

IMPACT-COVID19

Survey Language

To change language, use the menu button on the top-right (three dots).

Para cambiar el idioma, use el menú arriba a la derecha (tres puntos).

Client Impact Survey

Imprint

Information according to § 5 TMG

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Disclaimer

This app should not be used as a mechanism to demand financial aid. By filling out the survey, you are not guaranteed any particular support or assistance, financial or otherwise.

Through the app, clients have the opportunity to voice their concerns and give suggestions on how MFIs or other service providers could provide support in the coming months.

The app is used to analyze the needs of an organization's clientele. The survey consists of questions about different aspects of the impact on clients' lives, including personal income and expenses, financial resilience, debt servicing, and primary needs and concerns, among others.

The app compiles information on the clients' needs in order to enable organizations to offer resources and assistance to households in their area of intervention.

Your data will be processed anonymously only for statistical purposes and the above-mentioned objectives. Personal data will not be shared with third parties without your consent.

Further info can be found in our privacy statements here:

By using the app, you agree to the terms specified here: in development

Record GPS coordinates

*Press "Save" when the "Precision" value is less than 200 m.
If the recording takes too long, trying moving to any of the windows of your residence.*

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)

Record current date

Please enter the date

yyyy-mm-dd

Client ID

Age

- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

Number of people living with you

Number of people depending on your income

Access to basic services

- Water supply
- Energy supply
- Internet connection
- Waste collection
- Health services

Fields of work

- Medical field
- Provision of basic services (water, energy, waste management, transportation, etc.)
- In a community facility (school, day care center, university, home, etc.)
- In an office. Currently doing home-office
- No, none of the above. I usually work at home.
- No, none of the above. In different places and mainly outdoors.

Main source of income

- Unemployed
- Retail shop
- Whole sale business
- Professional (teacher, engineer)
- Professional in medicine sector
- Military / Security
- Trader
- Real estate
- Rentals
- Unskilled labourer
- Skilled labourer
- Housewife (unpaid)
- Factory worker
- Dairy Farming
- Piggery
- Goats project
- Bee keeping
- Banana plantation
- Coffee plantation
- Tea plantation
- Timber/Charcoal/Firewood seller

Frequency of main income

- Trimestral
- Monthly
- Biweekly
- Weekly
- Daily

Average amount of income each time

[in LOCAL currency]

Has your main income-generating activity been affected in any way by the spread of COVID-19?

- Yes
- No

Impact on income

- Increased: more sales
- Fired
- Contract indefinitely suspended
- Contract reduced
- No possibility to earn money
- Substantial reduction of sales

Do you have a second source of income?

- Yes
- No

Secondary source of income

- Unemployed
- Retail shop
- Whole sale business
- Professional (teacher, engineer)
- Professional in medicine sector
- Military / Security
- Trader
- Real estate
- Rentals
- Unskilled labourer
- Skilled labourer
- Housewife (unpaid)
- Factory worker
- Dairy Farming
- Piggery
- Goats project
- Bee keeping
- Banana plantation
- Coffee plantation
- Tea plantation
- Timber/Charcoal/Firewood seller

Status of your expenses

- Kept the same
- Reduced
- Increased

Would you be able to sell in internet your services/products?

- Yes
- No
- Don't know

How much cash do you need per week for expenses at home?

[in LOCAL currency]

Will you be able to repay your next installments?

Yes

No

How many more will you be able to repay?

Every time you buy food, for how many days are you able to stock up?

1 to 3 days

3 to 6 days

1 to 2 weeks

More than 2 weeks

What is your greatest worry?

Leave an audio

Click here to upload file. (< 10MB)

How could we help you in the following months?

Has any member of your household gotten COVID-19 or had symptoms of COVID-19 (fever, dry cough, other respiratory issues)?

Yes

No