



# **EMERGE COVID-19 and Gender Questions Migration Process and Quarantine**

These questions are for individuals who migrated from their home place to another location for employment or economic opportunity (i.e., economic migrants).

1.	What type of	work did yo	u migrate for?
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- a. Daily wage construction worker
- b. Daily wage agricultural worker (pickers)
- c. Household help
- d. Daily wage factory worker
- e. Driver employed with a family or organization
- f. Driver self employed
- g. Vegetable/Fruit vendor
- h. Local shopkeeper
- i. Daily wage tailor/clothing sector
- j. Tailor/clothing sector self employed
- k. Professional employment (employment requiring higher education)

1.	Do not work, moved with spouse	(Skip to Q. 3)	
m.	Other		

- 2. Were you regularly working prior to the COVID-19 pandemic?
  - a. Yes
  - b. No

Now I want to ask you about why you returned to home, and what your experiences have been in the process of returning home.

- 3. Why did you return to your home place? (check all that apply)
  - a. Loss of job/No work available
  - b. Loss of accommodation
  - c. Required by government to leave
  - d. No savings/money to afford current living situation
  - e. Fear of contracting COVID-19
  - f. Family or friends told them to go back for their safety
  - g. Spouse decided to migrate back
  - h. Other
- 4. Was there a delay before you start your journey? If yes, how long?
  - a. Yes If yes, indicate number of days you could not leave when you wanted to \_\_\_\_\_
  - b. No
- 5. Once you were able to leave, how many days did it take you to reach your home place?
  - a. Less than 7 days
  - b. 7-14 days
  - c. 15-21 days
  - d. 22-30 days
  - e. 31-27 days
  - f. Over 40 days
- 6. What modes of transportation did you use to travel back to your home place? (select all that apply)
  - a. By foot
  - b. Bus
  - c. Train





- d. Airplane
- e. Other

Source: Questions for this survey were made by EMERGE.

## **Returning Home**

1.	Upon reaching your home place, were you put into a quarantine facility? By quarantine facility, I mean a designated space for
	you live isolated from others to reduce the risk of COVID-19 transmission.

- a. Yes
- b. No If No, go to Q.5
- 2. Who ran this quarantine facility?
  - a. The government
    - b. The local community
    - c. A private group or NGO
    - d. Other (please specify \_\_\_\_\_
- 3. For how many days did you have to stay at the quarantine facility? \_\_\_\_\_ days
- 4. Were you required to pay for your stay at the quarantine facility?
  - a. Yes
  - b. No
- 5. At the quarantine facility, how many people were in your room, apart from your family members?
  - a. Only me/family members
  - b. At least 1 other person
  - c. 3-5 people
  - d. More than 5 people
- 6. What is your current living situation now?
  - a. Voluntary quarantine (stay at home and severely limit contact with people outside of your home and only leave the house for necessities) due to fear of exposure
  - b. Voluntary quarantine due to confirmed/suspected case in household
  - c. Mandated self-isolation/quarantine by medical professional due to confirmed/suspected case (not allowed to go out for any reason including groceries)
  - d. Stay-at-home (or shelter-in-place, or lockdown) order by local government and/or employer urging people to stay home (e.g., can still take walks and socialize outdoors while maintaining social distancing)
  - e. In transit, towards my home place
  - f. In my home, no COVID-19 related restrictions in place
  - g. None of the above

Source: Adapted from - Fisher, P.W., Desai, P., Klotz, J., Turner, J.B., Reyes-Portillo, J.A., Ghisolfi, I., Canino, G., and Duarte, C.S. (2020) COVID-19 Experiences (COVEX).

# Current Circumstances (regardless of whether the migrant is in transit, in quarantine or returned home)

- 1. Currently, what are your most important needs that are not met?
  - a. Cash
  - b. Food/Nutrition
  - c. Employment
  - d. Healthcare
  - e. WASH
  - f. Fuel/Electricity
  - g. Education
  - h. Shelter Support
  - i. Psychosocial Support
  - j. Information counselling
  - k. Other





Source: Adapted from - OECD (2017). Affected People and Field Staff Survey – Iraq. Retrieved from: <a href="https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD\_Iraq\_Affected\_people\_and\_staff\_survey\_(October%202017).pdf">https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD\_Iraq\_Affected\_people\_and\_staff\_survey\_(October%202017).pdf</a>

- 2. Have you or anyone in your household received financial support or other assistance from any of the following to help you and your family deal with financial hardships due to the COVID-19 pandemic?
  - a. Government support in the form of direct monetary payment
  - b. Government support in the form of food or other resources
  - c. Government support in the form of gloves, masks, sanitizer etc. or other supplies to help you keep safe from infection
  - d. Government support in the form of personal hygiene supplies (menstrual supplies, baby diapers, etc.)
  - e. Charity from NGOs, either money or resources including food and clothing
  - f. Charity from International Organizations, either money or resources including food and clothing
  - g. Charity from Religious Organizations or Groups
  - h. Borrowing money or charity from friends or family
  - i. Other (please specify)

Source: Adapted from - The World Bank COVID-19 Core Questionnaire

# **COVID-19 Testing and Treatment for Migrants**

1. Many migrants receive COVID testing and health care in the process of returning home, or once they returned home. Can you let us know which of the following applies to you?-- Tested, results of test, treatment, other health care

	Pri	or to	Journey			arantine applicable)	Currently/At Home		
Did someone check your temperature to test for fever?	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
	b.	No	b.	No	b.	No	b.	No	
Were you tested for COVID-19?	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
	b.	No	b.	No	b.	No	b.	No	
If yes, indicate date of the Test (dd/mm/year)									
If Yes, indicate Test Result  If No, skip to next section.	a.	Positive	a.	Positive	a.	Positive	a.	Positive	
	b.	Negative	b.	Negative	b.	Negative	b.	Negative	

Now I want to ask you about what happened after you tested positive.

- 2. Were you placed in an isolated area to prevent you from infecting other (i.e., in quarantine)?
  - a. Yes, in a facility
  - b. Yes, at home
  - c. No
- 3. Were you provided any medical treatment for your COVID-19?
  - a. Yes
  - b. No If no, go to the next section
- 4. Do you feel you got the health care you needed for your COVID-19 infection?
  - a. Yes
  - b. No





# Access to Services/Resources and Treatment of Migrants During the Journey and Upon Returning Home

Migrants face a number of stressors, in terms of access to hygiene, economic insecurity, food insecurity, stigmatization as a migrant, and mistreatment. I would like to ask you about these at each point in your migratory process.

and mistreatment. I would like to ask y		Prior to		Journey		arantine	Currently/At Home		
		11101 10		Journey		aranune applicable)	Currently/At Home		
Health and Sanitation					(11 6	тррпецоте)			
Did you have access to soap and	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
water every day?	b.	No	b.	No	b.	No	b.	No	
2. If you had your menstrual period	a.	Reusable sanitary	a.	Reusable sanitary	a.	Reusable sanitary	a.	Reusable sanitary	
during the time, what did you use to	a.	pads	a.	pads	a.	pads	a.	pads	
collect or absorb your menstrual blood?	b.	Disposable sanitary	b.	Disposable sanitary	b.	Disposable sanitary	b.	Disposable sanitary	
(DHS 2019)	0.	pads	0.	pads	0.	pads	0.	pads	
(1115 2017)	c.	Tampons	c.	Tampons	c.	Tampons	c.	Tampons	
	d.	Menstrual cup	d.	Menstrual cup	d.	Menstrual cup	d.	Menstrual cup	
	e.	Cloth	e.	Cloth	e.	Cloth	e.	Cloth	
	f.	Toilet paper	f.	Toilet paper	f.	Toilet paper	f.	Toilet paper	
	g.	Cotton wool	g.	Cotton wool	g.	Cotton wool	g.	Cotton wool	
	h.	Underwear only	h.	Underwear only	h.	Underwear only	h.	Underwear only	
	i.	Other (specify)	i.	Other (specify)	i.	Other (specify)	i.	Other (specify)	
	i	Nothing	i	Nothing	i	Nothing	i.	Nothing	
3. Did you get any access to	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
contraceptives such as condoms, birth	b.	No	b.	No	b.	No	b.	No	
control pills?	0.	110	0.	110	0.	110	0.	110	
Economic Insecurity			1		1				
4. Did you have some cash with you	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
every day?	b.	No	b.	No	b.	No	b.	No	
Food Insecurity	0.	110	υ.	110	υ.	110	υ.	110	
5. Did you have a minimum of 2 meals	a.	Yes		Yes	a.	Yes		Yes	
every day?	b.	No	a. b.	No	b.	No	a. b.	No	
		Yes	1	Yes		Yes		Yes	
6. Did you have drinking water every	a. b.	No	a. b.	No	a. b.	No	a. b.	No	
day?	D.	NO	υ.	NO	υ.	NO	υ.	NO	
Stigmatization vs Respect									
7. Were you treated with respect by the	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
people you encountered? (OECD 2017)	b.	No	b.	No	b.	No	b.	No	
8. Did people avoid you or stay away	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
from you for fear that you might have	b.	No	b.	No	b.	No	b.	No	
COVID?	-								
Mistreatment or Abuse									
9. Has anyone ever hit, slapped, kicked,	a.	Yes	a.	Yes	a.	Yes	a.	Yes	
or done anything else to hurt you	b.	No	b.	No	b.	No	b.	No	
physically during this time? (IIPS,									
2017)									
If Yes, who?	a.	Employer/Someone	a.	Employer/Someone	a.	Employer/Someone	a.	Employer/Someone	
		at work		at work		at work		at work	
	b.	Police	b.	Police	b.	Police	b.	Police	
	c.	Soldier	c.	Soldier	c.	Soldier	c.	Soldier	
	d.	Priest/Religious	d.	Priest/Religious	d.	Priest/Religious	d.	Priest/Religious	
		leader		leader		leader		leader	
	e.	NGO/Aid worker	e.	NGO/Aid worker	e.	NGO/Aid worker	e.	NGO/Aid worker	
	f.	Government	f.	Government	f.	Government	f.	Government	
		employee		employee		employee		employee	
		providing services		providing services		providing services		providing services	
		or resources		or resources		or resources		or resources	
	g.	Stranger	g.	Stranger	g.	Stranger	g.	Stranger	
	h.	Friend or	h.	Friend or	h.	Friend or	h.	Friend or	
		Acquaintance		Acquaintance		Acquaintance		Acquaintance	
	i.	Spouse	i.	Spouse	i.	Spouse	i.	Spouse	
	j.	Family member	j.	Family member	j.	Family member	j.	Family member	
	k.	Other (please	k.	Other (please	k.	Other (please	k.	Other (please	
		specify)		specify)	1	specify)		specify)	





10. Has anyone ever forced you in any	a.	Yes	a.	Yes	a.	Yes	a.	Yes
way to have sexual intercourse or	b.	No	b.	No	b.	No	b.	No
perform any other sexual acts when you								
did not want to? (IIPS, 2017)								
are not want to (III 5, 2017)	a.	Employer/Someone	a.	Employer/Someone	a.	Employer/Someone	a.	Employer/Someone
If Yes, who?		at work		at work		at work		at work
,	b.	Police	b.	Police	b.	Police	b.	Police
	c.	Soldier	c.	Soldier	c.	Soldier	c.	Soldier
	d.	Priest/Religious	d.	Priest/Religious	d.	Priest/Religious	d.	Priest/Religious
		leader		leader		leader		leader
	e.	NGO/Aid worker	e.	NGO/Aid worker	e.	NGO/Aid worker	e.	NGO/Aid worker
	f.	Government	f.	Government	f.	Government	f.	Government
		employee		employee		employee		employee
		providing services		providing services		providing services		providing services
		or resources		or resources		or resources		or resources
	g.	Stranger	g.	Stranger	g.	Stranger	g.	Stranger
	h.	Friend or	h.	Friend or	h.	Friend or	h.	Friend or
		Acquaintance		Acquaintance		Acquaintance		Acquaintance
	i.	Spouse	i.	Spouse	i.	Spouse	i.	Spouse
	j.	Family member	j.	Family member	j.	Family member	j.	Family member
	k.	Other (please	k.	Other (please	k.	Other (please	k.	Other (please
	11.	specify)	11.	specify)	12.	specify)	11.	specify)
11. If they said yes to any of the above	a.	Own family	a.	Own family	a.	Own family	a.	Own family
(9-10), ask:	b.	Husband/Partner's	b.	Husband/Partner's	b.	Husband/Partner's	b.	Husband/Partner's
( <i>y</i> 10), usk.	0.	family	0.	family	0.	family	0.	family
	c.	Current or former	c.	Current or former	c.	Current or former	c.	Current or former
From whom have you sought help in the	С.	husband/partner	· .	husband/partner	٥.	husband/partner	· ·	husband/partner
past 12 months?	d.	Friend or	d.	Friend or	d.	Friend or	d.	Friend or
	u.	Acquaintance	۵.	Acquaintance	۵.	Acquaintance	۵.	Acquaintance
Anyone else? (Select all that apply)	e.	Religious leader	e.	Religious leader	e.	Religious Leader	e.	Religious leader
	f.	Doctor/Medical	f.	Doctor/Medical	f.	Doctor/Medical	f.	Doctor/Medical
	1.	personnel	1.	personnel	1.	personnel	**	personnel
	g.	Police	g.	Police	g.	Police	g.	Police
	h.	Lawyer	h.	Lawyer	h.	Lawyer	h.	Lawyer
	i.	NGO/Aid worker	i.	NGO/Aid worker	i.	NGO/Aid worker	i.	NGO/Aid worker
	i.	Other	i.	Other	i.	Other	i.	Other
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#### Source: Adapted from -

- Demographic and Health Surveys. (2019). Demographic and Health Surveys Phase 8: Woman's Questionnaire. Retrieved from <a href="https://dhsprogram.com/publications/publications-publication-DHSQ8-DHS-Questionnaires-and-Manuals.cfm">https://dhsprogram.com/publications/publication-DHSQ8-DHS-Questionnaires-and-Manuals.cfm</a>
- International Institute for Population Sciences, & ICF. (2017). National Family Health Survey (NFHS-4), 2015-16: India. Retrieved from http://rchiips.org/NFHS/nfhs4.shtml
- OECD (2017). Affected People and Field Staff Survey Iraq. Retrieved from: <a href="https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD\_Iraq\_Affected\_people\_and\_staff\_survey\_(October%202017).pdf">https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD\_Iraq\_Affected\_people\_and\_staff\_survey\_(October%202017).pdf</a>

## To further develop your survey, please refer to the following modules:

- Financial Inclusion, Stressors and Food Security
- Menstrual Hygiene, Handwashing, Drinking Water and Sanitation
- Physical and Mental Health