



SOMALIA IMPACT REPORT

The World Citizens Panel

ANNEX: SOMALIA QUESTIONNAIRE 2013

APRIL 2015



OXFAM
Novib

SOMALIA QUESTIONNAIRE 2013

IMPACT QUESTIONNAIRE WORLD CITIZENS PANEL STANDARD VERSION ENGLISH 2013

Part 0: General info

Code of organisation:	Code of Region/District:	Code of interviewer:		
Participant code:	Programme code:	Date of interview:		
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Location:	<input type="checkbox"/> Urban	<input type="checkbox"/> Semi Urban	<input type="checkbox"/> Rural	
Age : _____	Literate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Level of education (finished):	<input type="checkbox"/> None	<input type="checkbox"/> Primary 1-4	<input type="checkbox"/> Primary 5-8	
	<input type="checkbox"/> Secondary	<input type="checkbox"/> Higher education		
Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried couple	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow/er	
Participant characteristics:	Occupation (current job):			
	<input type="checkbox"/> farmer	<input type="checkbox"/> agricultural labourer	<input type="checkbox"/> business (wo)man	<input type="checkbox"/> non farming employed
	<input type="checkbox"/> work in own household	<input type="checkbox"/> irregular employment	<input type="checkbox"/> none	<input type="checkbox"/> other
	Number of adults living in the household: _____			
	Number of children (under age 15) living in the household: _____			

Part 1: Sustainable livelihoods

1a. In the past 12 months has there been any change in the total value of the combined income of all members of your household?

- An increase
 No change
 A decrease

1b. During the last 12 months, what were the sources of your household income? (tick all sources that are applicable)

Own farming/livestock	<input type="checkbox"/>
Own business/service	<input type="checkbox"/>
Agricultural labour on other person's farming/livestock	<input type="checkbox"/>
Labour in manufacturing/service sector	<input type="checkbox"/>
(Governmental) Financial support	<input type="checkbox"/>
Interest/rent	<input type="checkbox"/>
Remittances	<input type="checkbox"/>

Domestic work	<input type="checkbox"/>
Other	<input type="checkbox"/>

2a. In the past 12 months, did the value of the following assets change:

	Increase	No change	Decrease	Not applicable
Livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other production resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House (quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Within your household, who decides on the use of household expenditures?

- men only
 women only
 both men and women
 not applicable

4. In the past 12 months, how many months did your household have insufficient food? _____
Months

5. How many times per day did you eat a meal (breakfast, lunch, dinner) on average during the most critical month of food insufficiency?

_____ Times (0,1,2,3,4 or 5)

Part 2: Social Welfare

6a. How many children in your household are in the school age?

Girls	Boys	Total

6b. Of those children, how many are enrolled at school

	Girls	Boys	Total
Enrolled at school			
Not enrolled at school			

6c. Has any of your children left school during the last year?

- Yes
 No

6d. Only for the children who left school during the last year, please mention how many girls and boys left school and what was the highest grade they completed before leaving school?

Grade	Number of Girls	Number of Boys	Total
0			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

7. How do you rate the quality of the education your son(s) and/or daughter(s) receive specifically in relation to:

	Poor	Fair	Good
the content of the educational material			
the knowledge and skills of the teachers			
the school building, facilities and surroundings			
the ability you have to participate in the management of the school and influence the quality of education			

8a. In the last 3 months, have you been ill to the extent that you were unable to participate in normal daily activities?

- Yes
 No

8b. If yes, how many days (incl weekends)?

_____ days

9a. How many deliveries (child births) were there in your household during the last year?

_____ deliveries.

9b. How many of these deliveries were attended by skilled health personnel?

_____ deliveries.

(i.e. Number of childbirths attended by physicians, nurses, midwives, and qualified health care agents. Note: Traditional midwives (trained or not) should not be included!)

10. How many children were born in your household:

	Number
... during the last 5 years?	
Of these children (i.e. born in the last 5 years) how many are still living?	

11. Have you ever undergone a voluntary test on HIV?

- Yes
 No

Part 3: Human Security

12. In the last 12 months have you **experienced** physical damage to yourself or your belongings because of

	Yes	No
natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
civil unrest /armed conflict	<input type="checkbox"/>	<input type="checkbox"/>
banditry	<input type="checkbox"/>	<input type="checkbox"/>
state action	<input type="checkbox"/>	<input type="checkbox"/>
domestic violence	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you **feel a threat** of damage to yourself or your belongings because of

	Yes	No
natural disaster	<input type="checkbox"/>	<input type="checkbox"/>
civil unrest /armed conflict	<input type="checkbox"/>	<input type="checkbox"/>
banditry	<input type="checkbox"/>	<input type="checkbox"/>
state action	<input type="checkbox"/>	<input type="checkbox"/>
domestic violence	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you taken any measures in order to cope with future potential disasters (natural or man made)

- Yes
 No

15. Do you feel capable to cope with potential future disasters?

- Yes
 No

Part 4: Social and political participation

16. Through which of the following media do you get information on public issues

	Daily	Frequently	Occasionally	Rarely	Never	Not applicable*
Newspapers						
Radio						
Internet						
Email						
Social media						
Telephone						
Community based organisations						
Word of mouth (friends, neighbours etc.)						
Other						

*not applicable = I do not have access to this type of media

17a. Did you ever have a serious dispute?

- Yes
 No

17b. If yes, did you ever make use of the support from a third party?

- Yes
 No

17c. If yes which support did you use (multiple answers possible)

- Formal judiciary (involving courts and professional lawyers)
 Traditional and customary authority (village chief, religious authority)
 Legal aid service by NGO of Community Based Organisation
 Mediation service by NGO of Community Based Organisation
 Other community or family member
 Other

17d. What was the effect of this support on your life ?

- positive
 no change
 negative

18. Have you participated in any collective/community action against any injustice or to fight for rights, in the past year?

- Yes
 No

19a. To which of the following organisations do you belong?

19b. At which of the following organisations do you hold a leadership position at this moment?

19c. At which of the following organisations did you manage to influence a decision making process in the past year?

	Member	Leadership position	Influenced decision making	Not applicable
Religious organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sports club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Women's organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Political party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trade Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Farmers organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 5: Gender and empowerment

20. Are you able to move safely on your own in your village/town/city during day time?

- Yes
 No

21. Is it possible to speak out in your community against violence against women?

- Yes
 No

22. During the last 12 months have you taken any action as a result of an act of violence that you experienced because you are a woman?

- No, I had no such experience
 No, I had no opportunity to take action
 Yes, I have sought protection outside my house
 Yes, I talked about it confidentially with another person (family, partner, friends, colleagues etc.)
 Yes, I went to the legal authorities
 Yes, I talked about it openly

23a. Is domestic violence against women a problem in this community?

- Yes
 No

23b. If yes, how big was the problem of domestic violence against women in your community during the last 12 months

- big
 substantial
 small

23c (FEMALE ONLY): Have you ever been hit by your husband during the past 12 months?

23d (MALE ONLY) Have you ever hit your wife during the past 12 months?

- Yes
- No

24a. Is it possible in your community to obtain contraceptives to limit pregnancies?

- Yes
- No

24b. Is it possible for women in your community to talk openly to their husbands/partners about safe sex?

- Yes
- No

24c. Is it possible for a woman in your community to have a safe abortion if she wishes?

- Yes
- No

Part 6 Participa-
tion in project
activities

Number of years participated in activities of this organisation (name): ____ years

Type of activity a member of your household participated in during the last year:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Humanitarian aid |
| <input type="checkbox"/> Livelihoods (sustainable production and protection) | <input type="checkbox"/> Financial services and markets |
| <input type="checkbox"/> Education | <input type="checkbox"/> Health |
| <input type="checkbox"/> Conflict transformation | <input type="checkbox"/> Natural disaster reduction |
| <input type="checkbox"/> Access to information | <input type="checkbox"/> Access to justice |
| <input type="checkbox"/> Social and political participation | <input type="checkbox"/> Gender / women's rights |



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