

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 *

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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?

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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 *

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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 *

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

☐ Cash assistance

☐ Food assistance

☐ Shelter

☐ NFI

☐ Others

☐ None

If other specify *

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