

**Socioeconomic Impact Assessment of COVID-19 Pandemic in Papua New Guinea**

**A Survey of the Impact of COVID-19 Related Measures on the Households Income and Expenditure**

The United Nations in PNG in Partnership with the National Broadcasting Corporation of PNG are conducting a nationwide survey to Assess the Socioeconomic Effects/Impact of Measures taken to prevent the spread of COVID-19 (such as the State of Emergency and the National Emergency Orders on the Income and Expenditure of Households

Results of the survey will inform the Government and Partners to better design and target the respective resources to help the country recover. Hence your participation is critical to better measure the effects/impact on Households. The survey is anonymous. All information including data on respondents will be confidential. This survey should be filled out by the head of the household or by a household member on their behalf.

|  |  |  |  |
| --- | --- | --- | --- |
| Basic Demographic information | | | |
| 1. State the Province/District/LLG that you live in: | Province:\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | District:\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LLG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Gender of head of the household? | □ Male  □ Female | b. Age of head of the household? | □ Between 25 - 34 years-old  □ Between 35 - 44 years-old  □ Between 45 - 54 years-old  □ 55 or more years-old |
| 1. Are you the main income earner of the household | □ Yes  □ No | d. Where do you live? | □ Suburb (town)  □ Urban Squatter  □ Provincial township  □ Rural Village Household |
| 1. What is your marital status? | □ Single  □ Married  □Divorced/Separated  □ Defacto/Other | f. Are you the landlord of the house or a tenant or other? | □ Landlord  □ Tenant  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is your household a nuclear family or extended family? If extended, how many families? | | □ Nuclear Family  □ Extended Family  No. of families: \_\_\_\_\_ | |
| 1. How many people live in your household? | | Female Adults \_\_\_\_\_  Male Adults \_\_\_\_\_\_  Female Children\_\_\_\_\_\_\_ (ages 18 and Below)  Male Children\_\_\_\_\_ (ages 18 and Below)  Total\_\_\_\_\_\_ | |
| 1. How many people living with disability (PLWD) live in your household? | | Female Adults \_\_\_\_\_  Male Adults \_\_\_\_\_\_  Female Children\_\_\_\_\_\_\_ (ages 18 and Below)  Male Children\_\_\_\_\_ (ages 18 and Below)  Total\_\_\_\_\_\_ | |
| Employment and Income information | | | |
| 1. What is your main source of income? Tick one box | | □ Formal employment (salary)  □ Informal Enterprise Sector (e.g. self-help activities)  □ Informal Employment (e.g. babysitter, *haus meri*)  □ Casual Employee in a registered business  □ Others (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Has the SOE and NEO affected your main source of income? If so How? (Please tick all that apply) | | □ Yes □ No  □ The Supplier has been cut off hence no reselling  □ The ban on social activities (eg betelnut selling & chewing)  □ Closure of non-essential services/shops  □ Restrictions on travels  □ Restrictions on air/sea ports  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Is your income earned on a daily/weekly/monthly basis? (prior to the SOE on 23 March) | | □ Daily  □ Weekly  □ Fortnightly  □ Monthly | |
| 1. How much did you earn per day (prior to the SOE on 23 March ) | | □ K7-K100  □ K101-K500  □ K501-K1000  □ K1001-K5000  □ K5000+ | |
| 1. Since the implementation of the SOE on 23 March, how has your personal income been affected? | | □Decreased  □Increased  □No Change | |
| 1. How much were your spending per day on household expenditures such as food, medical, utilities (prior to the SOE/NEO)? | | □ K7-K100  □ K101-K500  □ K501-K1000  □ K1000+ | |
| 1. Has there been any change in household spending during the SOE? | | □Decreased  □Increased  □No Change | |
| 1. If the SOE continues, how would your personal & household income be affected? | | □ Decrease significantly  □ Decrease somewhat  □ No Change  □ Increase somewhat  □ Increase significantly | |
| 1. Describe the debts that you are currently repaying: | | □ Housing Loan  □ School Fee Loans  □ Personal Loans  □ Goods bought on credit/*Dinau*  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None | |
| 1. Has the effect on your income had an impact on your repayment of loans/debts? | | □ Yes  □ No | |
| 1. How many other people are gainfully employed in your household? | | Female \_\_\_\_\_  Male \_\_**\_\_\_\_**  Person Living With Disability Female \_\_\_\_\_  Person Living With Disability Male \_\_**\_\_\_\_**  Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Has their income been affected due to the SOE/NEO? | | Female \_\_\_\_\_  Male \_\_**\_\_\_\_**  Person Living With Disability Female \_\_\_\_\_  Person Living With Disability Male \_\_**\_\_\_\_**  Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Has the quantity of basic food items consumed by the household changed since the SOE/NEO was introduced? | | □ Increased significantly  □ Increased somewhat  □ No change  □ Decreased somewhat  □ Decreased significantly | |
| 1. Has the quality of basic food items consumed by the household changed since the SOE/NEO was introduced? | | □ Increased significantly  □ Increased somewhat  □ No change  □ Decreased somewhat  □ Decreased significantly | |
| 1. Has anyone in your household lost/quit their jobs due to the SOE/NOE? (please specify all that apply) | | Female \_\_\_\_\_  Male \_\_**\_\_\_\_**  Person Living With Disability Female \_\_\_\_\_  Person Living With Disability Male \_\_**\_\_\_\_**  Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. State the reason why members have lost/quit their job? | | □ Laid off because business closed  □ Laid off because business scaled down  □ Specify if others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. What was the type of job lost/quit? | | □ Formal (wage employment)  □ Informal  □ Casual (irregular wage)  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Are you confident that those who have lost their jobs in your household will be able to get a job/return to their former jobs when the pandemic is over? | | □ Yes  □ No  □ Not sure  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Has your household’s living situation changed due to SOE/NEO issued in the country? | | □ Improved □ Worsened | |
| 1. Has anyone in your household been able to supplement your main source of income during this period (Yes/No)? If yes, please specify how you supplemented your income? | | □ Yes □ No  □ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Have you received any support during the SOE/NOE? If yes, what sort of support and from whom? | | □ Yes □ No  □ Financial support from Government  □ Basic Essential Items from Government  □ Basic Essential Items from Churches/NGOs  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Describe the main personal challenges you are facing: | | □ Reduced access to income earning opportunities  □ Increased security concerns  □ Gender based violence  □ Child abuse (within your household)  □ Abuse (physical/verbal/emotional)  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Which Aspects of your Income Do you think the Government and its Partners Should Focus or Target to Help you to Recover quickly from the socioeconomic impact of COVID-19? Please provide 2 suggestions. | | (i)……………………………………………………………………………  (ii)………………………………………………………………………… | |
| 1. What Policy suggestions do you have for the Government and its Partners to Help you recover quickly households recover quickly? Please provide 3 suggestions. | | (i)……………………………………………………………………………  (ii)……………………………………………………………………………  (ii)…………………………………………………………………………… | |