

# CBI PDM Household Survey - Ghana

## A. Location details

A1. DATE	*	
yyyy-mm-dd		
A2. ENUMERATOR NAME:	*	
<input type="radio"/> Olga	<input type="radio"/> Thomas	<input type="radio"/> Bismark
<input type="radio"/> Other		
A3. PROVINCE/DISTRICT:		
<input type="radio"/> Berekum	<input type="radio"/> Nzema East	<input type="radio"/> Komenda-Edina-Eguafo-Abirem
<input type="radio"/> Other (Urban/Out of Camp)		
A4. CAMP/VILLAGE:	*	
<input type="radio"/> Ampain Camp	<input type="radio"/> Egyeikrom Camp	<input type="radio"/> Fetentaa Camp
<input type="radio"/> Krisan Camp	<input type="radio"/> Other (Urban/Out of Camp)	
A5. ADDRESS	*	
A6. IS THE PERSON REGISTERED TO RECEIVE THE CASH FROM UNHCR, OR ANOTHER MEMBER OF THEIR HOUSEHOLD OVER THE AGE OF 18, AVAILABLE FOR THIS SURVEY?	*	
<input type="radio"/> Yes	<input type="radio"/> No	

THANK YOU FOR YOUR TIME. WE NEED TO SPEAK TO THE PERSON REGISTERED TO RECEIVE THE CASH FROM UNHCR OR ANOTHER MEMBER OF THEIR HOUSEHOLD.

## Instructions for enumerator

HELLO, MY NAME IS AND I AM WORKING FOR UNHCR. WE WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT THE WORK OF UNHCR. THE ANSWERS TO THESE QUESTIONS WILL HELP TO UNDERSTAND IF THERE IS ANYTHING UNHCR CAN DO TO IMPROVE HOW WE WORK AND WHAT WE DO.

YOUR PARTICIPATION IS VOLUNTARY AND YOU CAN CHOOSE NOT TO ANSWER ANY OR OF THE QUESTIONS.

YOUR ANSWERS WILL NOT BE USED TO DETERMINE IF YOU OR ANYONE IN YOUR HOUSEHOLD IS ELIGIBLE FOR ASSISTANCE (OR RESETTLEMENT). EVERYTHING YOU TELL US WILL BE TREATED IN CONFIDENCE, AND WILL BE COMBINED WITH THE ANSWERS THAT OTHER PEOPLE PROVIDE.

THE SURVEY WILL TAKE ABOUT 30 MINUTES, AND I WILL BE RECORDING YOUR RESPONSES USING THIS TABLET.

B1. DO YOU AGREE TO CONTINUE WITH THIS SURVEY?

Yes  No

THANK YOU FOR YOUR TIME.

*End the survey.*

## B. Interviewee details and HH demographics

B2. WHAT IS YOUR UNHCR PROGRES ID NUMBER? \*

B3. WHAT IS YOUR TELEPHONE NUMBER? \*

B4. WHAT IS YOUR SEX? \*

Male  Female  Other

B5. WHAT IS YOUR AGE? \*

17 or younger  18-35 yrs  36-59yrs  
 60 yrs +

B6. ARE YOU THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR? \*

Yes  No

B6A. WHAT IS THE SEX OF THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR? \*

Male  Female  Other

B6B. WHAT IS YOUR RELATION TO THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR? \*

Spouse  Daughter/Son  Mother/Father  
 Other family relation  Not related

B7. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD AT PRESENT? FILL IN THE FOLLOWING QUESTIONS.

*By "household" we mean people who sleep under the same roof and take meals together at least four days a week.*

» **Number of Male**

HOW MANY MALES LIVE IN YOUR HOUSEHOLD AT PRESENT? FILL IN THE FOLLOWING QUESTIONS.

0-4 YEARS

0

5-17 YEARS

0

18-59 YEARS

0

60 YRS +

0

» **Number of Female**

HOW MANY FEMALES LIVE IN YOUR HOUSEHOLD AT PRESENT? FILL IN THE FOLLOWING QUESTIONS.

0-4 YEARS

0

5-17 YEARS

0

18-59 YEARS

0

60 YRS +

0

CONFIRM IF THE INFORMATION BELOW IS CORRECT

TOTAL MALE =

TOTAL FEMALE =

TOTAL HOUSEHOLD MEMBERS =

B8. HOW MANY GIRLS AND WOMEN BETWEEN 15-45 YEARS OLD LIVE IN YOUR HOUSEHOLD AT PRESENT? \*

0

### C. Receiving and spending the cash assistance (basic facts)

C1. HOW MUCH CASH DID YOUR HOUSEHOLD RECEIVE FROM UNHCR, AT THE LAST DISTRIBUTION? \*

*Clarify with respondent that we are asking about the most recent cash received from UNHCR.*

C2. WAS THIS THE AMOUNT YOU WERE EXPECTING TO RECEIVE? \*

Yes
  No
  Don't know

C3. DID YOU RECEIVE THE CASH FROM UNHCR ON THE DAY YOU WERE EXPECTING IT? \*

Yes
  No
  Don't know

C4. DID THE PERSON REGISTERED TO RECEIVE THE CASH NEED HELP TO WITHDRAW THE CASH ASSISTANCE? \*

Yes
  No

C4A. IF YES: WHY DID THEY NEED HELP?

- Limited mobility
  No time
  Did not know the procedure for withdrawal  
 Items too heavy to carry
  Other

C4A OTHER SPECIFY

C4B. IF YES: WHO GAVE HELP?

- Family mobility
  Acquaintance (friend, neighbour etc.)
  Distant relative  
 Stranger (e.g. person passing by on the street)
  Member of agency staff
  Bank agent/trader  
 Other

C4B OTHER SPECIFY

C4C. IF YES: DID THEY NEED TO PAY ANY MONEY FOR THIS HELP?

- Yes
  No
  Don't know

C5. WHERE DID YOU GO TO SPEND THE CASH? \*

- Inside the camp
  Outside the camp
  Both inside and outside  
 Local market
  Local shop
  Supermarket  
 Wholesalers
  Don't know

C6. HOW LONG DID IT TAKE YOU TO REACH THE PLACE YOU SPENT THE CASH? \*

- Less than 15 minutes
  15-30 minutes
  30-45 minutes  
 45-60 minutes
  more than one hour.
  Don't know

C7. HOW MUCH DID IT COST YOU TO GO AND COME BACK TO THE PLACE YOU SPENT THE CASH? \*

- GHC0 - GHC0.99
  GHC1 - GHC1.99
  GHC2 - GHC4.99  
 GHC5 +
  Don't know

C8. WHO IS IN POSSESSION OF YOUR ATM CARD AT PRESENT? \*

*Ask to see the card to verify if it is with the person.*

- Named person (on the UNHCR distribution list)   
  Another household member   
  Another family member (outside the household)  
 A friend   
  A trader   
  Community leader  
 Other

C8.1. OTHER SPECIFY

ENUMERATOR: DID YOU SEE THE ATM CARD? \*

- Yes   
  No

C9. WHO IN YOUR HOUSEHOLD DECIDED HOW THE CASH ASSISTANCE SHOULD BE SPENT? \*

- Male head of household   
  Female head of household   
  Both (husband and wife together)  
 Your Father or Father-in-law   
  Your Mother or Mother-in-law   
  The whole household together  
 Other

C10. WAS THERE ANY DISAGREEMENT ON USE OF THE CASH ASSISTANCE? \*

- Yes - we disagreed a lot   
  Some - we discussed but came to an agreement   
  No - there was no disagreement

C11. WHAT OTHER SOURCES OF INCOME OR SUPPORT HAS YOUR HOUSEHOLD RECEIVED OR USED IN THE LAST 4 WEEKS? \*

*(Tick all that apply) This is in addition to the support from UNHCR. Do not select 'NGOs/agencies' if the respondent is only receiving support from UNHCR.*

- Income generating activities e.g. any business or activities generating money, or salary  
 Formal income generating activities e.g. any business or activities generating money, or salary  
 Savings  
 Remittances  
 Support from friends / family (locally)  
 Loans (debt or credit)  
 NGOs/agencies – giving cash support

- NGOs/agencies – giving material support
- NGOs/agencies – giving other support
- Other

## D. Risks and problems

D1. DID YOU FEEL UNSAFE OR AT RISK:

D1A. GOING TO WITHDRAW THE MONEY? \*

- Yes  No  Don't know

D1B. KEEPING THE MONEY AT HOME? \*

- Yes  No  Don't know

D1C. GOING TO SPEND THE MONEY? \*

- Yes  No  Don't know

D1D. DID ANYTHING ELSE MAKE YOU FEEL UNSAFE OR AT RISK OF HARM RELATED TO THE CASH ASSISTANCE? \*

- Yes  No  Don't know

D1E. WHY DID YOU NOT FEEL SAFE? \*

D2. DID YOU EXPERIENCE ANY OF THESE PROBLEMS RECEIVING/WITHDRAWING OR SPENDING THE CASH FROM UNHCR? FILL IN THE FOLLOWING QUESTIONS. \*

D2A. THE REGISTERED PERSON IS NOT AVAILABLE TO WITHDRAW OR ACCESS THE MONEY? \*

- Yes  No  Don't know

D2B. WRONG PIN CODE OR FORGOTTEN PIN CODE? \*

- Yes  No  Don't know

D2C. POOR SERVICE DUE TO NETWORK ISSUES OR MOBILE MONEY VENDOR NOT AVAILABLE ETC WHEN WITHDRAWING THE MONEY? \*

- Yes  No  Don't know

D2D. MARKET/SHOP TRADER REFUSED TO SERVE YOU? \*

Yes  No  Don't know

D2E. NEEDED TO PAY MONEY OR DO FAVOURS IN ORDER TO WITHDRAW OR SPEND CASH? \*

Yes  No  Don't know

D2F. WHO DID YOU NEED TO GIVE MONEY OR FAVOURS TO?  
.....

D2G. PARTIAL AMOUNT RECEIVED \*

Some members missed from the list  Other reasons

D2G.1. IF OTHER REASON?  
.....

D2H. DID YOU EXPERIENCE ANY OTHER PROBLEMS WITHDRAWING OR SPENDING THE CASH FROM UNHCR? \*

Yes  No  Don't know

D2HA. IF YES: WHAT PROBLEMS DID YOU FACE?  
.....

## E. Markets and prices

E1. WERE YOU ABLE TO FIND THE ITEMS/SERVICES YOU NEEDED IN THE MARKET? \*

*This is asking if items were available to buy, not if they were affordable.*

- Yes
  Mostly
  No
  Don't know

E1A. IF MOSTLY OR NO: WHAT ITEMS/SERVICES WERE NOT AVAILABLE?

E2. WERE YOU ABLE TO FIND THE RIGHT QUALITY OF ITEMS/SERVICES IN THE MARKET? \*

*Quality also includes if preferred brands were available.*

- Yes
  Mostly
  No
  Don't know

E2A. IF MOSTLY OR NO: WHAT ITEMS/SERVICES WERE NOT AVAILABLE IN SUFFICIENT QUALITY?

E3. HAS THERE BEEN ANY INCREASE IN THE PRICE OF ANY ITEMS/SERVICES IN THE LAST 4 WEEKS? \*

- Yes
  No
  Don't know

E3A. IF YES: WHAT ITEMS/SERVICES HAVE INCREASED IN PRICE?

## F. Expenditure

F1. OF THE CASH YOU HAVE RECEIVED FROM UNHCR, HOW MUCH HAVE YOU SPENT ALREADY? \*

*This question is asking about the last distribution of cash from UNHCR, not all cash received from UNHCR.*

- All
  More than half
  Half
  Less than half
  Don't know

F2. WHAT DID YOU SPEND THE UNHCR CASH ON? \*

*Read out each option. (Tick all that apply)*

*read out each option. (tick all that apply)*

- Food
- Water
- Hygiene items
- Health costs (including medicines)
- Rent
- Shelter repair (e.g. rehabilitation, materials)
- Household items (e.g. mattress, blankets, jerry can)
- Firewood / Fuel for cooking or heating
- Clothes / shoes
- Utilities and bills (e.g. electricity, water bills, phone calling credit)
- Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- Education (e.g. school fees, uniform, books)
- Entertainment (including alcohol, cigarettes)
- Transport
- Debt repayment
- Gave some to other family members / relatives / friends
- Other

F2A. OTHER SPECIFY:

**» F3. Of these items/services which 3 did you spend the most money on?**

PLEASE ENTER THE AMOUNT SPENT ON EACH OF THE TOP 3 EXPENDITURES

TOP EXPENDITURE 1

- |  |                             |   |
|--|-----------------------------|---|
| <input type="radio"/> Food                               | <input type="radio"/> Water | <input type="radio"/> Hygiene items                                   |
| <input type="radio"/> Health costs (including medicines) | <input type="radio"/> Rent  | <input type="radio"/> Shelter repair (e.g. rehabilitation, materials) |

- Household items (e.g. mattress, blankets, jerry can)
- Firewood / Fuel for cooking or heating
- Clothes / shoes
- Utilities and bills (e.g. electricity, water bills, phone calling credit)
- Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- Education (e.g. school fees, uniform, books)
- Entertainment (including alcohol, cigarettes)
- Transport
- Debt repayment
- Gave some to other family members / relatives / friends
- Other

AMOUNT SPENT ON

\*

TOP EXPENDITURE 2

- Food
- Water
- Hygiene items
- Health costs (including medicines)
- Rent
- Shelter repair (e.g. rehabilitation, materials)
- Household items (e.g. mattress, blankets, jerry can)
- Firewood / Fuel for cooking or heating
- Clothes / shoes
- Utilities and bills (e.g. electricity, water bills, phone calling credit)
- Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- Education (e.g. school fees, uniform, books)
- Entertainment (including alcohol, cigarettes)
- Transport
- Debt repayment
- Gave some to other family members / relatives / friends
- Other

AMOUNT SPENT ON

\*

TOP EXPENDITURE 3

- Food
- Water
- Hygiene items
- Health costs (including medicines)
- Rent
- Shelter repair (e.g. rehabilitation, materials)
- Household items (e.g. mattress, blankets, jerry can)
- Firewood / Fuel for cooking or heating
- Clothes / shoes
- Utilities and bills (e.g. electricity, water bills, phone calling credit)
- Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- Education (e.g. school fees, uniform, books)
- Entertainment (including alcohol, cigarettes)
- Transport
- Debt repayment
- Gave some to other family members / relatives / friends
- Other

AMOUNT SPENT ON

\*

CONFIRM IF THE REPORTED INFORMATION BELOW MAKES SENSE. IF NOT, CHECK DETAILS WITH THE RESPONDENT AND CORRECT THE DATA ENTERED.

AMOUNT RECEIVED (FROM UNHCR AT THE LAST DISTRIBUTION) =

AMOUNT SPENT =

AMOUNT SPENT ON THE TOP 3 ITEMS IS =

## G. Medium-Term Outcomes

G1. TO WHAT EXTENT HAS THE CASH ASSISTANCE FROM UNHCR:

G1A. IMPROVED YOUR LIVING CONDITIONS? \*

- Significantly
  Moderately
  Slightly
  Not at all

G1B. REDUCED THE FINANCIAL BURDEN OF YOUR HOUSEHOLD? \*

- Significantly
  Moderately
  Slightly
  Not at all

G1C. REDUCED FEELINGS OF STRESS? \*

- Significantly
  Moderately
  Slightly
  Not at all

G2. OVERALL, TO WHAT EXTENT ARE YOU CURRENTLY ABLE TO MEET THE BASIC NEEDS OF YOUR HOUSEHOLD? \*

- All
  Half
  A little
  Not at all
  Don't know

G2A. IF HALF, A LITTLE OR NOT AT ALL: WHICH OF YOUR HOUSEHOLD'S MOST PRESSING NEEDS CAN YOU NOT AFFORD?

Select up to three

- Food  
 Water  
 Hygiene items

- Health costs (including medicines)
- Rent
- Shelter repair (e.g. rehabilitation, materials)
- Household items (e.g. mattress, blankets, jerry can)
- Firewood / Fuel for cooking or heating
- Clothes / shoes
- Utilities and bills (e.g. electricity, water bills, phone calling credit)
- Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- Education (e.g. school fees, uniform, books)
- Entertainment (including alcohol, cigarettes)
- Transport
- Debt repayment
- Gave some to other family members / relatives / friends
- Other

G2A. OTHER SPECIFY

---

G3. IN THE PAST 4 WEEKS HAS YOUR HOUSEHOLD NEEDED TO:

*Instructions for enumerators: Read aloud each strategy, and record 'yes' if the household has needed to do this in the last 4 weeks.*

A. STOP A CHILD FROM ATTENDING SCHOOL? \*

- Yes  No

B. SELL LIVELIHOOD/PRODUCTIVE ASSETS IN ORDER TO BUY FOOD OR BASIC GOODS? (E.G. SOLD ITEMS SUCH AS A CAR, MOTORBIKE, PLOUGH, SEWING MACHINE, TOOLS, SEED STOCK, LIVESTOCK, PRODUCTIVE LAND) \*

- Yes  No

C. ASK FOR MONEY FROM STRANGERS (BEGGING)? \*

- Yes  No

D. MOVE TO A POORER QUALITY SHELTER? \*

Yes  No

E. SEND HOUSEHOLD MEMBERS UNDER THE AGE OF 16 TO WORK? \*

Yes  No

F. SEND A MEMBER OF THE HOUSEHOLD TO WORK FAR AWAY? \*

Yes  No

G. ENGAGE IN ACTIVITIES FOR MONEY OR ITEMS THAT YOU FEEL PUTS YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD AT RISK OF HARM? \*

*(e.g. illegal activities, survival sex, drug dealing etc)*

Yes  No

H. SKIP PAYING RENT / DEBT REPAYMENTS TO MEET OTHER NEEDS? \*

Yes  No

I. TAKE OUT NEW LOANS OR BORROWED MONEY? \*

Yes  No

J. REDUCE EXPENDITURE HYGIENE ITEMS, WATER, BABY ITEMS, HEALTH, OR EDUCATION IN ORDER TO MEET HOUSEHOLD FOOD NEEDS? \*

Yes  No

G4. IN THE PAST 7 DAYS, HOW MANY TIMES HAS YOUR HOUSEHOLD NEEDED TO:

*(Read aloud each strategy, recording the number of days that the respondents household has needed to do the following from 0-7)*

A. RELY ON FOOD/MEALS FROM RELATIVES, FRIENDS, STRANGERS? \*

0

B. REDUCE OR LIMIT THE PORTION SIZE OF MEALS? \*

0

C. REDUCE THE NUMBER OF MEALS EATEN IN A DAY? \*

0

U

D. RELY ON LESS PREFERRED OR LESS QUALITY FOODS? \*

0

E. REDUCE CONSUMPTION OF ADULTS SO SMALL CHILDREN CAN EAT? \*

0

F. GO ENTIRE DAYS WITHOUT EATING? \*

0

## H. Longer-Term Outcomes

H1. DO YOU, OR ANOTHER MEMBER OF YOUR HOUSEHOLD:

A. HAVE A BANK ACCOUNT OR MOBILE MONEY ACCOUNT OR OTHER OFFICIAL ACCOUNT? \*

Yes
  No
  Don't know

B. HAVE THE ITEMS (PRODUCTIVE/LIVELIHOOD ASSETS) YOU NEED IN ORDER TO EARN A LIVING? \*

Yes
  No
  Don't know

C. HAVE ACCESS TO MICRO-CREDIT? \*

Yes
  No
  Don't know

## I. Accountability to Affected Persons

I1. HOW DID YOU HEAR ABOUT UNHCR CASH ASSISTANCE? \*

Mass meeting
  Via relatives, neighbors, friends
  Via local leaders  
 UNHCR/NGOs staff
  When visiting Help desk, reception
  Text (SMS) message  
 Social media (Facebook, twitter, WhatsApp)
  Leaflets or other written material
  Airtel Money agent  
 Other

I1A. OTHER (SPECIFY)

12. IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO KNOW ABOUT THE CASH ASSISTANCE? \*

*(Tick all that apply)*

- Eligibility for cash assistance
- Distribution date, time and location
- How to spend the cash assistance
- How to give complaints and feedback to agencies
- What assistance is coming next
- None (Don't want any additional information)
- Other
- None (Don't want any additional information)

12A. OTHER (SPECIFY)

13. DO YOU KNOW HOW YOU CAN REPORT COMPLAINTS AND FEEDBACK ON THE CASH ASSISTANCE FROM UNHCR? \*

- Yes  No

13A. IF YES, HOW COULD YOU REPORT COMPLAINTS AND FEEDBACK? \*

*(Tick all that apply).*

- Via local leaders
- Via community mobilisers
- Hotline
- Complaints / reception desk
- Complaints and suggestion box
- Don't know
- Other

I3AA. OTHER (SPECIFY)

I4. IF THE ASSISTANCE COULD BE STARTED AGAIN WOULD YOU PREFER: \*

- Cash
- Items (food or non-food items)
- Combination of cash and items
- Other

I4A. OTHER (SPECIFY)

THANK YOU FOR YOUR TIME IN ANSWERING THESE QUESTIONS.