

# Initial Rapid Needs Assessment (IRNA) Questionnaire Version 3.0 Nigeria

## INSTRUCTIONS

The purpose of this initial rapid needs assessment is to provide an immediate and quick overview of the emergency situation in order to identify the immediate impacts of the crisis, make initial rough estimates of the needs of the affected population for assistance, and define the priorities for humanitarian action. It should also identify aspects for which more detailed follow-on assessments, incl. sector specific assessments, would be needed.

The assessment mission is multi-agency and multi-sectorial.

Some questions in this questionnaire should be answered following your own observation. Other questions should be answered by asking only key informants (i.e. Local Authority Staff, Elders, Women's Leader, etc) and others through discussions. Please complete the key informant section for each person(s).

It is good practice to conduct multiple interviews per site and triangulate the information by visiting a number of households and verifying the information using direct observation techniques.

Sector Team Leads will be expected to provide written findings to \_\_\_\_\_. IRNA findings will be consolidated into a short report.

Mission Outcomes:

1. Assessment report

Annex – Location Map

# Background

SECTION AI. ASSESSMENT INFORMATION		
AI.1 Date of Assessment		
Assessment Site Information		
AI.1 State		
AI.2 LGA		
AI.3 Location/Site/Camp/		
Assessment Team		
AI.4 Name	AI.5 Org. AI.6 Sector AI.7 Staff ID	AI.8 Location

## General Questions

AI.9 GPS Coordinates			
AI.10 Route Information			
AI.11 WARD			
AI.12 Village			
GI.1 Type of assessment site  [select all that apply]	<input type="checkbox"/> Spontaneous Settlement of IDPs in an urban area <input type="checkbox"/> Spontaneous Settlement of IDPs in a rural area <input type="checkbox"/> Formal IDP camp (DTM location) <input type="checkbox"/> Informal IDP camp (DTM location) <input type="checkbox"/> Affected area (affected by conflict incident or natural disaster) <input type="checkbox"/> IDPs on the move (site where IDP's are transitioning to another site) <input type="checkbox"/> IDPs living with host families in urban area <input type="checkbox"/> IDPs living with host families in rural area <input type="checkbox"/> Area of origin for returnees <input type="checkbox"/> Returnee transit site/way station <input type="checkbox"/> Other (please specify) <hr/>		
GI.2 At the assessment site what kind of population is residing  [select all that apply]	<input type="checkbox"/> Population <b>directly</b> affected by the insurgency (either wounded/killed or targeted due to violence) <input type="checkbox"/> IDPs <b>directly</b> affected by insurgency (either wounded/killed or target due to violence) <input type="checkbox"/> IDPs <b>not directly</b> affected by insurgency (fleeing area of origin due to insecurity/violence) <input type="checkbox"/> Population on way back to area of origin (returning population which have <b>not</b> reached area of origin) <input type="checkbox"/> Population recently returned to the area of origin <input type="checkbox"/> Other (please specify) <hr/>		
GI.3 Are there <b>recognized leaders/chiefs on site</b> , made up from the community at the site? (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
GI.4 What is the estimate number of people living on the site?	Population	Households	
	Ask this question from multiple sources – State sources (optional if KI does not know this information):		
GI.5 State the top three areas of origin of the population at this site?	State		
	LGA		
	Ward		
	Village		
<b>COMMUNICATION</b>			
GI.6 What are sources of information people have access to in this site?			

GI.7 Is there GSM coverage in the assessed area?	Company/service provider?	From which Country?	3G services?
GI.8 What partners on the ground have communication abilities?	Sat Phone?	Other?	
<b>LOGISTICS</b>			
GI.9 What class of vehicles can access this location from regional capitals	<input type="checkbox"/> Less than 3.5MT vehicles (Small cars, sedans) <input type="checkbox"/> Less than 10MT vehicles (Mini-vans, SUVs, and pick-up vehicles) <input type="checkbox"/> Less than 20MT vehicles (Light trucks) <input type="checkbox"/> No restrictions (Heavy trucks and trailers)		
GI.10 What route was used to access the site? Please describe.			
GI.11 What storage options are available for humanitarian cargo?	Where	Capacity / Space	
<b>SECURITY</b>			
GI.1 Recorded security incidents	Where	When	
GI.2 Security restrictions, including movement restrictions such as a military escort	Where	When	
<b>MINE ACTION (General info)</b>			
GI.3 Reported incidents			
GI.4 Comments/Analysis			
<b>ACCESS TO INFORMATION / AAP</b>			
AAP 1. What are sources of information do people have access to in this site?	<input type="checkbox"/> Billboard <input type="checkbox"/> Pamphlet <input type="checkbox"/> Face to Face interactions <input type="checkbox"/> Flyers <input type="checkbox"/> Other: Comment:		
AAP 2. Are populations informed about services available to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AAP 3. Are populations informed that humanitarian assistance provided to them is free	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AAP 4. Do populations have an opportunity to give feedback to service providers? (answer for both males and females)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AAP 5. If yes, what?			

<b>MARKET FUNCTIONALITY: Non-Food Items</b>	
MF. 1 Is the market functional (if no since when and why)?	
MF. 2 List any non-food items available (food items noted in the Food Security Section)	
MF. 3 List any non-food items that are short supply (food items noted in the Food Security Section)	
MF. 4 Are trucks currently operating / any trucks seen? (observation)	
MF. 5 Did any commercial deliveries take place recently (who, when, what)	
MF. 6 Do you think the market could be able to respond to an increased demand? If not Why, If yes how?	
MF. 7 If Yes, how long would it take to respond if the demand increases by 50%?	
MF. 8 Do you face any challenges in accessing the market in terms of security, distance, transportation means and cost? (broken down by male and female and age)	
MF. 9 Number of retailers operating (observation)	
MF. 10 Ask retailers: stock levels, sales/demand, sources, capacity to increase/restart. Observe shop/food condition & facilities.	
MF. 11 How many days per week is the market open?	<input type="checkbox"/> Just one day per week <input type="checkbox"/> Twice per week <input type="checkbox"/> 3 days per week <input type="checkbox"/> 4 days per week <input type="checkbox"/> 5 days per week <input type="checkbox"/> 6 days per week <input type="checkbox"/> Every day
MF. 12 What is (are) the main market day(s)? Select all that apply	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
MF. 13 Which of the following are the main barriers to market functionality?	<input type="checkbox"/> None <input type="checkbox"/> Risk of theft of cash or food (by unarmed persons) <input type="checkbox"/> Risk of armed robbery <input type="checkbox"/> Risk of bombings or gun attacks (for purposes other than robbery) <input type="checkbox"/> Fights in the market <input type="checkbox"/> Extortion / Bribery

	<input type="checkbox"/> Arbitrary detention <input type="checkbox"/> Forced closure of shop or market by authorities <input type="checkbox"/> Contamination of goods in shop or storage by rats and/or pests <input type="checkbox"/> Rotting of goods to water leakage or flooding <input type="checkbox"/> Rotting of stored goods due to length of storage time <input type="checkbox"/> Difficulty in transporting goods to shop for sale <input type="checkbox"/> Other
<b>Beneficiaries Preference</b>	
MF. 14 If your household were to receive support what method of support would you prefer?	<input type="checkbox"/> Cash support <input type="checkbox"/> In-kind support <input type="checkbox"/> Voucher <input type="checkbox"/> Other

## Key Informant Questions

AI.13 Key Informant Name	
AI.14 Sex of Key Informant(s)	<input type="checkbox"/> Male      How many? _____ <input type="checkbox"/> Female      How many? _____
AI.15 Contact number of Key Informant and organization (if available)	Contact number:
	Organization (if applicable):
AI.16 Type of Key Informant	<input type="checkbox"/> NGO/Humanitarian Aid Worker <input type="checkbox"/> Community Leader <input type="checkbox"/> Health Worker <input type="checkbox"/> Religious leader <input type="checkbox"/> Teacher <input type="checkbox"/> <u>Transport operator</u> <input type="checkbox"/> Group Leader of IDPs <input type="checkbox"/> Female Headed household of IDP family <input type="checkbox"/> Other please specify
<b>AI.17 Summary of Generalist key informant interview</b>	
Please summarize your findings for the de-briefing in bullet point below:	

**EARLY RECOVERY AND LIVELIHOODS**

What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)

**Governance**

1	Are there any existing and updated community based plans? (e.g Disaster Risk Reduction [DRR] Plans, Community Development Plans)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never had
2	Does the local authority have an existing and updated ward level / LGA level development plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never had
3	Are there existing and updated Ministry of Reconstruction, Rehabilitation and Resettlement (MRR) development plans in place to guide early recovery and livelihoods interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never had

**EDUCATION**

What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)

ED.1 Are school-aged children (3-17 years) within the crisis-affected population currently attending school?  Yes  No

ED.2 If yes, state approximate number:

Number of girls	Number of boys

ED.3 What type of studies do you enrol your children into?

They learn only formal education  
 They learn only religious education  
 They learn both formal and religious education  
 Don't know

ED.4 What is your greatest concern relating to your children's education situation?

Children are learning when hungry  
 Children are exposed to risks of school attacks and abduction  
 Children may not be able to complete schooling  
 Other \_\_\_\_\_  
 Don't know

ED.5 Are there classrooms for learners?

Type	Options
<input type="checkbox"/> Preschool/early childhood development	<input type="checkbox"/> Usable, Intact <input type="checkbox"/> Not usable, partially damaged <input type="checkbox"/> Usable, partially damaged <input type="checkbox"/> Not usable, completely destroyed
<input type="checkbox"/> Primary	<input type="checkbox"/> Usable, Intact <input type="checkbox"/> Not usable, partially damaged <input type="checkbox"/> Usable, partially damaged <input type="checkbox"/> Not usable, completely destroyed
<input type="checkbox"/> Secondary	<input type="checkbox"/> Usable, Intact <input type="checkbox"/> Not usable, partially damaged <input type="checkbox"/> Usable, partially damaged <input type="checkbox"/> Not usable, completely destroyed
<input type="checkbox"/> Non-formal	<input type="checkbox"/> Usable, Intact <input type="checkbox"/> Not usable, partially damaged <input type="checkbox"/> Usable, partially damaged <input type="checkbox"/> Not usable, completely destroyed
<input type="checkbox"/> No school or learning centre	

ED.6 Why are children not going to school? Choose the two most important

There is no school  
 There are no teachers  
 The community is afraid of taking children to school  
 There are no school materials

ED.6 Are there teachers teaching at this site:  Yes  No If yes, they are: Tick one only

Employed by the state government

Are volunteers

<input type="checkbox"/> Are supported by an NGO or humanitarian agency
ED 7. Do the learners and teachers have learning and teaching materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
ED 8. Identify the <b>TWO</b> greatest needs for education
<input type="checkbox"/> To establish learning spaces and or repair classrooms <input type="checkbox"/> To provide teaching and Learning materials <input type="checkbox"/> To deploy teachers to facilitate teaching <input type="checkbox"/> Ask the parents to send the children to school
ED 9. Is the school/learning site equipped with WASH facilities
<input type="checkbox"/> How far is the water source from school? 100m.....More than 100m..... <input type="checkbox"/> Are there latrines/toilets for boys and girls within the school premises? Yes.....No..... <input type="checkbox"/> Does the school have a playground? Yes.....No.....

<b>FOOD SECURITY</b>	
What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)	
<b>Current Food Consumption</b>	
Question	Crisis-affected / displaced population households
FS. 1 How many meals are people eating per day in the current location? (broken down by male and female and age)	
FS. 2 What foods are people eating? (list composition of meals, e.g. staples, etc.)	
<b>Is Food assistance/livelihood being provided?</b>	
FS. 3 If so, please describe (commodities, date of last distribution, which actor).	
FS. 4 Are there some households not receiving food assistance currently? If yes, how many and why? (broken down by male and female and age)	
FS. 5 What are the main crops produced in this area and in this season?	
FS. 6 Are there any restrictions to types of crops to be cultivated?	
FS. 7 Have farmers begun preparing their fields for the 2018 season?	
FS. 8 Do farmers have enough seeds for this season?	



FS. 9 What are the sources of seeds for the community?	
FS. 10 Which crops are local farmers going to plant for the next season?	
FS. 11 Do farmers have access to farming land (own farming land, rented/communal farming land) and water for irrigation?	
FS. 12 Are there any restrictions to access to farmland?	
FS. 13 What are your projected harvests for this season?	
FS. 14 Do herders have access to grazing land (own grazing land, communal grazing land) and water for livestock?	
FS. 15 What types of livestock do you own?	
FS. 16 Other reasons why food production is not taking place?	
<b>Describe how people are coping with food and cooking fuel shortages and how they access food and cooking fuel.</b>	
FS. 17 What are the main coping strategies for insufficient food (selling productive assets, skipping meals, reduction of amount of food or quality of food, borrowing from relatives, eating wild foods, migration for employment, seeking assistance from aid agencies, etc.)? (broken down by male and female and age)	
FS. 18 What are the main coping strategies for insufficient fuel (reducing number of meals per day, selling food/rations to buy fuel, undercooking food, transactional sex, etc.)? (broken down by male and female and age)	
FS. 19 What is the most commonly used fuel type for cooking (firewood, charcoal, animal dung, agricultural waste, etc.)?	

FS. 20 Do people face any protection risks while collecting firewood (harassment, beating, assault, theft, rape)? (broken down by male and female and age)			
<b>Main income sources in the community</b>			
FS. 21 Main income sources now (any new sources of income after a shock; are sources increased or reduced?)			
FS. 22 Main income sources before the conflict?			
<b>Market Trade – Food Security Related</b>			
FS. 23 Is the market functional (if no since when and why)?			
FS. 24 List any food items that are in short supply			
FS. 25 Are trucks currently operating / any trucks seen? (observation)			
FS. 26 Did any commercial deliveries take place recently (who, when, what)?			
FS. 27 Do you think the market could be able to respond to an increased demand? If not Why, If yes how?			
FS. 28 If Yes, how long would it take to respond if the demand increases by 50%?			
FS. 29 Do you face any challenges in accessing the market in terms of security, distance, transportation means and cost?			
FS. 30 Number of retailers operating (observation)			
FS. 31 Ask retailers: stock levels, sales/demand, sources, capacity to increase/restart. Observe shop/food condition & facilities.			
<b>Food Prices</b>			
Commodity	Now	In previous location	Remarks
FS. 32 Maize (NGN per mudu)			

FS. 33 Rice (NGN per mudu)			
FS. 34 Millet (NGN per mudu)			
FS. 35 Sorghum (NGN per mudu)			
FS. 36 Groundnuts (NGN per mudu)			
FS. 37 Veg oil (NGN per litre)			
<b>Other comments</b>			
FS. 38 What are the priorities expressed by the population concerning livelihoods and food security? Summary of food security section. (broken down by male and female and age)			

## HEALTH

What sources of information are you using to complete this section? Please describe. (type of key informant, observation, clinic records, stock records, etc.)

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H.1 What are the main health concerns, reported by health professionals or clinic records? (KI, O)

Disease	# of cases in last 7 days	# of deaths in last 7 days
Measles		
Malaria		
Diarrhoeal diseases, including cholera		
Acute Respiratory Infections		
Injuries		
Pregnancy-related conditions		
Wound infection/skin disease		
Other (please specify)		

H.2 Have there been reports of any unusual increases of illnesses or rumours of outbreaks of any disease? (KI)

Yes  No

If yes, describe:

H.3 How many births have been reported during the last 7 days? (KI)

Number of births total: \_\_\_\_\_ Number of births with skilled attendant: \_\_\_\_\_

H.4 Where is the closest health facility to the crisis-affected population/where displaced people are currently located? (KI, O)

- In the same site / village  
 In another location

H.5

- Less than 30 minutes  
 1-2 hours

If the health facility is in another location / village, how long does it take to walk there? (KI)		<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> More than 4 hours
H.6 Are services provided at a cost? (KI)		<input type="checkbox"/> No, services are free	<input type="checkbox"/> Yes
H.7 Is the crisis-affected / displaced population using the health services at the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, why not? (KI) [select all that apply]		<input type="checkbox"/> Cannot pay <input type="checkbox"/> Too far <input type="checkbox"/> Lack of medicines/equipment/vaccines <input type="checkbox"/> Health facility is damaged/non functional <input type="checkbox"/> Staff (doctors, nurses) not available <input type="checkbox"/> Lack of safe delivery services (antenatal care, post-natal care etc.) <input type="checkbox"/> Other _____	
H.8 What type of health facility is closest to the crisis-affected / displaced people? (KI)			
<input type="checkbox"/> PHC <input type="checkbox"/> secondary health facilities <input type="checkbox"/> Mobile clinic only <input type="checkbox"/> Other – please specify:			
H.9 What is the name, location and type of facility for the closest referral facility? (KI)	Name:		
	Location (including GPS coordinates):		
	Type of facility:	<input type="checkbox"/> Hospital	<input type="checkbox"/> PHCC <input type="checkbox"/> PHCU
H.10 What is the condition of the health facility building? (direct observation)			
<input type="checkbox"/> Not damaged <input type="checkbox"/> Partially damaged <input type="checkbox"/> Fully damaged/destroyed			
H.11 Which of the following services are available at this health facility? Select all that apply			
<input type="checkbox"/> None (cannot select with any other option) <input type="checkbox"/> Hygiene promotion <input type="checkbox"/> Outpatient consultations <input type="checkbox"/> Child immunisation <input type="checkbox"/> Diarrhoea treatment <input type="checkbox"/> Emergency care (accidents and injuries) <input type="checkbox"/> Skilled care during childbirth <input type="checkbox"/> Surgery <input type="checkbox"/> Diabetes treatment <input type="checkbox"/> Mental health and psychosocial support services <input type="checkbox"/> HIV treatment <input type="checkbox"/> CMAM/OTP (nutrition services) <input type="checkbox"/> Skilled Breastfeeding Support <input type="checkbox"/> Multivitamin Nutrient Packets <input type="checkbox"/> Other <input type="checkbox"/> Not sure			
H.12 What type of staff provides health care in this facility?			
Staff Type	# staff (Male and Female)	# consultations /day	

Nurse		
Medical doctor		
Community Health Officers(CHO)		
Community Health extension workers (CHEWs/JCHEWs)		
Midwife		
Lab technician		
Public health officer		
Other		
H.13 How many weeks supply of drugs do you estimate to have? <1 week    1 to 2 weeks    2to 4 weeks    1 to 3 months    > 3months		
Medicine Type	Available	Unavailable
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
ORS	<input type="checkbox"/>	<input type="checkbox"/>
Anti-malaria	<input type="checkbox"/>	<input type="checkbox"/>
Antipyretic	<input type="checkbox"/>	<input type="checkbox"/>
Contraception	<input type="checkbox"/>	<input type="checkbox"/>
Dressing materials	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus toxoid	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>
DPT	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>
Functional cold chain?	<input type="checkbox"/>	<input type="checkbox"/>
H.14 What are the main challenges to providing continuous health care in this health facility?		

<b>NUTRITION</b>			
What sources of information are you using to complete this section? Please describe. (key informant, observation, etc.)			
N.1 Have infant milk products and/or baby bottles/teats been distributed since the beginning of the emergency / displacement?			
<input type="checkbox"/> Yes – if so, by whom: _____ <input type="checkbox"/> No			
N.2 Has the community/health staff identified any problems in feeding children <2 years since crisis started?			
Exclusive breast feeding (0-6months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Initiation of complementary feeding (6-8 months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child feeding practices (9-23 months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
N.3 Existing capacities and activities			
	<b>Activity specification</b>	<b>Geographic coverage</b>	<b>Comments</b>
Management of severe acute malnutrition (facility or community based)	<input type="checkbox"/> SC <input type="checkbox"/> OTP		
Are there health facilities offering CMAM services?	List the names		
Are there any screening for acute malnutrition ongoing	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, results of most recent screening: (% red, % yellow, % green)
Are there Targeted Supplementary Feeding (TSFP) or Blanket Supplementary Feeding Programs (BSFP)?	<input type="checkbox"/> TSFP < 5 years <input type="checkbox"/> TSFP PLWs <input type="checkbox"/> BSFP <5 years <input type="checkbox"/> BSFP PLWs		When was the last distribution?
Prevention of acute malnutrition (IYCF)	<input type="checkbox"/> community IYCF <input type="checkbox"/> Health facility IYCF		
MNP and MNCHW Activities (e.g., vitamin A, FeFo.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other nutrition programs	Other (please specify)		

<b>PROTECTION</b>	
What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)	
P.1 Are there restrictions on freedom of movement in your area?  [select all that apply]	<input type="checkbox"/> Yes, but only before 6AM and after 6PM <input type="checkbox"/> Yes, but only if there are multiple household members <input type="checkbox"/> Yes, complete movement restrictions <input type="checkbox"/> Yes, 5-10 km outside of the camp or community <input type="checkbox"/> No movement restrictions <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____
P.2 Are there households whose members lack access to documentation [ID card, birth certificates, passports]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.3 Are there households with specific needs/vulnerabilities in the community? (Female Head of Household, Persons with disability, Persons with chronic illness, and other protection risk and needs)  [select one only]	<input type="checkbox"/> Less than 10% of the population <input type="checkbox"/> Between than 11% - 20% of the population <input type="checkbox"/> Between than 21% - 50% of the population <input type="checkbox"/> More than 50% of the population <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____
P.4 If Yes, do they have access to basic services without discrimination (Food, Health, Shelter, Etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.4 Who provides safety from crime and violence in this area?  [select all that apply]	<input type="checkbox"/> Local Authorities (Police/Military) <input type="checkbox"/> CJTF <input type="checkbox"/> Community Leaders (Political/Religious) <input type="checkbox"/> Self-Organized (Protection Groups) <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____
P.5 Have there been tensions between populations (IDPs, Returnees, Host communities, tribes) including on access to housing, land and property, in the last month?  [select one only]	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> More than twice <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____
P.6 If Yes, Is there any formal [courts] or traditional mechanism for dispute resolution in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.6 Is there adequate lighting in site or public places such as WASH facilities, pathways)  [select all that apply]	<input type="checkbox"/> There is adequate lighting at night <input type="checkbox"/> No lighting <input type="checkbox"/> Yes, there is lighting but it is NOT adequate <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____
P.7 Are there any security incidents over the last 3 months in the community?  [select all that apply]	<input type="checkbox"/> Killings/Physical Violence <input type="checkbox"/> Abduction <input type="checkbox"/> Armed Attacks <input type="checkbox"/> Fire outbreak <input type="checkbox"/> Destruction of Properties (Schools, Health facilities, Houses) <input type="checkbox"/> Presence of UXO/Landmines <input type="checkbox"/> Other incidents of physical violence (abuse, torture, mutilation) <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Others _____

P.8 Do households who have experienced distress and trauma have access to psychosocial services	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes who provides such services [select all that apply]	<input type="checkbox"/> Community members <input type="checkbox"/> Religious institutions <input type="checkbox"/> Specialized care givers by NGO and humanitarian actors
P.9 Are there households within the community with missing/detained household representative/members or separated families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.10 If yes, are there mechanisms or services available to report and access support services to help support family reunification? [select all that apply]	<input type="checkbox"/> Local authorities mechanism <input type="checkbox"/> NGO mechanism <input type="checkbox"/> Community support mechanism <input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Other _____
P.11 Are there barriers for humanitarian actors in accessing persons of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>CHILD PROTECTION</b>	
What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)	
<b>A. General/opening questions</b>	
What is the current situation of children in the community? - Any there any particular issue? - Any there any unsafe place? - Are there any services available for children? - (If new arrivals) (sensitive question, ask if possible and with cautiousness) Are children screened before entering the community?	
Additional/observation from the person collecting the data: Are children idle?	
Are there boys and girls around or some age range/gender are less represented?  (circle all the sex/age categories that apply)	Male: [0-5 years] [6-9 years] [10-12 years] [13-18 years]  Female: [0-5 years] [6-9 years] [10-12 years] [13-18 years]
Can you see child labour?	
Do you observe violence against children? Details:	



<p><b>B. UASC</b></p> <p>a. Are there children in the community who are unaccompanied? <i>(Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so).</i></p> <p>b. What's the estimated number of unaccompanied children?</p> <p>c. Are there parents/adults who report 'missing' children (children who got lost during movements of the community and displacement and whose whereabouts are unknown)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>C. PSS</b></p> <p>a. Have you noticed or been reported by parents any changes in the behaviour of children in the community? (Sadness, fear, nightmares and difficulties to sleep, isolation, violence against other children). If yes, specify.</p> <p>b. Have you noticed more severe behaviour issues? If yes, specify.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>D. CAAFAG</b></p> <p>a. Have some children from the community been abducted? (If yes, how many?—estimated number)</p> <p style="margin-left: 40px;">I. If yes, by whom? II. Number of children used or abducted by armed groups?</p> <p>b. Are there cases of children associated with armed forces or armed groups? <i>(A child associated with an armed force or armed group refers to any person below 18 years of age who is, or who has been, recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, spies or for sexual purposes).</i></p> <p>c. What is their current status? (get data on estimated number of boys and girls and their age if available)</p> <p>d. Released and reintegrated in the community (provide details). Are they experiencing any difficulties/stigma?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>E. Grave violations of children's rights('MRM': Monitoring and Reporting Mechanism')</b> <i>(sensitive questions, ask only if possible to do so)</i></p> <p>Have you heard or witnessed any of the following:</p> <ol style="list-style-type: none"> <li>1. Killing and maiming of children</li> <li>2. Recruitment of children</li> <li>3. Abduction of children</li> <li>4. Sexual violence against children</li> <li>5. Attacks on schools and hospital</li> <li>6. Denial of humanitarian access</li> </ol> <p>Details:</p>	

<p><i>(Incidents should later be documented in details by the MRM team, collect information available on date of the incidents and number of children affected).</i></p>	
<p><b>F. Mine risk Education</b></p> <p>a. Have you or anyone in the community seen UXOs/mines?</p> <p>b. Are you aware of any incident of anyone (child, adult, animal) being wounded or killed by mines/UXOs?</p> <p><b>Provide as much details as possible on the incident (date, exact location, any action taken by military or the community to clear the area?)</b></p>	

<b>GENDER BASED VIOLENCE</b>	
<p>What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)</p>	
<p>P.12 What are the common significant safety and security concerns facing children, adolescent girls and women in this community?</p> <p>[select all that apply]</p>	<p><input type="checkbox"/> No safe place in the community</p> <p><input type="checkbox"/> Sexual violence/abuse</p> <p><input type="checkbox"/> Violence in the home</p> <p><input type="checkbox"/> Risk of attack when traveling outside the community</p> <p><input type="checkbox"/> Risk of attack when going to latrines, local markets, etc.</p> <p><input type="checkbox"/> Being asked to marry by their families</p> <p><input type="checkbox"/> Trafficking</p> <p><input type="checkbox"/> Unable to access services and resources</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other – If "other," please specify: _____</p>
<p>P.13 What locations are considered as unsafe for women and girls?</p> <p>[select all that apply]</p>	<p><input type="checkbox"/> Water points</p> <p><input type="checkbox"/> Toilets</p> <p><input type="checkbox"/> Unoccupied shelters in the community</p> <p><input type="checkbox"/> During collection fuel/firewood session</p> <p><input type="checkbox"/> Along routes to access services</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other – If "other," please specify: _____</p>
<p>P.14 What GBV services are available in the community?</p>	<p><input type="checkbox"/> Health care / medical services</p> <p><input type="checkbox"/> Psychosocial support</p> <p><input type="checkbox"/> Safety/security</p> <p><input type="checkbox"/> Access to justice</p> <p><input type="checkbox"/> Empowerment and livelihoods (safe spaces)</p> <p><input type="checkbox"/> Material assistance</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Other _____</p>
<p>P.15 What are some reasons of the barriers that prevent GBV survivors including women, girls men and boys from accessing support including health support?</p>	<p><input type="checkbox"/> Fear of being identified as survivors</p> <p><input type="checkbox"/> Distance to health facility</p> <p><input type="checkbox"/> No female staff</p> <p><input type="checkbox"/> No availability of confidential treatment</p> <p><input type="checkbox"/> Lack of trained staff</p> <p><input type="checkbox"/> Don't know that they should access the facility for treatment</p> <p><input type="checkbox"/> Don't know where to go</p>

<b>SHELTER/NFI &amp; DMS/CCCM</b>					
What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)					
Person Interviewed at Site (circle choices)	1. Local gov. authorities	2. Host Community member	3. Site Management	4. Site resident	5. Support providers (NGO's, gov. religious person etc.)
State			Ward		
LGA			Village		
Name of site (commonly used)					
<b>Site Information</b>					
Q2: Average number of families per shelter:			Q3: Average number of people sleeping in each house/shelter:		
Is the site crowded? (Y/N) 60% of the site having several households sharing one roof	<b>Respond only if IDPs or Returnees are present at the site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Population Tracking</b>					
When did the population first start arriving at this location? (DD/MM/YY)		When was the last date the population was arriving at this location? (DD/MM/YY)		Are more HH expected to come? (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have they been displaced prior to this movement (last 2 weeks?) (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
How long do you plan to stay here? (circle one)	Less than 2 weeks	about 1 month	1 to 3 months	More than 3 months	
If you plan to leave where will you go?	Place of origin		Nearest town		
Please specify the location:	<i>If place of origin, indicate the county</i>		<i>If nearest town, indicate the name</i>		
<b>Shelter/NFI</b>					
How Many IDPs are without shelter					

What are the shelter needs:	Please mark which of the following shelter kits are needed at this site?			What are the NFIs needs:	Please rank the following NFIs based no need from 1 to 5) * 1 represents the most needed; 5 the least needed.		
1. Shelter Kit	<input type="checkbox"/> Needed			Blankets	Rank: _____		
2. Shelter repair kit	<input type="checkbox"/> Needed			Mats/ Mattresses	Rank: _____		
3. Emergency shelter kit	<input type="checkbox"/> Needed			Kitchen sets	Rank: _____		
4. T-shelter kit	<input type="checkbox"/> Needed			Mosquito Nets	Rank: _____		
				Jerry Cans	Rank: _____		
In what kind of shelters are the families staying (estimated # families, if possible)	1. Self-made shelter / makeshift	2. Community Buildings	4. Schools, colleges, Universities	5. Open areas	6. Tents	7. Empty host community houses	8. With Host families
(Rank the type from 1 to 8) *							
In what conditions are the houses of the original residents in the location	1. Partially Damaged	2. Burned	4. Partially Destroyed	5. Totally Destroyed	6. No damage		
(Rank the type from 0 to 100%)*							<i>Should add to 100%</i>

<b>WASH</b>			
What sources of information are you using to complete this section? Please describe. (type of key informant, observation, etc.)			
W.1 On average, how many minutes does it take for the crisis-affected / displaced community to collect the water needs for a household (incl. travel, waiting and filling the containers)?			
<input type="checkbox"/> Less than 30 minutes	<input type="checkbox"/> 30 min - 1 hours	<input type="checkbox"/> More than 1 hour	<input type="checkbox"/> Don't know
W.2 Who mainly collects the water in this community?			
Women	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Children	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Men	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
W.3 Which statement would best describe the access to water for your community, in general, for the last 30 days?			
<input type="checkbox"/> Everyone/nearly everyone has enough water for their needs (little to no problem) <input type="checkbox"/> Everyone/nearly everyone has problems accessing enough water for their needs (access problems) <input type="checkbox"/> Only people who can afford it have enough water (affordability problem) <input type="checkbox"/> The situation changes all the time: sometimes water access is easy, sometimes it is hard (intermittent access problems) <input type="checkbox"/> There is enough water for some groups (ex: hosts), but not for others (ex. IDPs) (status problem)			
W.4 Do people have enough containers for water storage?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Please specify types of containers:	
W.5 What are the available sources of water for the crisis-affected / displaced population? (KI, GD, O)			
Type	Number of water sources at site	Is the source working?	What % of the population uses this source?
Hand pump		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-dug well (protected)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-dug well (unprotected)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stream/river		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surface water/seasonal pond		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piped water system		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public stand post		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Well		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rain water tank		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

W.6 What percentage of people currently defecate using the places listed below: (KI, GD)				
Type	Host community		IDPs/refugees/returnees	
	% Adult	% Child	% Adult	% Child
<b>Bush</b> In the open, not in a defined and managed defecation area				
<b>Designated areas</b> In a defined and managed defecation area				
<b>Public pit latrines</b> Household pit latrines and shared family toilets				
W.7 Is there evidence of faecal contamination? (yes/no)				
Along the roads?				
Along the foot paths?				
Near the water source?				
In/near the fields?				
Outside the houses / shelters?				
Other (please specify)				
W: 8 Are there showers available at this site/location?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
W: 9 WASH Non Food Items (NFIs)				
Have the community received any WASH NFIs in the recent past? If so, list the items, when distributed and who distributed.  NB: The main WASH NFIs are Buckets, Jerrycans, Soap, Aquatabs and plastic kettle	NFI Item	Received	When Distributed	
	Buckets	<input type="checkbox"/>		
	Jerrycans	<input type="checkbox"/>		
	Soap	<input type="checkbox"/>		
	Aquatabs	<input type="checkbox"/>		
	Plastic Kettle	<input type="checkbox"/>		
	Women Hygiene Products / Tampons	<input type="checkbox"/>		
W: 10 Which of the chlorination (water treatment) methods have you observed?	<input type="checkbox"/> None <input type="checkbox"/> Chlorination in the tank – direct chlorination in storage tanks <input type="checkbox"/> Bucket Chlorination – direct chlorination in buckets/jerry cans <input type="checkbox"/> Online Chlorination – chlorination system installed at pump, water extracted is chlorinated before going into the tank			

**Annex 2 – Google Map of**

