

Micro Follow-up Survey on COVID-19 – Somalia
Round 1: July 2020
The World Bank Group

INSTRUCTIONS (NOT SHOWN): READ ALL QUESTIONS AS WRITTEN. ITEMS MARKED (SPONTANEOUS) SHOULD NOT BE READ AND ARE ADMINISTERED ONLY BY PHONE.

A. CONTROL INFORMATION & INTRODUCTION (to be filled out from the existing information)

Unique ID

idstd

A.1 Country Code

a1

Country Name

countryx

A.1a Language of the interview

a1a

| | | |
|--------------|---|-------------|
| Phone (CATI) | 1 | mode |
|--------------|---|-------------|

READ THE FOLLOWING TO THE TARGET RESPONDENT, IF BY PHONE (mode=1)

Good [morning/afternoon/evening], I'm calling you from [Insert name of the contractor] on behalf of the World Bank. We are conducting a survey to better understand the effect of the COVID-19 on businesses like yours. Your business is randomly selected to participate in a quick over the phone survey. The information gathered will help to design policy responses for private sector recovery and growth in Somalia.

The information and opinions you provide will be anonymized. Neither your name nor the name of your business will be used in any document based on this survey.

| | |
|--|-----------------------|
| | Date of the interview |
|--|-----------------------|

| Year | Month | Day |
|---------|---------|---------|
| COVa20y | COVa20m | COVa20d |



| |
|----------------------|
| Last completed month |
| COVa20m_1 |

A. GENERAL INFORMATION [TO BE ASKED TO FIRMS NOT COVERED IN THE ES]

A.0 In what year did this establishment begin operations?

| | Year |
|-------------------------------------|-----------|
| Year establishment began operations | b0 |
| DON'T KNOW (SPONTANEOUS) | -9 |

INTERVIEWER: PROVIDE FOUR DIGITS FOR YEAR

B.1 What is this firm's current legal status?

| | |
|--|-----------|
| Shareholding company with non-traded shares or shares traded privately | 2 |
| Sole proprietorship | 3 |
| Partnership | 4 |
| Limited partnership | 5 |
| OTHER | 6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

b1

B.4a What percentage of the firm is owned by females?

| | Percent |
|---------------------------------|-------------|
| Percentage of female ownership | b4a% |
| DON'T KNOW (SPONTANEOUS) | -9 |

D.1a1 In **December 2019**, what was the activity and product that represented the establishment's largest sales?
INTERVIEWER: PLEASE RECORD THE DESCRIPTION OF THE ACTIVITY AND PRODUCT IN DETAIL, FOR EXAMPLE, "LEATHER SHOE MANUFACTURING' NOT JUST SHOE MANUFACTURING".

| | d1a1a | DETAILED DESCRIPTION OF MAIN ACTIVITY AND PRODUCT |
|---------------------|--------------|--|
| Manufacturing of | 1 | d1a1x |
| Retail trade of | 2 | |
| Wholesale trade of | 3 | |
| Construction of | 4 | |
| Hotel or restaurant | 5 | |
| Provide services of | 6 | |

| | |
|-------------|--|
| B.5a | Does this business have a registration or operating permit from the Ministry of Commerce? |
|-------------|--|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

b5a

| | |
|-------------|--|
| B.5b | Does this business have a registration or operating permit from the Municipality? |
|-------------|--|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

b5b

B. SALES

B.0 Currently is this establishment open, temporarily closed (suspended services or production), or permanently closed?

| | | |
|---------------------------------|-----------|-------------------|
| Permanently closed | 1 | <i>Terminate</i> |
| Temporarily closed | 2 | <i>GO TO B.1b</i> |
| Open | 3 | |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO B.2</i> |
| | | COVb0 |

B.1a Did this establishment close temporarily (suspended services or production) due to the COVID-19 outbreak?

| | | |
|---------------------------------|-----------|------------------|
| Yes | 1 | |
| No | 2 | <i>GO TO B.2</i> |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO B.2</i> |
| | | COVb1a |

B.1b For how many weeks has this establishment been closed (or was closed) due to the COVID-19 outbreak?

| | |
|------------------------------------|---------------|
| Weeks the establishment was closed | COVb1b |
| DON'T KNOW (SPONTANEOUS) | -9 |

B.2 Comparing this establishment's sales for [insert last completed month] with the same month in 2019, did sales increase, remain the same, or decrease?

| | | |
|---------------------------------|-----------|------------------|
| Increase | 1 | |
| Remain the same | 2 | <i>GO TO C.3</i> |
| Decrease | 3 | |
| DON'T KNOW (SPONTANEOUS) | -9 | <i>GO TO C.3</i> |
| | | COVb2a |

ASK ONLY IF COVb2a = 1

B.2a By what percentage did the sales increase?

| | |
|---------------------------------|-----------------|
| | Percent |
| Percentage increase in sales | COVb2b % |
| DON'T KNOW (SPONTANEOUS) | -9 |

ASK ONLY IF COVb2a = 3

B.2b By what percentage did the sales Decrease?

| | |
|---------------------------------|-----------------|
| | Percent |
| Percentage decrease in sales | COVb2c % |
| DON'T KNOW (SPONTANEOUS) | -9 |

C. PRODUCTION

| | |
|------------|--|
| C.3 | Has this establishment adjusted or converted, partially or fully, its production or the services it offers in response to the COVID-19 outbreak? |
|------------|--|

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

COVc3

| | |
|------------|---|
| C.2 | Comparing [insert option] for [insert last completed month] with the same month in 2019, did it (they) increase, remain the same, or decrease? INTERVIEWER: READ OUT |
|------------|---|

| | Increase | Remain the same | Decrease | DON'T KNOW (SPONTANEOUS) |
|--|----------|-----------------|----------|---------------------------------|
| This establishment's total hours worked per week COVc2a | 1 | 2 | 3 | -9 |
| The demand for this establishment's products and services COVc2b | 1 | 2 | 3 | -9 |
| This establishment's supply of inputs, raw materials, or finished goods and materials purchased to resell COVc2c | 1 | 2 | 3 | -9 |

ASK ONLY IF COVc2c = 3

| | |
|---------------|--|
| SOMC.1 | What was the main reason for the disruption in intermediate materials? |
|---------------|--|

| | |
|---------------------------------|-----------|
| Not available | 1 |
| Cost increased | 2 |
| Lower quality | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

SOMCOVc1

| | |
|------------|---|
| C.4 | Did this establishment experience any of the following changes in response to the COVID-19 outbreak? INTERVIEWER: READ OUT |
|------------|---|

| | Yes | No | DON'T KNOW (SPON.) |
|---|-----|----|-------------------------------|
| Started or increased using phone for marketing or accepting orders? SOMCOVc4a | 1 | 2 | -9 |
| Started or increased delivery or carry-out of goods or services? COVc4b | 1 | 2 | -9 |
| Changed or in the process of changing its products and services SOMCOVc4d | 1 | 2 | -9 |
| Started or increased use of Internet, online social media, specialized apps or digital platforms SOMCOVc4e | 1 | 2 | -9 |

D. LABOR

PLEASE READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:

And now I would like to ask some questions about this establishment workforce

D.0a At the end of **March 2020**, how many permanent, full-time employees did this establishment employ? Please include all employees and managers

Permanent, full-time workers are defined as all workers that work for a term of one or more fiscal years and/or have a guaranteed renewal of their employment and that work a full shift.

(INTERVIEWER: INCLUDE RESPONDENT IF APPLICABLE).

| | Number |
|---|--------|
| Permanent, full-time workers end of December 2019 | COVd0a |
| DON'T KNOW (SPONTANEOUS) | -9 |

D.0b At the end of **March 2020**, in this establishment how many permanent, full-time workers were **female**?

| | Number | DON'T KNOW (SPON.) |
|---|--------|--------------------|
| Female permanent full-time workers end of December 2019 | COVd0b | -9 |

D.1 At the end of the last completed month, that is in **[insert last completed month]**, how many permanent, full-time employees did this establishment employ? Please include all employees and managers

(INTERVIEWER: INCLUDE RESPONDENT IF APPLICABLE).

| | Number |
|--|--------|
| Permanent, full-time employees end of last month | COVd1 |
| DON'T KNOW (SPONTANEOUS) | -9 |

D.2 At the end of the last completed month, that is the end of **[insert last completed month]**, in this establishment how many permanent, full-time workers were **female**?

| | Number | DON'T KNOW (SPON.) |
|------------------------------------|--------|--------------------|
| Female permanent full-time workers | COVd2 | -9 |

| | |
|------------|--|
| D.3 | Since March 2020, has the total number of this establishment's temporary workers increased, remained the same, or decreased? |
|------------|--|

| | Increased | Remained the same | Decreased | DON'T KNOW (SPON.) |
|---------------------------------|-----------|-------------------|-----------|---------------------------|
| Temporary workers COVd3b | 1 | 2 | 3 | -9 |

ASK ONLY IF COVd1 < COVd0a OR COVD3B = 3

| | |
|------------|--|
| D.4 | Since March 2020, how many workers have taken leave for more than 5 days or quit due to illness, childcare interruption, or mobility restrictions linked to the COVID-19 outbreak? |
|------------|--|

| | |
|--|--------------|
| Number workers that quit or took leave | COVd4 |
| DON'T KNOW (SPONTANEOUS) | -9 |

ASK ONLY IF COVd1 < COVd0a OR COVD3B = 3

| | |
|------------|---|
| D.6 | Since March 2020, how many workers have been laid off due to the COVID-19 outbreak? |
|------------|---|

| | |
|---------------------------------|--------------|
| Number workers laid off | COVd6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|---------------|--|
| SOMD.8 | Since March 2020, how many workers have their salary, wages, or benefits reduced due to the COVID-19 outbreak? |
|---------------|--|

| | |
|--|--------------|
| Number workers whose salary and benefits reduced | SOMd8 |
| DON'T KNOW (SPONTANEOUS) | -9 |

| | |
|---------------|--|
| SOMD.9 | Since March 2020, how many workers had their hours reduced due to the COVID-19 outbreak? |
|---------------|--|

| | |
|--|--------------|
| Number workers whose working hours was reduced | SOMd9 |
| DON'T KNOW (SPONTANEOUS) | -9 |

E. FINANCE

PLEASE READ THE FOLLOWING TO THE RESPONDENT BEFORE PROCEEDING:

And now I would like to ask a few questions about the effect of the COVID-19 outbreak on this establishment's access to finance

E.1 Since March 2020, has/have this establishment's insert option increased, remained the same, or decreased? **INTERVIEWER: READ OUT**

| | Increased | Remained the same | Decreased | DON'T KNOW (SPON.) |
|--------------------------------------|-----------|-------------------|-----------|---------------------------|
| Liquidity or cash flow COVe1a | 1 | 2 | 3 | -9 |
| Sales on credit COVe1b | 1 | 2 | 3 | -9 |
| Purchases on credit COVe1c | 1 | 2 | 3 | -9 |

ASK ONLY IF COVE1A = 3

E.2 Since March 2020, what has been the main source this establishment has used to deal with cash flow shortages?

| | |
|---|-----------|
| Loans from commercial banks | 1 |
| Loans from non-banking financial institutions (microfinance institutions, credit cooperatives, credit unions, or finance companies) | 2 |
| Equity finance (increase contributions or capital from existing owners/shareholders or issuing new shares) | 3 |
| Delaying payments to suppliers or workers | 4 |
| Government grants | 5 |
| Others (e.g, NGOs) ((specify COVe2x) | 6 |
| DON'T KNOW (SPONTANEOUS) | -9 |

COVe2

E.3 Since March 2020, has this establishment delayed payments due to the COVID-19 outbreak for more than one week (excluding payments postponed following current regulation) to:
INTERVIEWER: READ OUT

| | Yes | No | DON'T KNOW (SPON.) |
|-----------------------------------|-----|----|---------------------------|
| Its suppliers COVe3a | 1 | 2 | -9 |
| Its landlords COVe3b | 1 | 2 | -9 |
| The tax authorities COVe3c | 1 | 2 | -9 |

E.4 Since March 2020, has this establishment been overdue on its obligations to any financial institution?

| | |
|---|-----------|
| Yes | 1 |
| No | 2 |
| DOES NOT APPLY (SPONTANEOUS) | -7 |
| DON'T KNOW (SPONTANEOUS) | -9 |

COVe4

F. POLICIES

F.1 Since March 2020, has this establishment received any national or local government support in response to the crisis?

| | |
|---|-----------|
| Yes | 1 |
| No, but expect to receive it in the next 3 months | 2 |
| No | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO SOMF.3
GO TO SOMF.3

COVf1

F.2 Did any of these measures involve any of the following:

| | Yes | No | DON'T KNOW (SPON) |
|--|-----|----|-------------------|
| Cash transfers for businesses COVf2a | 1 | 2 | -9 |
| Deferral of credit payments, rent or mortgage, suspension of interest payments, or rollover of debt. COVf2b | 1 | 2 | -9 |
| Access to new credit COVf2c | 1 | 2 | -9 |
| Fiscal exemptions or reductions COVf2d | 1 | 2 | -9 |
| Wage Subsidies COVf2e | 1 | 2 | -9 |
| Training for digital marketing and selling COVf2g | 1 | 2 | -9 |
| Other (specify COVf2fx) COVf2f | 1 | 2 | |

SOMF.3 What would be the most needed policies to support this business over the COVID-19 crisis?

| | |
|---|-----------|
| Deferral of rent, mortgage, or utilities | 1 |
| Deferral of credit payments, suspension of interest payments, or rollover of debt | 2 |
| Deferral of tax payments | 3 |
| Access to new credit | 4 |
| Loans with subsidized interest rates | 5 |
| Training for digital marketing and selling | 6 |
| Wage subsidies | 7 |
| Cash transfers and unemployment benefits | 8 |
| Others (specify SOMf2x) | 9 |
| DON'T KNOW (SPONTANEOUS) | -9 |

SOMf3

G. EXPECTATIONS

G.1 Is it expected that this establishment will fall in arrears in any of its outstanding liabilities in the next 6 months?

| | |
|---------------------------------|-----------|
| Yes | 1 |
| No | 2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

COVg1

G.2 Keeping the cost structure as it is now, how many weeks would this establishment be able to remain open if its sales stopped as of today?

| | |
|---|--------------|
| Weeks the establishment would remain open | COVg2 |
| DON'T KNOW (SPONTANEOUS) | -9 |

SOMG.5a Looking ahead to the next **six months**, do you expect establishment's sales to increase, remain the same, or decrease compared to same period last year?

| | |
|---------------------------------|-----------|
| Increase | 1 |
| Remain the same | 2 |
| Decrease | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO SOMG.6a

GO TO SOMG.6a

SOMg5a

SOMG.5 Looking ahead to the next **six months**, by what percentage are this establishment's sales expected to change compared to the same period last year?

| | |
|---------------------------------|---------------------|
| Expected change in sales | SOMg5 (in %) |
| DON'T KNOW (SPONTANEOUS) | -9 |

SOMG.6a Looking ahead to the next **six months**, do you expect establishment's workforce to increase, remain the same, or decrease compared to same period last year?

| | |
|---------------------------------|-----------|
| Increase | 1 |
| Remain the same | 2 |
| Decrease | 3 |
| DON'T KNOW (SPONTANEOUS) | -9 |

GO TO a17x

GO TO a17x

SOMg6a

SOMG.6 Looking ahead to the next **six months**, by what percentage are this establishment's workforce expected to change compared to the same period last year?

| | |
|--|---------------------|
| Expected change in number of workforce | SOMg6 (in %) |
| DON'T KNOW (SPONTANEOUS) | -9 |

THE SURVEY ENDS HERE

THANK YOU VERY MUCH FOR YOUR COOPERATION.

ASK ONLY IF MODE = 1 (PHONE - CATI)

INTERVIEWER COMMENTS: (Problems occurred or extraordinary circumstances which could influence results)

a17x

| |
|---------------------------|
| INTERVIEW PROTOCOL |
|---------------------------|

| | | |
|------------------------------------|--|-------------|
| Name of the main respondent | | a20x |
|------------------------------------|--|-------------|

| | | |
|-----------------------------------|--|-------------|
| Position of the respondent | | a21x |
|-----------------------------------|--|-------------|

| | |
|-------------|--------------------------|
| A.23 | Gender of the respondent |
|-------------|--------------------------|

| | |
|------------------------------|-----------|
| Male | 1 |
| Female | 2 |
| Refusal (SPONTANEOUS) | -8 |

| |
|------------|
| a23 |
|------------|

| | |
|-------------|--|
| A.24 | Number of minutes the interview lasted |
|-------------|--|

| |
|----------------|
| Minutes |
|----------------|

| |
|------------|
| a24 |
|------------|

ASK ONLY IF MODE = 1 (PHONE - CATI)

| | |
|-------------|------------------------|
| A.25 | Respondent cooperation |
|-------------|------------------------|

| | |
|-----------|---|
| Excellent | 1 |
| Fair | 2 |
| Average | 3 |
| Bad | 4 |

| |
|------------|
| a25 |
|------------|

| | | |
|-------------|--------------------|------------|
| A.26 | Interviewer number | a26 |
|-------------|--------------------|------------|

| | | |
|-------------|-------------------------------|--------------|
| A.27 | Full Firm Contact information | |
| | Full address | a27ax |
| | Phone number(s) | a27b |
| | Email | a27dx |