**UNICEF Ethiopia Country Office** 

**Community Rapid Assessment Questionnaire: Time Series Survey of Behavioral Changes, Coping Strategies and Evolving Needs During COVID-19**

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| Label | Question | Question Type | Skip Logic |
| Lang | To listen to this call in Amharic, press 1  To listen to this call in Afan Oromo, press 2  To listen to this call in Tigrigna, press 3  To listen to this call in Somali, press 4  To listen to this call in Af Afar, press 5  To listen to this call in Sidama, press 6  To listen to this call in Wolaita, press 7  To listen to this call in Nuer, press 8  To listen to this call in Anguak, press 9 | MC\_Q | ALL → Intro |
| Intro | Hello, this is a call from UNICEF in collaboration with the Ministry of Health. You have been selected to take part in a survey on the response to COVID-19. Your opinion is important to us. Please note that all your information will be confidential, and will not be shared with any authorities, only the overall results of the study will. This call will take no more than 15 minutes of your time and you stand a chance to win 100 ETB in airtime if you answer all the questions. Please answer by pressing the number on your phone that corresponds to your answer.  Press 1 to participate in this survey  Press 2 if you do not want to participate in this survey, or hang up at any time | MC\_Q | 1→ Q1a 2→ Conclusion |
| Q1a | Which region do you currently live in?  If you live in Oromia region, press 1  If you live in Amharic region, press 2  If you live in Tigray region, press 3  If you live in Somali region, press 4  If you live in SNNP, press 5  If you live in Addis Ababa, press 6  If other, press 0 | MC\_Q | 1-6 → Q2  0 → Q1b |
| Q1b | If you live in Afar region, press 1  If you live in Gambella region, press 2  If you live in Benishangul region, press 3  If you live in Diredawa, press 4  If you live in Harar region, press 5  If you live in Sidama, press 6" | MC\_Q | ALL → Q2 |
| Q2 | Are you male or female? If you are a male, press 1  If you are a female, press 2 | MC\_Q | All → Q3 |
| Q3 | What is your age?  If you are below 18 years, press 1  If you are between 18 and 24, press 2  If you are between 25 and 34, press 3  If you are between 35 and 44, press 4  If you are between above 45, press 5 | MC\_Q | All--> Q4 |
| Q4 | Do you live in an urban or rural area? If you live in an urban area, press 1 If you live in a rural area, press 2 | MC\_Q | All--> Q5 |
| Q5 | Which of the following is NOT true, if any, about COVID-19?  If COVID-19 is caused by a coronavirus, press 1  If COVID-19 can be spread from close contacts between an infected person and others, press 3  if Physical distancing, handwashing with soap and using a face mask reduces, COVD-19 transmission, press 3  If COVID-19 is transmitted by mosquitoes, press 4 | MC\_Q | All--> Q6 |
| Q6 | Do you think you are at risk of being infected with COVID-19?  If yes, press 1  If no, press 2  If you are not sure, press 3 | MC\_Q | All--> Q7 |
| Q7 | In the past week, how often have you washed your hands with water and soap for 20 seconds or applied sanitizer to prevent infection from COVID-19?  If all of the time, press 1  If Most of time, press 2  If Sometimes, press 3  If Rarely, press 4  If Never, press 5 | MC\_Q | All--> Q8 |
| Q8 | In the past month, while outside, how often have you kept at least 2 meters away from people to prevent infection from COVID-19?  If all of the time, press 1  If Most of time, press 2  If Sometimes, press 3  If Rarely, press 4  If Never, press 5 | MC\_Q | All--> Q9 |
| Q9 | In the past month, while outside home, how often have you been wearing a mask when in public to prevent infection from COVID-19?  If all of the time, press 1  If Most of time, press 2  If Sometimes, press 3  If Rarely, press 4  If Never, press 5 | MC\_Q | All--> Q10 |
| Q10 | Has there been any reason why you have not been able to practice the protective measures put in place for COVID-19 the last month?  If doing them puts your job, relationships, or other important things at risk, press 1  If you lack supplies/ do not have access to infrastructure such as masks, running water, press 2  If you do not like how it makes you look, press 3  If your faith or religion protects you from the disease, press 4  If you do not believe this virus is real, press 5  If there are other reasons, press 6  If none because you practice several protective measures, press 7 | MC\_Q | All--> Q11 |
| Q11 | What will be the first thing to do if you think you have Covid-19 symptoms?  If you will call a helpline on COVID-19, press 1  If you will go to a public or private clinic or hospital, press 2  If you will treat it yourself and use home remedies, press 3  If you will go and see a religious leader or traditional healer, press 4  If you will isolate yourself at home, press 5  If you will ignore or do nothing about it, press 6 | MC\_Q | All--> Q12 |
| Q12 | Is there any reason why you will not seek testing or treatment for COVID-19?  If you do not have resources to seek testing or treatment, press 1  If you do not trust your local health care providers, press 2  If you do not believe that COVID-19 can affect me, press 3  If you think religious leaders or traditional healers can cure the disease, press 4  If you already have medications or home remedies, press 5  If you are afraid of being quarantined or infected, press 6  If other reasons, press 0 | MC\_Q | All--> Q13 |
| Q13 | Will you seek essential health care services such as antenatal care, immunizations, HIV testing or general medical checkup) as advised by your healthcare provider during COVID-19?  If yes, press 1  If no, press 2  If you are not sure, press 3 | MC\_Q | 1-> Q15  2-3 -> Q14 |
| Q14 | What is the main barrier for you for not seeing a healthcare provider for other non-covid19 related medical services during this period?  If it is because it’s too expensive, press 1  If it is too far for you to travel, press 2  If you are not satisfied with the quality of the health care service, press 3  If you think you may contract COVID-19 from a health care facility, press 4  If you do not know when and where to access the service, press 5  If other reason, press 6 | MC\_Q | All—15 |
| Q15 | Do you have children who are of school-going age?  If yes, press 1  If no, press 2 | MC\_Q | 1--> Q16 2--> Q18 |
| Q16 | Will you send your children back to school when they re-open?  If yes, press 1  If no, press 2  If you are not sure, press 3 | MC\_Q | All--> Q17 |
| Q17 | What is the MAIN concern that you have for your children during COVID-19?  If it is your children getting sick with COVID-19, press 1  If it is your children getting involved in dangerous activities, press 2  If it is schools remaining closed, press 3  If it is not being able to feed or take care of my children, press 4  If it is other reasons/concerns, press 5 | MC\_Q | All--> 18 |
| Q18 | Which form of gender-based violence do you believe has MOST increased in your community during this time (of Coronavirus)?  If domestic violence, press 1  If sexual violence, press 2  If psychological violence, press 3  If physical violence, press 4  If other, press 5 | MC\_Q | All → 19 |
| Q19 | If tested positive for COVID-19, which is the most likely behavior you will receive from people?  If you think they would stop talking to you, press 1  If you think they would gossip about you, press 2  If you think they would bring the food you need, press 3  If you think they would treat your family badly, press 4  If you don’t know, press 5 | MC\_Q | All 20 |
| Q20 | How will you protect the mental health of your or your family during COVID-19 time?  If you will talk to people you trust, press 1  If you will use tobacco and /or alcohol to ease your stress, press 2  If you will eat healthy food, press 3  If you will do regular exercise, press 4  If you will visit a psychologist or a social worker, press 5  If you will not do anything, press 6 | MC\_Q | All--> 21 |
| Q21 | What do you think a lactating mother with coronavirus symptom should do?   * Press 1 if you think she should continue breastfeeding with precaution * Press 2 if you think the child should be separated from the mother immediately * Press 3 if you think the child should be given substitute milk and not breastfed   Press 4 if you do not know | MC\_Q | All--> 22 |
| Q22 | In the past month, how confident are you in providing what is needed for your family during the pandemic?  If very confident, press 1  If somewhat confident, press 2  If not sure, press 3  If Not very confident, press 4  If not Confident at All, press 5 | MC\_Q | All--> 23 |
| Q23 | Which one is the most trusted source of information you rely on about COVID-19?  If electronic media such as TV, radio, SMS, or Social Media, press 1  If print media such as posters, flyers, newspapers or billboards, press 2  If from family and friends, press 3  If from health workers and health facilities, press 4  If from religious and community leaders, press 5  If from non-governmental and community-based organizations, press 6  If from the government, press 7 | MC\_Q | All--> 24 |
| Q24 | Which community groups do you trust the MOST to support the community-based actions during COVID-19?  If it is Youth groups, press 1  If it is Women groups, press 2  If it is Religious or faith-based groups, press 3  If it is Local government, press 4  If other, press 5 | MC\_Q | All--> 25 |
| Q25 | Which of the following social consequences related to COVID-19 concerns you the MOST?  If it is ‘Feeling socially isolated’, press 1  If it is ‘Losing your housing and/or your job’, press 2  If it is ‘being discriminated against’, press 3  If it is ‘depressed or anxious’, press 4  If it is other, press 5 |  |  |
| Conclusion | Thank you for participating in this survey. | MSG | End |

Blue = Overlapping with CRA tool questions

White = Ethiopia CO specific questions

Orange = Head quarter specific questions