Preliminary report

Study on socio-economic aspects of Covid-19 in the Maldives

(Round two - June 2020)

بسم الله الرّحمن الرّحيم

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Contents

List of Figures	4
List of Tables	5
Acknowledgements	6
Executive Summary	7
Introduction	7
Methodology	9
Findings	10
Demographic characteristics	10
COVID-19 exposure and prevention behaviour	12
Quality of life	15
Dimension 1: Mobility	16
Dimension 2: Self-care	16
Dimension 3: Usual Activities	17
Dimension 4: Pain or Discomfort	18
Dimension 5: Anxiety and Depression	18
Access to services	18
Work and income	25
Discussion	29
Limitations of the Study:	30
Conclusion	30
References	32

List of Figures

Figure 1: Participants by Gender 10
Figure 2: Participants by Age groups 10
Figure 3: Main Social Role of Participants 11
Figure 4: Marital Status of Participants 11
Figure 5: Exposure to Covid-19 13
Figure 6: Reason for Quarantine and Isolation 13
Figure 7: Compliance with HPA advice on prevention measures 14
Figure 8: Perception towards easing restrictive measures 14
Figure 9: Interventions to be in place before the easing of restrictions 15
Figure 10: Dimensions of EQ-5D 15
Figure 11: Status of Mobility during Covid-19 16
Figure 12: Status of Self Care during Covid-19 17
Figure 13: Status of the Ability to carry out usual Activities 17
Figure 14: Status of Pain and Discomfort during Covid-19 18
Figure 15: Status of Anxiety and Depression during Covid-19 18
Figure 16: Demand for medical services during Covid-19 19
Figure 17: Extent Medical needs were met 19
Figure 18: Demand for Mental Health Services 20
Figure 19: Extent that Mental Health needs were met 19
Figure 20: Demand for SRH services 21
Figure 21: Extent that SRH needs were met 21
Figure 22: Demand for Child Protection Services 22
Figure 23: Extent that child protection needs were met 22
Figure 24: Demand for Financial Support 23
Figure 25: Extent that Financial support met needs 23
Figure 26: Demand for Food support 24
Figure 27: Household Social Support 24
Figure 28: Support for the care of dependents 25
Figure 29: Usual Monthly Salary by place of work 26
Figure 30: Change in income during the past month 27
Figure 31: Continuity of income generating activity during the past month 27
Figure 32: Concern regarding return to work 28
Figure 33: Concern regarding return to work by sex 28

List of Tables

Table 1: Residential Area of Participants 12
Table 2: EQ-5D-5L Dimensions by Age group 16
Table 3: Employment status by sex 25

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Executive Summary

The first community case of Covid-19 in the Maldives was reported on the 15th April 2020 which triggered the lockdown of Greater Male' area with travel restrictions between islands, closure of businesses, government offices, schools and other movement of the people was restricted. The lockdown lasted about 45 days before any ease of movement was given. This report presents the preliminary results of the second round of online survey launched on the 12th of June 2020 to explore the extent of exposure to Covid-19, prevention practices, perceptions on easing the restrictions imposed to contain Covid-19, quality of life, access to essential services and the impact on work and income during lockdown.

A quantitative online survey methodology was adopted targeting the whole population. To reach the population, the survey team partnered with the two main telecommunication providers in the country and survey link was sent to all registered mobile phones registered with the two providers. The response rate was 94%, with 2368 people completing the study out of 2517 who responded to the study invitation. The study was registered at the Maldives National University (RR/2020/S-02) and ethics approval was obtained from the National Health Research Council (NHRC/2020/006). The response distribution by gender was quite similar with 53.4% females and 46.6% males but the response rate from the atolls was lower than Male'.

Testing for Covid-19 was found to be considerable with 14.3% of the sampled population having tested for the disease. Exposure to the disease was low with 0.4% testing positive for the disease. A large proportion complied with HPA's advice on the prevention measures of Covid-19 such as hand hygiene (72.9%), wearing face masks (71%) and social distancing (60.4%). Many wanted ease of restrictions but felt the need for increased testing, monitoring of compliance, appropriate guidelines and community empowerment to reduce risk of contracting Covid-19. Findings on the exposure to covid-19 and prevention practices reflected the country's strategy of early detection, high level of testing capacity, peoples' health seeking behaviours and acceptance of the interventions adopted in the country.

The quality of life during the Covid-19 pandemic indicated a high level of health and wellbeing with an average self-reported score of health during the lockdown at 78.2 out of 100. Except for anxiety and depression suffered by 50% of the population, the other four dimensions of quality of life showed that more than 90% had no problem with mobility and self-care, 71% had no problem with usual activities and 66% had no problem of bodily pain or discomfort during the lockdown. The discrepancy observed between the proportion of population suffering from mental health issues (50%) and the demand for mental health services (9.8%) highlights the need to extend mental health education across the country, proactive screening and treatment for the people in need.

Access to essential services during the lockdown demonstrated that 29.8% of the sample needed health services, 9.8% required mental health services, 6.8% needed sexual and reproductive services, 1.4% needed child protection services and 34% needed financial support. The small proportion of people who needed essential

services were able to access these services, but majority of those who did access the services felt that their needs were not met. Despite the efforts to enable access to essential services during lockdown, it has highlighted that the quality of services was not adequate, which may be partly driven by the narrow focus of the pandemic planning to respond to the disease specific interventions, overlooking the wider social implications.

The lockdown measures put in place was found to have disrupted economic activity for many. Amongst the working population it was common to work both at home and outside but majority were working less hours. People earning income from home-based activities were more vulnerable with earning less than MVR 5000 per month (<$10 per day). Majority who earn from home-based activities were women and were not able to continue their income activities during lockdown, mainly due to increased responsibility of domestic work and care of dependents while isolated at home. While only a third of the people were concerned about exposure to COVID-19 on return to work, majority were concerned about getting back their job, reduced pay, and social aspects such as no social support to look after dependents when they return to work. This suggests that economic concerns outweighed the risk of infection for a large segment of the working population which needs to be taken into account when planning risk communication as it poses significant risk of a resurgence of infection in the community.

While the government pandemic response is contemplating the ease of restriction, the risk of a second wave is real, and is heavily reliant on the compliance to the guidelines set out by the Health Protection Agency. The lessons from this pandemic needs to be incorporated into the pandemic preparedness plans and national emergency operational plan with innovative modalities to ensure that pandemic response does not leave the vulnerable behind. Stimulus packages will be helpful in the short run, but in the long term, sustainable safety nets, skill development and avenues for alternative income generating activities needs to be introduced, with a special focus on the informal sector and the women in the working population. Risk communications needs to target empowerment of the businesses and community to take actions on their own for successful suppression of the epidemic.

Introduction

Novel coronavirus or Covid-19 pandemic continues to spread across the world. As of 15 September 2020, 215 countries and territories were affected with 29,768,800 confirmed cases, 940,016 deaths and 21, 567,042 has recovered [1]. Maldives reported its first case on 7th March 2020 and as of 15 September 2020 reported 9328 confirmed cases and 7729 recoveries and 33 deaths [2]. The country reported its first community case on the 15th April 2020 which triggered lockdown of greater Male' area with travel restrictions between islands. Businesses, government offices, schools were closed and other movement of the people was restricted. The lockdown lasted about 45 days before any ease of movement was given.

While the pandemic is primarily a health issue, the measures to contain Covid-19 have wide social and economic implications. There are reports of economic

impact this pandemic has created globally [3] and a number of countries has taken measures to manage this economic impact [4-6]. Emerging literature on the social impacts of the Covid-19 have noted the huge psycho-social impact of this pandemic [5]. Studies conducted locally has focused largely on economic impact of Covid-19 including those specific to critical sectors such as tourism [7]. Maldives has announced a number of interventions to cushion the vulnerabilities that are emerging out of this Covid-19 pandemic. Considering the society wide impacts expected from the pandemic, this study was registered at the National Health Research Council (NHRC/2020/006) and the Maldives National University (RR/2020/S-02) that included periodic online surveys and interviews with key informants to assess the socio-economic effects of the containment measures.

This report presents the preliminary results of the second round of online survey launched on the 12th of June 2020 to obtain information of the socio-economic challenges the people experienced since the lockdown on 15th April and their views on easing the restrictions. The objective of the survey was to understand the extent of behaviours related to Covid-19 and its prevention, perceptions about easing the restrictions imposed to contain Covid-19, quality of life, access to services and social protection and the effect of Covid-19 on work and income during lockdown.

Methodology

A quantitative survey methodology was adopted targeting the whole population. For the sample size calculation, Raosoft sample calculator[8] was used to estimate the minimum sample size (n = 384) which was obtained on the basis of the following parameters; population size of 557,426 inclusive of resident migrants [7], 95% confidence intervals, 5% error margin and assuming a 50% response rate. The survey method adopted was online survey given the lockdown situation in the country. To reach the population, the survey team partnered with the two main telecommunication providers in the country and survey link was sent to all registered mobile phones with the two providers. The participant inclusion was all persons willing to complete the study and persons who declined were classified as non-response. The online survey was conducted for a period of 30days and a total of 2517 responses were detected by the tool.

The survey instrument was adapted from validated instruments used in previous studies locally and internationally, adapted to the current context [9,10]. The questionnaire was pretested with 8 people of different age and gender and adjusted according to feedback obtained. The survey used the online medium KoboToolBox [11] to implement the self-administered online questionnaires. The instrument was translated from English to Dhivehi, by a person fluent in both languages. The translated instrument was validated by another reviewer. Other languages were not chosen due to the low response rate from the previous round of survey.

The variables studied in the instrument include,

- Covid-19 testing, risk of exposure and perception on easing lockdown
- Behaviors to reduce exposure and prevention of Covid19 with ease of lockdown

• Quality of life during the pandemic
• Access to services: medical, health, financial support, and child protection services during lockdown
• Perceived impact on work, income and household support
• Demographic characteristics of participants

Findings

Demographic characteristics

The study had a response rate of 94%, with 2368 people completing the study out of 2517 who responded to the study invitation. The sex ratio was equally distributed among the respondents with 53.4% being females and 46.6% being males (Figure 1). Majority (59.2%) of the participants of the survey were from the age group, 18 to 35 years of age and 37.4% of the people were from 36- 64 years of age. A small percentage of minors (2.5%) and elderly (0.8%) participated in the survey (Figure 2).

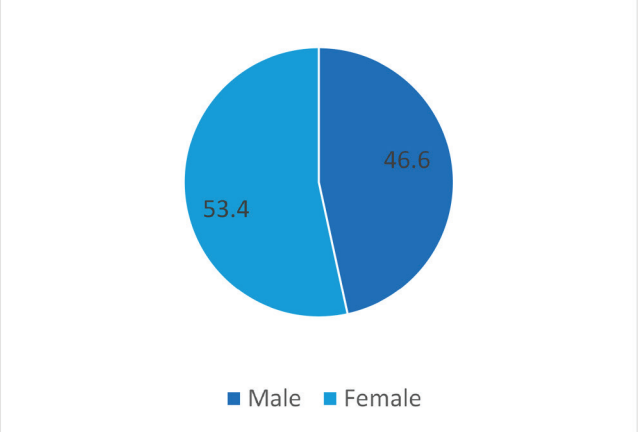

Figure 1: Participants by Gender

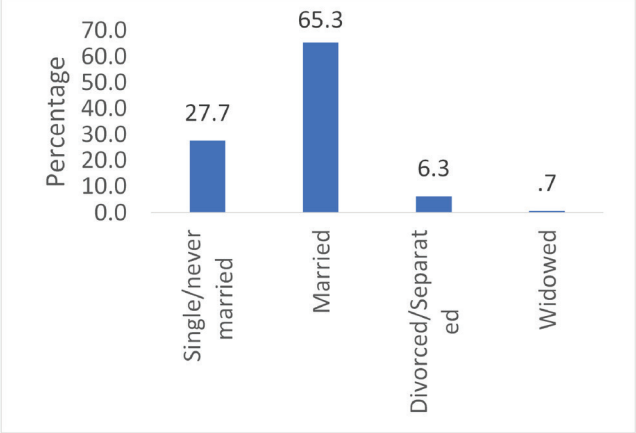

Figure 2: Participants by Age groups

A large percentage of respondents (48.3%) described their main social role as an income earner, 17% described them as parents, 12.6% were students and 10% were home makers (Figure 3). More than 65% of the people were married, 6.3% were either separated or divorced, 27.7% were single and a very small percentage of people (0.7%) were widowed (Figure 4).

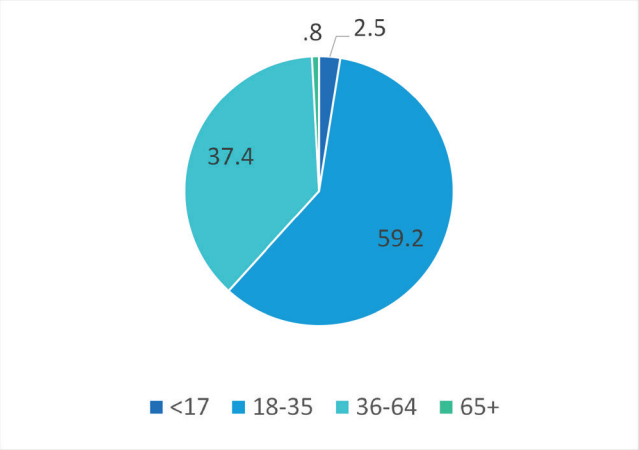

Figure 3: Main Social Role of Participants

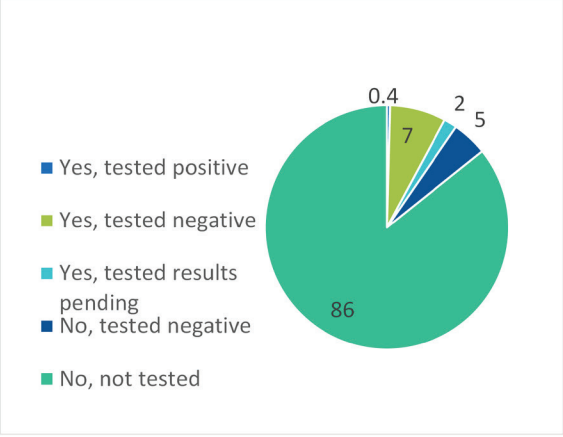

Figure 4: Marital Status of Participants

Majority of the respondents were located in Male' (69%) and there was a fair participation in the survey from every atoll. Table 1 shows the number of participants from Male' and each atoll.

Table 1:
Residential Area of Participants

Atoll	Number of Participants
HA	26
HDh	41
Sh	26
N	34
R	50
B	30
Lh	25
K	47
AA	14
ADh	21
V	5
M	10
F	15
Dh	27
Th	23
L	19
GA	20
GDh	40
Gn	35
S	103
Male'	1757

COVID-19 exposure and prevention behaviour

The uncertainty related to the pandemic was high in the country as is across the world. Risk communication was an integral part of the pandemic response making the community aware of the disease, risk and prevention behaviour. The round 1 survey of this research reported a high level of knowledge of COVID-19 symptoms and prevention interventions [11]. This section describes the findings from this round of the study related to COVID-19 exposure and prevention behaviour.
"Only a small proportion of the sampled population (0.4%) was exposed to COVID-19 at the time of the study"

As shown from Figure 5, 85.7% of the respondents have never tested for Covid-19, 12.1 % have tested negative for Covid-19, 1.7% have tested and the results were pending and 0.4% tested positive for Covid-19. When asked whether the respondents were isolated or quarantined, only 6% (n=141) responded affirmative. Out of this, 58.2% of the people were quarantined due to travel history, 27.7%

were quarantined due to contact with a case, 7.8% were isolated for treatment, 5.7% were isolated as a suspected case and 0.7% were under treatment of severe disease (Figure 6).

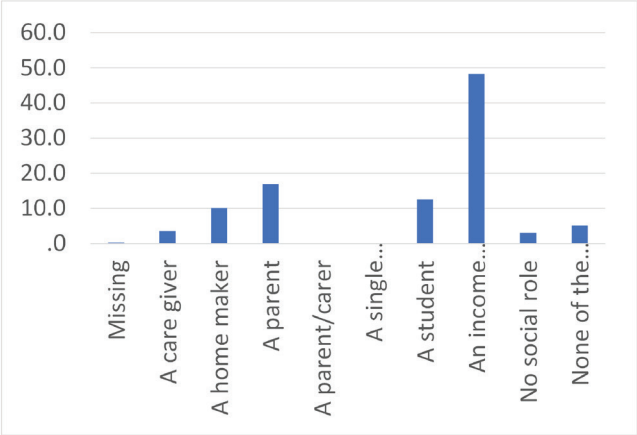

Figure 5: Exposure to Covid-19

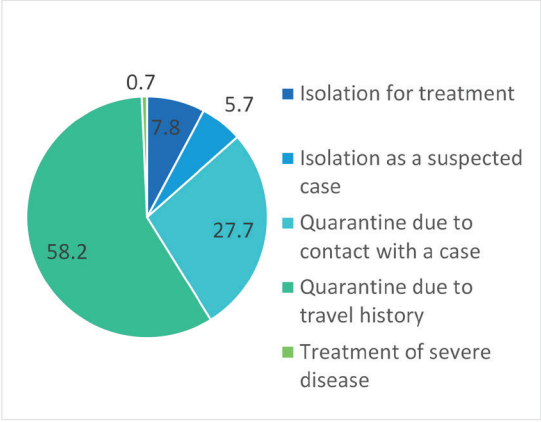

Figure 6: Reason for Quarantine and Isolation

"A large proportion felt that they are able to comply with the prevention measures of COVID-19 such as hand hygiene, wearing face masks and social distancing"

As shown from Figure 7, when asked about the frequent hand hygiene (washing hands or using sanitizers), 72.9% said that they always follow this advice and 23.8% said they follow and do it to some extent and 2.1% said that they do not comply with the hand washing advice. When asked whether they comply with the advice on wearing masks in public, 71% said yes, always, 15.2% said sometimes and 8.2% said not at all. More than half (60.4%) of the respondents said that

they comply with the advice on maintaining social distancing and 32.5% said they only maintain social distancing sometimes. Out of the three advices most people comply with the advice on hand washing compared to wearing masks and social distancing. According to Figure 8, 49.6% of the respondents believed that it was time to ease up measures but in phases with guidelines. More than one third of the people also believed that it was not time to ease up the measure. There is a very small percentage of people who believed that it was time to ease up without guidelines or any restrictive measures. Most people believed that testing should be increased, compliance with guidelines should be monitored and families should be empowered with preventive measures before easing up (figure 9).

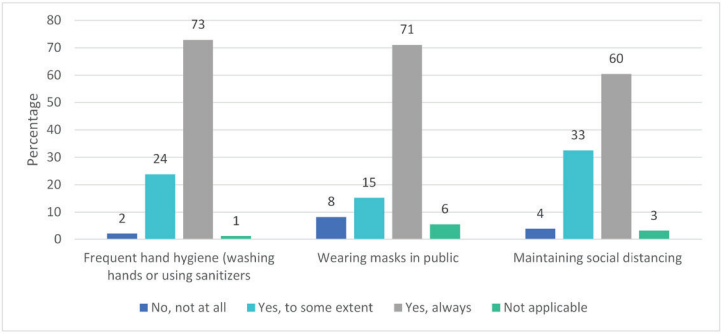

Figure 7: Compliance with HPA advice on prevention measures

"Many wanted ease of restrictions, but felt the need for appropriate guidelines and community empowerment to reduce risk of contracting COVID-19"

Figure 8: Perception towards easing restrictive measures

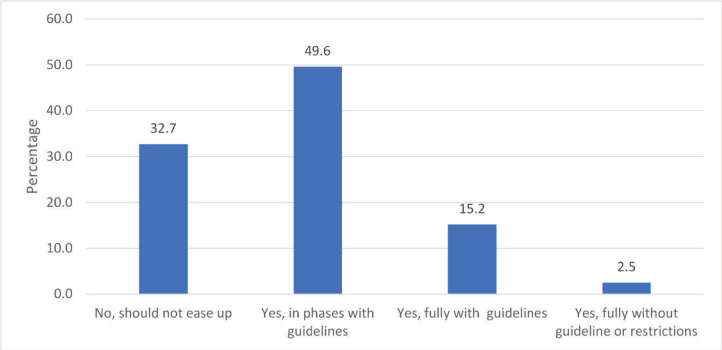

Figure 9: Interventions to be in place before the easing of restrictions

Quality of life

Measuring health is about understanding how a condition or a healthcare intervention affects a person's health by finding out if they have any symptoms or if their day-today functioning has been affected. In this study we used the Patient Reported Outcome Measure (PROM) questionnaire that asks patients to self-report about their own health. Patient Reported Outcome Measures (PROMs) focus on health-related quality of life (HRQoL). The EQ-5D [10] is a generic preference-based patient reported outcome measure of health-related quality of life. It can be used to generate utility values for use in economic evaluation. It is the most commonly used preference-based measure around the world. EQ-5D™ is a trademark of the EuroQol Research Foundation. Each of the 5 dimensions comprising the EQ-5D descriptive system is divided into 5 levels of perceived problems:

- Level 1: indicating no problem
- Level 2: indicating slight problems
- Level 3: indicating moderate problems
- Level 4: indicating severe problems
- Level 5: indicating extreme problems

A unique health state is defined by combining one level from each of the 5 dimensions [12].

EQ-5D Health profile

For the purpose of analysis, the frequency or the proportion of reported problems for each level for each dimension is dichotomized into:

- Level 1: No problems
- Levels 2, 3, 4, 5: Some problems

Table 2:
EQ-5D-5L Dimensions by Age group

EQ-5D-5L Dimensions	Problems (or not)	0-17	18-35	36-53	54-71	72-90	Total
Mobility	No problem	48	1271	699	114	3	2135
	Problems	12	131	77	12	1	233
Self-care	No problem	56	1347	762	123	4	2292
	Problems	4	55	14	3	0	76
Usual Activities	No problem	36	966	563	107	3	1675
	Problems	24	436	213	19	1	693
Pain/ Discomfort	No problem	35	918	529	87	3	1572
	Problems	25	484	247	39	1	796
Anxiety/ Depression	No problem	27	587	484	88	4	1190
	Problems	33	815	292	38	0	1178

"Health related quality of life was better than average during lockdown"
Dimension 1: Mobility

When combined the responses show that 2135 (90%) of respondents did not have a problem in mobility while 10% experienced difficulties in movement (Figure 11). Disaggregated data by age showed that problems of mobility was reported mostly by under 17 age group and the elderly population (>72 years of age).

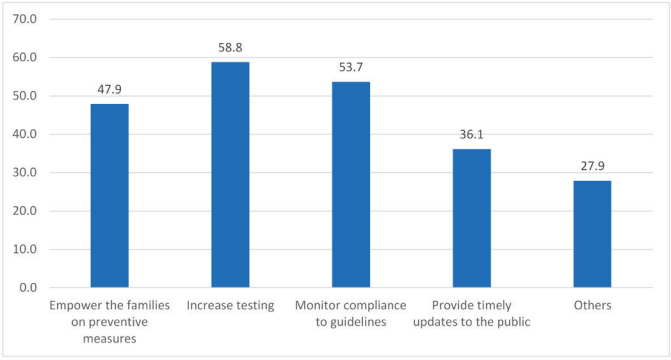

Figure 11: Status of Mobility during Covid-19

Dimension 2: Self-care

2292 (97%) of respondents did not have a problem in washing & dressing themselves while 3% experienced difficulties (Figure 12). This could be due to the fact that younger populations experience self-care issues.

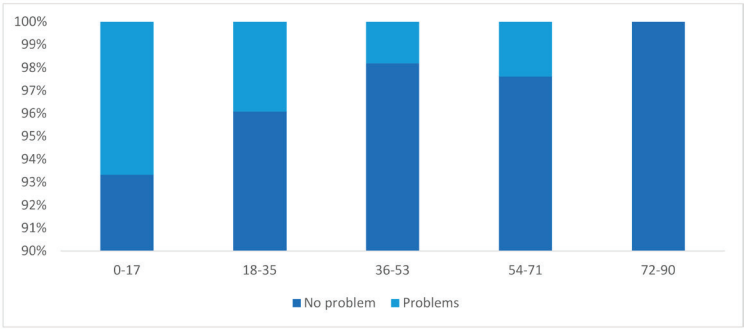

Figure 12: Status of Self Care during Covid-19

Dimension 3: Usual Activities

When combined the responses show that 1675 (71%) of respondents did not have a problem in carrying out the usual activities while 29% experienced difficulties (Figure 13). Similar to self-care, problems in usual activities is also problematic for younger populations.

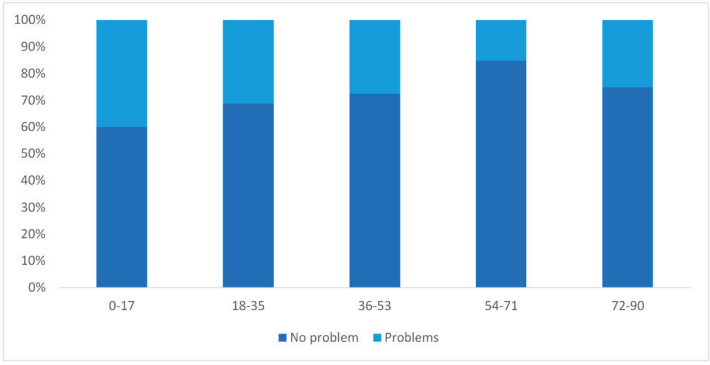

Figure 13: Status of the Ability to carry out usual Activities

Dimension 4: Pain or Discomfort

1572 (66%) of respondents did not have any bodily pain or discomfort while 34% experienced pains (Figure 14). Unlike other dimensions pain/discomfort is similar across all age groups.

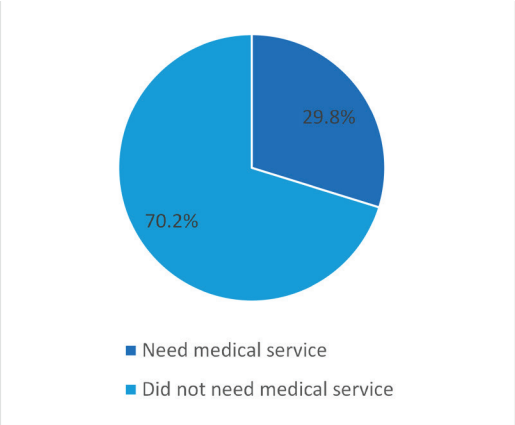

Figure 14: Status of Pain and Discomfort during Covid-19

Dimension 5: Anxiety and Depression

Responses shows that 50%of respondents did not experience anxiety/ depression while 50% experienced anxiety (Figure 15). Interestingly, the proportion of people suffering from anxiety and depression were more among the younger and the working population, during the COVID-19 lockdown.

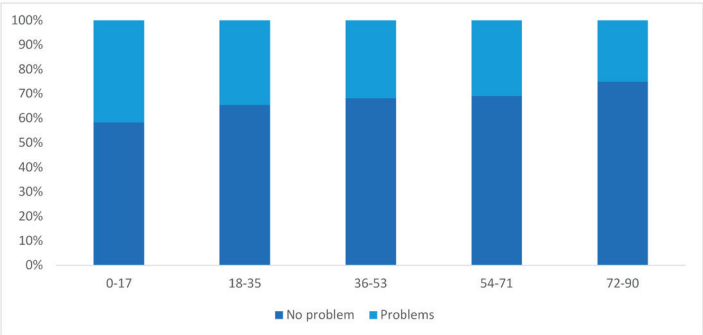

Figure 15: Status of Anxiety and Depression during Covid-19

EQ-VAS Score during COVID-19 lockdown

Respondents were asked to rate their health and 2363 respondents answered this question with the average score for health during lockdown being 78.2. This shows that most of the respondents reported full health or better than average health during lockdown.

Access to services

The lockdown resulted in a halt to a number of essential services, including regular

health care, mental health care, Sexual and Reproductive Health (SRH), child protection services, financial support announced by the government and relief in term of food. This section describes the participant's experiences with regard to the need for these services and their perspective on whether the services were able to meet their needs.

"Only a small proportion of people sought social services during the lockdown, but a majority of them felt that their need was not met."

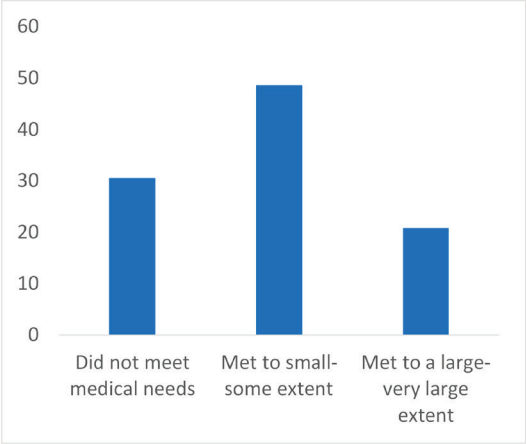

Figure 16: Demand for medical services during Covid-19

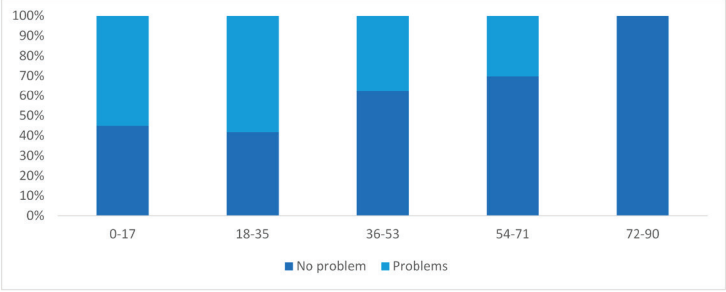

Figure 17: Extent Medical needs were met

Only a small proportion of people (29.8%) reported that they needed medical services during the past one month in the lockdown (Figure 16). From the respondents who sought medical services, 30.5% felt that the services that they sought did not meet their medical needs. On the other hand, while 48.6% of the respondents were of the opinion that the medical services met their needs just to a

small or some extent and only 20.8% of the respondents were of the opinion that the services met their needs to a large or very large extent (Figure 17).

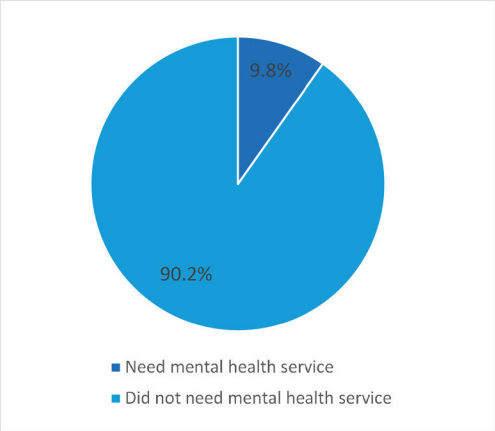

Figure 18: Demand for Mental Health Services

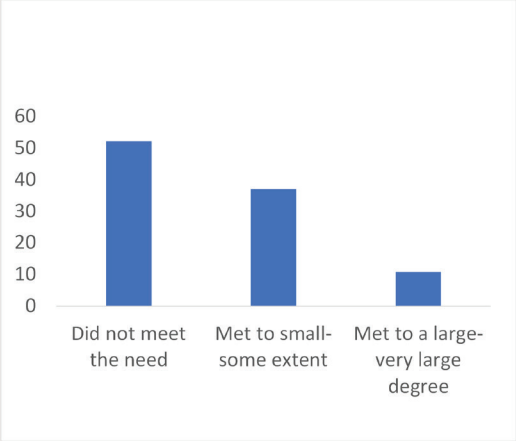

Figure 19: Extent that Mental Health needs were met

The pandemic and lockdown measures put in place are likely to have effects on the overall mental health of the population. The results showed that however, during the past month only 9.8% of the respondents reported that they needed mental health services as shown in Figure 18. Of the small proportion of people who accessed mental health services, more than half (52.2%) felt that the services did not meet their needs, while only very few were satisfied (only 10.8%). (Figure 19).

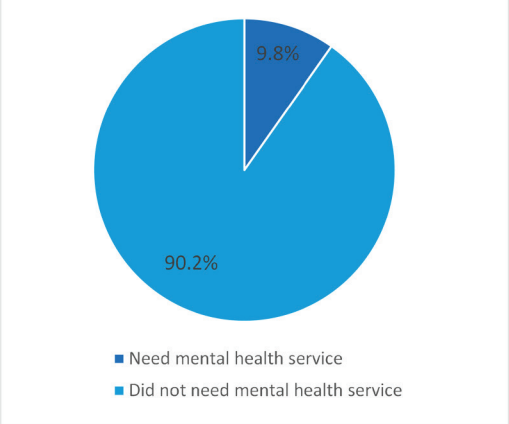

Figure 20: Demand for SRH services

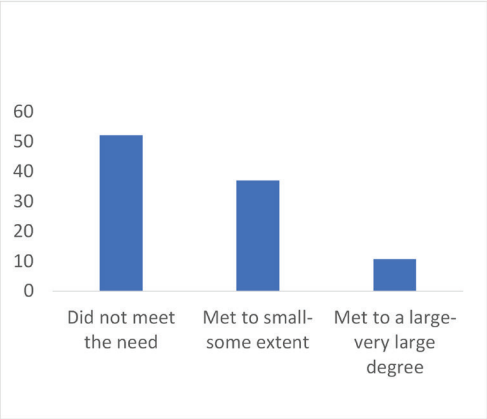

Figure 21: Extent that SRH needs were met

As shown from Figure 20, the participants who needed Sexual and Reproductive Health (SRH) services during the lockdown period was just 6.8%. From the small proportion of participants who accessed SRH services during this period, 47.4% reported that their needs were met to small or some extent, while only 20.7% were satisfied with the extent to which their SRH needs were met reporting that it met to a large or very large degree (Figure 21).

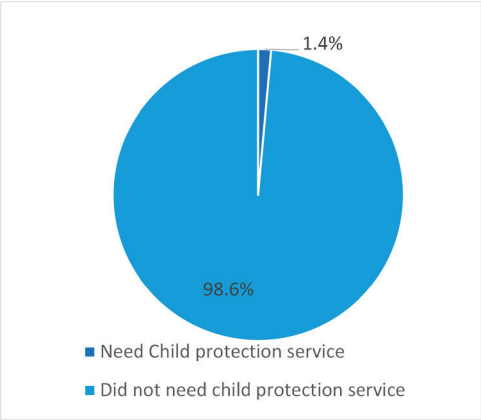

Figure 22: Demand for Child Protection Services

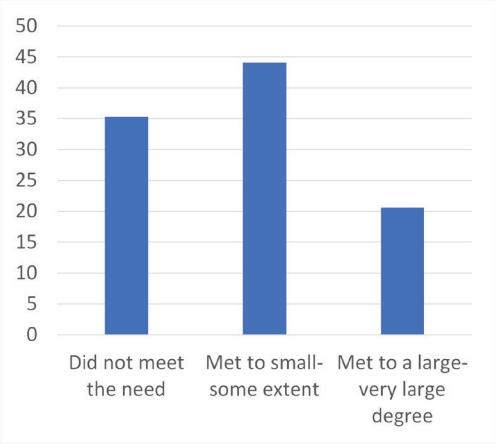

Figure 23: Extent that child protection needs were met

As shown from Figure 22, very few participants (1.4%) of the total respondents needed child protection services during this period. From the very small proportion of participants who did access child protection services, more than a third (35.3%) felt that their needs were not met, while only 20.6% were satisfied with the extent to which their needs were met reporting that it met to a large or very large degree. (Figure 23).

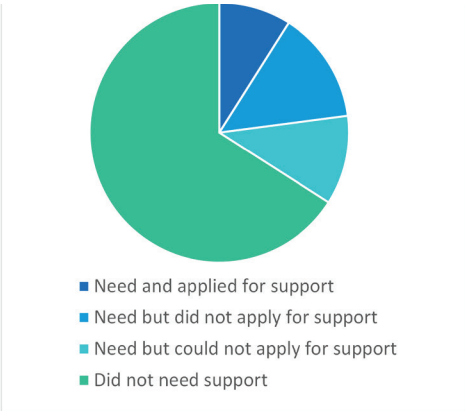

Figure 24: Demand for Financial Support

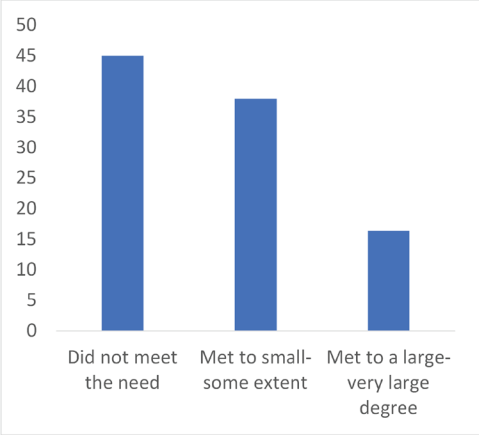

Figure 25: Extent that Financial support met needs

The pandemic and lockdown measures put in place are likely to have detrimental effects on the employment and income of the people. The results showed that while 34% of the respondents needed financial support, a majority (66%) felt that they did not. As can be seen in Figure 24, only 9% of the respondents applied for the Government income support scheme, while 13.9% reported that although they needed financial support they did not apply, and another 11.1% of participants could not apply due to various reasons during this period. From the small proportion of participants who did apply to the financial support scheme, 46% of the people reported that it was not adequate to meet the need, while 38% had their needs met to a small/some extent and 16% reported it being adequate to meet the need. (Figure 25)

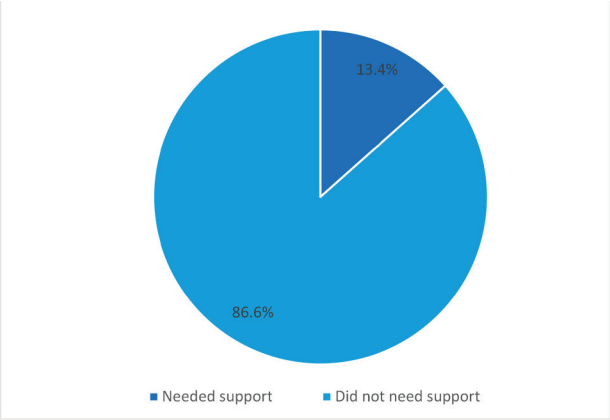

Figure 26: Demand for Food support

Due to the pandemic and lockdown measures put in place and the resulting movement restrictions and associated financial difficulties, some people needed relief in terms of food support. As shown from Figure 26, 13.4% of the total respondents reported needing support for food during the lockdown period, while 86.6% felt that they did not need any support in this regard.
"The extended family living arrangement appeared to have provided the required social support in the household and taking care of the dependents during lockdown"

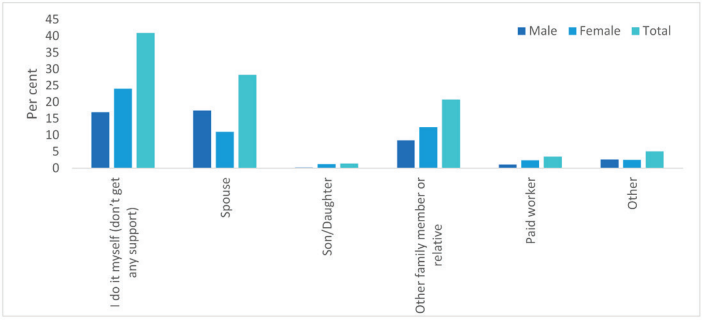

Figure 27: Household Social Support

The participants were also asked regarding their household social support during the last one month of the lockdown period. According to Figure 27, 40.9% of the respondents did not get any additional support and managed all the routine household chores such as cooking, cleaning and laundry on their own while 28.3% of the respondents acquired support from their spouses, and 20.7% of the respondents received support from other family members or relatives. It must be noted that only a very small proportion (3.5%) of the respondents had a paid

worker to provide the required social support in the household.

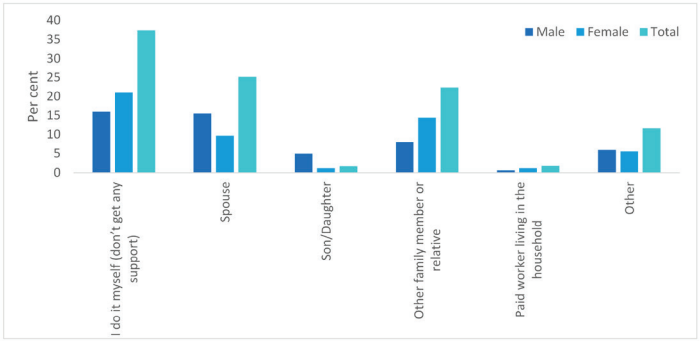

Figure 28: Support for the care of dependents

Additionally, the participants were also asked regarding their support for dependant's care during the last one month of the lockdown period. According to Figure 28, 37.4% of the respondents did not get any additional support and managed to provide care for their dependents, while 25.2% of the respondents get support from their spouses, and 22.7% of the respondents received support from other family members or relatives. Similar to the trends observed for household social support, only a very small proportion (1.8%) of the respondents had a paid worker to provide the support required for dependant's care in the household.

Work and income

The spread of COVID-19 is not only a global health pandemic, but it is also affecting the livelihood of everyone. This includes their employment and other income generating activities. The pandemic has taken a toll on our lives, mentally and economically. Many have suffered massive damages in their capacity to earn a living, sustain on their reduced income, to pay rent and to provide for household essential needs. This section focuses on income generating activities of the people and how they have been affected due to the pandemic, including their concerns over return to work in the new normal.

"More people work outside home – return to work in new normal would require health protection measures to be in place"

While we talk about easing measures and return to work in the new normal it is important to look at the usual working arrangement among men and women.

Table 3:
Employment status by sex

Place of work	Male	Female
At a workplace outside home	64%	52%
At home	5%	10%
Both – outside and at home	19%	12%
Do not work	11%	26%

The data shows that both men and women mostly work outside home. In the new normal, this would mean more than half of them would require to leave their home unless working from home arrangement is not viable. It is important that HPA guidelines and safety measures for work place are practiced in order to flatten the curve after reopening.
More women tend to work at home, and both outside and at home. At the same time, more than 26% of the women are usually not in the labour force.
"Those who work from home are more vulnerable - receive an income less than MVR 5000"

The results showed that among those who worked outside home, majority of them earn an income between MVR 5,001- 10,000. Those working from home are most vulnerable with majority of them receiving an income less than MVR 5,000. This group is most likely to be those working in the informal sector and to lose their income during this situation.

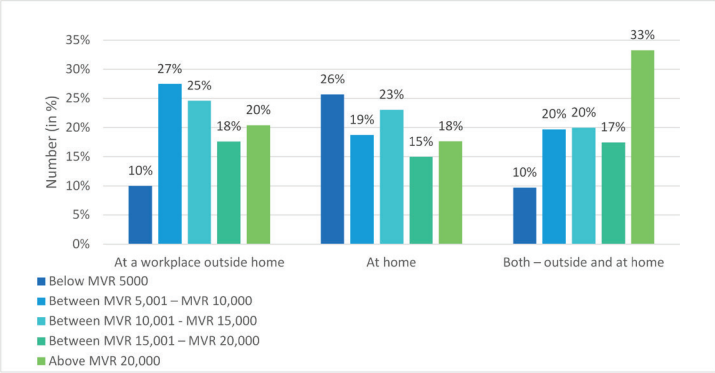

Figure 29: Usual Monthly Salary by place of work

Income segregated along gender lines showed that since most women are working at home and working in the informal sector, they earn less than MVR 5,000 per month (<$10 per day). Women earn less than men while working outside home too.

"As a result of COVID-19 household resources are dwindling for everyone, the affect is more for women"

As a result of COVID, household income has been affected for many. Being jobless or reduction in salary is common across all the sectors. However, the worst hit is women working in the informal sector. For women working at home, about 33% reported that they are jobless now. Or do not have income to make ends meet. This would have an impact on household resources and the overall economy of the country. It is important that the government take into account to cover women in informal sector in their stimulus packages or in unemployment benefits.

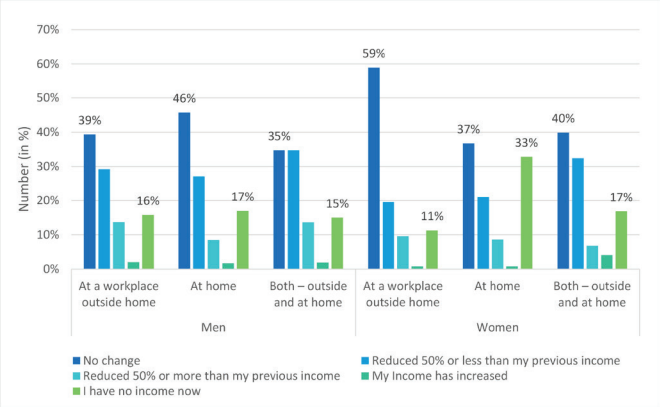

Figure 30: Change in income during the past month

"As a result of COVID-19, many are not working or working fewer hours"

The pandemic and lockdown measures put in place has disrupted economic activity for many. The results showed that during past month close to one third of those working outside home, at home and outside/at home worked in their usual working hours. Majority are working less hours or not able to work. For those who are working at home, 41% reported that they were not able to work. More women faced this situation than men. This might be due to loss of income generating activity or due to additional burden of unpaid care and domestic work that women have to juggle during this time. Studies have shown that women's time spend in unpaid care/ domestic work has increased due to lockdown and this limits their time for an income generating activity. This has consequences on women's health, leading to mental breakdown and other social issues.

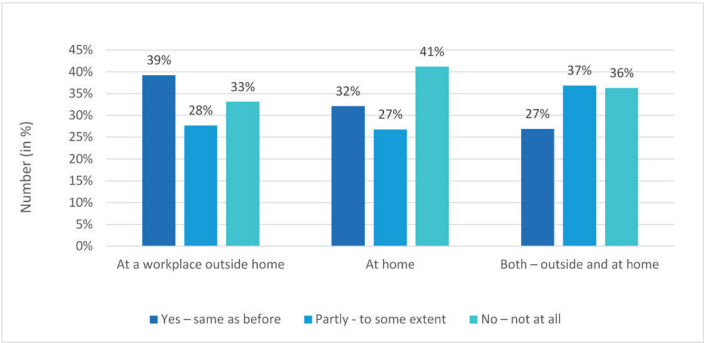

Figure 31: Continuity of income generating activity during the past month

"Many are concerned about being exposed to COVID-19 on return to work"

As lockdown measures are eased and the government has opened it borders for tourism on 15 July, the economy is returning to 'business as usual'. However, the results of the survey showed that 37% of the income earners are concerned about being exposed to COVID in their daily work. This include their commute to work, working in compact spaces in the offices, and for those who are working outdoors. Some were indifferent to going back to work (26%) while low pay was a concern for 15% of the respondents.

Gender differences also showed interesting findings. Men are mostly concerned about being exposed to COVID infection and unable to get better pay. Women on the other hand were more concerned about being exposed to COVID, unable to get better pay and no one to look after the dependents at the home.

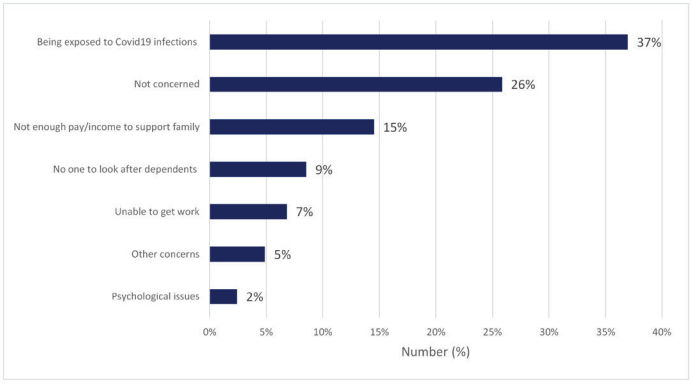

Figure 32: Concern regarding return to work

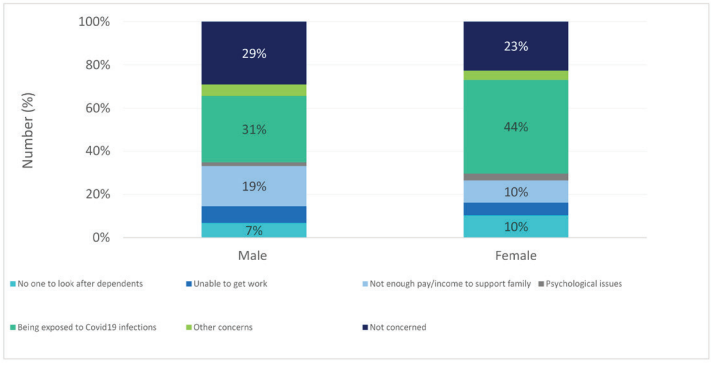

Figure 33: Concern regarding return to work by sex

Discussion

The population that has been tested for COVID-19 is considerable, given that the average secondary attack rate of populations at household level of 16%, with 4% children and 17% adults [14]. This high level of testing points to the country capacity to test and its strategy of early detection. Furthermore, it also reflects people's healthcare seeking behaviour and acceptance of the interventions adopted in the country. The evidence around the community's perceived ability to take preventive measures, specifically hand hygiene, wearing masks and physical distancing, though not as high as the level of awareness that was observed in the earlier round of the study is an encouraging sign. A lower adoption level compared to knowledge is expected given that behaviour change dependent on the individual's sense of risk and the environment's conduciveness to enable adoption of the behaviour [15,16]. Given the study participants are mainly from Male' area, that is highly densely populated, the observations are likely to be influenced by the environment.

Though the restrictive measures adopted infringed on peoples freedom, majority of the people were cautious in their perception about easing restrictions as indicated by the preference to ease measures with guidelines. However, given that about a third of the people were not confident of their ability to practice preventive measures, raises concern about possible impact of easing the restrictions. As such the pandemic needs to be closely monitored with ease to avoid catastrophic impact on human lives of a possible second wave of the epidemic in the country [17,18]
The quality of life of the population during the Covid-19 pandemic indicated a high level of health and wellbeing, which is consistent with findings of research in other countries [19]. This status is influenced by continuous update of the situation through multiple media, arrangements to obtain basic commodities and alternative mechanisms to obtain health care complemented with the extended family living arrangements for most of the families and access to technology that allowed social interactions during lockdown [20]. Others have observed that mental and psychological health is mainly affected during lockdown, followed by pain and discomfort [21]. The discrepancy observed between the proportion of population suffering from anxiety and depression (50%) and the demand for mental health services (9.8%) highlights the need to extend mental health education across the country, proactively screen and treat people in need.

While quality of life was good and the small proportion of people who needed essential services were able to access services, majority of those who did access the services felt that their need was not met. This shows that despite the efforts to enable access to essential services during lockdown, the quality of services is not adequate. This is partly driven by the narrow focus of the pandemic planning to respond to the disease specific interventions, overlooking the wider social implications. Studies in other countries have also observed that social services were not adequately integrated in pandemic planning putting vulnerable populations such as victims of domestic violence and persons with disabilities at greater risk [22, 23]. This has been attributed to the fact that lockdown requires families to remain in their homes which result in intense and continuous social contact among members within the households while disrupting other family and community

based social networks that support families at risk [24]. The lessons from this pandemic needs to be incorporated into pandemic preparedness plans and national emergency operational plan with innovative modalities to ensure that pandemic response does not leave the vulnerable behind.

Amongst the working population it is common to work both at home and outside, however those earning income from home-based activities are more vulnerable with earning less than MVR 5000 per month. It is significant that most people who earn from home-based activities were women and were not able to continue their income activities during lockdown, mainly due to increases in responsibility of domestic work and care of dependents while isolated at home [25]. It is noteworthy that only a third of the people were concerned about exposure to COVID-19 on return to work, with concerns around exposure during travel to work and in the workplace [26]. Majority were concerned about getting back their job and reduced pay, and social aspects such as no social support to look after dependents when they return to work. This suggests that economic concerns outweigh the risk of infection for a large segment of the working aged population and needs to be taken into account when planning risk communication as it poses significant risk of a resurgence of infection in the community.

Limitations of the Study:

Similar to Round 1 of this survey, representativeness, reliability and validity of the methodology of Round 2 was ensured. Yet, findings from this study must be generalised taking into account the limitations of the study. The use of online tools limits the participation of certain important population groups, including the elderly and disadvantaged population groups such as migrants in the country. However, attempts were made to access these population groups through informal networks. Maldives has a high utilisation of mobile phones of mobile phones and internet utilization rate with 246.9 mobile subscriptions per 100 people (27). Nevertheless, as expected the participation of these groups were low in the study. The fact that the questionnaire was available in 2 languages (Dhivehi and English) may have limited the representation of foreign residents in the country which makes up 16% of the population. The responses are self-reported and there was no other mechanism to double check the responses which may affect the reliability of the responses and may have skewed the distribution of some of the variables studied in the survey. As a high proportion of the responses were from respondents located in Male', the findings are more applicable to urban settings than the rural context, and generalisations to the atolls and islands must be made with restraint.

Conclusion

The population has faced numerous social, psychological and economic challenges during the lockdown and are looking forward to return to work with caution. While the pandemic response is contemplating the ease of restriction, the risk of a second wave is real, and is reliant on the compliance to the guidelines set out by the Health Protection Agency. Stimulus packages will be helpful in the short run, but in the

long term, sustainable safety nets, skill development and avenues for alternative income generating activities needs to be introduced, with a special focus on the informal sector and the women in the working population. Risk communications needs to target empowerment of the businesses and community to take actions on their own to enable successful suppression of the epidemic.

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Questionnaire Round 2

English (en)

In these difficult times, when everyone's lives are being affected by the Covid-19 pandemic, you can do something important for your family, friends and community.

This survey is part of a study conducted by Maldives National University (MNU) researchers in affiliation with Health Protection Agency (HPA). This study has been registered at MNU and also approved by National Health Research Council, Ministry of Health. Please take few minutes to share your experience.

Your participation in this research is voluntary. Your responses will be confidential. All data stored will be in a password protected electronic format. The responses to this questionnaire will be used to improve the services provided to the community.

If you have any questions about this research, please mail to Dr. Sheena Moosa to research@mnu.edu.mv and/or covidmv.research@gmail.com with a subject heading Clarification: Covid-19 survey.

ELECTRONIC CONSENT: Please select your choice below. Clicking on the "I accept" button below indicates that: You have read the above information and you voluntarily agree to participate.

Section 1: Covid-19 and protective behavior

1. Were you infected with Covid-19?

a. Yes, tested positive

ކޮވިޑް 19 ފެތުރިފައިވާ މިދުވަސްވަރުގައި، ތިމާގެ އާއިލާ، ރަހުމަތްތެރިން އަދި މުޖުތަމަޢުއަށް މުހިއްމުކަމެއް ކޮށްދެވިދާނެއެވެ.

މިދިރާސާއަކީ ކޮވިޑް19އާއި ގުޅިގެން ހިނގާ ކަންކަމާބެހޭ ގޮތުން ކުރާ އިލްމީ ދިރާސާއެކެވެ. އަދި މިދިރާސާ ވަނީ ބޮޑު ދިރާސާކުރާ ކޮމިޓީއަކުން ފާސްކޮށްފައިވާ ދިރާސާއެކެވެ. މި ދިރާސާއަށް ބޭނުންވާ މަޢުލޫމާތު ހޯދުމަށް ވަގުތުކޮޅެއް ހޭދަކޮށްދެއްވުން އެދެމެވެ.

މިދިރާސާގައި ބައިވެރިވުން އަމިއްލަ އިޚްތިޔާރުގައެވެ. ދެއްވާ ޖަވާބުތަކާއި ސިއްރު ހިފެހެއްޓޭނެއެވެ. އަދި މިކަމަށް ޖަމާވާ މަޢުލޫމާތު ބަލަހައްޓާނީ ރައްކާތެރިކުރުން އިލެކްޓްރޯނިކް ޕާސްވޯޑް ބޭނުންކޮށްގެންނެވެ. ދެއްވާ ޖަވާބުތަކުގެ ބޭނުންކުރާނީ ދެވޭ ހިދުމަތްތައް ރަނގަޅުކުރުމަށެވެ.

މި ދިރާސާއާ ބެހޭ އިތުރުމަޢުލޫމާތު ބޭނުންވެއްޖެނަމަ، ޑރ. ޝީނާ މޫސާއަށް އެޑްރެސްތަކަށް covidmv·research@gmail·co ނުވަތަ research@mnu·edu·mv އީމެއިލްކުރައްވާށެވެ.

އިލެކްޓްރޯނިކް އެއްބަސްވުން. މިދިރާސާގައި ބައިވެރިވަނީ މަތީގައިވާ މަޢުލޫމާތު ކިޔުމަށްފަހު އަމިއްލަ އިޚްތިޔާރުގައި ކަމަށް ވާނަމަ "ކުރިއަށްގެންދަން ބަޓަން" އަށް ފިއްތަވާށެވެ.

ކޮވިޑް 19 އާއި ރައްކާތެރިކަން

ތިބާއަށް ކޮވިޑް 19 ޖެހުނުތޯ؟

އާއެކޭ، ޓެސްޓް ޕޮޒިޓިވް (ޕޮޒިޓިވް)

ނޫން، ޓެސްޓް ނެގެޓިވް (ނެގެޓިވް)

ޓެސްޓްގެ ނަތީޖާއަށް މަޑުކުރަނީ

ނޫން، ޓެސްޓެއް ނުކުރަން

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި ތިބާ ކަރަންޓީން/ އައިސޮލޭޝަނުގައި ހުރިންތޯ؟

ބައްޔަށް ފަރުވާ ދިނުމަށް އެކަހެރި ކުރުން

ބައްޔަށް ޝައްކުވެގެން އެކަހެރި ކުރުން

ބަލި ޖެހިފައިހުރި މީހަކާއި ދިމާވެފައިވާތީ އެކަހެރިކުރުން

ބަލިއެއް ފެތުރިފައިވާ (ރަށްރަށް) ދަތުރުކޮށްފައިވާތީ އެކަހެރިކުރުން

ބަލި ބޮޑުވެގެން ފަރުވާދިނުމަށް

ނޫން، އެއްވެސް ކަރަންޓީނެއްގައި ނުހުންނަން

b. No, tested negative

ހުށަހެޅި ފާސްވެފައިވާކަމަށް ހެއްކެވި

c. Tested but results pending

ސޭބަ ހިނދަކު ތިބީ ކޮވިޑް-ނައިންޓީން ފާސްކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

d. No, not tested

ހުށަހެޅި ނަމަވެސް ނުކުރާ ކަމަށް ހެއްކެވި

2. Were you quarantined/isolated at a facility for being a contact with Covid-19 case?

ކޮވިޑް-ނައިންޓީން ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާފައި ހުންނާތީ؟

a. Isolation for treatment

ބަލި ދުވާ ތަންތަނުގައި ވަކިކޮށް ބަލަހައްޓާ ކަމަށް

b. Isolation as a suspected case

ބަލި ދުވާ ކަމަށް ބަލަހައްޓާ ކަމަށް

c. Quarantine due to contact with a case

ބަލި ދުވާ ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން

d. Quarantine due to travel history

ސޭބަ ހިނދަކު ތިބީ ދަތުރުފުޅު ފެށުމުގެ ކުރިން ދުވަސް ދުވަހުގެ ތެރެއިން ކޮވިޑް-ނައިންޓީން ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

e. Treatment of severe disease

ބަލި ދުވާ ތަންތަނުގައި ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

No, never placed at a facility

ތިބާ ތަންތަނެއްގައި ކޮލާ ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ނެތް ކަމަށް

If you were placed at a facility;

ތިބާ ތަންތަނެއްގައި ކޮލާ ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވި ނަމަ؛

2.1 Did the healthcare workers talk to you in a way that was easy to understand?

ތިބާ ތަންތަނުގައި ކޮލާ ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

ތިބާ ތަންތަނުގައި ކޮލާ ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

Not at all

ތަންތަނުގައި ކޮލާ ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުނު ފަރާތެއްގެ ގާތްކަމުގައި ތިބުމުގެ ސަބަބުން ތިބާ ތަންތަނެއްގައި ކޮލަމުން ނުވަތަ ވަކިކޮށް ބަލަހައްޓާ ކަމަށް ހެއްކެވުމަށް ބާރަށް ދުވަސް ދުވަހުގެ ތެރެއިން ލިބޭ ނަތީޖާ ބަލަހައްޓަމުންނެވެ؟

To a small extent

To some extent

To a large degree

To a very large degree

Not applicable

2.2 Do you have confidence in the healthcare workers professional skills?

Not at all

To a small extent

To some extent

To a large degree

To a very large degree

Not applicable

2.3 Did you get sufficient information about your diagnosis/conditions?

Not at all

To a small extent

To some extent

To a large degree

To a very large degree ތަދުވެރިކަމާ ހަވާލުވެ؟

Not applicable ނުވަދެއްކުން ނުކުރާ

ވަރަށް ގިނައިން

2.4 Did you perceive the care/treatment as adapted to your situation? ކާންދެވުން ވަރަށް

Not at all ހާލަށް

To a small extent ވަރަށް ހާލަށް

To some extent ބައެއް

To a large degree

To a very large degree ތިބާ ހަދާދެއްކި ކަންތައް ތަކާ ގުޅުވައި ތިބާ ހީވާ ގޮތް؟

Not applicable

ހިތްވަރުގަދަ ގޮތަށް

ވަރަށް ގިނައިން

2.5 Were you involved in decisions regarding your care/treatment? ކާންދެވުން ވަރަށް

Not at all ހާލަށް

To a small extent ވަރަށް ހާލަށް

To some extent

To a large degree ތިބާ ހަދާދެއްކި ކަންތައް ގެންދާ ގޮތާ ގުޅުވައި ތިބާ ހީވާ ގޮތް؟

To a very large degree

Not applicable ނުވަދެއްކުން ކުރާ

ވަރަށް ގިނައިން

2.6 Did you perceive the facility was well organized? ކާންދެވުން ވަރަށް

Not at all ހާލަށް

To a small extent ވަރަށް ހާލަށް

To some extent ތިމަންގެ ހާލަތާ ގުޅުވައި، ތިމަން ހަދާ ތަކާ ގުޅުވައި ތިބާ ހީވާ ގޮތް؟

To a large degree

To a very large degree ހިތްވަރުގަދަ ގޮތަށް

ވަރަށް ގިނައިން

2.7 Did you have to wait before you were taken to the facility? ކާންދެވުން ވަރަށް

Not at all ހާލަށް

To a small extent ވަރަށް ހާލަށް

To some extent ތިމަންގެ ހާލަތާ ގުޅުވައި، ތިމަން ދަލުން ހަދާ ކަންތައް ތަކާ ގުޅުވައި ތިބާ ހީވާ ގޮތް؟

To a large degree

To a very large degree ތަދުވެރިކަމާ ހަވާލުވެ

ވަރަށް ގިނައިން

2.8 Overall, was the help and care/ treatment you received at the facility satisfactory? ވަރަށް

ވަރަށް

ތަނަވަސް ވަރަށް ހިތްވަރު

Not at all — ވަރަށް ގަދިވެފި

To a small extent — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To some extent — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To a large degree — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To a very large degree — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

2.9 Overall, what benefit have you had from the care at the facility?

No benefit — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Small benefit — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Some benefit — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Great benefit — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Huge benefit — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

2.10 Do you believe that you were in any way given incorrect treatment (according to your own judgment)?

Not at all — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To a small extent — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To some extent — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To a large degree — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

To a very large degree — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Do you feel that you are able to comply with HPA advice on the following?

3. Frequent hand hygiene (washing hands or using sanitizers)

No, not at all — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Yes, To some extent — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Yes, always — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Not applicable — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

4. Wearing masks in public

No, not at all — ގޭގައި، ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Yes, To some extent — ގޭގައި، ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Yes, always — ގޭގައި، ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

Not applicable — ގޭގައި، ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

5. Maintaining social distancing — ތަކެއްޗަށް ފާޑުވެ ބަލާއިރު ކުޑަކުދިންގެ ތެދުވުން ކިހާ ވަރަކަށް ހިނގާ ހުންނާނެ؟

No, not at all

Yes, To some extent

Yes, always

Not applicable

6. Do you think its time for the government ease up measures?

Yes, in phases with guidelines

Yes, fully with guidelines

Yes, fully without guideline or restrictions

No, should not ease up

7. In your opinion, what needs to be done prior to easing up?

Empower the families on preventive measures

Increase testing

Monitor compliance to guidelines

Provide timely updates to the public

Others

If others, please specify?

Section 2: Quality of life

8. Are you currently taking medication for any of the following diseases? Choose all that apply

a. Cardiovascular disease, E.g.: Heart diseases, Hypertension

b. Cancer

c. Chronic respiratory disease, E.g.: Asthma, Chronic cough

d. Diabetes

e. Kidney diseases

f. For a mental health problem

g. Others, please specify

h. None of the above

8.1 Please specify?

Now we will ask you some questions

regarding your quality of life today: Under each heading, please tick ONE box that best describes your health TODAY.

9. MOBILITY

i. I have no problems in walking about

ii. I have slight problems in walking about

iii. I have moderate problems in walking about

iv. I have severe problems in walking about

v. I am unable to walk about

10. SELF-CARE

i. I have no problems washing or dressing myself

ii. I have slight problems washing or dressing myself

iii. I have moderate problems washing or dressing myself

iv. I have severe problems washing or dressing myself

v. I am unable to wash or dress myself

11. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

i. I have no problems doing my usual activities

ii. I have slight problems doing my usual activities

iii. I have moderate problems doing my usual activities

iv. I have severe problems doing my usual activities

v. I am unable to do my usual activities

12. PAIN / DISCOMFORT

i. I have no pain or discomfort

ii. I have slight pain or discomfort

ތަފްޞީލު ތަކުންވެސް ތަނުގެ ހާލަތު ބަލާ (ހަމަ ތަނަކަށް ފާހަގަ ކުރައްވާ)

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ކުޑަ ދިމާވުންތަކެއް

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ބޮޑު ދިމާވުންތަކެއް

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ވަރަށް ދަތި

ތަނުގެ ހާލަތުގައި ތަނަށް ވަންނަން ނުކުތުމަށް ނުދާ

ފާސްކޮށ: ދަނޑުވެރިކަމާ، ހިއްކުން، ކައްކާތަން ދަނޑުވެރިކަމާ، ފާރިތަކަށް ބަލާ ހާސްވެރިކަމާ)

ފާސްކޮށ ދިރިއުޅުމުގެ ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ

ފާސްކޮށ ދިރިއުޅުމުގެ ތަނުގެ ހާލަތުގައި ކުޑަ ދަތިތަކެއް ކުރެވޭ

ފާސްކޮށ ދިރިއުޅުމުގެ ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ބޮޑު ދަތިތަކެއް

ފާސްކޮށ ދިރިއުޅުމުގެ ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ވަރަށް ދަތި

ފާސްކޮށ ދިރިއުޅުމުގެ ތަނުގެ ހާލަތުގައި ތަނަށް ވަންނަން ނުކުތުމަށް ނުދާ

ހަމަ ތަނަކަށް ފާހަގަ ކުރައްވާ)

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ކުޑަ ދަތިތަކެއް

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ބޮޑު ދަތިތަކެއް

ތަނުގެ ހާލަތުގައި ކަންކަން ފުރިހަމަ ކުރެވޭ ވަރަށް ދަތި

ތަނުގެ ހާލަތުގައި ތަނަށް ވަންނަން ނުކުތުމަށް ނުދާ

ހަމަ ތަނަކަށް ފާހަގަ ކުރައްވާ)

ތަނުގެ ހާލަތުގައި ތަކެއް ނުވާ

ތަނުގެ ހާލަތުގައި ކުޑަ ތަކެއް

iii. I have moderate pain or discomfort

iv. I have severe pain or discomfort

v. I have extreme pain or discomfort

13. ANXIETY / DEPRESSION

i. I am not anxious or depressed

ii. I am slightly anxious or depressed

iii. I am moderately anxious or depressed

iv. I am severely anxious or depressed

v. I am extremely anxious or depressed

13.1 In the past month, have you felt so bad, you wanted to

a. Harm yourself?

b. End your life?

c. Felt very bad, but did not want to do any of those.

14. Now, we would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. (0 to 100)

Section 4: Access to Services

15. Did you need hospital/medical services in the past month?

a. Yes

b. No

15. 1 To what extent were you able to get hospital/medical services in the past month?

a. Did not meet my needs at all

b. To a small extent

c. To some extent

d. To a large degree

e. To a very large degree

f. Did not seek any service

ހިދުމަތެއް ނުހުރުން

16. Did you need mental health services in the past month?

a. Yes

b. No

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އެއްވެސް ވަރަކަށް ނަފްސާނީ އާރޯގިޔަކަށް ބޭނުންވިތޯ؟

އާން

ނޫން

16.1 To what extent were you able to get services for mental health related issues in the past month?

a. Did not meet my needs at all

b. To a small extent

c. To some extent

d. To a large degree

e. To a very large degree

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި ނަފްސާނީ ހިދުމަތް ލިބުނީ ކިހާ މިންވަރަކަށްތޯ؟

އަހަރެންގެ ބޭނުން އެއްވެސް ވަރަކަށް ނުފުދޭ

ފުދުނީ ވަރަށްކުޑަކޮށް

ކޮންމެވެސް ވަރަކަށް ފުދުނު

އެކަށީގެންވާވަރަށް ފުދުނު

ވަރަށް ބޮޑަށް ފުދުނު

17. Did you need services related to sexual and reproductive health in the past month?

a. Yes

b. No

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އެއްވެސް ވަރަކަށް ދަރިމައިވުމުގެ ސިއްހަތުގެ ހިދުމަތެއް ބޭނުންވިތޯ؟

އާން

ނޫން

17.1 To what extent were you able to get services related to sexual and reproductive health the past month?

a. Did not meet my needs at all

b. To a small extent

c. To some extent

d. To a large degree

e. To a very large degree

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި ދަރިމައިވުމުގެ ސިއްހަތުގެ ހިދުމަތް ލިބުނީ ކިހާ މިންވަރަކަށްތޯ؟

އަހަރެންގެ ބޭނުން އެއްވެސް ވަރަކަށް ނުފުދޭ

ފުދުނީ ވަރަށްކުޑަކޮށް

ކޮންމެވެސް ވަރަކަށް ފުދުނު

އެކަށީގެންވާވަރަށް ފުދުނު

ވަރަށް ބޮޑަށް ފުދުނު

18. Did you need services for issues related to violence against children in the past month?

a. Yes

b. No

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އެއްވެސް ވަރަކަށް ކުޑަކުދިންގެ ރައްކާތެރިކަމާގުޅުންހުރި ހިދުމަތެއް ބޭނުންވިތޯ؟

އާން

ނޫން

18.1 To what extent were you able to get services for issues related to violence against children?

a. Did not meet my needs at all

b. To a small extent

c. To some extent

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި ކުޑަކުދިންގެ ރައްކާތެރިކަމާގުޅުންހުރި ހިދުމަތް ލިބުނީ ކިހާ މިންވަރަކަށްތޯ؟

އަހަރެންގެ ބޭނުން އެއްވެސް ވަރަކަށް ނުފުދޭ

ފުދުނީ ވަރަށްކުޑަކޮށް

ކޮންމެވެސް ވަރަކަށް ފުދުނު

އެކަށީގެންވާވަރަށް ފުދުނު

d. To a large degree

e. To a very large degree

19. Did you need financial support from the government in the past month?

a. Yes, applied for support

b. Yes, but did not apply

c. Yes, but could not apply

d. No, did not need

19.1 To what extent was the financial support helpful to meet your needs?

a. Not helpful at all

b. To a small extent

c. To some extent

d. To a large degree

e. To a very large degree

20. Did you need food support in the past month?

a. Yes

b. No

Section 3: Household support

21. Who mainly provides support for routine household chores (E.g.: laundry, cleaning, cooking shopping)?

a. I do it myself (don't get any support)

b. Spouse

c. Son/Daughter

d. Other family member or relative

e. Paid worker living in the household

f. Paid worker who visits daily

g. Other

If a paid worker provides support for routine household chores

21.1 What country is the worker from?

a. Maldives

ވަރަށް ބޮޑަށް ފުދުނު

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އެއްވެސް ވަރަކަށް ސަރުކާރުން އާމްދަނީއަށް އެހީތެރިކަން ބޭނުންވިތޯ؟

އާނ، އެހީއަށް އެދުނިން

އާނ، އެހީއަށް ނޭދުން

އާނ، އެކަމަކު އެހީއަކަށް ނޭދުވުނު

ނޫން، ބޭނުމެއް ނުވޭ

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި ސަރުކާރުން ލިބުނު އާމްދަނީގެ އެހީތެރިކަމާމެދު ދެކޭނީ ކިހިނެއްތޯ؟

އެއްވެސް ވަރަކަށް ނުފުދޭ

ފުދުނީ ވަރަށްކުޑަކޮށް

ކޮންމެވެސް ވަރަކަށް ފުދުނު

އެކަށީގެންވާވަރަށް ފުދުނު

ވަރަށް ބޮޑަށް ފުދުނު

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އެއްވެސް ވަރަކަށް ކާބޯތަކެތީގެ އެހީތެރިކަން ބޭނުންވިތޯ؟

އާނ

ނޫން

ގޭތެރޭގެ މަސައްކަތަށް ލިބޭ އެހީތެރިކަން

ގޭތެރޭގެ މަސައްކަތްތަކުގައި އާންމުކޮށް އެހީތެރިވެދެނީ ކާކުތޯ؟

ކުރަނީ އަމިއްލައަށް

ފިރިމީހާ/އަނބިމީހާ

ދަރިން

ތިމާގެ މީހެއް

ގޭގައި ފައިސާދީގެން ގެންގުޅޭ މީހެއް

ފައިސާދީގެން ގެއަށް ގެންނަ މީހެއް

އެހެން ފަރާތެއް (މިސާލަކަށް ރައްޓެއްސެއް)

ފައިސާދީގެން މީހަކު މަސައްކަތަށް ކުރާނަމަ

އޭނާއަކީ ކޮން ގައުމެއްގެ މީހެއްތޯ؟

ދިވެހިރާއްޖެ

ބަންގްލަދޭޝް

ނޭޕާލް

b. Bangladesh
c. Nepal
d. India
e. Sri Lanka
f. Philippines
g. Other

If others, please specify?

21.2 What is the gender of the hired worker?

a. Male
b. Female

21.3 How much do you normally pay (in MVR) per month for the hired worker?

21.4 Did he/she worked for you / came to work for you during the last past month?

a. Yes
b. No

21.5 Did you pay her/him last month?

a. Yes – same as before
b. Partly - to some extent
c. No – not at all

22. Who normally provides support for looking after family members (E.g.: baby-sitting, looking after elderly or persons with disabilities)?

a. I do it myself (don't get any support)
b. Spouse
c. Son/Daughter
d. Other family member or relative
e. Paid worker living in the household
f. Paid worker who visits daily
g. Other

If a paid worker provides support for looking after family members

22.1 What country is the worker from?

އިންޑިއާ
ސްރީލަންކާ
ފިލިޕީންސް
އެހެން
އެހެނިހެންނަމަ، ބަޔާންކުރުމަށް؟

އޭނާގެ ޖިންސް
ފިރިހެން
އަންހެން

އޭނާއަށް މަހަކު ދައްކަނީ ކިހާވަރެއްތޯ (ދިވެހި ރުފިޔާއިން)؟

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އޭނާ މަސައްކަތް ކުރިތޯ؟
އާނ
ނޫން

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އޭނާއަށް ފައިސާ ދިނިންތޯ؟
ކުރިއެކޭވެސް އެއްވަރު
ކޮންމެވެސް ވަރަކަށް
އެއްގޮތަކަށްވެސް ނޫން

ގޭބިސީގައި ބަލަހައްޓަންޖެހޭ މީހުންނާއި ކުދިން ބަލަހައްޓުމަށް އާންމުގޮތެއްގައި އެހީތެރިވެދެނީކާކުތޯ
ކުރަނީ އަމިއްލައަށް
ފިރިމީހާ/އަނބިމީހާ
ދަރިން
ޢާއިލާގެ މީހެއް
ގޭގައި ފައިސާދީގެން ގެންގުޅޭ މީހެއް
ފައިސާދީގެން ގެއަށް ގެންނަ މީހެއް
އެހެން ފަރާތެއް (މިސާލަކަށް ރައްޓެހިއެއް)
ފައިސާދީގެން މީހަކު މަސައްކަތަށް ކުރާނަމަ
އޭނާއަކީ ކޮން ގައުމެއްގެ މީހެއްތޯ؟
ދިވެހިރާއްޖެ
ބަންގްލަދޭޝް
ނޭޕާލް
އިންޑިއާ
ސްރީލަންކާ

a. Maldives
b. Bangladesh
c. Nepal
d. India
e. Sri Lanka
f. Philippines
g. Other
If others, please specify?

ދިވެހި
ބަންގްލަދޭޝް
ނޭޕާލް
ބެންގާލީ، ތަމިޅުކަމަށް؟
ސްރީ ލަންކާ
ފިލިޕީނު
ތިމަންގެ
ތިމަންގެ ގޮތުގައި ބަލާ ބަދަލެއް (ތިރީގައި ލިޔުއްވާ)؟

22.2 What is the gender of the hired worker?
a. Male
b. Female

ލިބިގެން ހުންނަ ވަޒީފާ ގުޅިގެން ވަޒީފާ ދޭ ފަރާތުގެ ޖިންސު ކޮބައިތޯ؟
ފިރިހެން
ތަނޑު

22.3 How much do you normally pay (in MVR) per month for the hired worker?

ލިބިގެން ހުންނަ ވަޒީފާ ގުޅިގެން ވަޒީފާ ދޭ ފަރާތަށް ދައްކާ ފައިސާ ކޮބައި (ރުފިޔާ)؟

22.4 Did he/she worked for you / came to work for you during the last past month?
a. Yes
b. No

ކުރީގެ ފަހުން ވަނ ފަހަރު ތިބާ ގެ ދަށުން ވަޒީފާ ކުރެއްވި؟
ކުރެއްވި
ނުކުރެއްވި

22.5 Did you pay her/him last month?
a. Yes – same as before
b. Partly - to some extent
c. No – not at all

ކުރީގެ ފަހުން ދައްކާ ފައިސާ ދެއްކެއްވި؟
ދެއްކެއްވި، ކުރީގެ ފަދައިން
ދެއްކެއްވި
ދެއްކެއްވި، ކުރީގެ ފަދައިން ނޫން
ދެއްކެއްވި، ކުރީގެ ފަދައިން ނުވާ
ނުދެއްކެއްވި

Section 4: Work (including return to work)/occupational health

ސެކްޝަން 4: ވަޒީފާ (ވަޒީފާ ދެއްކުމާ ގުޅިގެން)/ ވަޒީފާ ހިންގާ ގޮތުގެ ސައްހަ ކަންކަން

23. Where do you normally work?
a. At a workplace outside home
b. At home
c. Both – outside and at home
d. Do not work

ތިބާ ވަޒީފާ ކުރަނީ ކޮންތާކަށް؟
ގޭގެ ބޭރުގައި ވަޒީފާ ކުރާ ތަނެއްގައި
ގޭގައި
ގޭގައި ދާ ބޭރުގައި ދާ
ވަޒީފާ ނުކުރާ

24. What was your monthly income before the COVID-19?
a. Below MVR 5000
b. Between MVR 5,001 – MVR 10,000

ކޮވިޑ19 ގެ ކުރިން ތިބާ ގެ ހަމަ ހަގީގީ ފައިސާ ކޮބައިތޯ؟
ދަށަށް 5000 ރުފިޔާ
5001 ރުފިޔާ ފެށިގެން 10000 ރުފިޔާ
10001 ރުފިޔާ ފެށިގެން 15000 ރުފިޔާ
15001 ރުފިޔާ ފެށިގެން 20000 ރުފިޔާ
20000 ރުފިޔާ ވުރެ ގިނަ
ކޮވިޑ19 ގެ ކުރިން ތިބާ ގެ ހަގީގީ ފައިސާ ގެ 50% ވުރެ ދަށް
50% ވުރެ ގިނަ ފައިސާ

c. Between MVR 10,001 - MVR 15,000

ރ. ރުފިޔާ ١٠،٠٠١ ގެ ދަށުން ١٥،٠٠٠ ގެ ދަށަށް

d. Between MVR 15,001 – MVR 20,000

ބ. ރުފިޔާ ١٥،٠٠١ ގެ ދަށުން ٢٠،٠٠٠ ގެ ދަށަށް

e. Above MVR 20,000

ހ. ރުފިޔާ ٢٠،٠٠٠ ގެ ދަށުން

25. In the past month has your income (take home pay) changed?

٢٥. ފާއިތުވި މަހުގައި ތިބާގެ ލިބުނު ފައިސާ (ގެއަށް ގެނައި ފައިސާ) ބަދަލުވެ ހުންނާތީ؟

a. No change

ހ. ބަދަލެއް ނުވާ

b. Reduced 50% or less than my previous income

ށ. ކުރިން ލިބުނު ފައިސާ 50% ގެ ދަށަށް ބަދަލުވެ ހުންނާ

c. Reduced 50% or more than my previous income

ނ. ކުރިން ލިބުނު ފައިސާ 50% ގެ ދަށުން ބަދަލުވެ ހުންނާ

d. My Income has increased

ރ. ލިބުނު ފައިސާ ބަދަލުވެ ހުންނާ

e. I have no income now

ބ. ދެން ފައިސާ ލިބޭ ގޮތެއް ނެތް

If you work from home, do you do any of the following?

ގެއަށް ގެނެވޭ ގޮތަށް ތިބާ ކުރާ ކަންތައް ކޮބައިތަ؟

Sewing

ހ. ތަކެތި ގުޅުން

Yes

ށ. ހ

No

ނ. ނ

Handicraft

ރ. ތަކެތި ގުޅުން (ދިގު ގުޅުން، ބާތްކަނޑި ގުޅުން، ފ.ގ.)

Yes

ބ. ހ

No

ޅ. ނ

Painting

ކ. ތަކެތި ގުޅުން ހިންގުމާ ގުޅޭ ކަންތައް - ފެންވަރު، ތަކެތި ގުޅުމަށް ބޭނުންކުރާ ތަކެތި ގަނެ ގެނައުން

Yes

ކ. ހ

No

ކ. ނ

Photography

ކ. ފޮޓޯ ކެމެރާ

Yes

ކ. ހ

No

ކ. ނ

Tuition (E.g.: Quran, tuition)

ކ. ދަރުސް ދިނުން (ދ-ދަރުސް ދިނުން، ދ-ދަރުސް ދިނުން)

Yes

ކ. ހ

No

ކ. ނ

Sales & services through online pages (E.g.: Instagram, Facebook, eBay)

ކ. ތަކެތި ގަނެ ވިއްކުން (ދ-ވިއްކުން، ދ-ވިއްކުން، ދ-ވިއްކުން)

Yes

ކ. ހ

No

ކ. ނ

Consultancies (E.g.: Preparing advertisements, or business plans or assessments)

ކ. ކަންތައް ކުރުން

Yes

No

Food production (E.g.: short eats, baking cakes, making thelli faiy, masmirus or any value added food)

Yes

No

Other

26. Have you been able to continue your income generating activity in the past month?

a. Yes – same as before

b. Partly - to some extent

c. No – not at all

27. What are your concerns on returning to work?

a. No one to look after dependents (E.g.: look after children, elderly or person with disabilities)

b. Not able to get work or employed

c. Not enough pay/income to support family

d. Psychological issues

e. Being exposed to Covid19 infections (E.g.: during travel/transport or at work)

f. Other concerns

g. Not concerned

If others, please specify

Section 5: Demographic

28. What is your age?

29. What is your gender?

a. Male

b. Female

30. What is your marital status?

a. Single/never married

b. Married

c. Divorced/Separated

d. Widowed

31. How would you describe your

ފާއިތުވި މަސްދުވަހުގެ ތެރޭގައި އާމްދަނީ ހޯދަންކުރާ މަސައްކަތްތައް ކުރިއަށް ގެންދެވުނުތޯ؟

ކުރިއެކޭވެސް އެއްވަރަށް

ކޮންމެވެސް ވަރަކަށް

އެއްގޮތަކަށްވެސް ނުވޭ

މަސައްކަތަށް ނުކުތުމާމެދު އެއްވެސް ވަރަކަށް ކަންބޮޑުވާ ކަމެއް އެބައޮތްތޯ؟ (ތިރީގައި މިވާ ކަންކަމުން ތިބާގެ ހާލަތާ ގުޅޭ ކަންކަމުގައި ފާހަގަޖަހާ)

ބަލަންޖެހޭ މީހުން/ކުދިން ބަލާނެ މީހަކު ނެތުން

އާމްދަނީ ލިބޭނެ މަސައްކަތެއް/ވަޒީފާއެއް ނުލިބުން

ލިބޭނެ އާމްދަނީ ކުޑަވުން/ އާއިލާ ބެލެހެއްޓުމަށް ނުފުދުން

ނަފްސާނީ އުނދަގޫތައް

ކޮވިޑް19އަށް ހުށަހެޅުން (މަސައްކަތަށް ދާއިރުގައާއި، މަސައްކަތުގެ މާހައުލުގައި)

އެހެން ކަންކަން

ކަންބޮޑުވުމެއް ނެތް

އެހެން ކަމެއް ނަމަ މިތާ ލިޔުއްވާ

ސެކްޝަން 5

އުމުރު

ޖިންސް

ފިރިހެން

އަންހެން

ކައިވެނި

ދުވަހަކުވެސް މީހަކާ ނީންދެ

ކައިވެނިކޮށްގެން

ވަކިވެފަ/ ވަރިވެފަ

ހުވަފަތްވެފަ

ތިބާގެ މައިގަނޑު އިޤްތިޞާދީ ދައުރަކީކޮބާ؟

އާމްދަނީ ހޯދާމީހެއް

އާއިލާގެ ކަންކަން ބަލަހައްޓާ މީހެއް

MAIN social role?
An income earner
A home maker
A parent
A care giver
A student
No social role
None of the above
Where do you normally/usually live?
32. Atoll
32. Island/Ward

33. Would you like to share your thoughts on easing up Covid-19 measures and your living situation in the 'new normal'? (Optional)

34. Would you like to sign-up for future Covid-19 related surveys? If yes, please share your mobile number?

Thank you for your time in completing the PART-2 of questionnaire series. Please press submit and wait for at least 35 seconds or till you get a notification to allow the form to upload to the server.

މަންމައެއް/ބައްޕައެއް
މީހަކުބަލަހައްޓާމީހެއް
ކިޔަވާ ކުއްޖެއް
އެއްވެސް ރޯލެއްނެތް
މަތީގައިވާ އެއްވެސް ކަމެއްނޫން
މިހާރު ދިރިއުޅެނީ ކޮންރަށެއްގައިތޯ
އަތޮޅު
ރަށް/އަވަށް

ރާއްޖޭގައި ކޮވިޑް19އާއި ގުޅޭ ކަންކަމާއި ތިބާގެ ހާލަތާއި މެދު އެއްވެސް ހިޔާލެއް ދޭން ބޭނުންމަތޯ؟

ކުރިއަށްއޮތްތަނުގައި ކޮވިޑް 19 އާއިގުޅޭ އިތުރު ސަރވޭގައި ބައިވެރިވެލައްވަން ބޭނުންފުޅުތޯ؟ މިސަރވޭތަކުގައި ބައިވެރިވުމުން ތިބޭފުޅާގެ ހިޔާލާއި ފިކުރު ހިއްސާކުރުމަށް ފުރުސަތުލިބޭނެ. އެހެންކަމުން، ގުޅޭނެ ފޯނުނަންބަރު ހިއްސާކޮށްދެއްވާ.
މިސާލު:9910786

މިސުވާލު ކަރުދާސް ފުރިހަމަކުރުމަށް ވަގުތުކޮޅެއް ދެއްވީތީ ޝުކުރުވެރިވަން.
”ސަބްމިޓް(submit)“ އަށް ފިތާލުމަށްފަހު، ޖަވާބުތައް ސަރވަރއަށް ފޮނުވާލުމަށް 30 ސިކުންތު މަޑުކޮށްލައްވާ.