Snapshot XML

“Hi, how are you? Let me introduce myself: I am __ working with (organization) and I am responsible for collecting information that will help us better understand how the cash you are receiving is helping you meet the basic needs of you and your family. It is anonymous and confidential and will take roughly 30 minutes. Would you have time to sit and discuss with me?” Respondent says “Yes.” Enumerator says, “Thank you, this is great. Some questions in my questionnaire require knowledge of costs of basic goods and services for your household and family occupation. Can you confirm that you are one head of the household and responsible for providing for your family members? (Yes/No). Thanks, can you also confirm you currently receive cash assistance from (organization)? (Yes/No). This is great. Before starting, I need to inform you that you have been selected randomly, and your participation will not change the amount of assistance provided or delivered to you after the interviews are processed. For now, we are only trying to understand the situation. If you are okay with this, let’s start..."

Name of enumerator

- Example Name A
- Example Name B
- Example Name C

State

- ADAMAWA
- BORNO
- OTHER

OTHER STATE

LGA

- Abadam
- Chibok
- Damboa
- Gubio
- Guzamala
- Jere
- Kaga
- Konduga
- Kukawa
- Mafa
- Magumeri
- Maiduguri
- Marte
- Mobbar
- Monguno
- Nganzai

OTHER LGA

A1. Date of interview

yyyy-mm-dd

A2. What language was the preferred language of the participant?

- Hausa
- Kanuri
- Shuwa
- Other

If other, please specify

I am now going to ask for some basic information about your household.

B1. Age

_____

B2. Sex of Respondent

- ◯ Male
- ◯ Female
- ◯ Both female and male present

B3. Marital status of respondent

- ◯ Married and living with husband or wife
- ◯ Married and not living with husband or wife
- ◯ Married with more than one wife
- ◯ Widowed
- ◯ Single (never married)
- ◯ Divorced

B4. What describes your family situation now?

- ◯ Resident and never left
- ◯ Displaced and arrived less than 3 months ago
- ◯ Displaced and arrived between 3 months and 1 year ago
- ◯ Displaced and arrived more than 1 year ago
- ◯ Displaced and returned
- ◯ Other

Other: please specify

_____

B5. What is the total number of people from your family living NOW under “one roof”

children (0-17)

_____

adults (18-50), including yourself

_____

elderly (>50)

_____

B6. Do you have family members living currently with you who have special needs ?

- ◯ Yes
- ◯ No

B7. What is the highest education level of the heads of family?

- ◯ No formal education
- ◯ Primary school
- ◯ Secondary school
- ◯ Tertiary school

B.8 How many of your children regularly go to formal school?

_____

C1. How many members of your family contribute to the family income?

above 18 years old

_____

Under 18 years old

_____

C2. What are your family member's regular sources of income currently?

- [ ] Government work (civil servant, etc.)
- [ ] Petty trade (small scale trade)
- [ ] Self-employment (private business)
- [ ] Firewood sales
- [ ] Domestic work (house worker, etc.)
- [ ] Construction work
- [ ] Agricultural work
- [ ] No family member with regular income
- [ ] Other

C3. Can you give us an estimation of your current total family income per month without cash assistance? (Do not read options out loud, just select the one that matches what the respondent says)

- ( ) 0
- ( ) less than 5,000
- ( ) 5,000 to 10,000
- ( ) 10,000 to 30,000
- ( ) 30,000 to 60,000
- ( ) More than 60,000

I am going to ask you for information about your family's basic needs now, as well as the cash assistance.

D1. Which 3 things did you spend most of the additional cash on since the X program began? (do not read answers aloud, but select the option that best matches the response and rank 1st, 2nd, 3rd)

Spent the most additional cash on

- ◯ Food
- ◯ Shelter
- ◯ Healthcare
- ◯ Hygiene items
- ◯ Household items
- ◯ Transportation
- ◯ Clothing
- ◯ Education
- ◯ Communication
- ◯ Energy
- ◯ Water
- ◯ Other

2nd most additional cash

- ◯ Food
- ◯ Shelter
- ◯ Healthcare
- ◯ Hygiene items
- ◯ Household items
- ◯ Transportation
- ◯ Clothing
- ◯ Education
- ◯ Communication
- ◯ Energy
- ◯ Water
- ◯ Other

3rd most additional cash

- ◯ Food
- ◯ Shelter
- ◯ Healthcare
- ◯ Hygiene items
- ◯ Household items
- ◯ Transportation
- ◯ Clothing
- ◯ Education
- ◯ Communication
- ◯ Energy
- ◯ Water
- ◯ Other

D.2. We are going to talk about the basic needs of your family. Please rate your family's ability to meet your the following list of basic needs. Your options are 1: Largely sufficient to cover all our family needs 2: Sufficient to cover all our family needs 3: just enough/barely enough to cover all our family needs 4: Insufficient to cover all our family needs 5: Totally insufficient to cover all our family needs

D.2a In the current situation, how would you rate your ability meet/satisfy the basic needs of your family members? Read each out loud, then rate them from 1 to 5	1: Largely sufficient	2	3	4	5: Totally insufficient
Food	◯	◯	◯	◯	◯
Shelter	◯	◯	◯	◯	◯
Healthcare	◯	◯	◯	◯	◯
Hygiene items	◯	◯	◯	◯	◯
Household items	◯	◯	◯	◯	◯
Transportation	◯	◯	◯	◯	◯
Clothing	◯	◯	◯	◯	◯
Education	◯	◯	◯	◯	◯
Communication	◯	◯	◯	◯	◯
Energy	◯	◯	◯	◯	◯
Water	◯	◯	◯	◯	◯
Other	◯	◯	◯	◯	◯

D.3 I am going to list categories of things you may commonly purchase. I would like you to tell me if you are worried about meeting your needs in each category in the next three months if no additional assistance is provided. Your options are: 1: I don't feel worried at all about meeting this need 2: I feel worried but we should be able to cope 3: I feel worried for some or all family members and I'm not sure we will be able to cope 4: I feel worried for the health of some or all family members 5: I feel worried for the life of some or all family members

D.3a I would like you to tell me if you are worried about meeting your needs in each category in the next three months if no additional assistance is provided.	1: I don't feel worried	2	3	4	5: I feel worried for the life of my family members
Food	○	○	○	○	○
Shelter	○	○	○	○	○
Healthcare	○	○	○	○	○
Hygiene items	○	○	○	○	○
Transportation	○	○	○	○	○
Clothing	○	○	○	○	○
Education	○	○	○	○	○
Communication	○	○	○	○	○
Energy	○	○	○	○	○
Water	○	○	○	○	○
Household items	○	○	○	○	○
Other	○	○	○	○	○

D4. What are the main reasons why you cannot cover/meet the basic needs you identified as most challenging? (Can select more than one answer)

- [ ] 1. Unable to travel to markets/service providers
- [ ] 2. Insecurity preventing access to markets/service providers/goods
- [ ] 3. Social discrimination preventing access to markets/service providers
- [ ] 4. Not enough money/income/resources to purchase/access goods or services
- [ ] 5. Not enough goods/services/infrastructures produced/available locally (product)
- [ ] 6. Not enough traders supplying the area
- [ ] 7. Not enough local reserve/resource/stock
- [ ] 8. Not enough assistance or support provided by local/national government
- [ ] 9. Not enough diversity of good and services
- [ ] 10. Insufficient skills and competencies of service providers
- [ ] 11. Not enough safety or reliability of provided goods or services
- [ ] 12. Others _____ (specify)

If other, please specify.

D5. Are there basic needs you expect to become more difficult to meet in the next month due to seasonal changes?

- [ ] Food
- [ ] Shelter
- [ ] Healthcare
- [ ] Hygiene items
- [ ] Transportation
- [ ] Clothing
- [ ] Education
- [ ] Communication
- [ ] Energy
- [ ] Water
- [ ] Household items
- [ ] Other

If other, please specify.

I am now going to ask questions about your experience with the (organization) cash program.

E1. Where did you get the cash from? (specific location name)

E2. How did you travel to the cash distribution point?

- ( ) Walking
- ( ) Bus
- ( ) Private Vehicle
- ( ) Taxi
- ( ) Other

E3. How much time did it take you to travel to the cash distribution point?

- ◯ Less than 15 mins
- ◯ 15-30 mins
- ◯ 30-45 mins
- ◯ 45-60 mins
- ◯ More than 1 hour

E4. Estimate how much money you spend to get to the cash distribution point (NGN)

_____

Cash Receipt & Spending

E5. How much cash did you receive in the last distribution (NGN)?

_____

E6. Was that the amount you expected to receive?

- ◯ Yes
- ◯ I received more than expected
- ◯ I received less than expected
- ◯ I did not receive any cash

E7. Did you receive the cash on time?

- ◯ Yes
- ◯ Within 2 days
- ◯ Within 1 week
- ◯ More than 1 week
- ◯ I have not yet received cash

E8. Who decided how to spend the cash grant? (Do not read answers out loud)

- ◯ Male head of household
- ◯ Female head of household
- ◯ Child
- ◯ Another adult in the household
- ◯ Joint decision
- ◯ Other

If other, please specify.

_____

Protection Questions

E9. How safe do you feel while retrieving your cash? At each stage, please indicate if you feel safe or unsafe and select all that apply.

Traveling to get cash

- [ ] Safe
- [ ] Unsafe - I fear someone will take the money
- [ ] Unsafe - There is too much violence in the area to travel
- [ ] Unsafe - I feel targeted for gender-based violence (sexual harassment or assault)
- [ ] Unsafe - for any other reason

Receiving cash

- [ ] Safe
- [ ] Unsafe - I fear someone will take the money
- [ ] Unsafe - There is too much violence in the area to travel
- [ ] Unsafe - I feel targeted for gender-based violence (sexual harassment or assault)
- [ ] Unsafe - for any other reason

Traveling home

- [ ] Safe
- [ ] Unsafe - I fear someone will take the money
- [ ] Unsafe - There is too much violence in the area to travel
- [ ] Unsafe - I feel targeted for gender-based violence (sexual harassment or assault)
- [ ] Unsafe - for any other reason

Feedback Mechanism

E11. What would do if you had an issue with your cash transfer? [Do not read answers]

- ( ) Call the assistance hotline
- ( ) Face to face feedback to staff/cash agent/implementing partner
- ( ) Ask community member for help
- ( ) I don't know
- ( ) Other

Other issue with cash transfer

_____

Corruption/Fraud/Abuse

E11. Did you witness any issues in the process of receiving cash, such as being asked to give someone money in order to receive your cash or having to pay to register?

- ◯ Yes
- ◯ No

E12. Do you feel as though your personal information is handled carefully and safely by (NGO staff/other parties related to MPG program) and its cash distributors?

- ◯ Yes
- ◯ No
- ◯ I'm unsure

The survey is now complete. Thank you for your time!