

Micro COVID-19 Impact Survey – Somalia
Round 2: November 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
--------------	---	-------------

R.1	Participated in Round 1 of the COVID-19 impact survey
------------	---

Yes	1	COV2r1
No	2	

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

Good [morning/afternoon/evening], I'm calling you from **Altai Consulting** to thank you for the participation in the first round of the COVID-19 impact survey for the World Bank that we undertook June/July. We would like to take this opportunity to ask you a few questions to follow up on the effect of the COVID-19 virus on your establishment since we spoke in June/July.. 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.

SHOW THE FOLLOWING TO RESPONDENT NOT COVERED IN THE PREVIOUS ROUND

Good [morning/afternoon/evening], I'm calling you from **Altai Consulting** 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

ASK ONLY IF COVR1==2 (Establishment was not part of the previous round of survey)

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 **February 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>GO TO SECTION H</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 Since [insert round 1 month], 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>
		COV2b1a

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

Weeks the establishment was closed	COV2b1b
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.2b By what percentage did the sales increase?

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

ASK ONLY IF COVb2a = 3

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

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

C. PRODUCTION

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.3 Since **February 2020**, 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.)
Introduced new or improved products or services? COV2c3a	1	2	-9
Discontinued the production of some goods or the offering of any services? COV2c3b	1	2	-9

C.4 Since **[insert round 1 month]**, 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? COV2c4b	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

ASK ONLY IF COVR1= 2

D.0a At the end of **February 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	COV2d0a
DON'T KNOW (SPONTANEOUS)	-9

ASK ONLY IF COVR1= 2

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

	Number	DON'T KNOW (SPON.)
Female permanent full-time workers end of February 2019	COV2d0b	-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 [insert round 1 month], 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 COV2d3b	1	2	3	-9

ASK ONLY IF COVd1 < COVd0a OR COVD3B = 3

D.4 Since [insert round 1 month], 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	COV2d4
DON'T KNOW (SPONTANEOUS)	-9

ASK ONLY IF D4 IS GREATER THAN 0, OR DON'T KNOW

D.5 How many of these were **female**?

Number female workers that quit or took leave	COV2d5
DON'T KNOW (SPONTANEOUS)	-9

ASK ONLY IF COVd1 < COVd0a OR COVD3B = 3

D.6 Since [insert round 1 month], how many workers have been laid off due to the COVID-19 outbreak?

Number workers laid off	COV2d6
DON'T KNOW (SPONTANEOUS)	-9

ASK ONLY IF D6 IS GREATER THAN 0, OR DON'T KNOW

D.7 How many of these were **female**?

Number female workers laid off	COV2d7
DON'T KNOW (SPONTANEOUS)	-9

SOMD.8 Since [insert round 1 month], 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 [insert round 1 month], 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 [insert round 1 month], has/have this establishment's liquidity or cash flow increased, remained the same, or decreased?

	Increased	Remained the same	Decreased	DON'T KNOW (SPON.)
Liquidity or cash flow COV2e1a	1	2	3	-9

ASK ONLY IF COVE1A = 3

E.2 Since [insert round 1 month], 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 COV2e2x)	6
DON'T KNOW (SPONTANEOUS)	-9

COV2e2

E.3 Since [insert round 1 month], 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 COV2e3a	1	2	-9
Its landlords COV2e3b	1	2	-9
The tax authorities COV2e3c	1	2	-9

E.4 Since [insert round 1 month], 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	COV2e4
---------------------------------	-----------	---------------

E.6 Since February 2020, has this establishment applied for any lines of credit or loans or overdraft facility?

Yes	1	GO TO E.8
No	2	
DON'T KNOW (SPONTANEOUS)	-9	GO TO F.1
		COV2k16

E.7 What was the **main** reason why this establishment did not apply for any line of credit or loan?

No need for a loan - establishment had sufficient capital	1	GO TO F.1
Application procedures were complex	2	GO TO F.1
Interest rates were not favorable	3	GO TO F.1
Collateral requirements were too high	4	GO TO F.1
Size of loan and maturity were insufficient	5	GO TO F.1
Did not think it would be approved	6	GO TO F.1
Other	7	GO TO F.1
DON'T KNOW (SPONTANEOUS)	-9	GO TO F.1
		COV2k17

E.8 Referring only to this most recent application for a line of credit or loan, what was the outcome of that application?
INTERVIEWER: READ OUT

Application was approved in full	1	
Application was approved in part	2	
Application was rejected	3	
Application was withdrawn	4	
APPLICATION STILL IN PROCESS	-6	
DON'T KNOW (SPONTANEOUS)	-9	
		COV2k20a1

SOME.8 Referring to the most recent line of credit or loan, what type of financial institution granted this loan?
INTERVIEWER: READ OUT

Private commercial banks	1	
State-owned banks	2	
Micro finance institution	3	
Federal or state government agency	4	
National or international aid agencies	5	
DON'T KNOW (SPONTANEOUS)	-9	
		COV2k9

F. POLICIES

F.1 Since [insert round 1 month], 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.2
GO TO SOMF.2

COV2f1

SOMF.1 From which of the following entities was the support (s) obtained?

Federal Government	1
State or local Government	2
From both federal and state Government	3
DON'T KNOW (SPONTANEOUS)	-9

SOMCOVf1

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

	Yes	No	DON'T KNOW (SPON)
Cash transfers for businesses COV2f2a	1	2	-9
Deferral of credit payments, rent or mortgage, suspension of interest payments, or rollover of debt. COV2f2b	1	2	-9
Access to new credit COV2f2c	1	2	-9
Tax reductions or tax deferrals COV2f2d	1	2	-9
Wage Subsidies COV2f2e	1	2	-9
Training for digital marketing and selling COV2f2g	1	2	-9
Other (specify COV2f2fx) COV2f2f	1	2	

SOMF.2 Which of the following options best describe the reason why this establishment did not receive any federal or state level government support in response to the crisis?

I was not aware	1
Too cumbersome or costly to apply	2
I am not eligible	3
I don't expect to get it because I don't have the right connections	4

I have applied but not received it	5
I do not need it	6
Other (specify SOMf2x)	7
DON'T KNOW (SPONTANEOUS)	-9

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

Deferral of payments (loan, rent, mortgage, or utilities)	1
Deferral of tax payments	2
Access to new credit	3
Loans with subsidized interest rates	4
Wage subsidies	5
Cash transfers and unemployment benefits	6
Support for adoption of digital technologies, including online marketing.	7
Support to improve my marketing skills, including packaging and display	8
Support to improve management skills to reduce costs	9
Support for adoption of COVID-19 health protocols	10
Other (specify SOMf3x)	11
DON'T KNOW (SPONTANEOUS)	-9

SOMf3

SOMF.4 What would be the **SCOND MOST** needed policies to support this business over the COVID-19 crisis?

Deferral of payments (loan, rent, mortgage, or utilities)	1
Deferral of tax payments	2
Access to new credit	3
Loans with subsidized interest rates	4
Wage subsidies	5
Cash transfers and unemployment benefit	6
Support for adoption of digital technologies, including online marketing	7
Support to improve marketing skills, including packaging and display	8
Support to improve management skills to reduce costs	9
Support for adoption of COVID-19 health protocols	10
Other (specify SOMf4x)	11
DON'T KNOW (SPONTANEOUS)	-9

SOMf4

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

H. INFORMATION ON PERMANENTLY CLOSED ESTABLISHMENTS

H.1a When did this establishment close?

Year	Month	DON'T KNOW (SPONTANEOUS)
COVh1ay	COVh1am	-9

H.2 Did this establishment implement any of the following measures before permanently closing:
INTERVIEWER: READ OUT

		Yes	No	DON'T KNOW (SPON)
Laid off some of the workforce	COVh2a	1	2	-9
Reduced salary for some or all the workforce	COVh2b	1	2	-9
Sold some of the establishment's assets	COVh2c	1	2	-9
Increased the level of debt (more credit from banks or other institutions)	COVh2d	1	2	-9
Converted the production line or services offered	COVh2e	1	2	-9
Received government (national or local) support	COVh2f	1	2	-9

H.3 Is it expected that this establishment will re-open in the future?

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

COVh3

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