

Assessment of the Impact of COVID-19 on POCs

A. CONSENT FOR RELEASE OF INFORMATION

I give my permission for UNHCR to share the information that I have provided, to assist in receiving assistance for my safety, health, psycho-social, and/or legal needs. I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assessed assistance that I require. I understand that releasing this information means that the agency to whom my case is referred to may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency.

GENERAL INFORMATION

Date of Interview: *

yyyy-mm-dd

Name of Interviewer *

Gender of Interviewer

Female

Male

Contact of interviewer

Please enter a valid phone number. Beginning with the country code 234
e.g 2341234567890

Partner *

- Caritas
- Cuso International
- FJDP
- GISCOR
- JRS
- NCFRMI
- NHRC
- AUN
- BOWDI
- CCEPI
- DRC
- InterSOS
- NBA
- NEMA
- NIS
- NRC
- SEMA
- JDPC
- FHI360

GEOGRAPHIC LOCATION

State *

- Adamawa
- Benue
- Borno
- Cross River
- Federal Capital Territory
- Lagos
- Taraba
- Yobe
- Ogun

LGA *

- Ijebu Ode

Ward *

- Ijada/Imepe
- Ijasi/Idepo
- Isiwo
- Isoku/Ososa
- Itamapako
- Odo Esa
- Odo-Egbo/Oliworo
- Porogun 1
- Porogun 2

Site Type *

- Camp (informal/formal) or Collective Settlement/Centre
- Host Community
- Registration Site

Host Community

Camp

Registration Site

GPS Coordinates

latitude (x.y °)

.....

longitude (x.y °)

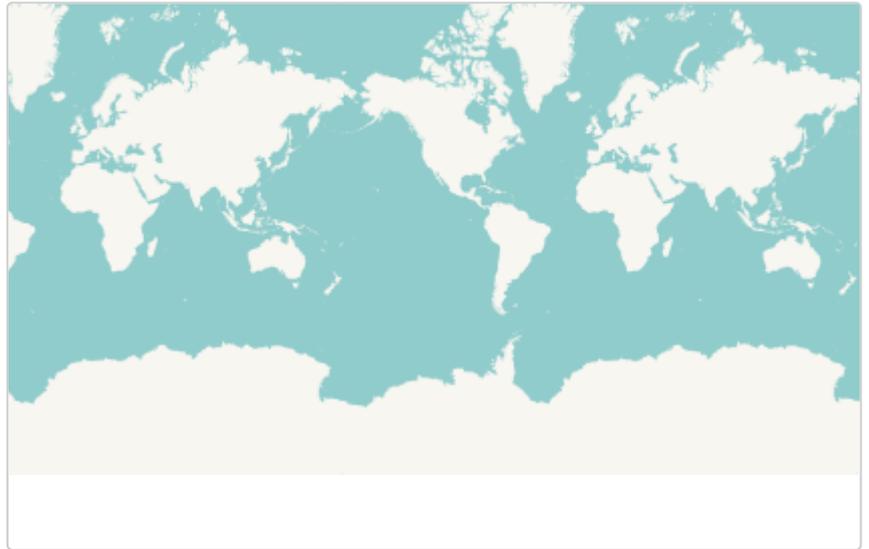
.....

altitude (m)

.....

accuracy (m)

.....



INFORMATION ON THE POPULATION GROUP/STATUS

Population Group/Status *

- Refugee
- Refugee Returnee
- IDPs
- IDPs Returnees
- Host Community Members
- Asylum Seeker
- Stateless Person

If Refugee or Asylum seeker, indicate the country of origin *

- Cameroon
- Niger
- Chad
- Mali
- Burkina Faso
- Benin
- Togo
- Central Africa Republic
- Ghana
- Democratic Republic of Congo
- Syria
- Turkey
- Sudan
- Lebanon
- Other

If other, please specify *

First name of Head of Household

Last Name of Head of Household *

Gender of the Head of Household *

- Female
- Male

Marital Status *

- Single
- Married
- Divorced
- Separated
- Engaged
- Widowed

Year of birth of the Head of Household *

Year of Birth should be greater than 1900 and less than 2020

Number of HH members *

Phone Number POC

*Please enter a valid phone number. Beginning with the country code 234
e.g 2341234567890*

Household Economic Status

What is your primary/main occupation? *

- Farming
- Business
- Paid Job
- Remittances
- Artisans
- Students
- Others

If other, please specify

Do you derive income from other source of activities? *

- Yes
- No

If other, please specify *

What is the level of your income (household)? (Naira) *

- <20,000
- 21,000 - 40,000
- 41,000 - 60,000
- 61,000 - 80,000
- >80,000

Specific Need (SN)

What are your Specific Need? *

- Child at risk
- Disability
- Older person at risk
- Family reunification
- Pregnant or lactating
- Separated child
- Others

If other specify *

Information on COVID-19

Are you aware about COVID-19 pandemic? *

- Yes
- No

Which of the following signs is well known to you as symptoms of Covid-19

- Cough
- Fever
- Sore Throats
- Difficulty in breathing
- Tiredness
- All of the above

Can you rate your level of awareness on COVID-19 *

- Poor
- Low
- Moderate
- High
- Very high

What are the source of information on COVID-19 that are available to you? *

- TV
- Radio
- Community
- SMS
- Rumors

Access to Services

Do you have access to a health facilities before the COVID-19 pandemic?

- Yes
- No
- I don't go to a health facility

What barriers do you face when accessing health facilities before COVID-19? *

- Proximity to services
- Poor quality
- lack of medicines
- lack of competent personnel
- fear of contracting COVID-19
- High bill
- transportation cost
- Other
- None

If other specify *

Do you still have access to health facilities during the COVID-19 pandemic? *

- Yes
- No
- I don't go to a health facility

What barriers do you face when accessing health facilities during covid-19?

- Proximity to services
- Poor quality
- Lack of medicines
- Lack of competent personnel
- Fear of contracting COVID-19
- High bill
- Transportation cost
- Other
- None

If other specify *

Do you have access to basic services before the COVID-19 pandemic? *

- Yes
- No

If yes, which of the following basic service do have access to?

- Education
- Housing
- Water Supply
- Health
- Power
- Market
- Financial services
- Justice
- Others
- None

If other specify *

Did COVID-19 pandemic reduce your access to those basic services?

- Yes
- No

If yes, which of the services? *

- Education
- Housing
- Water Supply
- Health
- Powers
- Markets
- Financial Services
- Others
- None

If other specify?

Challenges of COVID-19

Are you restricted to move in your area due to COVID-19? *

- Yes
- No

What challenge are you facing due to COVID-19 pandemic?

- Increase Price
- Lack of food
- Lack of Shelter
- Restriction of Basic Need
- Others
- None

If other specify? *

Have you experience any domestic violence or other form of abuse as a result of the COVID-19 lock down? *

- Yes
- No

If yes, what form of abuse *

- Sexual abuse
- Exploitation
- Extortions
- Ill-treatment
- Others

If others, please specify *

Is your spouse still treating you as he/she used to treat you before the pandemic? *

- Yes
- No

If no, in what way has he/she changed towards you *

- Intimacy
- Emotion
- Finance
- Others

If others, please specify *

How did the COVID-19 pandemic affect your means of livelihood? *

- Reduced Income
- Loss of Income
- Lost of Job
- Restrictions to income source
- Not affected
- Others

If other specify *

What is your current monthly income (during covid-19) *

- <20,000
- 21,000 - 40,000
- 41,000 - 60,000
- 61,000 - 80,000
- >80,000

What is your monthly food expenditure before covid-19 *

What is your current monthly food expenditure *

From which of the following sources *

- Host Communities
- Security Agent
- Humanitarian
- Fellow PoC
- Others

If other specify *

Did the COVID-19 pandemic affect your relationship with others? *

- Yes
- No

What type of distress did you face as a result of the COVID-19 pandemic?

- High stress levels
- Loss of happiness
- Feelings of insecurity
- Reduced family interactions
- Loss of leisure
- Stigmatization
- Others
- None

If other specify *

Did any member of your family lose employment due to COVID-19 pandemic?

- Yes
 No

How did the COVID-19 affect your working condition? *

- Reduced pay
 Work load
 Unstable working hour
 Increased stress
 Others
 None

If other specify *

How did the Covid-19 affect your business operation? *

- High cost of production
 Poor demand
 Loss of capital investment
 Poor pricing
 Others
 None

If other specify *

What is the coping strategy for your family for the COVID-19?

- Sales of asset
 Accepting lower wages
 Child labor
 Reduced food ratio
 Others
 None

If other specify *

Are you receiving any form of assistance from government or humanitarian actors due to the COVID-19? *

Yes

No

What form of assistance did you receive from government?

Cash assistance

Food assistance

Shelter

NFI

Others

None

If other specify *

What form of assistance did you receive from humanitarian actors? *

Cash assistance

Food assistance

Shelter

NFI

Others

None

If other specify *
