

Iraq - High Frequency Phone Survey (IHFPS) to Monitor Impacts of COVID-19

Questionnaire for December round

Introduction: Hello sir/ma'am, my name is #OPERATOR#, and I am **calling from Stars Orbit and on behalf of the United Nations World Food Programme**. Currently, WFP is conducting a survey to understand the corona virus impacts on food, market and health access, as well as health situation in your community. Sir/ma'am, your information will help us understand the situation in your community.

We remind you that all the information will be strictly kept confidential and be used only for the purpose of the survey. **You will receive #TOPUP#! Of 1 USD communication credit as an incentive for the participation of the survey.**

Are you interested in participating in this survey, now or another time?

When would it be a good time to call back you back

Can we record this conversation for the data quality and training purposes? (Yes/No)

the respondent agrees to record his voice (start recording)

the respondent does not agree (proceed without recording)

DEMOGRAPHICSECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
hhid	Household/individual id	
hh_weight	Household weight- post-stratified and reweighted	

pop_weight	Population weight- post-stratified and reweighted	
adult_weight	Adult (18 years or more) weight – post-stratified and reweighted	
RESPSex	<p>What is the gender of the respondent?</p> <p>[OPERATOR: LISTEN TO THE VOICE AND CHECK THE BOX WHETHER THE RESPONDENT IS MALE OR FEMALE]</p> <ol style="list-style-type: none"> 1. MALE 2. FEMALE 	
RESPAge	<p>How old are you?</p> <p>[INELIGIBLE IF THE AGE IS LESS THAN 18]</p>	
RESPEducation	<p>What is the most advanced level of education you have completed?</p> <ol style="list-style-type: none"> 1. Did not attend any school 2. Did not complete any level 3. Primary/Elementary Certificate (1-6) 4. Intermediate Certificate (7-9) 5. Basic Certificate (1-9) 6. Preparatory/Secondary Certificate - Academic 7. Preparatory/Secondary Certificate - Vocational 8. Technical diploma 9. Bachelor's Degree 10. Professional Degree 11. Higher Diploma Degree 12. Master's Degree 13. Doctoral Degree 14. Other Specify_____ 	

RESPBreadwinner	Are you the main provider in your family/household? 1. Yes 2. No 3. Refused	
ADMIN1Name (Governorate)	Currently, which province [ADM1] does your household reside in? [DROP DOWN LIST]	
ADMIN2Name (District)	Currently, which district [AMD2] does your household reside in? [DROP DOWN LIST]	
ADMIN3Name (sub-district)	Currently, which village\municipality [ADM3] does your household reside in?	
DispStat	What is your household residence status? 1. Resident 2. Returnee 3. IDP before 2014 4. IDP since 2014 5. Refugee	If the response is 1,3,4,5 -> Skip to Environment
DispStat2	How long has it been since you returned to this your place of origin after displacement? Months _____	
Environment	Rural or Urban	
HHHousing	Which of the following living arrangements best describes your housing situation CURRENTLY? 1. Own home 2. Rent home 3. Staying as a guest hosted 4. Camp 5. Sharing accommodation with other families 6. Informal settlement	
HHSizebelow18	How many children (below 18 years of age) PERMANENTLY living in this household?	

HHSizebelow18-59	How many adults (18-59 Yr) are PERMANENTLY living in this household?	
HHSize60above	How many of the adults in your household are 60 and above the age of 60?	

EMPLOYMENT

The Iraqi and Kurdistan regional governments have taken various measures in order to contain the spread of the coronavirus disease (COVID-19) including the lock down of the country starting in Mid-March. I would like to ask you about your current employment status.

		SKIP PATTERN
EMPHousehold2	How many members including yourself in your household did any work for pay, did any kind of business, farming or other activity to generate income during last 7 days ? <i>Number</i> _____	

	<i>Now I would like to ask about your current employment status.</i>	SKIP PATTERN
EMP10	What is your current (past 7 days) main employment status? <i>[Employment refers to any income generating/productive activity that you are involved in including working for other, own business/enterprise, household farm etc., carried out for at least one hour.]</i> READ ALL OPTIONS <ol style="list-style-type: none"> 1. Working for wage/salary for someone, an enterprise, company or government 2. Working on own account or enterprise belonging to the household 3. Unpaid work in a business or farm owned by a household (Contributing family member) 4. Cash for work 5. Did not have any job and seeking for job 	If the response is 5 or 6 -> Skip to Next section

	6. Did not have any job and not seeking for job	
EMP11	<p>What is the main activity of the business or organization of your main employment?</p> <p>DO NOT READ OPTIONS, ASK TO EXPLAIN MAIN JOB AND PICK THE BEST OPTION THAT FITS THE DESCRIPTION</p> <ol style="list-style-type: none"> 1. Agriculture; forestry and fishing 2. Mining and quarrying 3. Manufacturing 4. Electricity; gas, steam and air conditioning supply 5. Water supply; sewerage, waste management and remediation activities 6. Construction 7. Wholesale and retail trade; repair of motor vehicles and motorcycles 8. Transportation and storage 9. Accommodation and food service activities 10. Information and communication 11. Financial and insurance activities 12. Real estate activities 13. Professional, scientific and technical activities 14. Administrative and support service activities 15. Education 16. Human health and social work activities 17. Arts, entertainment and recreation 18. Tourism 19. Other service activities 20. Activities of households as employers; undifferentiated goods- and services producing activities of households for own use 21. Domestic work 22. Not elsewhere classified 	
EMP12	<p>What type of employer did you work for?</p> <ol style="list-style-type: none"> 1. Government permanent 2. Government temporary (contract) 3. Private company/ business 4. Foreign company/ business 5. Non-governmental organization (NGO/INGO/UN) 6. Family business 7. Working on a farm or with livestock owned or rented by the household 8. A private household 9. Self-employed (own-account worker) 10. Refusal 	If the response is 6, 7, 8, 9 -> Skip to EMP7

FOOD CONSUMPTION SECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
FCS_Intro	<p>Now I will ask you about the foods and drinks you and your household ate or drank in the last 7 days. [OPERATOR: DO NOT INCLUDE FOOD ITEMS CONSUMED IN VERY SMALL QUANTITIES. FOR EXAMPLE, LESS THAN ONE TABLESPOON OF MILK ADDED TO TEA] [IF THE SAME FOOD ITEM IS CONSUMED SEVERAL TIMES IN A DAY, FOR EXAMPLE DURING LUNCH AND DINNER, IT SHOULD ONLY BE COUNTED AS ONE DAY]</p>	
FCSStap	<p>How many days over the last 7 days, did members of your household eat starches, roots and tubers such as rice, bread, pasta, maize, sorghum, millet, yam, potato, white sweet potato? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCSPulse	<p>How many days over the last 7 days, did members of your household eat pulses and nuts such as dhal, kidney beans, chick peas, other lentils, peanuts or other nuts? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCS Dairy	<p>How many days over the last 7 days, did members of your household consume fresh milk, sour milk, yogurt, cheese or other dairy products? [Excluding margarine/butter or small amounts of milk for tea/coffee] [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCSPr	<p>How many days over the last 7 days, did members of your household eat meat [kebab, beef, lamb, mutton, goat, chicken, duck, liver, heart and / or other organ meats by itself or in mantu, kofta, korma], eggs or fish [including fresh fish, canned fish, and / or other seafood] as a main dish, so not as a condiment? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCSVeg	<p>How many days over the last 7 days, did members of your household eat vegetables or leaves such as eggplant, carrot, red pepper, onions, pumpkin, orange sweet potatoes, spinach, cucumber, okra, and/or other leaves/vegetables? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	
FCSFruit	<p>How many days over the last 7 days, did members of your household eat fruits such as banana, apple, mango, dates, papaya, apricot, peach and/or other fruits? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]</p>	

FCSFat	How many days over the last 7 days, did members of your household eat oil/fat/butter such as vegetable oil, palm oil, groundnut oil, margarine, other fats / oil? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]	
FCSSugar	How many days over the last 7 days, did members of your household consume sugar, or sweets such as honey, jam, cakes, candy, cookies, pastries, cakes and other sweets and sugary drinks? [OPERATOR: RECORD NUMBER OF DAYS 0 - 7]	

REDUCED COPING STRATEGY INDEX SECTION:

VARIABLE NAME	QUESTION	SKIP PATTERN
noterCSI	Now I will ask you about the number of days, in the last 7 days, that your household may have done some of the following actions to cope with lack of food or money to buy food.	
rCSILessQty	During the last 7 days, how many days did your household, rely on less preferred and/or less expensive food due to lack of food or money to buy food?	
rCSIBorrow	During the last 7 days, how many days did your household, borrow food, or rely on help from a friend or relative due to lack of food or money to buy food?	
rCSIMealSize	During the last 7 days, how many days did your household, limit portion sizes at mealtime due to lack of food or money to buy food?	
rCSIMealAdult	During the last 7 days, how many days did your household, reduce the number of meals eaten in a day due to lack of food or money to buy food?	
rCSIMealNb	During the last 7 days, how many days did your household, restrict consumption by adults so children could eat, due to lack of food or money to buy food?	

ACCESS TO FOOD AND MARKET

VARIABLE NAME	QUESTION	SKIP PATTERN
INTRO	Now we would like to ask some questions related to your household's access to food and market	

HHFoodCereal	<p>What is the main source of cereals for your household? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER]</p> <ol style="list-style-type: none"> 1. Own production 2. Market \ Grocery store 3. Exchange labor for food 4. Gift from family, relatives or friends 5. Food assistance by humanitarian agencies 6. Food assistance by Government 7. Other 8. PDS 	If the response is 1-6-> Skip to HHFoodConstr_7D_YN
HHFoodCereal_oth	Please specify what is the main source of cereals for your household?	
HHFoodConstr_14D_YN	<p>In the past 14 days, has there been any time when your household did not have sufficient quantities of food needed for the household?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	If the response is No-> Skip to HHStock
HHFoodConstr	<p>What was the main reason why your household did not have sufficient quantities of food needed in the past 14 days? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Shortage of food in the market \ grocery store 2. Increase in the prices of food 3. No money to buy food 4. No food in the house 5. Unable access the market \ grocery store 6. Markets \ grocery stores are closed 7. Other 	

HHStockCe real	Does your household currently have cereal stock? 1. Yes 2. No	If the response is No -> skip to MktAccess_7D
HHStockCe realDur	How long do you think the cereal would last? 1. Less than one week 2. 1 week 3. 2 - 3 weeks 4. 1 month 5. More than 1 month	
MktAccess_ 14D	In the past 14 days, has there been a time when you or your household could not access the market\grocery store? 1. Yes 2. No	If the response is No-> skip to Next section
MktNoAcce ssWhy_14D	What was the main reason why you or your household could not access the market\grocery stores in the past 7 days? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS] 1. Market\grocery stores were closed 2. Market\grocery store is too far 3. Travel restrictions 4. Security concerns 5. Concerned about going out of the house due to disease outbreak 6. All adult members of the household too sick to go out 7. All adult members quarantined in the house 8. Other	

TRANSFERS:

	<i>In this section, I would like to ask about any cash or in-kind transfer/s you or any member in your household may have received during the month prior to lockdown and last month.</i>	SKIP PATTERN
	1.	
TransferPDS2	During the month of [LAST COMPLETED MONTH], did you or any member of your household receive any ration food from PDS? 1. Yes 2. No	If the response is 2-> skip to TransferPDS14

TransferPDS13	<p>Compared to the usual monthly PDS quantity, amount of ration food received during the month of [LAST COMPLETED MONTH] was ...?</p> <p>READ OPTIONS</p> <ol style="list-style-type: none"> 1. Higher 2. The same 3. Lower 	<p>If the response is 1 or 2-> skip to Transfer15</p>
TransferPDS14	<p>Why were you not able to receive PDS? or Why was the amount of ration food less?</p> <p>DO NOT READ OPTIONS</p> <ol style="list-style-type: none"> 1. No PDS card 2. Ration shop closed 3. Ration shop reported not having enough food 4. Not able to go to the shop due to movement restrictions 5. Don't want to be exposed to the virus 6. Other (specify) 	
Transfer15	<p>During the month of [LAST COMPLETED MONTH], have you or any member of your household received any cash assistance from any of the following sources?</p> <p>MARK ALL THAT APPLY</p> <ol style="list-style-type: none"> 1. Government 2. Relatives/Friends from abroad 3. Relatives/Friends within Iraq 4. NGOS/INGO/UN (UNHCR, WFP etc.) 5. Religious organizations 6. Other 	
Transfer16	<p>During the month of [LAST COMPLETED MONTH], have you or any member of your household received in-kind assistance other than the PDS from any of the following sources?</p> <p>MARK ALL THAT APPLY</p> <ol style="list-style-type: none"> 1. Government 2. Relatives/Friends from abroad 3. Relatives/Friends within Iraq 4. NGOS/INGO/UN (UNHCR, WFP etc.) 5. Religious organizations 6. Other 	

HEALTH STATUS AND ACCESS TO HEALTH SERVICES:

VARIBLE NAME	QUESTION	SKIP PATTERN
INTRO	NOW WE WOULD LIKE TO ASK SOME QUESTIONS RELATED TO THE HEALTH STATUS OF YOUR HOUSHOLD AND ACCESSTO HEALTH SERVICES	
HHSICK_YN_14D_FEVER	In the past 14 days, how many (if any) of your household members have had a fever?	
HHSICK_YN_14D_COUGH	In the past 14 days, how many (if any) of your household members have had a cough?	If the response is "0" for this skip to MEDCARE_YN_14D
HHSICK_YN_14D_COUGHBREATHING	In the past 14 days, how many (if any) of your household member have had a cough with difficulty in breathing?	If the response is 0 for all three symptoms-> skip to HHHealthProvider
MEDCARE_YN_14D	<p>In the past 14 days, did those members of the household seek medical care either at home or in the hospital\health center?</p> <p>[OPERATOR: THIS QUESTION APPLIES TO THOSE MEMBERS OF THE HOUSEHOLD WHO SHOWED ONE OF THE SYMPTOMS ABOVE]</p> <ol style="list-style-type: none"> 1. Yes 2. No 	If the response is No-> skip to HHDealth_YN
MEDCARE_14D	<p>In the past 14 days, were those members of the household able to receive the medical care either at home or in the hospital\health center?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	

HHHospital_YN	<p>Are any of those sick members currently hospitalized?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
HHDeath_YN	<p>Have any of those sick members died?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
HHHealthProvider	<p>Where do you usually go when you or your household members get sick? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER]</p> <ol style="list-style-type: none"> 1. Hospital \ Clinic 2. Health Center 3. Traditional healer/Medical assistant (Nurse) 4. Religious healer 5. Self-medication 6. Pharmacy to buy medicine 7. Stay at home 8. Other 	
HHHealthAccess	<p>Do you or your household typically have difficulty accessing health center\hospital\clinic and other health services such as pharmacies?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
HHHealthAccess_14D	<p>In the past 14 days, did you or your household members face any challenges accessing the health center\hospitals\clinic and other health services?</p> <ol style="list-style-type: none"> 1. Yes 2. No challenge faced 3. No need to access 	<p>If the response is No challenge faced or No need to access -> Skip to Next Section</p>

HHHealthConstr_14D	<p>What is the main reason why you or your household could not access the Hospitals\Clinics\Health Centers and other health services in the past 14 days?</p> <p>[OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Hospital\health center is far 2. Hospitals\Health centers are closed 3. Medical personnel didn't come at home 4. Lack of money 5. Travel restrictions 6. All members of the family too sick to travel 7. Denied access because it's out of capacity 8. Other 	
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POTENTIAL ACCEPTANCE OF COVID-19 VACCINE:

	Now, I would like to ask about your views regarding the potential COVID-19 or Coronavirus vaccine.	SKIP PATTERN
Vaccine1	<p>To what extent do you agree with the following statement:</p> <p>“I would accept a COVID-19 vaccine which is proven to be safe and effective”</p> <ol style="list-style-type: none"> 1. Completely agree 2. Somewhat agree 3. Neutral/no opinion 4. Somewhat disagree 5. Completely disagree 	
Vaccine2	<p>To what extent do you agree with the following statement:</p>	

	<p>"I would accept a vaccine if it were recommended by my employer and was approved safe and effective by the government."</p> <ol style="list-style-type: none"> 1. Completely agree 2. Somewhat agree 3. Neutral/no opinion 4. Somewhat disagree 5. Completely disagree 	
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EDUCATION/DISTANCE LEARNING

November Round Only

	<i>Now, I would like to ask about education and learning activities of the children in your household</i>	SKIP PATTERN
EDU1	<p>Are there any children aged between 4 to 19 PERMANENTLY living in this household?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>If the response is 2. No -> Skip to Next Section</p>
EDU20	<p>How many children attended school before school closure due to Coronavirus?</p> <p>[ENTER NUMBER]</p>	<p>If the response is 0 -> Skip to EDU23</p>
EDU21	<p>How many of your children were attending,,, : ?</p> <ol style="list-style-type: none"> 1. Public school ? [ENTER NUMBER] 2. Private school ? [ENTER NUMBER] 3. Religious/Faith based school [ENTER NUMBER] 4. Other type of school?[ENTER NUMBER] 	
EDU22	<p>how many of your children were enrolled in,...</p> <ol style="list-style-type: none"> 1. Pre-primary school[ENTER NUMBER] 2. Primary [grades 1-2-3-4-5-6] school [ENTER NUMBER] 3. Lower secondary or preparatory (grades 7-8-9) school [ENTER NUMBER] 4. Secondary (grades 10-11-12) school [ENTER NUMBER] 5. Tertiary school [ENTER NUMBER] 6. OTHER school [ENTER NUMBER] 	

EDU23	<p>How many children are currently attending school?</p> <p>[ENTER NUMBER]</p>	If the response is 0 -> Skip to EDU32
EDU24	<p>How many days per week are they attending school?</p>	
EDU25	<p>At what level of education are your children currently enrolled?</p> <p>PLEASE SPECIFY THE NUMBER OF CHILDREN IN EACH LEVEL</p> <ol style="list-style-type: none"> 1. Pre-primary [ENTER NUMBER] 2. Primary [grades 1-2-3-4-5-6] [ENTER NUMBER] 3. Lower secondary or preparatory (grades 7-8-9) [ENTER NUMBER] 4. Secondary (grades 10-11-12) [ENTER NUMBER] 5. Tertiary [ENTER NUMBER] 6. OTHER [ENTER NUMBER] 	
EDU26	<p>Have your children or any students in your household been in contact with their school teacher?</p> <ol style="list-style-type: none"> 1. YES 2. NO 	If the response is 2. NO -> Skip to EDU29
EDU27	<p>How often have your children or any students in your household attended school or been in contact with their teacher?</p> <ol style="list-style-type: none"> 1. Less than 1 day per week 2. 1 day per week 3. 2-3 days per week 4. 4 days or more per week 	
EDU28	<p>How have the children or students in your household been in contact with their teacher?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. In-person 2. SMS 3. Online applications 4. Email 5. Mail 6. Telephone (audio) 7. WhatsApp 8. Other (specify) 	
EDU29	<p>Have your children been engaged in any additional/catch up learning activities?</p> <ol style="list-style-type: none"> 1. YES 2. NO 	If the response is 2. NO -> Skip to EDU31

EDU30	<p>Q11. In what types of education or learning activities have your children been engaged?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. TV broadcast of lessons or educational programs 2. Radio broadcast of lessons or education programs 3. Used digital platform provided by the government 4. Used digital platform from private providers 5. Used mobile learning apps provided by the government 6. Used mobile learning apps from private providers 7. Completed assignments provided by teacher 8. Had an online session/class with teacher 9. Session with private tutor 10. Other 	ALL responses -> Skip to Next Section
EDU31	<p>Why have your children not been engaged in any learning activities?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. No distance learning offered at child's education level 2. No necessary technology tools or support (computer, smartphone, internet connection, etc.) in the home 3. No assistance from a parent or adult to access the learning activities 4. No interest 5. OTHER 	ALL responses -> Skip to Next Section
EDU32	<p>Why are your children no longer attending school?</p> <p>READ OPTIONS. SELECT ALL THAT APPLY.</p> <ol style="list-style-type: none"> 1. Cannot afford education costs 2. Lack of remote access to participate in distance learning 3. Limit children's exposure to COVID 4. No transportation 5. No gender segregated latrines 6. Corporal punishment in school 7. Bullying 8. OTHER 	

ADDITIONAL:

VARIBLE NAME	QUESTION	SKIP PATTERN
RESPWorryRsnFirst	<p>What are is your most important concern under the current circumstances? [OPERATOR: DO NOT READ OUT THE RESPONSE OPTION, SELECT THE RESPONSE OPTION THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER AND SUMMARIZE THE RESPONSE IN FEW WORDS]</p> <ol style="list-style-type: none"> 1. Shortage of food 2. Increase in food prices 3. Shortage of medicine 4. Disruption of medical service 5. Disruption of educational institutes 6. Getting corona virus (Please specify) 7. Getting other illness (not corona) 8. Losing Job\No job 9. Disruption of livelihood source 10. Travel restrictions 11. No concerns 12. Other [Please specify] 	

Your answers will help us to understand and respond to your community needs. May we call you back again in the near future?

1. Yes

2. No