



Zimbabwe

ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT)
P.O. Box CY 342
Causeway
Zimbabwe

Rapid PICES Monitoring Telephone Survey 2020

Identification				
Physical Address	<input style="width: 95%; height: 20px;" type="text"/>			
Name of Household Head	<input style="width: 95%; height: 20px;" type="text"/>			
Name of chief respondent	<input style="width: 95%; height: 20px;" type="text"/>			
Natural Region	<input style="width: 95%; height: 20px;" type="text"/>			
Geocode	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Household number	<input style="width: 95%; height: 20px;" type="text"/>			
If resettlement area, indicate the model	<input style="width: 95%; height: 20px;" type="text"/>			
Recording Month (e.g. May=05, June=06)	<input style="width: 95%; height: 20px;" type="text"/>			
Household Members				
Male	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Female	<input style="width: 20px; height: 20px;" type="text"/>
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Total	<input style="width: 95%; height: 20px;" type="text"/>

1. Interview Information Panel

INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE SAME NUMBER MULTIPLE TIMES).

	1	2	3	4	5
C A L L A T T E M P T	INTERVIEWER: SELECT THE PHONE NUMBER DIALED	TIME OF CALL ATTEMPT	INTERVIEWER: DID ANYONE ANSWER THE PHONE? YES.....1 NO, NOBODY ANSWERED.....2 >> NEXT ATTEMPT NO, NUMBER DOES NOT EXIST..3 >> INTERVIEW RESULT Q9 NO, PHONE SWITCHED OFF.....4 >> NEXT ATTEMPT	INTERVIEWER READ TO THE RESPONDENT: Greetings! My name is_____. I am working for the Zimbabwe National Statistics Agency (ZIMSTAT). We are currently doing a nationwide survey to examine the impact of and responses to the coronavirus in the country. I am trying to reach [NAME OF PHONE OWNER] or any other adult living with [HEAD NAME]? Who am I speaking to please?	INTERVIEWER: ARE YOU SPEAKING TO A HOUSEHOLD MEMBER? YES.....1 >> Q7 NO.....2 CANNOT UNDERSTAND THEIR LANGUAGE...3 >> NEXT ATTEMPT
1					If exhaust all attempts to every number listed for this household and cannot understand their language, contact your supervisor.
2					
3					
4					
5					

6	7	8	9	10	11
<p>INTERVIEWER READ OUT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them.</p> <p>RECORD RESPONSE</p> <p>NO, DON'T KNOW THE HOUSEHOLD.....1 >> INTERVIEW RESULT Q9</p> <p>NO, CAN'T/WON'T CONNECT TO HOUSEHOLD.....2 >> INTERVIEW RESULT Q9</p> <p>YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER</p> <p>YES, VISIT HOUSEHOLD...4 >> Q11</p>	<p>INTERVIEWER READ TO THE RESPONDENT:</p> <p>This interview will take about 30 minutes. Any information you share with us will be kept strictly confidential and only be used for statistical purposes. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.</p> <p>This call will not cost you any airtime. To thank you for your participation, we will also transfer \$1 airtime to your phone. Are you willing to participate?</p>	<p>INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED?</p> <p>YES.....1 NO, NOT NOW...2 >> Q10 NO, REFUSED...3 >> INTERVIEW RESULT Q6</p>	<p>INTERVIEWER: RECORD THE NAME OF THE RESPONDENT</p> <p>IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST</p> <p>>> NEXT SECTION</p>	<p>On what day?</p>	<p>What time?</p>

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 and recognize the same person as their head.

	1.	2.	3.	
I N D I V I D U A L I D	<p>INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING PICES ARE PRE-FILLED IN Q1.</p> <p>FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q2 - Q5.</p> <p>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?"</p> <p>IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q6 - Q10.</p>	<p>NAME</p> <p>CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW</p> <p>INTERVIEWER: ADD NEW MEMBERS HERE</p>	<p>Is [NAME] still a member of the household?</p> <p>YES.1 >>NEXT PERSON NO..2</p>	<p>Why did [NAME] leave the household?</p> <p>DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 >>Q4 LEFT FOR WORK.....3 >>Q4 LEFT TO FIND BETTER LAND.....4 >>Q4 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 DIED.....14 OTHER, (SPECIFY).....15 REFUSED.....99</p>
1			TO BE ADAPTED TO EACH COUNTRY	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section 3. Knowledge Regarding the Spread of COVID-19

Baseline Only	Baseline Only	Baseline Only					
1	2	3					
<p>Have you heard about the COVID-19 or the pandemic or epidemic associated with the coronavirus?</p> <p>YES .1 NO .2 >> NEXT SECTION</p>	<p>Could you name three symptoms of COVID-19/coronavirus? CHECK UP TO THREE PLEASE DO NOT READ</p> <p>FEVER1 COUGH2 CHILLS3 NAUSEA.....4 HEADACHE5 DIARRHOEA6 SORE THROAT7 SHORTNESS OF BREATH OR DIFFICULTY BREATHING...8 FATIGUE9 MUSCLE PAIN.....10 LOSS OF SMELL OR TASTE11 PERSISTENT PAIN OR PRESSURE IN THE CHEST.....12 DONT KNOW13 OTHER, SPECIFY14</p>	<p>To your knowledge, what measures are you aware of that can reduce the risk of contr: PLEASE READ ALOUD ALL MEASURES AND RECORD YES/NO FOR EACH OF THEM</p>					
		Handwashing	Use of sanitizer	No Handshake or physical greetings	Use of mask	Use of gloves	Avoid travel

Baseline and follow up rounds

				4
Detecting coronavirus? YES..1 NO..2				What steps has the government or local authorities taken to curb the spread of the coronavirus in your area? PLEASE DO NOT READ SELECT ALL THAT APPLY (MULTIPLE RESPONSE) ADVISED CITIZENS TO STAY AT HOME1 RESTRICTED TRAVEL WITHIN COUNTRY/AREA ..2 RESTRICTED INTERNATIONAL TRAVEL3 CLOSURE OF SCHOOLS AND UNIVERSITIES4 CURFEW/LOCKDOWN5 CLOSURE OF NON ESSENTIAL BUSINESSES6 BUILDING MORE HOSPITALS OR RENTING HOTELS TO ACCOMODATE PATIENTS.....7 PROVIDE FOOD TO THE NEEDY8 OPEN CLINICS AND TESTING LOCATIONS.....9 DISSEMINATE KNOWLEDGE ABOUT THE VIRUS...10 DONT KNOW11 OTHER, SPECIFY12
Staying at home and avoid going out unless necessary	Avoid crowded places or gatherings with many people	Maintain enough distance of at least 1 metre	Avoiding touching your face	

Section 4. Behavior and Social Distancing

Baseline Only	Baseline Only	Baseline Only	Baseline Only	Baseline Only
1	2	3	4	5
<p>Since the beginning of the outbreak on 30 March 2020, did you wash your hands with soap more often than you used to?</p> <p>YES.....1 NO2 DON'T KNOW ..3</p>	<p>Since the beginning of the outbreak on 30 March 2020, did you avoid handshakes or physical greetings?</p> <p>YES.....1 NO.....2 N/A.....3</p>	<p>Since the beginning of the outbreak on 30 March 2020, did you avoid groups of more than 10 people such as family gatherings, parties, church or mosque, funerals, etc?</p> <p>YES.....1 NO.....2 N/A.....3</p>	<p>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 LAST WEEK.....6</p>	<p>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 LAST WEEK.....6</p>

Section 5. Access

WATER		STAPLE FOODS			
1	2	3	4	5	6
<p>In the last week, was there any time when you did not have sufficient drinking water to meet household needs?</p> <p>Yes, at least once...1 No, always sufficient.2 >> Q3 Don't know.....3 >> Q5</p>	<p>What was the main reason your household was unable to access sufficient water for domestic needs? DO NOT READ OPTIONS</p> <p>WATER SUPPLY NO LONGER AVAILABLE.....1 WATER SUPPLY REDUCED.....2 UNABLE TO ACCESS COMMUNAL SOURCES.....3 SHOPS HAVE RUN OUT OF STOCK...4 LOCAL MARKETS NOT OPERATING / CLOSED5 LIMITED / NO TRANSPORTATION...6 RESTRICTION TO GO OUTSIDE7 INCREASE IN PRICE8 NO ACCESS TO CASH AND CANNOT PAY WITH CREDIT CARD9 CANNOT AFFORD IT10 AFRAID TO GET OUT AND GETTING THE VIRUS.....11 OTHER Specify.....12 REFUSED99</p>	<p>In the last week did you have sufficient water to wash your hands when needed?</p> <p>YES1 NO2</p>	<p>In the last week did you have sufficient soap to wash your hands when needed?</p> <p>YES1 NO2</p>	<p>In the last week, has your household been able to buy maize meal ?</p> <p>YES1 >>Q7 NO2 NOT TRIED3 >>Q7</p>	<p>Why was your household not able to buy maize meal? DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK ...1 LOCAL MARKETS NOT OPERATING / CLOSED2 LIMITED / NO TRANSPORTATION...3 RESTRICTION TO GO OUTSIDE4 INCREASE IN PRICE5 NO ACCESS TO CASH AND CANNOT PAY WITH CREDIT CARD6 CANNOT AFFORD.....7 OTHER SPECIFY8 REFUSED99</p>

HEALTH

7	8	9	10	11	12
<p>In the last week, has your household been able to buy cooking oil?</p> <p>YES1 >>Q9 NO2 NOT TRIED3 >>Q9</p>	<p>Why was your household not able to buy cooking oil? DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK ...1 LOCAL MARKETS NOT OPERATING / CLOSED2 LIMITED / NO TRANSPORTATION....3 RESTRICTION TO GO OUTSIDE4 INCREASE IN PRICE5 NO ACCESS TO CASH AND CANNOT PAY WITH CREDIT CARD6 CANNOT AFFORD.....7 OTHER SPECIFY8 REFUSED99</p>	<p>In the last week, has your household been able to buy chicken?</p> <p>YES1 >>Q11 NO2 NOT TRIED3 >>Q11</p>	<p>Why was your household not able to buy chicken? DO NOT READ OPTIONS</p> <p>SHOPS HAVE RUN OUT OF STOCK ...1 LOCAL MARKETS NOT OPERATING / CLOSED2 LIMITED / NO TRANSPORTATION....3 RESTRICTION TO GO OUTSIDE4 INCREASE IN PRICE5 NO ACCESS TO CASH AND CANNOT PAY WITH CREDIT CARD6 CANNOT AFFORD.....7 OTHER SPECIFY.....8 REFUSED99</p>	<p>Have you or any member of your household needed any medicine or any medical treatment since late March 2020?</p> <p>YES1 NO2 >>Q15 REFUSED..99 >>Q15</p>	<p>Were you or the member of your household been able to buy the Medicine you need?</p> <p>YES1 NO2 NOT TRIED3 REFUSED.....99</p>

EDUCATION

13	14	15	16	17	18
<p>Were you or the member of your household able to access the medical treatment?</p> <p>YES1 >>Q15 NO2 NOT TRIED3 REFUSED...99 >>Q15</p>	<p>What was the main reason you or the member of your household were not able to access the medical treatment?</p> <p>DO NOT READ OUT</p> <p>LACK OF MONEY1 NO MEDICAL PERSONNEL AVAILABLE2 TURNED AWAY BECAUSE FACILITY WAS FULL3 OTHER4 LIMITED/NO TRANSPORTATION5 RESTRICTION TO GO OUTSIDE6 AFRAID OF GOING AND GETTING THE VIRUS7 OTHER SPECIFY8 REFUSED...99</p>	<p>ARE THERE CHILDREN AGED BETWEEN 6 & 18 YEARS IN THIS HOUSEHOLD?</p> <p>YES.1 NO..2 >>Q21</p>	<p>Were any children attending school before schools were closed due to coronavirus?</p> <p>YES.1 NO..2 >>Q21</p>	<p>Have the children been engaged in any education or learning activities in the last week?</p> <p>YES.1 NO..2>>Q19</p>	<p>In what types of education or learning activities have the children been engaged in the last week?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <p>Completed assignments provided by the teacher1 Used mobile learning app.....2 Watched educational TV programs.....3 Listened to educational programs on radio4 Session/meeting with Lesson Teacher (tutor).....5 Learning schedules assigned by the family/ parents not school6 OTHER (SPECIFY).....96</p>

FINANCIAL SERVICES

19	20	21	22	23
<p>Have the children or anyone else in the household communicated with their teachers in the last week?</p> <p>YES..1 NO..2 >>Q21</p>	<p>How have the children or others in your household been in contact with their teachers in the last week? SELECT ALL THAT APPLY PLEASE READ OPTIONS</p> <p>SMS1 Online applications ..2 Email3 Mail4 Telephone (audio) ...5 WhataApp6</p>	<p>In the last week, did you or any member of your household need to go to the bank, money agent (western union, moneygram, mobile money, or other MTN) or use the ATM?</p> <p>YES..1 NO..2 >>Q24</p>	<p>Were you able to successfully access it?</p> <p>YES..1 >>Q24 NO..2</p>	<p>Why were you not able to access it?</p> <p>DO NOT READ OPTIONS</p> <p>OFFICE WAS CLOSED1 MOVEMENT RESTRICTION....2 AFRAID TO GO OUT BECAUSE OF CORONAVIRUS..3 OTHER (SPECIFY).....96</p>

Section 6A. Employment

Status in employment	Not currently working	Why not currently working
1	2	3
<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 >>Q4a NO....2</p>	<p>Were you working before March 30, 2020?</p> <p>YES..1 NO..2 >>Q9</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 FURLOUGH (TEMPORARILY ON LEAVE)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 INPUTS ..11 NOT FARMING SEASON12 LACK OF TRANSPORTATION13 DON'T WANT TO BE EXPOSED TO THE VIRUS ...14 OTHER (PLEASE SPECIFY)15</p>

Sector of the work left

CHANGE IN JOBS

4	4a.	4b.
<p>What is the main activity of the business or organization in which you were working in your main job before March, 30 2020?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, FORESTRY AND FISHING.....01 MINING AND QUARRYING.....02 MANUFACTURING.....03 ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY.....04 WATER SUPPLY, SWERAGE,WASTE MANAGEMENT AND REMEDIATION ACTIVITIES.....05 CONSTRUCTION.....06 WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....07 ACCOMMODATION AND FOOD SERVICE ACTIVITIES..08 TRANSPORTATION AND STORAGE.....09 INFORMATION AND COMMUNICATION.....10 FINANCIAL AND INSURANCE ACTIVITIES.....11 REAL ESTATE ACTIVITIES.....12 PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES.....13 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14 PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY.....15 EDUCATION.....16 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES..17 ARTS, ENTERTAINMENT AND RECREATION.....18 OTHER SERVICE ACTIVITIES.....19 ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE.....20 ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21</p> <p style="text-align: center;">>>Q9</p>	<p>Is this the same job you were doing before March?</p> <p style="text-align: center;">YES..1 >>Q5 NO..2</p>	<p>Why did you change jobs?</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 FURLOUGH4 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 INPUTS ..11 NOT FARMING SEASON12 LACK OF TRANSPORTATION13 DON'T WANT TO BE EXPOSED TO THE VIRUS ..14 OTHER (PLEASE SPECIFY)15</p>
REV 4.0		

ACTUAL JOB

4c	5
<p>What is the main activity of the business or organization in which you were working before March, 30 2020 in your main job?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, FORESTRY AND FISHING.....01 MINING AND QUARRYING.....02 MANUFACTURING.....03 ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY.....04 WATER SUPPLY, SWERAGE,WASTE MANAGEMENT AND REMEDIATION ACTIVITIES.....05 CONSTRUCTION.....06 WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....07 ACCOMMODATION AND FOOD SERVICE ACTIVITIES..08 TRANSPORTATION AND STORAGE.....09 INFORMATION AND COMMUNICATION.....10 FINANCIAL AND INSURANCE ACTIVITIES.....11 REAL ESTATE ACTIVITIES.....12 PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES.....13 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14 PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY.....15 EDUCATION.....16 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES..17 ARTS, ENTERTAINMENT AND RECREATION.....18 OTHER SERVICE ACTIVITIES.....19 ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE.....20 ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21</p>	<p>What is the main activity of the business or organization in which you are currently working in your main job?</p> <p>DO NOT READ OPTIONS</p> <p>AGRICULTURE, FORESTRY AND FISHING.....01 MINING AND QUARRYING.....02 MANUFACTURING.....03 ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY.....04 WATER SUPPLY, SWERAGE,WASTE MANAGEMENT AND REMEDIATION ACTIVITIES.....05 CONSTRUCTION.....06 WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....07 ACCOMMODATION AND FOOD SERVICE ACTIVITIES..08 TRANSPORTATION AND STORAGE.....09 INFORMATION AND COMMUNICATION.....10 FINANCIAL AND INSURANCE ACTIVITIES.....11 REAL ESTATE ACTIVITIES.....12 PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES.....13 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14 PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY.....15 EDUCATION.....16 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES..17 ARTS, ENTERTAINMENT AND RECREATION.....18 OTHER SERVICE ACTIVITIES.....19 ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE.....20 ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21</p>
REV 4.0	REV 4.0

WAGE

6	7	8
<p>In your main work, do you currently work ...</p> <p>READ RESPONSES</p> <p>In your own business1 >>Q9 In a business operated by a household or family member2 >>Q9 In a family farm, raising family livestock or fishing3 >>Q9 As an employee for someone else4 As an apprentice, trainee, intern5</p>	<p>In the last week, were you able to work as usual in your wage job either at your place of work or remotely?</p> <p>YES.1 NO..2</p>	<p>For the work that you did in the last week, will you be paid/were you paid.....?</p> <p>PLEASE READ ALL OPTIONS</p> <p>Full normal payment ..1 Partial payment2 No payment3</p>
		<p>If Q7=1, >>8b</p>

<p>8a</p> <p>Why were you not able to work as usual?</p> <p>DO NOT READ OPTIONS</p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1</p> <p>BUSINESS / GOV'T CLOSED FOR ANOTHER REASON2</p> <p>FURLOUGH3</p> <p>ILL / QUARANTINED4</p> <p>NEED TO CARE FOR A FAMILY MEMBER5</p> <p>SEASONAL WORKER6</p> <p>NOT ABLE TO GO TO PLACE OF WORK DUE TO MOVEMENT RESTRICTIONS7</p> <p>NOT ABLE TO GO TO PLACE OF WORK DUE TO CESSATION OF PUBLIC TRANSPORT.....8</p> <p>NOT ABLE TO USE TELEWORK SOLUTIONS TO WORK ONLINE.....9</p> <p>OTHER (PLEASE SPECIFY)10</p>	<p>8b</p> <p>Does your employer provide you with the following benefits? PLEASE READ ALOUD ALL MEASURES AND RECORD YES/NO FOR EACH OF THEM</p> <p>YES1</p> <p>NO2</p> <p>REFUSED...99</p>			
	CONTRIBUTION TO HEALTH INSURANCE	PAID SICK LEAVE	CONTRIBUTION TO PENSION FUND	PAID ANNUAL LEAVE

OPTIONAL

OPTIONAL

FAMILY BUSINESS

8c	9	10	11	11a
<p>Do you have a written contract for the work you do?</p> <p>YES1 NO2 REFUSED...99</p>	<p>In the last week, was any member of your household (apart from yourself) not able to perform his/her usual wage job?</p> <p>YES.1 NO..2 >>Q11 I'M THE ONLY INCOME EARNER IN THE HH..3 >>Q11</p>	<p>Who were these household members? SELECT FROM THE ROSTER ALL THAT APPLY (for persons 10 years and above)</p> <p>PID</p>	<p>At any point in the year 2020, did you or any member of your household operate a business, including a family business?</p> <p>YES.1 >>Q11a NO..2 >>Q15</p>	<p>Is this business registered or licensed?</p> <p>1. Registered only 2. Licensed only 3. Registered and licensed 4. Neither registered nor licensed 5. Don't know</p>

12	13	14
<p>What do you do/produce in this family business? DO NOT READ OPTIONS</p> <p>AGRICULTURE, FORESTRY AND FISHING.....01 MINING AND QUARRYING.....02 MANUFACTURING.....03 ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY.....04 WATER SUPPLY, SWERAGE,WASTE MANAGEMENT AND REMIADIATION ACTIVITIES.....05 CONSTRUCTION.....06 WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES.....07 ACCOMMODATION AND FOOD SERVICE ACTIVITIES..08 TRANSPORTATION AND STORAGE.....09 INFORMATION AND COMMUNICATION.....10 FINANCIAL AND INSURANCE ACTIVITIES.....11 REAL ESTATE ACTIVITIES.....12 PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES.....13 ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES.....14 PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL SECURITY.....15 EDUCATION.....16 HUMAN HEALTH AND SOCIAL WORK ACTIVITIES..17 ARTS, ENTERTAINMENT AND RECREATION.....18 OTHER SERVICE ACTIVITIES.....19 ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS; UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE....20 ACTIVITIES OF EXTRATERRITORIAL ORGANIZATIONS AND BODIES.....21</p>	<p>Compared to early March 2020, is the revenue from the business sales ... READ OPTIONS</p> <p>Higher1 >>Q15 The same ...2 >>Q15 Less3 No revenue ..4</p>	<p>Why were there no revenue from sales? or Why was the revenue from the business sales less than early March 2020? DO NOT READ OPTIONS</p> <p>USUAL PLACE OF BUSINESS CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS1 USUAL PLACE OF BUSINESS CLOSED FOR ANOTHER REASON2 NO COSTUMERS / 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, SPECIFY11</p>



FARMING

15	16	17	18
<p>Since the beginning of 2020, have you or any member of your household worked on a household farm growing crops, raising livestock, or fishing?</p> <p>YES..1 NO..2 >>NEXT SECTION</p>	<p>Since March, have you been able to perform the normal activities on the farm, raising livestock, or fishing?</p> <p>YES..1 >>NEXT SECTION (or >>Q18) NO..2</p>	<p>What are the main reasons you have not been able to perform the normal activities on the farm, livestock or fishing?</p> <p>DO NOT READ OPTIONS</p> <p>REQUIRED TO STAY HOME1 REDUCED AVAILABILITY OF HIRED LABOR ...2 RESTRICTIONS ON MOVEMENT / TRAVEL3 UNABLE TO ACQUIRE / TRANSPORT INPUTS ...4 UNABLE TO SELL / TRANSPORT OUTPUTS5 ILL OR NEED TO CARE FOR ILL FAMILY MEMBER6 OTHER, SPECIFY7</p>	<p>Since the beginning of 2020, were there any products from your farm that needed to be sold?</p> <p>YES....1 NO.....2 >>NEXT SECTION</p>

19	20
<p>In the last week, was your household able to sell any products from your farm?</p> <p>YES.....1 NO.....2 >>NEXT SECTION N/A.....3</p>	<p>Compared to this time last year, the price you got for your product was ...?</p> <p>Higher1 Same2 Lower3</p>

Section 7. Income Loss

1	2
<p>In the last 12 months, which of the following were your household's sources of livelihood?</p> <p style="text-align: center;">YES..1 NO..2</p>	<p>Since March 2020, has income from [SOURCE] ..?</p> <p style="text-align: center;">Increased1 Stayed the same.....2 Reduced3 Not received4</p>
Non-farm family business	
Wage employment of household members	
Unemployment benefits	
Remittances from abroad	
Assistance from family within the country	
Assistance from other non-family individuals	
Income from properties, investments or savings	
Pension	
Assistance from the Government	
Assistance from NGOs / charitable organization	
OTHER (SPECIFY): _____	
Total Household Income	
Refused	

Section 7a. Remittances

1	2	3	4
<p>In the last 12 months, did you or any HH member receive remittances from abroad?</p> <p>YES..1 NO..2 >>NEXT SECTION</p>	<p>Since [30 MARCH 2020] has the frequency of remittances changed?</p> <p>Increased1 Stayed the same.....2 Reduced3</p>	<p>Since [30 MARCH 2020] has the amount of remittances changed?</p> <p>Increased1 Stayed the same.....2 Reduced3 Not received.....4</p>	<p>Since [30 MARCH 2020] has there been any change on the cost of the remittance services you use?</p> <p>Increased1 Stayed the same.....2 Reduced3 Do not know</p>

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
<p>You or any other adult in your household were worried about not having enough food to eat because of lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, were unable to eat healthy and nutritious/preferred foods because of a lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, ate only a few kinds of foods because of a lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, had to skip a meal because there was not enough money or other resources to get food?</p> <p>YES . 1 NO . . 2</p>

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5	6	7	8
<p>You, or any other adult in your household, ate less than you thought you should because of a lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>	<p>Your household ran out of food because of a lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, were hungry but did not eat because there was not enough money or other resources for food?</p> <p>YES . 1 NO . . 2</p>	<p>You, or any other adult in your household, went without eating for a whole day because of a lack of money or other resources?</p> <p>YES . 1 NO . . 2</p>

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DOMESTIC

I'D LIKE TO ASK YOU ABOUT EVENTS THAT MAY HAVE AFFECTED YOUR HOUSEHOLD SINCE [DATE_OUTBREAK]

S H O C K C O D E	1. Has your household been affected by [SHOCK] since March 2020? YES...1 NO...2 (▶ NEXT SHOCK)	2. How did your household cope with the shocks? DO NOT READ OPTIONS SEE CODES. SELECT ALL THAT APPLY (▶ NEXT SHOCK)	CODES FOR Q2. SALE OF ASSETS (AG AND NO-AG)1 ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...2 RECEIVED DOMESTIC ASSISTANCE FROM FRIENDS & FAMILY ..3 BORROWED FROM FRIENDS & FAMILY4 TOOK A LOAN FROM A FINANCIAL INSTITUTION.....5 CREDITED PURCHASES6 DELAYED PAYMENT OBLIGATIONS7 SOLD HARVEST IN ADVANCE8 REDUCED FOOD CONSUMPTION9 REDUCED NON-FOOD CONSUMPTION10 RELIED ON SAVINGS11 RECEIVED ASSISTANCE FROM NGO12 TOOK ADVANCED PAYMENT FROM EMPLOYER13 RECEIVED ASSISTANCE FROM GOVERNMENT14 RECEIVED REMITTANCE FROM ABROAD15 WAS COVERED BY INSURANCE POLICY16 DID NOTHING17 OTHER (SPECIFY)96																																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1</td><td style="width: 75%;">Job loss</td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td>2</td><td>Nonfarm business closure</td><td></td><td></td></tr> <tr><td>3</td><td>Theft/looting of cash and other property</td><td></td><td></td></tr> <tr><td>4</td><td>Disruption of farming, livestock, fishing activities</td><td></td><td></td></tr> <tr><td>5</td><td>Increase in price of farming/business inputs</td><td></td><td></td></tr> <tr><td>6</td><td>Fall in the price of farming/business output</td><td></td><td></td></tr> <tr><td>7</td><td>Lack of availability of farming/business inputs</td><td></td><td></td></tr> <tr><td>8</td><td>Reduction of farming/business output</td><td></td><td></td></tr> <tr><td>9</td><td>Increase in price of major food items consumed</td><td></td><td></td></tr> <tr><td>10</td><td>Illness, injury, or death of income earning member of household</td><td></td><td></td></tr> <tr><td>11</td><td>Other (specify)</td><td></td><td></td></tr> <tr><td>12</td><td>[WHEN APPLICABLE] Natural disasters</td><td></td><td></td></tr> <tr><td>13</td><td>[WHEN APPLICABLE] War and conflict</td><td></td><td></td></tr> </table>	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	Reduction of farming/business output			9	Increase in price of major food items consumed			10	Illness, injury, or death of income earning member of household			11	Other (specify)			12	[WHEN APPLICABLE] Natural disasters			13	[WHEN APPLICABLE] War and conflict			
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Section 10. SAFETY NETS

A S S I C S O T D A E N C E	ASSISTANCE	1.	2.	3.
		Have you received this [ASSISTANCE] before March? YES...1 NO....2	Since March has any member of your household received any assistance from government or NGOs (including churches) in the form of [ASSISTANCE]? YES...1 NO....2 >> NEXT ASSISTANCE	What was the source of this [ASSISTANCE]? SELECT SOURCES THAT APPLY GOVERNMENT1 NGOs (including churches)2 >>Q5 BOTH (Government and NGOs)....3
101	COVID-19 cash transfers			
102	Other cash transfers (HSCT, public assistance, other)			
103	Free Food (grain distribution, emergency food)			
104	Public Works (food/cash for assets)			
105	Other in-kind transfers (animals, water, other non-food items)			

4.	5.	6.	7.
<p>What was the total value of government [ASSISTANCE] since last month?</p> <p>ESTIMATE VALUE OF ANY FOOD AND IN-KIND ASSISTANCE</p>	<p>What was the total value of NGO [ASSISTANCE] since last month?</p> <p>ESTIMATE VALUE OF ANY FOOD AND IN-KIND ASSISTANCE</p> <p>DO NOT ASK IF RESPONSE IN Q3 IS 1, GO TO >> Q6</p>	<p>Did your household experience any difficulties or problems when accessing this [ASSISTANCE]?</p> <p>YES...1 NO...2 >> NEXT ASSISTANCE</p>	<p>What kind of difficulties did your household experience to access this [ASSISTANCE]? SELECT ALL OPTIONS THAT APPLY:</p> <p>Mobility constraints due to lockdown.....1 Incomplete/delayed payments.....2 Theft/crime.....3 Bribe was requested.....4 Domestic violence.....5 Issues with national ID.....6 Lack of adequate information to access benefit.....7 Other.....8</p>
<p>RTGS, US\$, ZWL, Ecocash, Telecash, Netcash</p>	<p>US\$, US\$, ZWL, Ecocash, Tele cash, Net C</p>		
<p>Amount, currency, mode of payment</p>			

6	7
<p>WHAT IS THE RESULT OF THE INTERVIEW?</p> <p>COMPLETE.....1 PARTIALLY COMPLETE.....2 REFUSED.....3 DON'T SPEAK THE LANGAUGE.....4 >> Q8 NOBODY ANSWERING.....5 >> Q8 NUMBER DOES NOT EXIST..6 >> Q8 PHONE TURNED OFF.....7 >> Q8 REFERENCE PERSON CAN'T CONNECT TO HH...9 >> Q8</p>	<p>INTERVIEWER: PLEASE SELECT THE PERSONAL ID OF THE RESPONDENT</p>
	<p>If 1 in Q6, go to Q9</p>