATER?</p> <p>YES.....1 NO.....2</p>	<p>INTERVIEWER: PLEASE GIVE DETAILS ON WHY THE HOUSEHOLD CANNOT BE REACHED, WHY THEY REFUSED, OR WHY THE INTERVIEW COULD NOT BE COMPLETED</p> <p>IF PARTIALLY COMPLETE >> Q9 ELSE >> Q12</p>

8	9	10	11	12	13	S12_END_TIME
INTERVIEWER: WHICH LANGUAGE DO YOU THINK THE RESPONDENT SPEAKS WRITE "DK" IF DON'T KNOW >> Q12	INTERVIEWER: PLEASE SELECT THE ID OF THE RESPONDENT	INTERVIEWER: IN WHICH LANGUAGE DID YOU MAINLY CONDUCT THE INTERVIEW? CHEWA.....1 TUMBUKA 12 YAO3 LHOMWE4 SENA..5 OTHER, SPECIFY..96	INTERVIEWER: PLEASE CONFIRM THE NUMBER YOU REACHED THE RESPONDENT ON	INTERVIEWER: DO YOU HAVE ANY NOTES THAT ARE RELEVANT WHEN CALLING THIS HOUSEHOLD IN THE FUTURE? YES.....1 NO.....2 >> Q14	INTERVIEWER: NOTE	RECORD END DATE AND TIME