

Rapid Gender Analysis COVID-19 – Questionnaire

Note on the tool: These will be held with affected members in refugee settlements, through telephone calls. Where information through phone calls is not possible such as where affected populations do not have phone connectivity or access to phones- face-to-face interviews could be used in line with the COVID-19 prevention guidelines. Since the phone owners may not necessary be the targeted respondent at household level, the data collector will engage the phone holder to access the actual respondent.

Introduction:

Thank you for picking my call Mr/Ms *NAME RESPONDENT*, my name is *NAME ENUMERATOR*. I work for *NAME ORGANIZATION*. Together with UNHCR and UN Women, we are conducting an assessment to understand the impact of COVID-19 on refugee women, men, girls and boys in the various settlement in Uganda.

The data collected will help humanitarian actors and OPM understand the impact of COVID-19 on women, men, girls and boys of diverse backgrounds. Today we are talking to *CATEGORY OF PERSONS* to understand their specific challenges during this period. *NAME OF MEMBER HOUSEHOLD SELECTED* has been randomly selected to participate in this survey. We would like to speak to him/her to ask him/her some questions about their situation. Are you *NAME OF MEMBER HOUSEHOLD SELECTED*?

If a household member- Please confirm you are with household member and if yes, thank the phone owner then request for permission to talk to her/him through the phone.

Repeat the introduction with the actual respondent [...]. Your participation is voluntary, and you can choose not to participate or to only answer some questions. Please note that your answers will not directly influence the provision of assistance in your areas, but we hope that they will lead to a more effective response to COVID-19 and related provision of assistance in the future.

We may share the collected information with other humanitarian agencies and relevant government entities. However, we will not collect or share any personally identifiable information.

The interview will take between 40mins – 1hour 30mins. All your responses will be kept strictly confidential. As stated, your participation is voluntary and you may wish to end this interview at any time or choose not to answer certain questions.

Do you have any questions? If not, we will start the interview.

☐

Yes

☐

No

(If no, thank the respondent and end the interview)

I. Demographic data

Sex:

1. Male
2. Female
3. Other

Age: ____ years old

Settlement:

- | | | |
|-----------------------|----------------|---------------|
| 1. Adjumani, specify: | 6. Lobule | 11. Nakivale |
| 2. Palabek | 7. Kiryandongo | 12. Oruchinga |
| 3. Bidibidi | 8. Kampala | 13. Rwamanja |
| 4. Imvepi | 9. Kyangwali | 14. Palorinya |
| 5. Rhino Camp | 10. Kyaka II | |

Are you the Head of Household (HoH)?

1. Yes
2. No, please specify who is HoH _____

How many people are living with you in the same shelter?

- | | |
|---|--|
| 1. I live alone | 8. Adult 35-64 years old (woman) _____ |
| 2. Children 0-5 years old (girl) _____ | 9. Adult 35-64 years old (man) _____ |
| 3. Children 0-5 years old (boy) _____ | 10. Elderly 65 + years old (women) _____ |
| 4. Children 6-17 years old (girl) _____ | 11. Elderly 65+ years old (man) _____ |
| 5. Children 6-17 years old (boy) _____ | |
| 6. Adult 18-34 years old (woman) _____ | |
| 7. Adult 18-34 years old (man) _____ | |

Do you have pregnant or breastfeeding women in your household?

1. Pregnant
2. Breastfeeding
3. No

II. Household economic activities and livelihoods

How would you best describe your personal source of income before the onset of COVID-19 (beginning of March 2020)? *[More than one response possible; do not read responses out loud].*

1. Income from work
 - a. Paid domestic work (e.g. house help, cook, cleaner, guard)
 - b. Farming
 - c. Small or petty trade
 - d. Livestock
 - e. Homestead gardening
 - f. Daily labor
 - g. Other, please specify:
 - h. No income from work
2. Income from cash-based assistance (e.g. cash for school fees, scholastic materials, school transport, cooking fuel, food, seeds, agricultural tools, veterinary services, livestock, NFIs, sanitary materials, soap etc.
3. Income from family or extended social network (e.g. money received from family or friends abroad, money received from family or friends in country)
4. Income from negative coping mechanisms (e.g. selling household assets, selling food assistance, begging, child labor, spending of savings, survival sex)
5. Other, please specify:

How has your personal income changed since the onset of COVID-19? *[Do not read options out loud]*

1. No change in income
2. Lost all income, please explain:
3. Increased income, please explain:
4. Decreased income, please explain:

Who decides how money is spent or how material resources (e.g. food) are used in your household? *[only applies to multi member households]. [Do not read options out loud]*

1. Single member household or single person
2. I decide alone
3. I decide with other family members
4. Male head of household
5. Female head of household
6. Other relative, please specify:

How has the decision-making over financial expenditures changed since COVID-19? *[only applies to multi member households]. [Read options out loud if necessary]*

1. I have more decision-making power
2. I have less decision-making power
3. I have the same level of decision-making power as my partner

Do you have any money and/or material resources, which you own and only you can decide how to use? *[only applies to multi member households].*

1. Yes
2. No, please explain:

Do you or anyone in your household belong to any savings scheme/association within your community such as VLSAs (Village Savings and Loan Associations)?

1. Yes
2. No

If yes, have you been able to continue making savings regularly with the scheme since the onset of COVID 19?

1. Yes
2. No, please explain:

Who in your household has their own mobile phone? *Please select all that apply*

1. Husband
2. Wife
3. Girl child
4. Boy child
5. Other, please specify:

If only some family members have mobile phones, are the other members able to use the phone?

[only applies to multi member households].

1. Yes
2. No

What is the phone used for primarily? *[Do not read options out loud]*

1. To stay in touch with friends/family members
2. For business/work
3. For accessing general information about markets, health, weather etc.
4. Entertainment/leisure
5. Other, please explain:

Are you able to access internet through your phone?

1. Yes
2. No

What are your information needs (e.g. on what topics would you like to receive information)?

[Select 3 most prominent needs]. [Do not read options out loud; probe if necessary]

- | | |
|-------------------------|---|
| 1. Resettlement | 13. Electricity |
| 2. Diseases (specify) | 14. First aid |
| 3. Education | 15. Preparing for disasters |
| 4. Employment | 16. What is happening in the aid response |
| 5. Shelter | 17. What is happening in the country of origin |
| 6. Reconstruction | 18. Health advice and treatment |
| 7. Food | 19. How to ask questions or provide feedback to organizations |
| 8. Security | 20. No access to information |
| 9. Access to sanitation | 21. No need for information |
| 10. Weather forecasts | 22. Other, specify: |
| 11. Environment | |
| 12. Public services | |

How would you like to receive the information? *[Multiple responses possible]. [Do not read options out loud; probe if necessary]*

- | | |
|--|--|
| 1. Family | 14. Police |
| 2. Friends and neighbors | 15. Community events |
| 3. Church, Mosque or other religious place | 16. Community meetings |
| 4. TV | 17. Newspapers |
| 5. Community leaders | 18. Radio |
| 6. SMS | 19. Community theatre or cinemas |
| 7. Internet | 20. School |
| 8. Social media - Twitter, Facebook etc. | 21. Health centre or health workers |
| 9. Government | 22. Market |
| 10. Notice boards | 23. Women or girls Centres |
| 11. Leaflets & posters | 24. Organizations' volunteers or staff |
| 12. NGOs | 25. Other (specify) |
| 13. Local community-based organizations | |

Does anything make it difficult for you to access information? *[Do not read options out loud]*

1. No
2. Inability to read
3. Do not own any equipment (e.g. radio, mobile phone, tv)
4. Limited or no access to electricity
5. Costs of charging equipment
6. Another family member is responsible to receive information
7. I am not interested in information
8. I do not have sufficient time to receive information
9. Other, please specify:

How do you cope since the onset of COVID-19? *[Multiple responses possible] [Do not read options out loud]*

- | | |
|--|---|
| 1. Spent savings | 13. Child (female) engaged in transactional and survival sex |
| 2. Bought food on credit or borrowed money to purchase food or cover basic needs (rent, health etc. | 14. Engaged in survival sex with an aid worker? UN/NGO staff, government official? (If yes, probe for age and sex). |
| 3. Reduced essential non-food expenditures such as health | 15. Child (male) engaged in transactional and survival sex |
| 4. Sold household goods (jewelry, phones, furniture, bicycles etc. | 16. Sent adult household members (male) to beg |
| 5. Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, motorbike) | 17. Sent adult household members (female) to beg |
| 6. Sold sanitary materials (sanitary pads, underwear, soap, wash buckets) | 18. Sent children (male) household members to beg (under 18) |
| 7. Adult (Male) accepted high risk, illegal, exploitative temporary jobs (e.g. abusive employer, underpaid, degrading). If so, please specify: | 19. Sent children (female) household members to beg (under 18) |
| 8. Adult (Female) accepted high risk, illegal, exploitative temporary jobs (e.g. abusive employer, underpaid, degrading). If so, please specify: | 20. Sent children (male) to work |
| 9. Child (male) accepted high risk, illegal, exploitative temporary jobs. If so, please specify: | 21. Sent children (female) to work |
| 10. Child (female) accepted high risk, illegal, exploitative temporary jobs. If so, please specify: | 22. Changed accommodation location or type in order to reduce expenditures. |
| 11. Adult (female) engaged in transactional and survival sex | 23. Female member(s) of the household (under 18) got married to ensure their financial security/ or keep pressure off the household |
| 12. Adult (male) engaged in transactional and survival sex | 24. Consume seed stock held for next season |
| | 25. Harvested immature crops (e.g. green maize) |
| | 26. Sold house or land |
| | 27. Sold more animals (non-productive) than usual |
| | 28. Sold last female animals |

III. Division of Labor within the Household *[only applies to multi member households].*

Before the onset of COVID-19, roughly how many hours per day did you spend on unpaid care work and domestic tasks? *(e.g. cooking and purchasing food, collecting fuel/firewood/water, childcare, farming, household work (cleaning, washing clothes, maintaining house), caring for elderly and/or disabled persons and/or persons with serious medical conditions, schooling of children)*

Number of hours a day: _____

Currently, roughly how many hours per day do you spend on these same unpaid care and domestic tasks?

Number of hours a day: _____

Which of the following activities currently takes up most of your time during the day? *[Select 3 tasks in order of priority; read out options]*

- | | |
|--|---|
| 1. Cooking or purchasing food | 7. Home-schooling children |
| 2. Collecting fuel/firewood | 8. Household management (e.g. paying bills, arranging clinic visits etc.) |
| 3. Collecting water | 9. Farming |
| 4. Housework (e.g. cleaning, sweeping, washing clothes, maintaining the house) | 10. Looking for paid work |
| 5. Childcare (e.g. caring for and instructing children) | 11. Doing paid work |
| 6. Caring for elderly and/or disabled persons and/or persons with serious medical conditions | 12. Education or studies |
| | 13. Leisure |
| | 14. Other, please specify: |

If your time spent on household responsibilities has increased during COVID-19/lockdown, has this impacted other areas of your life? *(Select the 3 most significant; do not read options out loud).*

1. No changes
2. Not able to do my usual paid work
3. Not able to look for paid work
4. Not able to get sufficient rest/sleep/time for self-care
5. Not able to provide adequate care for a family member
6. I have had an injury or illness due to domestic tasks
7. I have experienced increase conflict/criticism/abuse in the household
8. I have been physically unwell/sick
9. I have been feeling stressed/anxious/depressed
10. I have been feeling isolated from social support (family, friends, etc.)
11. Other (please specify)
12. Not applicable / my time spent on these tasks has not increased

IV. Health

Since the onset of COVID-19, did you or any of the members of your household require healthcare?

1. Yes
2. No
3. Do not know

If yes, were you or your family member able to access healthcare?

1. Yes
2. No
3. Do not know

If no, which healthcare service were you unable to access? *[Do not read options out loud]*

1. Sexual and reproductive healthcare services (e.g. maternal health services, family planning, sexual transmitted infections).
2. Child healthcare services
3. Clinical management of sexual violence
4. HIV or other chronic related services
5. Oncology healthcare (cancer related illnesses) services
6. Radiology services
7. Other healthcare services, please specify:
8. Have not needed to access healthcare

If you have not been able to access a healthcare service since the onset of COVID-19, please provide the reason. *[Do not read options out loud]*

1. Restrictions on movement
2. Not safe to travel to the health facilities
3. Long distance to health facilities
4. No time
5. No functioning health facilities in the area
6. No space at the health facility (overburdened health facility)
7. Waiting time was too long. If so, please specify:
8. Denied access to healthcare facility. If so, please specify:
9. No female health staff at the facility
10. No money to pay for the service
11. Did not have refugee attestation cards
12. Spouse not present for antenatal visit
13. Other, please specify:

If you needed to access healthcare services and/or purchase drugs, could you do so without consulting other family members? *[only applies to multi member households].*

1. Yes
2. No, please explain:

V. Education

FOR HOUSEHOLDS WITH SCHOOL GOING CHILDREN

What mechanisms are boys and girls using to continue learning at home? *[Select more than one if applicable; read out loud if necessary]*

Boys	Girls
1. None	1. None
2. Radio	2. Radio
3. Online learning Platforms	3. Online learning Platforms
4. TV	4. TV
5. Social Media (What's app/ SMS)	5. Social Media (What's app/ SMS)
6. Print Media (e.g. distributed education materials)	6. Print Media (e.g. distributed education materials)
7. Private classes from teacher (at home or at school)	7. Private classes from teacher (at home or at school)
8. Other	8. Other
9. Stopped learning	9. Stopped learning

What challenges are boys and girls facing with the mode of learning at home? *[Select more than one if applicable; read out loud if necessary]*

Boys	Girls
1. Limited connectivity	1. Limited connectivity
2. Lack of access to mobile phone	2. Lack of access to mobile phone
3. Lack of electricity/lighting	3. Lack of electricity/lighting
4. Increase household chores	4. Increase household chores
5. Lack of skilled instructor	5. Lack of skilled instructor
6. Lack of conducive environment	6. Lack of conducive environment
7. Inability of parents to help	7. Inability of parents to help
8. Lack of adapted materials / learning aid for children with disabilities	8. Lack of adapted materials / learning aid for children with disabilities
9. Language barrier	9. Language barrier
10. Other	10. Other

Will you send your children back to school when schools re-open? *[Do not read options out loud]*

1. Yes
2. Only the boy(s), please explain:
3. Only the girl(s), please explain:
4. No, please explain:

VI. Water, Hygiene and Sanitation

WOMEN AND GIRLS ONLY:

Since the onset of COVID-19, has there been a change in the access to menstrual hygiene products for female members of the household? If yes, how has it changed? *[Read out loud if necessary]*

1. No change
2. Increased access to some menstrual hygiene products. If so, please specify which products:
3. Decreased access to some menstrual hygiene products. If so, please specify which products:
4. No access

[If used] Are your menstrual hygiene needs being met?

1. Yes
2. No, please explain:
3. I do not use MHM products

VII. Assistance

Did your household receive any financial or in-kind assistance, other than WFP assistance, since the onset of COVID-19?

1. Yes, please specify from which entity:
2. No

Did you personally benefit from the assistance? *[only applies to multi member households].*

1. Yes
2. No, please specify:

How do you prefer to receive food or non-food items? *[Read out loud]*

1. Cash transfers
2. Vouchers
3. In-kind (e.g. food rations, clothes, equipment etc.)
4. Combination of the three

VIII. Protection and Security

Since the onset of COVID-19, do you feel safe in your home? If you do not feel safe, why? *(Do not read out loud; multiple answers possible).*

- | | |
|---|---|
| 1. I feel safe | 8. I have a disability and feel vulnerable |
| 2. I am exposed to substance abuse | 9. I have a serious medical condition (e.g. HIV, heart condition) and feel vulnerable |
| 3. There is physical violence in my home | 10. I fear I may be forced to undergo FGM |
| 4. There is verbal violence in my home | 11. I fear I may be forced into marriage |
| 5. I have no resources and rely on my spouse/family | 12. I fear (physical/sexual) abuse of my children |
| 6. I am unable to communicate/reach out for help | 13. Other, please specify: |
| 7. I am living with people I cannot trust | |

Since the onset of COVID-19, do you feel safe in your community? If you do not feel safe, why? *(Do not read out loud; multiple answers possible).*

- | | |
|---|---|
| 1. I feel safe | 9. I do not have easy access to basic services such as water, food and other social amenities |
| 2. I live in an unsafe area | 10. I have a disability and not able to defend myself |
| 3. Shelter is insecure, e.g. no locks | 11. I am elderly and not able to defend myself |
| 4. There are no safe spaces around me | |
| 5. I am exposed to criminal activity | |
| 6. There is no lighting and security | |
| 7. I am exposed to substance abuse | |
| 8. I do not know where to seek services for my protection | |

- | | |
|---|--|
| <p>12. I live with a serious medical condition (e.g. HIV, heart condition) and feel vulnerable</p> <p>13. I fear discrimination and being ostracized within my community due to the nature of my work (health worker, COVID-Response frontline workers)</p> <p>14. I am stigmatized for having been infected with COVID-19 or being perceived to be</p> | <p>15. I fear abuse and exploitation from service providers (police, NGO workers, government officials etc.). If so, please specify:</p> <p>16. I fear abuse and harassment from neighbors</p> <p>17. I work at a market where there is a shelter in place</p> <p>18. Other, please specify:</p> |
|---|--|

Have you received any information about sexual exploitation and abuse committed by an NGO or UN worker and other forms of gender-based violence (including where to seek support) since the onset of COVID-19? If yes, what was the source? *[Do not read options out loud]*

1. No, I have not received any information
2. Yes, from the government (national and local)
3. Yes, from humanitarian actors (UNHCR, (I)NGOs)
4. Yes, from community structures / community-based organizations
5. Yes, from friends and neighbors
6. Yes, from TV/Radio/mainstream media
7. Yes, from internet and/or social media
8. Yes, from health workers
9. Other, please specify:

Do you know if there are members of the community who have experienced any of the following since the onset of COVID-19? *[Multiple answers possible].*

1. Sexual harassment (e.g. inappropriate jokes, suggestive comments, leering, unwelcome touching, intrusive comments about appearance, unwanted sexually explicit comments, people indecently exposing themselves to you)
2. Physical violence
3. FGM
4. Sexual Violence
5. Denial of resources
6. Online bullying
7. Psychological or verbal abuse
8. Denial to interact with community members / forced isolation
9. Child/forced marriage
10. Neglect
11. Other, please specify:

If yes to the previous question, who was the alleged perpetrator? *[Do not read options out loud]*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Family member 2. Friend 3. Aid worker (UNHCR, (I)NGO) 4. Government worker | <ol style="list-style-type: none"> 5. Community structure representative (e.g. leader) 6. Health worker 7. Neighbor 8. Religious leader |
|--|---|

9. Police office

10. Other, please specify:

Was the incident reported through the official channels? (local hotlines, FRRM, Police)

1. Yes, please specify where and how?
2. No, please explain why not?

IX. Priority needs

What are the top three priority needs for you and your household? [Rank three using 1, 2 and 3]

Healthcare ____

Food ____

Water ____

Education ____

Livelihoods ____

Sanitation / Hygiene ____

Physical protection ____

Child protection ____

Protection from SGBV ____

Legal Assistance ____

PSN Support ____

Non-food Items ____

Other, please specify: __

Have there been any positive changes (i.e. something that made you feel better, happier, more secure) as a result of COVID-19 and its impact? If yes, please explain:

What would you recommend assistance providers do to support you and your family? Please note that there are just suggestions, we cannot promise that we will be able to provide additional support to your family.
