



United Nations
Pakistan



Rapid Needs Assessment: Rain Emergency Sindh

14 September 2020



ONE UN Provincial Programme Team Sindh



Contents

Abbreviations	3
1 – Executive Summary	4
2 – Background	5
3 – Objectives	6
4 – Methodology of Assessment.....	6
4.1 Assessment Tool	6
4.2 Sampling/Selection of Villages/Wards for Assessment	6
4.3 Data Collection, Entry and Monitoring	7
4.5 Data Analysis and Report Writing.....	7
4.5 Timeframe for Assessment	7
5 – Limitations	8
6 – Sector specific findings.....	9
6.1 Demography of assessed population and situation of communities	9
6.2 Shelter	9
6.3 Education	10
6.4 Food Security and livelihood.....	10
6.5 Nutrition.....	14
6.6 Water, Sanitation and Hygiene (WASH).....	14
6.7 Health.....	18
6.8 Gender Based Violence (GBV) and Child Protection	19
8 – Recommendations:.....	22
Shelter:	22
Education:	22
Agriculture, Livestock, Livelihood and Food Security:	22
Nutrition:.....	22
WASH:.....	23
Health:.....	23
Gender-Based Violence (GBV) & Child Protection:.....	Error! Bookmark not defined.
Annexures	26-32

Abbreviations

COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DC	Deputy Commissioner
DHQ	District Headquarter
FAO	Food and Agriculture Organization
FSAWG	Food Security and Agriculture Working Group
GBV	Gender Based Violence
GoS	Government of Sindh
HH	Household
MNCH	Maternal and New-born Child Health
NFI	Non-Food Items
PDMA	Provincial Disaster Management Authority
PLW	Pregnant and Lactating Women
RNA	Rapid Needs Assessment
SPSS	Statistical Package for the Social Sciences
THQ	Taluka Headquarter
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPPT	United Nations Provincial Program Team
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

1 – Executive Summary

The August 2020 flooding situation in Sindh was unprecedented, and emergency was declared in 20 of the 29 districts in the province on 25 August 2020. Essential infrastructure including roads, bridges and homes were severely damaged and according to Provincial Disaster Management Authority (PDMA), 136 deaths have been reported with 80 injured so far.

According to the data shared by Additional Relief Commissioner, Sindh 2.2 million people have been directly or indirectly been affected by the flooding with 77,337 houses fully damaged and 137,007 partially damaged in 15,233 villages. In total, 196 relief camps have been established which are providing shelter to 23,629 people. Additionally, it is estimated that 1.9 million acres of crops have been affected and 45,961 loss of livestock.

This rapid assessment of immediate needs collected information from a total of 170 communities in 9 out of the originally identified 11 districts (two districts in Karachi were dropped after request from respective DCs). Focus group discussions were held in both rural and urban areas and results are presented.

Overall, the teams in the field found that over 45% of Kacha houses, in the visited rural communities had been completely destroyed against 16% in urban areas.

In the communities of the 9 districts visited, 55 primary schools have been completely damaged, leaving 2,800 children without possibility to restart the school year in mid-September.

On average, in the visited rural communities, monsoon rains have damaged 93% of crops/vegetable areas and 83% of orchards, leaving the population depending on farming extremely vulnerable to food insecurity. In addition, 38% of communities reported severe damages to their irrigation infrastructure. Livestock holders also incurred in losses with highest levels in Umerkhot, Sanghar and Mirpur Khas. Overall, on average households reported to have 8 days of food stock for their own consumption, among the regions. Food stock with rural communities will last, reportedly, for only 5 days, almost half than urban communities (9 days).

The report shows that in the interviewed communities, distribution of infant formula happened in few rural areas, mainly in Mirpur Khas and Sanghar. Overall, the status of nutrition of pregnant and lactating women, seems to be deficient, in both urban and rural areas, confirming national level surveys which indicate the surveyed districts having high levels of malnutrition for children and women.

In the rural areas visited by the team, communities reported high levels of open-air defecation, (67%) and low handwashing after defecation, (39%) indicating the high risk of spread of diarrhea and other preventable diseases. This coupled with the fact that only 4% of the population met treat water before its consumption in rural areas and 16% in urban areas heightens the risk of spread of water-borne diseases among the affected population.

Based on the data collected, an overall of 85% health facilities (HF) are functional while 15% are nonfunctional. Maternal and neonatal Child Health (MNCH) services for pregnant women have also been affected in various districts, while 55% of the pregnant women still have access to the health facilities the remaining 43% do not have the 24/7 access.

According to the data collected, communities who reported presence of security concerns, reported women to be at greater risk of any form of violence i.e. 56.9% at rural level and 50% in the urban areas.

2 – Background

During the month of August 2020, heavy rainfall resulted in major flooding in the Province of Sindh and a province-wide Monsoon Flood Emergency was declared by the Government of Sindh on 25th August 2020. Subsequently on 29th August the provincial Government officially declared 20 districts as “calamity affected areas”, under the Sindh National Calamities (Prevention and Relief) Act 1958.

Pakistan is prone to multiple natural hazards, including floods, droughts, earthquakes, landslides, snowfall, avalanches and cyclones¹. The Province of Sindh experiences floods and droughts, and previously moderate to severe floods and droughts in western and southern districts occurred between 2010 to 2013 and again between 2017 to 2018. The recent flooding in August 2020, due to monsoon rains, has affected communities in both rural and urban Sindh. In addition to crops, livestock and houses, a lot of infrastructure has been damaged and, in some cases, people have been forced to take shelter in temporary camps.

At the time of current rapid assessment, and deployment of teams in the field, an official notification of existence of camps for displaced people due to the monsoon rain was yet to be notified, whether in the districts of Karachi, or in the rural areas. Therefore, for this reason, the situation of people in camps was not covered in this rapid assessment. Based on the data shared by Additional Relief Commissioner, Sindh there is a presence of a high number of people in relief camps, away from their flooded homes, particularly in Umerkot, Mirpurkhas and Tharparkar districts. In District Hyderabad no official relief camp was established. Affected population were living in unorganized camps/settlements and makeshift shelters in taluka Latifabad and Qasimabad of Hyderabad, during the RNA. People living in informal settlements/camps have not received any assistance for food, shelter and water as these camps are not officially notified.

District	N. of camps	N. of people
Mirpurkhas	51	4,180
Umerkot	34	10,835
Tharparkar	9	6,973
Karachi Central	21	0
Karachi West	4	25

In the relief camps, DC Offices reported to have given provision of shelter with electricity, water and sanitation facilities, including meals.

In Karachi, Pakistan Army’s already established COVID response center with 600 beds which was turned into a temporary shelter for those displaced due to urban flooding. According to information received, as of 6th September, no person sought to abode in this facility.

¹ With 152 extreme weather events during 1999-2018 Pakistan ranks 8th in the Global Climate Risk Index, 2018.

In addition to the above official information, direct observation, from data collectors' teams, indicate large groups of people in improvised abodes (mainly makeshift tents) along the main roads in both Mirpurkhas and Umerkot, and in Latifabad and Qasimabad areas in Hyderabad district.

On August 31st, 2020, Provincial Disaster Management Authority (PDMA) Sindh requested United Nation Pakistan to conduct a Rapid Needs Assessment (RNA) for initiating a localized response in 11 districts² (6 urban and 5 rural) out of 20 Calamity Affected districts, to assess the damages and needs of the affected communities. In response, United Nations Provincial Programme Team (UNPPT) immediately mobilized resources and conducted assessment in 9 districts³ of Sindh. The assessment has been conducted under the leadership of UN Provincial Programme Team (UNPPT) with the technical support of FAO and WFP and other provincial UN partners. The assessment started on September 3rd and was completed by September 6th.

3 – Objectives

The overall objective of the RNA was to assess the impact of monsoon rains/flood on the affected population and determine their critical needs. The assessment will specifically inform the stakeholders (Sindh Government, UN, NGOs, donors) on:

- The level of impact of monsoon rains/flood on crops, livestock, livelihoods, food security, nutrition, shelter, health, access to water, sanitation and hygiene of the affected communities in urban and rural districts;
- Identify immediate needs and support required by communities in the nine assessed districts.

4 – Methodology of Assessment

The assessment was conducted in nine districts on the request of PDMA Sindh. The FAO and WFP Sindh chapters, in collaboration with other UN organizations and members of provincial Food Security and Agriculture Working Group (FSAWG), assisted in conducting the RNA.

4.1 Assessment Tool

A multi-cluster community level tool was administered for data collection from the affected communities through focus group discussions. The assessment tool covered agriculture, food security, livelihood, nutrition, health, education, shelter, water, sanitation, and hygiene, gender-based violence and child protection.

4.2 Sampling/Selection of Villages/Wards for Assessment

² Karachi South, Karachi Central, Karachi West, Karachi East, Karachi Malir, Karachi Korangi, Hyderabad, Mirpur Khas, Tharparkar, Sanghar and Umerkot.

³ District Administration of Karachi South and Karachi Korangi considered situation as returned to normal in their districts and advised not to conduct any assessment.

In the notified monsoon rains/flood affected villages (Dehs in rural areas) and Wards/UCs (in urban areas), between 20-30 percent Dehs/wards⁴ were randomly selected for rapid assessment considering the time constraint to complete the assessment urgently. In Hyderabad, Mirpur Khas, Tharparkar, Sanghar and Umerkot districts, rural affected areas were covered, whereas in Karachi West, Karachi Central, Karachi Malir and Karachi East urban areas were covered as part of current assessment.

4.3 Data Collection, Entry and Monitoring

Sindh UNPPT teams provided half day training/orientation on the assessment tool (community questionnaire) and methodology to field enumerators before starting the data collection. In each district, depending on the coverage, 1 to 4 teams, which comprised of 2 to 3 multi-lingual enumerators including female, CSOs and UN staff (where available) were engaged in the data collection process. Additionally, 2 data entry operators in each rural district and staff of FAO, WFP, UNICEF in Karachi and Hyderabad entered the data in the database prepared by WFP technical team.

4.5 Data Analysis and Report Writing

UN organizations assigned their sector leads to analyse primary data using SPSS/Stata/Excel software. The primary data collection and analysis has been carried out at the district level including urban and rural areas' disaggregation. Findings of the rapid assessment will be shared with the provincial Government; sector leads and ONE UN PPT Sindh members for shaping up a rapid response plan.

4.5 Timeframe for Assessment

SN	Description	August 31- September 1	September 2-3	September 3-5	September 4-6	September 6-7	September 7	September 12
1	Initial planning and finalization of assessment tool							
2	Training on assessment tool							
3	Field data collection							
4	Data entry							

⁴ Except in Tharparkar and Mirpur Khas. Deputy Commissioner of Tharparkar advised to conduct assessment only in 7 Dehs of Kaloi and 2 of Mithi Taluka and one urban colony each in Mithi and Deplo talukas.

District administration of Mirpur Khas had not notified number of affected Deh at the time of assessment but reported number of villages/wards affected in 7 talukas of the district. Number of Dehs for RNA were selected based on taluka level information and local knowledge about the affected Dehs.

5	Data analysis							
6	Preliminary findings of assessment/draft report							
7	Final report based on feedback of stakeholders							

5 – Limitations

- The data collection and assessment team met with data challenges at UC level as only limited data was available in half of the districts covered by the assessment.
- The community level data collection tool, by its nature, did not provide a wide gender or age disaggregated data, except for very few variables.
- The accessibility and reach of the assessment teams to affected areas remained a challenge throughout the data collection period. Furthermore, the already in-place restrictions on human-to-human interactions due to COVID-19 also proved a challenge both, for training of enumerators and data collection.
- District administration offices in Karachi and Hyderabad provided the list of damages/loses in the districts with number of UCs affected as detail list of villages/areas was not available. This was generated during RNA while meetings with ADCs, UC chairperson, Revenue officials.
- Data on violence against women and children is sensitive and difficult to collect, especially during emergencies when people, especially children, may be going through stressful situations. Therefore the data collected on violence against children is limited.

6 – Sector specific findings

6.1 Demography of assessed population and situation of communities

Overview and Demographics of Communities Surveyed during Rapid Needs Assessment

In total, 170 communities were surveyed in nine districts. 132 out of 170 communities (77%) were surveyed in rural areas of Sindh: Hyderabad (13), Sanghar (32), Mirpur Khas (34), Umerkot (43) and Tharparkar (10) districts. The other districts, Karachi West (15), Karachi East (4), Karachi Central (8) and Karachi Malir (11) were urban.

The average distance of surveyed communities from district headquarter was around 46 kilometers (km) in rural areas in comparison to 14 km in urban areas (in Karachi districts). The highest average distance from district headquarter was in Sanghar which was 73 km.

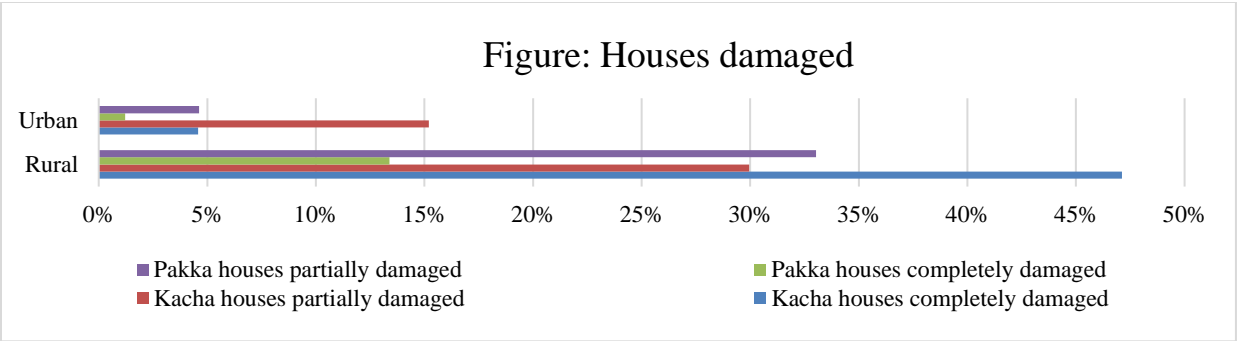
In terms of accessibility to communities in rural areas, on average, 34% of the communities were easily accessible, 61% were accessible with some obstructions whereas 5% were not accessible. Approximately, 50% of the communities in Hyderabad, Malir, Sanghar and Tharparkar, whereas 74% in Mirpur Khas and 63% in Umerkot were accessed with some obstruction. Major obstructions to access in the rural areas was due to rain/flood water on roads which has damaged roads and bridges.

According to the data collected, percentage of women headed households in the communities surveyed is 7% in rural while 13% in urban region. The proportion of persons with disabilities in the communities in rural and urban regions are 0.74% and 0.40%.

6.2 Shelter

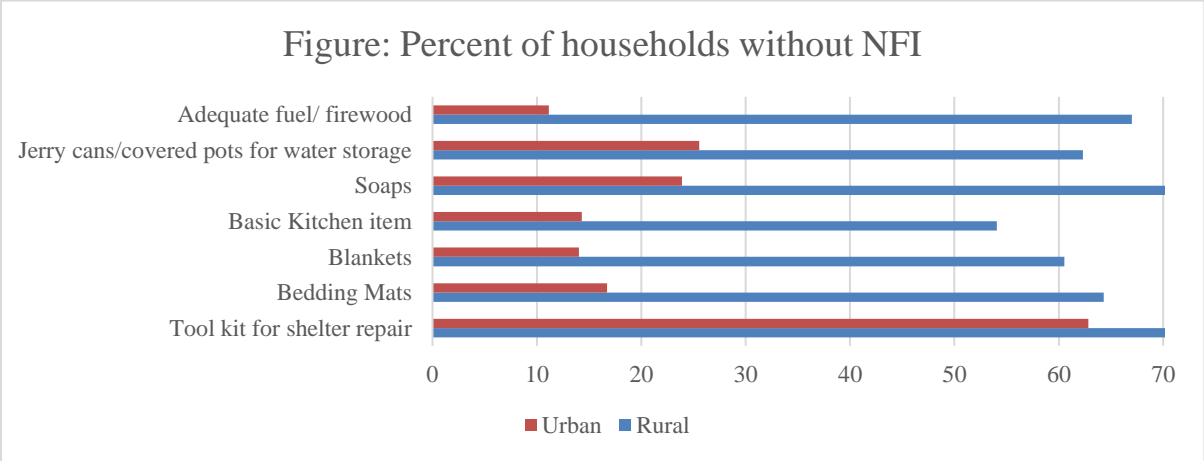
Approximately 27,963 houses (20782 Kacha/ 7181 Pakka) are in the rural surveyed communities, whereas 134,627 houses (49425kacha/ 85202Pakka) in the Urban surveyed areas. Of which around 47% kacha / 30% Pakka (9762/6224 houses) are fully damaged while 13% Pakka and 33% (961/2372 Houses) are partially damaged. In the urban areas, 5% and 15% kacha houses respectively (approximately 2265/ 7514 houses) are completed or partially damaged. Among the regions, district Umerkot (66%), Tharparkar (59%) and Mirpur Khas (43%).





Based on the findings, about 5% (approximately 6964 households) are without shelter at the time of RNA, mainly located in rural areas (24%) (6958): Households are without shelter in affected areas of district Sanghar (34%) (3353) and district Umerkot (29%) (1770). Around 20% (6002 household) in rural areas are living in makeshift shelter.

The surveyed communities reported that more than half households (65%) do not have tool kits for shelter repair (urban 63%, rural 73%). Most households in rural areas also do not have other NFI, soap (73%), firewood (67%) and bedding mat (64%).



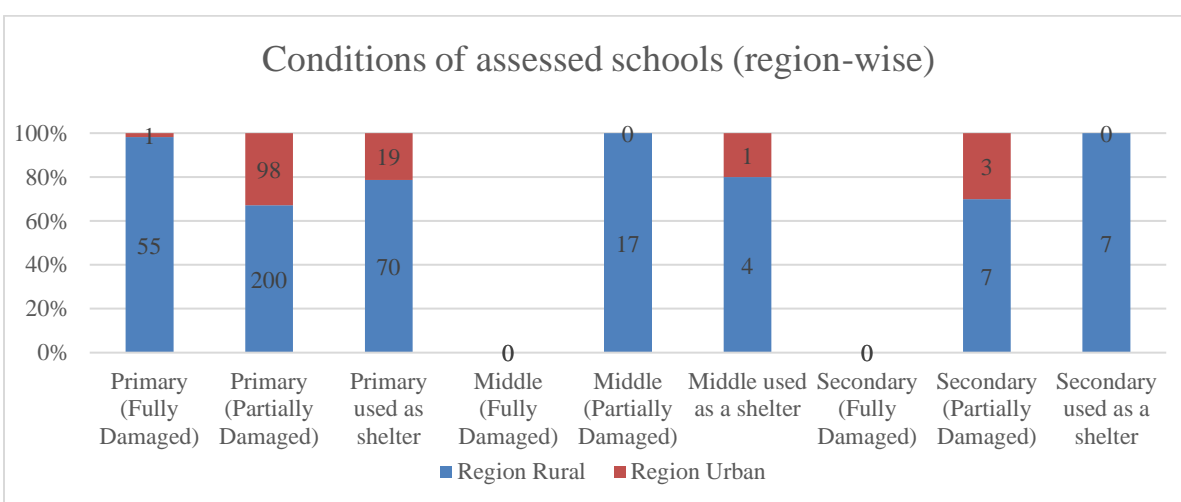
6.3 Education

Information was collected related to 1,932 primary schools (362 rural, 1,570 urban), 620 middle schools (24 rural, 596 urban) and 272 secondary schools (18 rural, 254 urban) on indicators (I) fully damaged to schools (II) partially damaged to schools (III) schools being used as shelters by the affected population.

The analysis of collected data suggests that, out of 1,932 primary schools, 55 have been fully damaged in rural areas whereas only one primary school has been fully damaged in urban areas. 200 primary schools have been partially damaged in rural areas whereas only 98 primary schools have been partially damaged in urban areas. Hence fully and partially damages to primary schools are significantly higher in rural areas.

Similarly, primary schools being used as shelters by affected population are much higher in numbers in rural areas when compared to urban areas. For instance, 70 primary schools in rural areas have been used as shelters, whereas 19 primary schools are being used as shelters in urban areas.

As per the pattern of primary schools (above), fully and partially damages to middle and secondary level schools are higher in rural areas, as well. For example, 17 middle schools have been partially damaged in rural areas whereas no middle school was partially damaged in urban areas. 4 middle schools were occupied by affected population in rural areas compared to only 1 in urban areas. 7 secondary schools have been partially damaged in rural areas whereas only 3 secondary schools have been partially damaged in urban areas. Out of assessed 272 secondary schools, all 7 schools being used as shelters were in rural areas only.

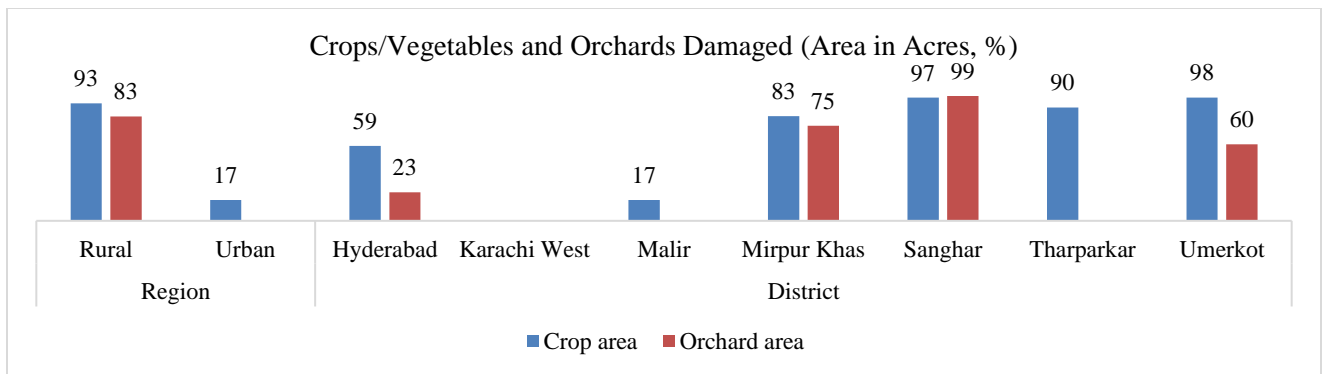


The complete destruction of 55 schools is expected to incur long-term closure and disruption in access to education for estimated 2,800 primary school students (this potentially could aggravate the high school drop-out ratio of children, particularly girls). At the same time, partially damaged schools are not safe and neither ready to accommodate students returning after several months of learning gaps due to COVID-19, therefore an urgent rehabilitation and reconstruction approach is needed. Schools which are currently being used by affected population require a thorough disinfection and further assessment of any structural damages including functionalization of WASH facilities.

6.4 Food Security and Livelihood

Agriculture:

On average, 46% of the households in surveyed communities are engaged in farming. The recent flooding has negatively impacted crops, particularly the cash cotton crop, which was ready to be harvested. Monsoon rains/flood have damaged 93% of crops/vegetables area (35,400 acres) and 83% of orchards areas (3,600 acres) in the rural areas. Highest damages have been reported in Sanghar followed by Umerkot, Mirpur Khas and Tharparkar districts.



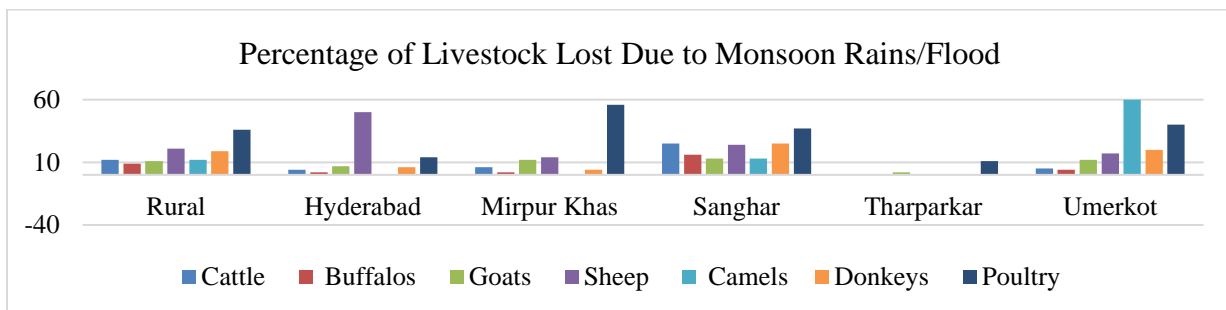
On average, 9,973 (44%) of farming households lost cereals stored for household consumption, 6,239 (34%) lost seeds stored for next cropping season and 9,723 (42%) livestock holders lost fodder/feed stored for their livestock (42%) in rural areas. Losses were reported mostly by community members in Sanghar, Umerkot and Tharparkar.



In terms of damages to irrigation infrastructure, 38% of the communities reported severe damages, 28% each reported moderate or no damages while 5% reported slight damages in rural areas.

Livestock:

Livestock holders have also incurred livestock losses due to monsoon rains/flood, particularly in Sanghar and Umerkot and some also had to sell their livestock after the disaster, particularly in Mirpur Khas and Sanghar. As per information from the communities surveyed, around 3,000 cattle (cows), 1,100 buffaloes, 6,200 goats, 1,240 sheep, 115 camels, 475 donkeys and 7,700 poultry birds were lost due to this disaster.

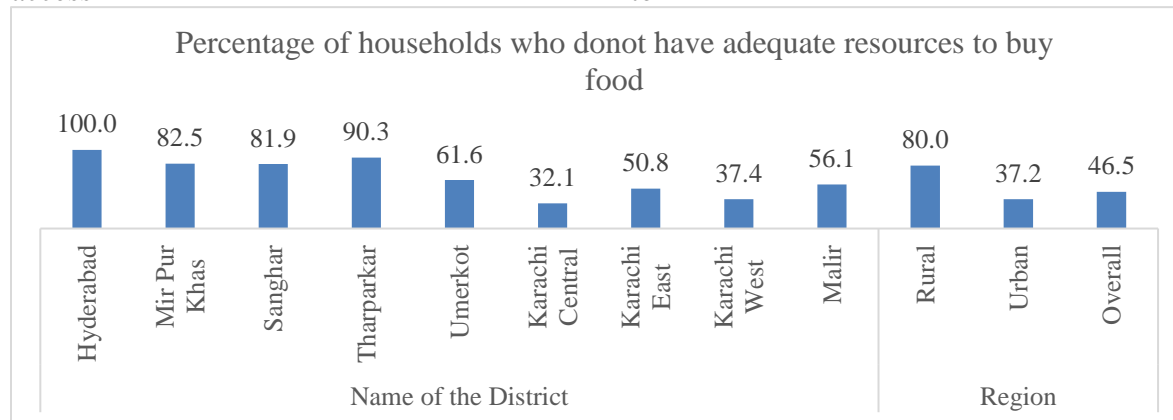


85% of livestock holders have no cash to purchase animal feed/fodder in the communities in rural areas. Across the districts, the highest percentage of signs of animal diseases were reported by almost all communities in Umerkot (98%). On average, the number of animal shelters damaged in the communities in rural and urban areas are 78 and 1 respectively. In total, 9,835 animal shelters were damaged in the surveyed communities. Across all rural districts, the highest number of animal shelter damage reported was in Sanghar (4,665), followed by 3,200 in Umerkot 1,510 in Mirpur Khas, 260 in Hyderabad and 200 in Tharparkar.



Food Security and Access to Markets

Overall, 46% (approximately 65550 households) of affected households do not have enough resources to purchase food from markets. The situation is worse in rural areas (80%) compared to urban areas (37%) (approximately 23683 rural households and 412460 urban households). Among districts, families in affected areas of Hyderabad, Tharparkar and Mirpur Khas have very limited access to food.



Overall, on average 9 days of food stock is available with the households for their own consumption, Food stock with rural communities is will last for only 5 days consumption whereas with the urban households it is enough for 9 days consumption. Among the rural districts, communities in Sanghar and Umerkot districts have food stock enough for consumption of 3 days.

Most communities reported that very few households have received any kind of food assistance after the disaster. Overall, 4% of households have received any food assistance, this proposition is little higher in the Urban areas than Rural. Similarly, no assistance has been extended to PLWs and children under five in all the surveyed areas.

Generally, markets are fully functional in the affected areas of Karachi, while in rural districts 62% of communities (106 surveyed areas) reported markets are partially functional and 9% (15

surveyed areas) reported not functional. Majority of the communities in districts Mirpur Khas (75%), Umerkot (72%) and Sanghar (70%) reported markets are partially function.

Overall, households in urban areas have relatively good physical access to the markets compared to the households in the rural regions as around 25% (43 surveyed areas) rural communities reported no physical access to markets. Among the districts, communities with no physical access to markets included; Mirpur Khas (37%), Umerkot (31%), Sanghar (22%), and Hyderabad (22%).

Overall, more than half of the communities (94) in affected areas reported that food items are adequately available in nearby markets which means food items are available however, not in enough quantities.

6.5 Nutrition

The assessment captured data on two main emergency nutrition indicators: distribution/donation of infant formula milk and powdered milk for children (follow up formula), which is the breast milk substitute (BMS), and community perception about the nutrition wellbeing of lactating mothers.

Table 1: Distribution of Infant Formula/ Powdered Milk for children

Is there any distribution of infant formula/powdered milk for children in this community after the disaster?		Yes	No	Don't Know
Region	Rural	3%	95%	2%
	Urban	0%	85%	15%
	Total	2%	93%	5%
Name of the District	Hyderabad	0%	100%	0%
	Karachi Central	0%	100%	0%
	Karachi East	0%	25%	75%
	Karachi West	0%	92%	8%
	Malir	0%	91%	9%
	Mirpurkhas	9%	91%	0%
	Sanghar	3%	97%	0%
	Tharparkar	0%	100%	0%
	Umerkot	0%	93%	7%

The data in the above table shows that 3% of the respondents in rural districts reported distribution of infant formula in their respective communities. Districts which reported distribution/donation of infant formula are Mirpurkhas (9%) and Sanghar (3%). As per the Breast-Feeding Act⁵, distribution of breast milk substitutes (BMS) are prohibited and should not be prescribed without

⁵ The Sindh Protection and Promotion of Breast-Feeding and Child Nutrition Act, 2013 (Sindh Act No. XVII Of 2013)

clear indication. It is also important to further probe and investigate the reported distribution to protect and support the health and nutrition well-being of children under the age of two years.

Table 2: Malnutrition Status of Lactating mothers (reported by FGDs respondents)

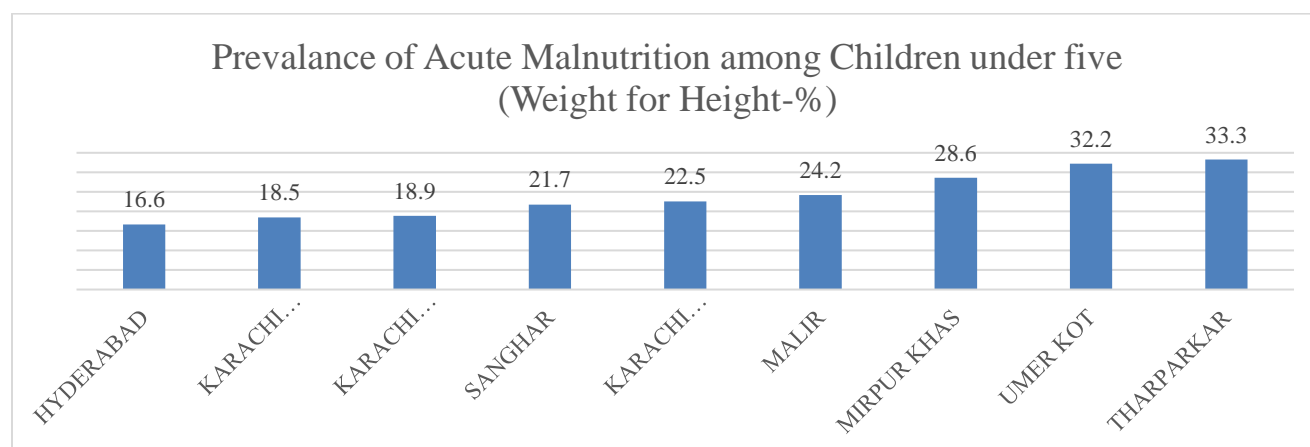
		What is the visible state of lactating mothers?			
		Well Nourished	Malnourished	Severely Malnourished	Don't know
Region	Rural	5%	77%	10%	8%
	Urban	9%	62%	0%	29%
	Total	6%	74%	8%	13%
Name of the District	Hyderabad	0%	64%	27%	9%
	Karachi Central	17%	83%	0%	0%
	Karachi East	25%	50%	0%	25%
	Karachi West	7%	53%	0%	40%
	Malir	0%	67%	0%	33%
	Mir Pur Khas	18%	62%	3%	18%
	Sanghar	0%	91%	9%	0%
	Tharparkar	0%	89%	11%	0%
	Umerkot	0%	80%	13%	8%

As shown in table 2, the majority of respondents reported poor nutritional status of lactating mothers, owing to multiple deprivations, as mentioned by the respondents which included poor access to health care, lack of access to clean drinking water and the limited affordability by the household, in surveyed communities. The data in table 2 shows that only 6 percent of respondents reported good nutrition status of lactating women, while 74 percent reported that lactating women are malnourished, while 8 percent reported lactating women as severely malnourished. According to NNS 2018, an average 25 percent women of reproductive age (10.3 percent in Karachi West to 38.2 percent in Umerkot) and 18 percent adolescent girls (11 percent in Karachi West to 28.4 percent in Tharparkar) are underweight⁶ in affected districts.

Keeping in view the limitation of data collection of this assessment, the results of National Nutrition Survey 2018 are added to reflect upon the nutrition status of children in nine affected districts. Population living in affected districts are facing multiple deprivations, and the rain emergency further increases their vulnerability. Poor access to diversified food, high incidence of infection diseases among children, in addition to poor access to health care services, especially ante-natal and post-natal care by mothers, lack of access to clean drinking water and sanitation

⁶ Body Mass Index

services, poor affordability of households and sub-optimal social and cultural practices, are the major contributors towards persistent high malnutrition rates among women and children.

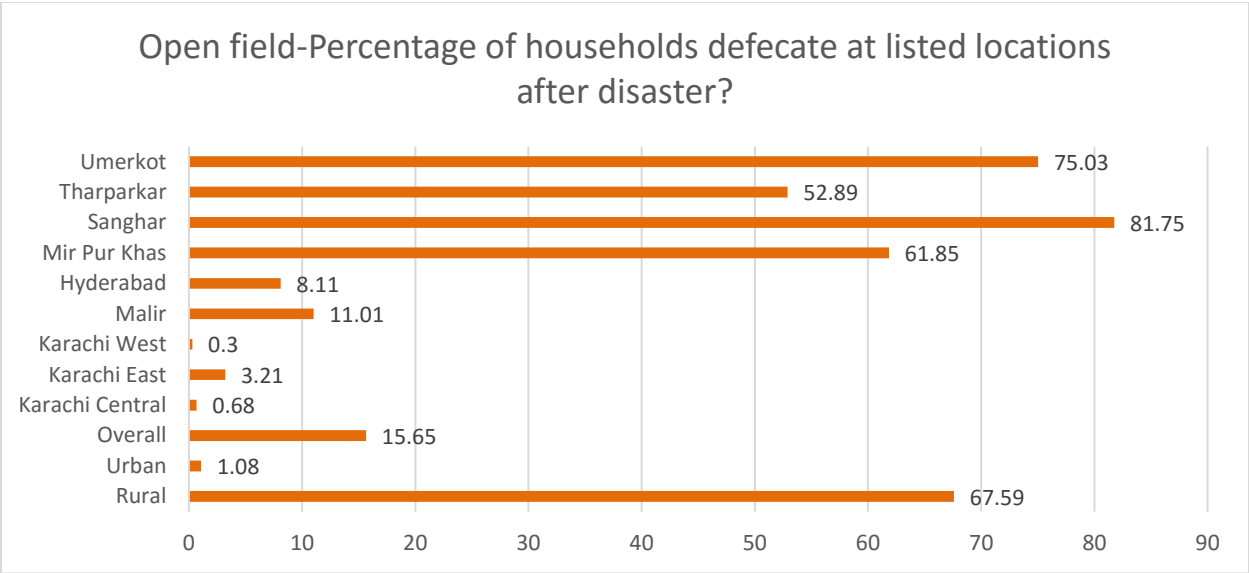


According to NNS 2018 data, prevalence of acute malnutrition is well above the critical level (15%) in all flood affected district. The acute malnutrition rate ranges from 16.6 percent in Hyderabad to 33.3 percent in Tharparkar, which show the scale of malnutrition crisis in Sindh.

6.6 Water, Sanitation and Hygiene (WASH)

According to the data collected, there is an increase, in rural communities of use of water-tankers by 100 percent, as floods have damaged hand-pumps and most people are now relying on external support while in the urban communities reliance on water-tanker has decreased by 7 percent due to accessibility related issues.

The total number of water systems in rural area reported are 1,188, out of which 347 are partially damaged and 1,060 are completely damaged. In urban area, the total number of reported water systems are 1,146, out of which 157 are partially damaged and 251 are completely damaged.



The data revealed that in rural areas, 67% of household defecate in the open air whereas in urban area only 1% of people defecate in the open. It was observed, during the field survey, that 39% of household members wash their hands after defecation in rural areas whereas in urban areas 64% of household members do it. It was also observed that 39% of the household use soap for hand washing after defecation in rural area whereas 64% of households use soap after defecation in urban areas.

Teams reported that 62% of water from main source is turbid in rural areas, whereas 45% of urban water sources. The field team found that only 4% of household treat the water at home before its consumption in rural areas whereas in urban areas 16% of household treat water before consumption.

It is revealed that 82% of the rural communities need jerrycans whereas in urban areas 63% of communities need jerrycans. Moreover, 17% of the rural household need hygiene kits, whereas in urban areas 35% of households need hygiene kits.

Immediate needs: The displaced in rural and urban areas need water for drinking and potable use. Dewatering and removal of solid waste/debris cleaning must be initiated in both urban and rural areas. Community is in need of sanitation facilities and hygiene education for safe use of latrines and excreta disposal and there is need of non-food items to ensure personal, domestic and environmental hygiene.



6.7 Health

Health related effects after floods are mainly two-fold: either directly through encountering stagnant water, or it is through damage to health infrastructure, making it difficult for people and communities to access health facilities.

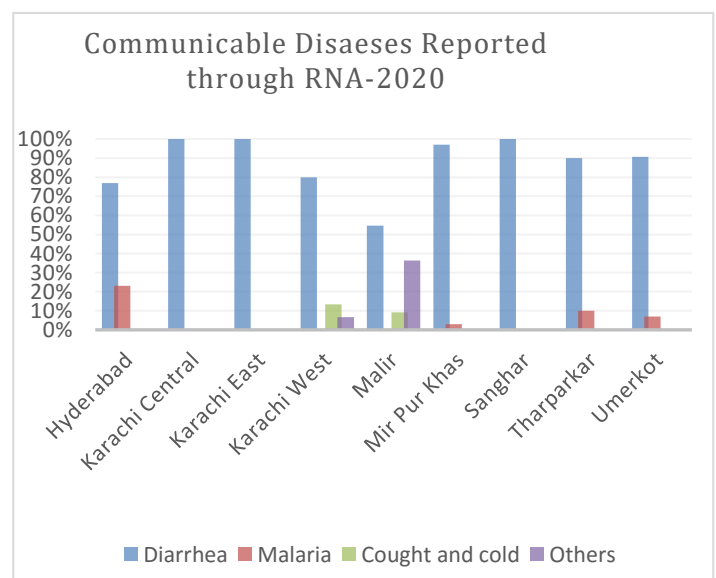
Based on the data collected, it is revealed that in flood affected areas, an overall of 145 (85%) health facilities (HF) are functional while 25 (15%) of the health facilities are nonfunctional. The non-functional facilities are more based in the rural settings, compared to urban. Approach to the nearest health facility and type of health facility is also very important in addressing immediate health needs in floods. As per RNA findings, in urban settings, private sector (35%) is the most reached out facility for the health seeking followed by DHQ/THQ (22%). The nearest approach in rural areas is Basic Health Units (36%) followed by the DHQ/THQ (20%). The provision of round the clock (24/7) services in the functional health facilities of the flood affected areas is 82 (57%), while 63 (43%) have services availability only at morning times.



Reproductive Maternal and Neonatal Child Health (RMNCH) services for pregnant women have also been affected in various districts, while 57% of the pregnant women still have access to the health facilities the remaining 43% do not have the 24/7 access. The average time required to reach the nearest health facility including RMNCH services has almost doubled in both the urban and rural flood affected areas due to damage to infrastructure; roads, bridges and limited public transportation. Since it takes a longer time now to reach health facilities, it has increased the monetary costs for the households while some residents are expected to delay seeking health care due to financial limitations, which would negatively impact the communities.

According to the findings of RNA, diarrhea is the top disease reported followed by Malaria, Dengue and cough & cold.

From the perspective of prevention, provision of essential medicines plays a key role in minimizing the morbidity and mortality in the



flood effected areas. In both urban and rural areas, 113 (78%) of the facilities have the availability of essential medicines while 32 (22%) of health facilities are lacking essential medicines.

6.8 Gender Based Violence (GBV) and Child Protection

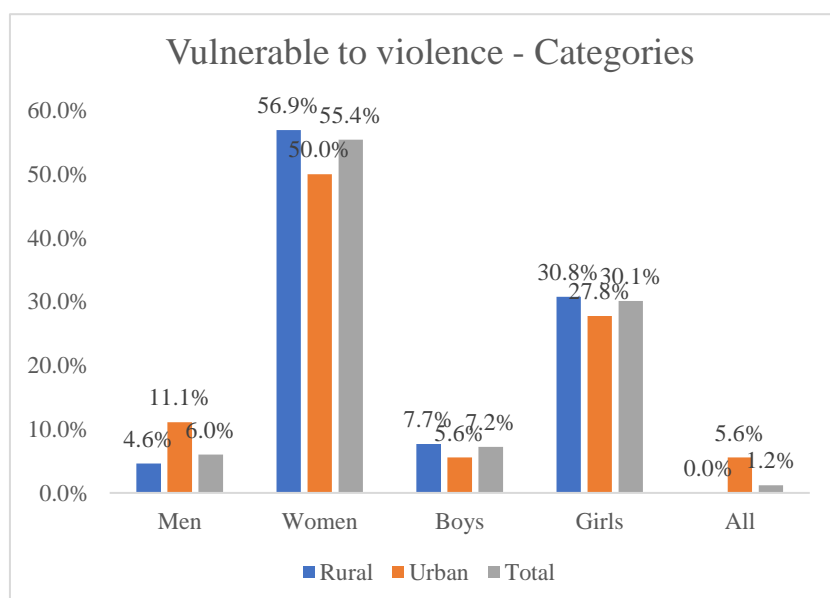
Security concerns and type of concerns affecting the community

The data collection on violence against women and children is challenging, especially in the current emergency context, and requires some rapport building and a conducive environment for reporting sensitive information. Thus, the data collected on violence is limited.

Overall, 46% of the total communities interviewed reported that security concerns do exist in their community, while 49% responded negatively and a minor (5%) did not seem to be informed on the security situation affecting their community. Responses from communities being faced with security concerns varied from 1.7% in district Umerkot to the highest, 66.9% in Karachi Central followed by 59.2% in Karachi West and 21.2% in Malir. The respondents who affirmed that there are security concerns in their community were inquired about the types of concerns that existed. Criminal acts such as theft, robbery, killing/murder was cited as the highest security concern in all the districts standing at 56.2%, followed by threat/ extortion/harassment by authorities' at 23%, violence against boys and girls at 16.1%, injury/ physical assault at 5%, inter-communal disputes/ other concerns was reported at 2% each. There is clear indication of violence against boys and girls (16%) and GBV (including sexual and domestic violence against men, women and children) in rural regions at 9.8% while in urban, it is reported at 1.8%.

Immediate Risk

According to the data collected, women are reported to be at greater risk of any form of violence i.e. 56.9% at rural level and 50% in the urban areas, followed by girls 27.8% in rural and 30.8% in urban Except for Malir and Mirpurkhas, findings of almost all the assessed areas inform that women are at higher risk in comparison to males. Data from Karachi Central indicates that all women and girls are at potential risk of violence, followed by Umerkot at 79.2%, Hyderabad at 63.6%, Karachi West at 50%, Sanghar 38.5%, Karachi East 33.3% and Tharparkar at 25%.



Separated and Unaccompanied Children

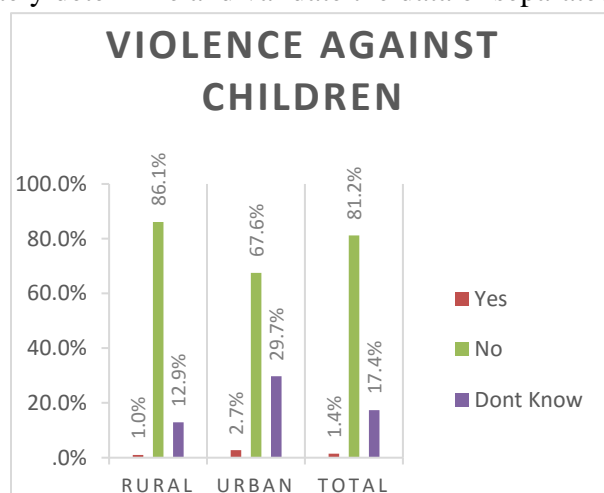
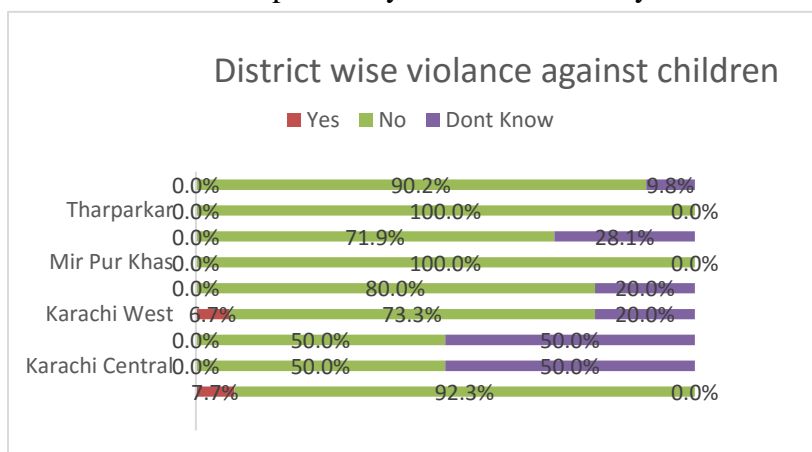
The NDMA Gender and Child Cell defines separated⁷ children are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. Unaccompanied children on the other hand are those who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.

The data of the separated and unaccompanied children is however collected and therefore, the analysis covers both categories. It is pertinent therefore to consider the data provided below about separated and unaccompanied children with caution.

Out of the eight districts in which the rapid assessment was conducted, data is only reported from 2 districts; Karachi West and Hyderabad. It is challenging therefore to report a concluding figure of separated and unaccompanied children from the flood affected districts. The current time period of the rapid assessment was insufficient to accurately determine and validate the data of separated and unaccompanied children collected. Therefore, the number of separated and unaccompanied children due to the floods will be revalidated during the implementation phase of the flood response and in the two selected districts where response has been prioritised.

Reported Gender Based Violence (GBV)

According to the data collected, 2.7% in urban region reported of GBV cases in their communities and another 1% mentioned GBV cases reported in rural region. Hyderabad is reported to have 7.7% GBV cases reported, followed by 6.7% at Karachi West.



⁷ Separated, Missing Children in Disasters: Guidelines and Framework for Action Guidelines and SOP 2014'

Reported Violence against children

Based on the data collected, 1% of people in rural areas and 2.7% people in urban areas have reported violence against children. The number of people reporting they do not know if violence is occurring is 29.7% in urban region and 12.7% in rural areas which may be due to their reluctance in answering the question due to its sensitive nature. Data from the districts on the question of violence against children was reported in only two of the following out of the eight districts; Karachi West 6.7% and 7.7% from Hyderabad. , All the other districts reported no violence against children.. The current data is not disaggregated by gender but if we look at the GBV data, an inference can clearly be drawn that women and girls are more vulnerable to violence and the community has showed their concern on violence against children.

The reported figures will be revalidated during the relief and recovery phases along with interventions provided to prevent and respond to violence against children.

8 – Recommendations:

Considering the overall effects of disaster on vulnerable communities, following recommended areas of interventions should be considered to response the immediate needs:

Shelter:

- Urgent emergency assistance in terms of distribution of shelter kits, shelter repair toolkits and hygiene kits to the affected families is required.
- In such districts where percentage of completely damaged shelters was reported high, there is a need to extend the support by building recovery shelters and providing community trainings on Build Back Better (BBB) shelter techniques.

Education:

- Establishment of Temporary Learning Centers (TLCs) in safe vicinity of fully/partially damaged schools (including essential teaching leaning materials and safe learning spaces);
- Urgent rehabilitation of damaged schools at all levels.

Agriculture, Livestock, Livelihood and Food Security:

- Targeted unconditional food assistance needs to be delivered to the most affected and vulnerable households.
- Prioritize nutrition-specific assistance, such as community-based management of acute malnutrition (CMAM) in the districts with high malnutrition rate and other associated vulnerabilities.
- Livestock protection and management interventions should be implemented immediately, including provision of fodder, wheat straw and concentrated feed to protect the core assets of the affected communities.
- Cash and voucher assistance for restoration of livelihood opportunities.
- Employment generation through engagement of local communities in cash for work activities.
- Urgently dewatering required from the affected crops/orchards areas
- Ensure the availability of mosquito nets and drenching for livestock on immediate basis.

Nutrition:

- Increase availability of nutrition services package at BHU, which included screening, treatment of severe and moderate acute malnourished children, prevention and treatment of micronutrient deficiencies among pregnant and lactating women, adolescent girls and children, treatment of severe acute malnutrition among pregnant and lactating women.

- Promotion and protection of infant and young child feeding practices (early initiation of breast feeding, exclusive breast feeding, timely introduction of complementary food and dietary diversity) and maternal nutrition, through community awareness campaign.

WASH:

- Immediately provide safe drinking water to affected population through water tanks, or distribution of water purification tablets or PUR sachets, etc.
- Immediately start dewatering and removal of solid waste particularly in Urban areas to prevent further spread of diseases. As an immediate measure, provision of hygiene kits including soaps, water storage containers (jerry cans and water tanks) and awareness should be prioritized.

Health:

- Establish medical camps and mobile clinics to the affected population, with the provision of essential medicines
- Strengthening of Basic and Comprehensive Emergency Obstetric and Neonatal Care Services through static health facilities and ensure availability of immunization services
- Ensure sustainable vector control to prevent transmission of vector borne diseases. This includes provision of mosquito nets, besides taking chemical and biological measures for prevention and control of vector accompanied by mass awareness to mobilize the communities.
- Establish emergency disease surveillance in affected areas to prevent outbreaks of communicable diseases.

Gender Based Violence:

- Ensure that all protection services for women with disabilities, young girls and older women are culturally appropriate and gender sensitive.
- Ensure that the messages on prevention of violence against women and girls are urgently widely disseminated, including needs of persons with disabilities;
- Disseminate information about the Women Complaint Cell of Women Development Department-Sindh and strongly advocate for Toll Free number with PTA.
- Establish safe spaces for women and girls and/or integrate psycho social support and GBV prevention and response services in existing spaces and helplines.

Child Protection:

- Monitor the situation of separated and unaccompanied children and violence against children in the affected communities. Awareness raising of the communities on prevention of violence and existing mechanisms for reporting, including 1121 Helpline and District Child Protection Units of the Sindh Child Protection Authority.

- Establish safe spaces for girls and boys and especially adolescent girls for psychosocial support and strengthen community-based mechanisms and referrals for protection.

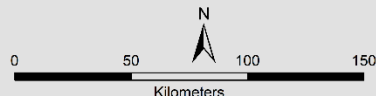


Administrative Limits

- Country
- Province
- District
- Tehsil
- Union Council

▨ UCs surveyed

— River



Map Datum: Geographic WGS 1984
 Nominal Scale: 1:169,285 at A2
 Data sources: FAO, GAUL
 Prepared by: IM Unit, FAO Pakistan
 Date created: 06 Sep 2020

Disclaimer: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Annexures

Annexure-A

Information on the current response from UN Sindh

Sector	UN Organisation	Type of Support	Where
Health	WHO	<ul style="list-style-type: none"> • Distribution of 1,000 LLNIs (long-lasting insecticidal nets) • 200,000 Aqua tabs provided to DGHS and Director Karachi and 480,000 to be handed over today • 2,030 bottles of Paracetamol to DGHS, Sindh • 22 IEHK Kits donated to DGHS, Sindh for flood relief activities • 50,000 Dengue Awareness leaflets were sent to DGHS Sindh • 2000 Injection Glucantime (Leishminiasis) given to DGHS, Sindh PPEs (Masks & sanitizers), Soaps given to DGHS Sindh	<ul style="list-style-type: none"> • Umerkhot district • Dadu, Karachi • Karachi, Interior Sindh
WASH	UNICEF	a) Distribution of approximately 10,000 hygiene kits (on-going); b) Distribution of 62 boxes of Water purification tabs, 7401 boxes of water disinfectant and 20 water bladders (on-going);	Mirpurkhas, Umerkot and Karachi
Nutrition	UNICEF	a) Mobilisation of 8 mobile deployed to camps at Naukot Fort and other informal settlements in the district of Tharparkar; b) UC wise assessment in 4 worst affected districts, and mobilization of field level team for screening of children and PLWs in all camps	a) Tharparkar; b) Tharparkar, Umerkot, Badin and Mirpur Khas
Food security	WFP	Distribution Food ration to 10000 Households (40 Kg Wheat flour , HEB 4.5KG, Veg. oil 4.5kg, YSP , 4Kg , 200g Salt to one House hold. Additional 3000 families will be given support by HEBs.	Karachi Malir, Tharparkar, Mirpurkhas and Umerkot
Livestock	FAO through NDC	Application for support from National Disaster Consortium/Multi-Year Humanitarian program for immediate provision of livestock mosquito nets, drenching, vaccination	Umerkot, Sanghar and Tharparkar

Note of thanks to the partner organizations

United Nations would like to thank all the following partners for all their support and hard work on ground to make this rain emergency rapid needs assessment (RNA) Sindh possible in 09 districts.

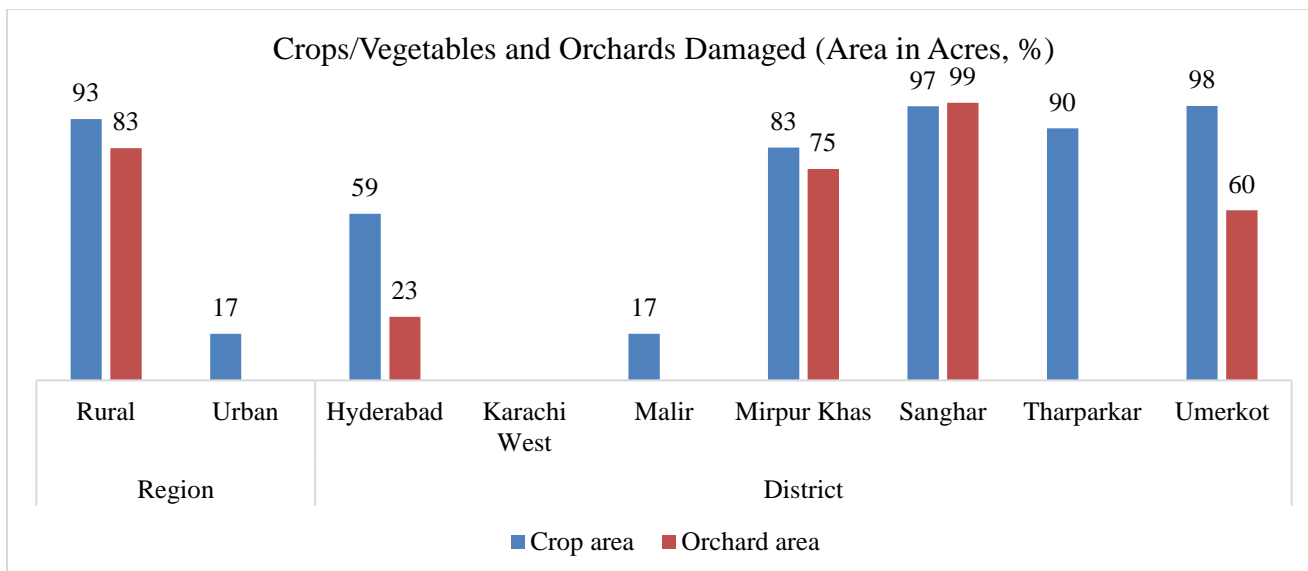
S No	Name of Organization	Type
1	Hands	NGO
2	Arts Foundation	NGO
3	Aware	NGO
4	Sami Foundation	NGO
5	Sukaar Foundation	NGO
6	SAFWCO Sindh Agricultural Forestry Workers & Coordinating Organization (SAFWCO)	NGO
7	Research Development Foundation (RDF)	NGO
8	Maltesers International	INGO
9	Agha Khan Development Network (AKDN)	NGO
10	Muslim Hands	INGO

RNA Detailed Section on Agriculture, Livestock, Livelihood and Food Security

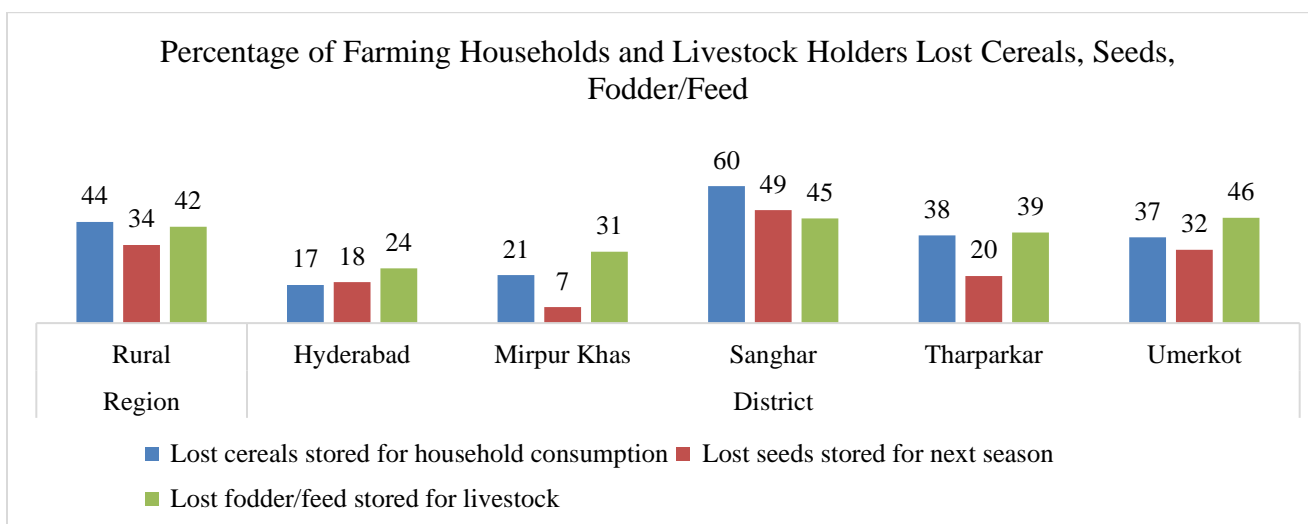
Livelihood Sources In rural areas, 54% of the households in the surveyed communities earn their livelihood from agriculture based livelihood sources (sale of crops/vegetables/fruits, working as tenants, agriculture labor) followed by daily laborers (non-agriculture, 21%), sale of livestock/livestock products (16%), shopkeeper/trader/business, regular job (government/private) and sale of handicraft (3% each). Similarly, in urban areas, 63% of the households earn their livelihood from daily laborer (non-agriculture) followed by shopkeeper/trader/business (16%), regular job (government/private) (14%), agriculture based (3%), and livestock based (2%) and sale of handicraft (1%). Across the districts, reliance on agriculture based livelihood sources is highest in Umerkot (68%); reliance on livestock based livelihood sources is highest in Sanghar (19%), on daily laborer (non-agriculture) maximum in Karachi Central (67%). Similarly, the community dependence on shop keeping/trading/business as livelihood source is highest in Karachi Central (22%), whereas regular job (government/private) is reported highest in Karachi West (16%). Across the districts, agriculture, livestock and daily labor (non-agriculture) based livelihood sources have been severely affected in rural areas, particularly in Sanghar, Mirpur Khas and Umerkot districts.

Agriculture

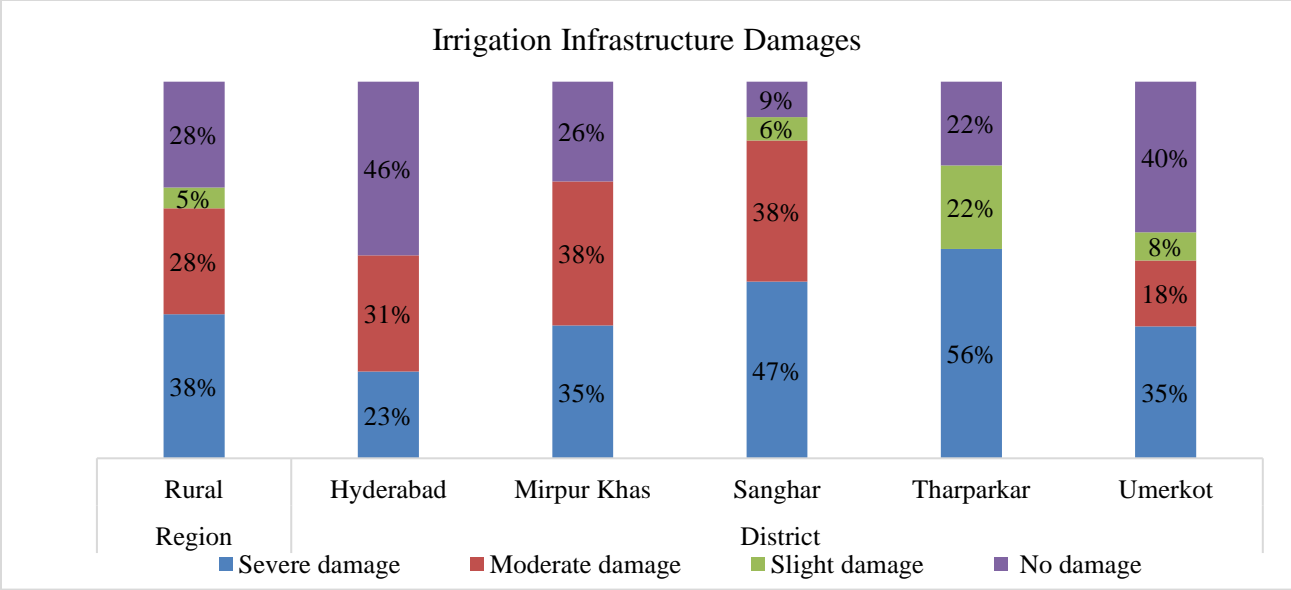
On average, 46% of the households in surveyed communities are engaged in farming (cultivating own or other's land as tenant/sharecroppers or leased land). The recent flooding has negatively impacted as crops, particularly the cash cotton crop, were ready to be harvested. Monsoon rains/flood have damaged 93% of crops/vegetables area (35,400 acres) and 83% of orchards areas (3,600 acres) in the rural areas. Highest damages have been reported in Umerkot, followed by Sanghar Mirpurkhas, Tharparkar and Hyderabad. .



On average, 44% of farming households lost cereals stored for household consumption, 34% lost seeds stored for next cropping season and 42% livestock holders lost fodder/feed stored for their livestock (42%) in rural areas. Losses were reported mostly by community members in Sanghar, Umerkot and Tharparkar.



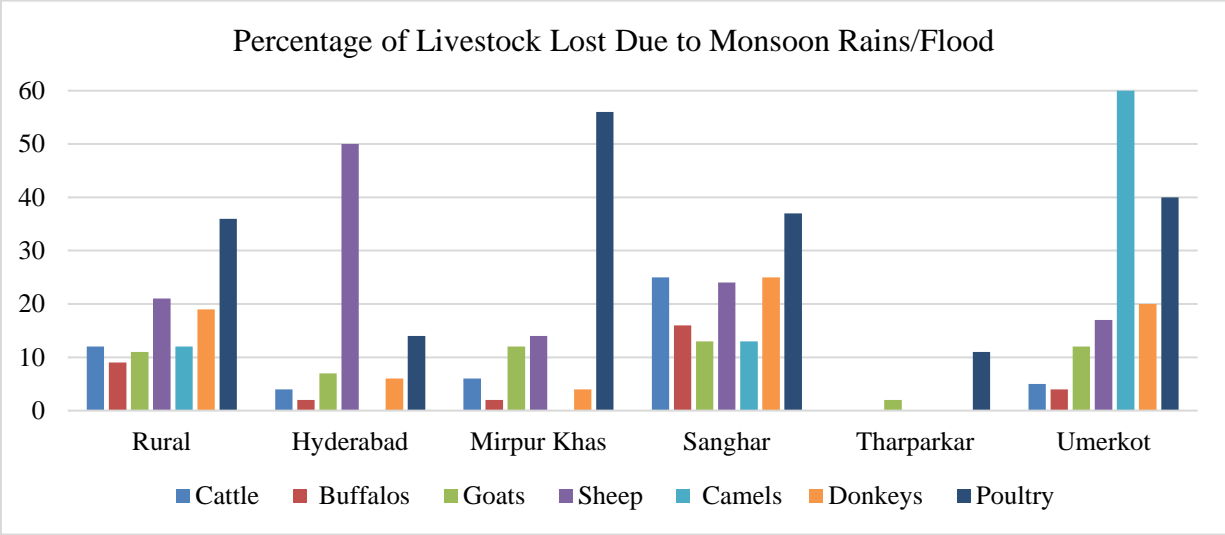
In terms of damages to farm to market roads due to heavy rainfall/flood, 42% of the communities reported moderate damages, 26% reported severely damages, 17% reported no damages and 15% reported least damages. Across the districts, severe damages to farms and to market roads were reportedly highest in Sanghar and Tharparkar (38% each). In terms of damages to irrigation infrastructure, 38% of the communities reported severe damages, 28% each reported moderate or no damages while 5% reported slight damages in rural areas.



Livestock

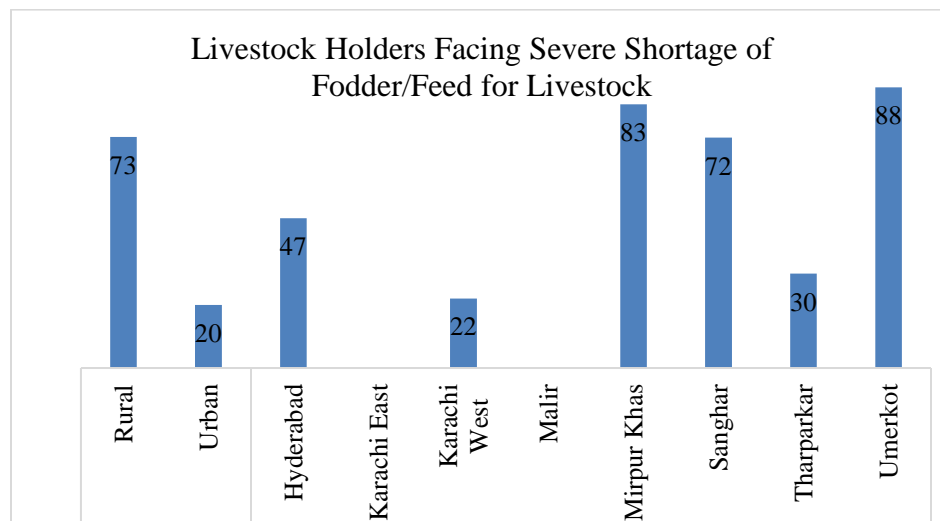
Livestock sub-sector has been also impacted by monsoon rains/flood as 54% of the households in surveyed communities are livestock holders. Across the districts, the highest percentage of livestock holders were reported in Umerkot at 76%.

Livestock holders have also incurred livestock losses due to monsoon rains/flood, particularly in Sanghar and Umerkot and some also sold their livestock after the disaster, particularly in Mirpur Khas and Sanghar.



According to the data collected, 73% and 20% of livestock holders are facing severe shortage of fodder/feed for livestock in rural and urban regions respectively. Across the districts, the highest

percentage of livestock holders facing severe shortage of fodder/feed for livestock is reported in Umerkot at 88%.



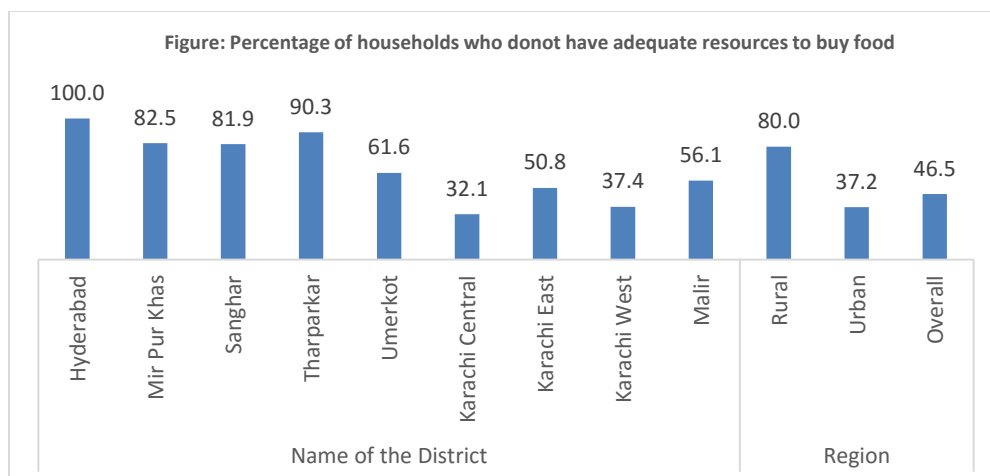
85% of livestock holders have no cash to purchase animal feed/fodder in the communities in rural areas. Across the districts, all livestock holders in Sanghar have no cash to purchase animal feed/fodder.84% of the communities in rural areas and 23% in urban areas reported signs of animal diseases. Across the districts, the highest percentage of signs of animal diseases were reported by almost communities in Umerkot 98%.

On average, the number of animal shelters damaged in the communities in rural and urban areas are 78 and 1 respectively.

In total, 9,835 animal shelters were damaged in the surveyed communities. Across all rural districts, the highest number of animal shelter damage reported was in Sanghar (4, 665), followed by 3,200 in Umerkot 1,510 in Mirpur Khas, 260 in Hyderabad and 200 in Tharparkar.

Food Security and Access to Markets

According to the data collected during RNA, 50% households in affected areas do not have enough resources to purchase food from markets. The situation is worse in rural areas (80%) in comparison to urban areas (37%). Among districts, families in affected areas of Hyderabad, Tharparkar and Mirpur Khas have very limited access to food.



Overall, on average households have 8 days of food stock for their own consumption, among the regions, food stock with rural communities will last for only 5 days, almost half than urban communities (9 days). Among the rural districts, communities in Sanghar and Umerkot districts have food stock sufficient for consumption of 3 days.

Most communities reported that very few households have received general food assistance after the disaster. Overall, 3% of households have received food assistance both in urban and rural while no assistance has been extended to PLWs and children under five in all the surveyed areas.

Recommendations:

Considering the overall effects of disaster on the food security situation of the communities, following recommended areas of interventions should be considered for short- and medium-term assistance.

- To fulfil urgent lifesaving needs of households in relative severely affected areas, targeted unconditional food assistance to the most affected and vulnerable households is recommended for a limited period, to enable the households to cope with the immediate effects of the disaster.
- Provide conditional food assistance to rehabilitate or create the infrastructure necessary for specific livelihood activities (e.g. irrigation channels, fishing boats, rural roads) or community services (e.g. health facilities).
- Prioritize nutrition-specific assistance, such as community-based management of acute malnutrition (CMAM) in the districts with high malnutrition rate and other associated vulnerabilities
- Livestock protection and management interventions should be implemented immediately, including provision of fodder, wheat straw and concentrated feed to protect the core assets of the affected communities.
- Provision of mosquito nets for animals' health protection in areas with still water.
- Dewatering from the affected crops/orchards areas

- Animal health camps and livestock vaccination campaigns should be organized to protect the core asset of the communities from prevailing diseases, by engaging the services of technical agencies and the concerned line departments.
- Rehabilitation of animal/poultry shelters of needy and vulnerable livestock/poultry holders.
- Distribution of seeds for high-yielding crops and vegetable to subsistence level farmers for next cropping season
- Cash and voucher assistance for restoration of livelihood opportunities.
- Construction and rehabilitation of damaged water infrastructure for agriculture and livestock such as tube-wells, water channels, water reservoirs etc. for water conservation and management.
- Employment generation through engagement of local communities in cash for work activities.

Rapid Needs Appraisal (RNA)
Rain Emergency in Sindh, August 2020
Provincial Disaster Management Authority (PDMA) Sindh

TEAM INFORMATION							
A.	Date of interview		B.	Team number			
C.	Enumerator's name		D.	Enumerator's gender	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female		
SITE INFORMATION							
E.	District		F.	Tehsil			
G.	Union Council		H.	Village/Deh/Ward/Site			
M.	Accessibility of site	<input type="checkbox"/> 1. Easily accessible <input type="checkbox"/> 2. Accessible with some obstruction <input type="checkbox"/> 3. Not accessible					
N.	Obstruction to access	<input type="checkbox"/> 1. Rain/flood water on the roads <input type="checkbox"/> 2. Access roads are damaged <input type="checkbox"/> 3. Damage to bridge <input type="checkbox"/> 4. Damage to culverts <input type="checkbox"/> 5. Other <input type="checkbox"/> 6. N/A					
O.	Type of settlement	<input type="checkbox"/> 1. City <input type="checkbox"/> 2. Village					
OVERVIEW OF COMMUNITY							
1.	Estimated population and households in community	a. Total Households	b.	c.	d. Persons with disabilities	e. Female headed households	f. Child headed households
2.	Is there any displacement in the community due to recent disaster (rain/floods)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know		3.	If yes, how many households displaced due to recent disaster (rains/flood)?		
4.	If yes, where displaced households/people moved to?	<input type="checkbox"/> 1. To nearby village <input type="checkbox"/> 2. To nearby UC <input type="checkbox"/> 3. To another district <input type="checkbox"/> 4. To organized camps <input type="checkbox"/> 5. To Unorganized camps <input type="checkbox"/> 6. Don't know		5.			
SHELTER							
6.	a. Approximate number of houses in community before disaster?	b. Approximate number of houses (shelters) completely damaged (un-livable).		C. Approximate number of houses (shelters) partially damaged (livable)?			
	Kacha houses						
	Pakka houses						
7.	What are the current living conditions (write approximate number of households in each category)?						
	a. No Shelter	b. Own House	c. Makeshift shelters	d. Relatives/Host Families	e. Tents based Relief camp	f. Government Building (School / Hospital)	
8.							
	a.	b.	c.	d.	e.	f.	g.
Education							
9.	Number of schools	a. Primary	b. Middle	c. Secondary	10.		
	Total					a.	b.
	Fully damaged						

	Partially damaged						
	Used as temporary shelter						
11.			a.			b.	
FOOD SECURITY							
12.	What are the main sources of livelihood in the community/village? (in % of households)		13.	How much has this livelihood source been affected due to recent disaster ?			
	Agriculture based - farmers and tenants			1. Not effected 2.Slightly affected 3. Moderately affected 4.Severely affected 5. N/A			
	a. (production and sales of crops/vegetables/fruits etc.)			(Insert one response code for each livelihood source. Write code 5 if no household was engaged in a particular livelihood source in previous question, hence, this question is not applicable)			
	b. Agriculture based- day labor (including fish/forestry related labor)			a.			
	c. Livestock based - sale of livestock/livestock products and livestock labor			b.			
	d. Daily laborer (non-agriculture)			c.			
	e. Shopkeeper/ trader/Business			d.			
	f. Regular job (Govt/private)			e.			
	g. Sale of handicrafts			f.			
	h. Remittances (Domestics/Foreign)			g.			
i. Other sources of livelihood		h.					
14.	Number of households that cultivate land in this community		15.			a. Crops and vegetables	b. Orchards
				Approximate cultivated area (acres)			
				Approximate acreage of lost or damaged crops?			
16.	Number of households lost cereals stored for household consumption						
17.	Number of households lost seed stored for next cropping season						
18.	Has current emergency caused any damage to irrigation/water sources/water courses/ infrastructure in this community?			<input type="checkbox"/> 1.Yes, severe damage, <input type="checkbox"/> 2. Yes, moderate damage <input type="checkbox"/> 3.Yes, slight damage, <input type="checkbox"/> 4. No damage			
19.	If yes, please specify the numbers and type of affected irrigation infrastructures?		a. Type				
			b. Number				
20.	Approximately, number of households in this community keep livestock? (Number)		21.	Approximate number of animal shelters damaged in the community?			
22.	Approximate No. of livestock/animals owned by the community.		a. Before disaster	b. Lost/died due to disaster		c. Sold/culled due to disaster	
	Cattle						
	Buffalos						
	Goats						
	Sheep						
	Camels						

	Donkeys			
	Poultry (No. of birds)			
23.	Are farm to market roads damaged in your village due to heavy rain/flood?	<input type="checkbox"/> 1. Severely damaged <input type="checkbox"/> 2. Moderately damaged <input type="checkbox"/> 3. Least damaged <input type="checkbox"/> 4. Not damaged		
24.				
25.	Is fodder/feed stock available for livestock in the community?	<input type="checkbox"/> 1. Yes, sufficient availability <input type="checkbox"/> 2. Yes, but limited availability <input type="checkbox"/> 3. No, severe shortage	26.	Approximately, how many households are facing severe shortage of fodder/feed for livestock in the community?
27.	For how long do you perceive that fodder shortage will persist (in months)? (feed gap)		28.	Do livestock holders have cash to purchase animal feed/fodder? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
29.	Do you have access to any animal health services in your community?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	30.	Are markets physically accessible to households in this community? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
31.	Have livelihood assets been affected in this community due to disaster?			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
32.	If yes, please specify the types of assets lost by the community members?			
33.	Currently, what percentages of households have adequate resources to buy food?			
34.	Are food items available in the markets?	<input type="checkbox"/> 1. Plenty <input type="checkbox"/> 2. Adequate (available but not enough), <input type="checkbox"/> 3. =not at all	35.	Generally, for how many days the current food stock with the households will last in this community?
36.	Percent of Households received general food assistance in the community after the disaster?		37.	Any assistance extended to children under five years of age in this community after the disaster? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
38.	Any assistance extended to the Pregnant & Lactating Women (PLW) in this community after the disaster?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	39.	
Nutrition				
40.	Approximate number of Children below five year in the community?		41.	Is there any distribution of infant formula/powdered milk for children in community after the disaster? <input type="checkbox"/> 1. Yes, <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know
42.	What is the visible state of lactating mothers?	<input type="checkbox"/> 1. Well Nourished <input type="checkbox"/> 2. Malnourished <input type="checkbox"/> 3. Severely Malnourished <input type="checkbox"/> 4. Don't know		
WASH				
43.	What is the main source of drinking water in the community? (Choose one code from below) 1= piped water, 2=public tap, 3=tube well/borehole, 4=Dug well, 5= spring water, 6=hand pump, 7=bottled water, 8=water tanks/bladders, 9=water tanker, 10=river/canal, 14= Other (_____)	a. Now	b. Before the disaster	
44.	Does water from the main source appear clean?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 2 Don't Know		
45.	What percentage of household practice water treatment at home?	a. Now	b. Before the disaster	
46.	Percentage of households defecate at listed locations after disaster?	a. Open fields	b. Within house	
47.	What percentage of households currently practice hand washing with soap?	a. After defecation	b. Before eating food	
48.	What is extent of damage to drinking water systems?	a. Total no of water systems	b. Partially damaged	c. Completely damaged
49.	Need for WASH NFIs, if any:	<input type="checkbox"/> 1=Jerry cans, <input type="checkbox"/> 2=hygiene kits, <input type="checkbox"/> 3=aqua tabs, <input type="checkbox"/> 4=soap, <input type="checkbox"/> 5=others ____		

HEALTH			
50.	Nearest health facility type <input type="checkbox"/> 1. DHQ/THQ <input type="checkbox"/> 2. Rural Health Center <input type="checkbox"/> 3. Basic Health Unit <input type="checkbox"/> 4. Dispensary <input type="checkbox"/> 5. Outreach/mobile team <input type="checkbox"/> 6. Private Clinic <input type="checkbox"/> 7. MCH Center <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 999. Don't know	51.	
		52.	
53.	Is the nearest health facility functional? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 999. Don't know	54.	If functional, is it providing services 24/7? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 999. Don't know
55.	How much time is required to reach the facility by routinely used mode of transportation (in minutes)	a.	During normal conditions
		c.	Currently
56.	Are medicines available in the health facility? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	57.	
58.		59.	
60.	Do the pregnant women have access to a health facility that assist with birth 24/7? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 999. Don't know	61.	How much time is required to reach the such facility for mother's care?
			a.
62.	What are the main health problems in the community? (Tick all that apply) <input type="checkbox"/> 1. Diarrhea <input type="checkbox"/> 2. Malaria/Dengue <input type="checkbox"/> 3. Cough and Cold fever <input type="checkbox"/> 4. Skin infection (scabies) <input type="checkbox"/> 5. Measles <input type="checkbox"/> 6. Reproductive Health (RH) related <input type="checkbox"/> 7. Dehydration <input type="checkbox"/> 8. Cholra <input type="checkbox"/> 9. Leishmaniosis (Saaldana/Kaaldana) <input type="checkbox"/> 10. Bronchitis <input type="checkbox"/> 11. Burn <input type="checkbox"/> 12. Urinary tract infection (UTI) <input type="checkbox"/> 13. Respiratory tract infection (RTI) <input type="checkbox"/> 14. Other _____	64.	
Gender and Child Protection			
65.	Any reported cases of separated and unaccompanied children	a.	Boys
66.		b.	Girls
67.			
68.	Any cases of Gender Based Violence (GBV) reported?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 999. Don't know	
69.	Any violence against children reported?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 999. Don't know	
Assistance and needs			
70.	Any assistance provided in the community after the disaster? (Tick all that apply) <input type="checkbox"/> 1. Cash <input type="checkbox"/> 2. Food <input type="checkbox"/> 3. Non-food items <input type="checkbox"/> 4. Road clearance/access related <input type="checkbox"/> 5. Shelter <input type="checkbox"/> 6. Health <input type="checkbox"/> 7. Evacuation <input type="checkbox"/> 8. Livestock related <input type="checkbox"/> 9. Livelihood related <input type="checkbox"/> 10. Other		
71.	What are the top five needs of community? (Tick top-5 only) <input type="checkbox"/> 1. Cash <input type="checkbox"/> 2. Food <input type="checkbox"/> 3. Non-food items <input type="checkbox"/> 4. Road clearance/access related <input type="checkbox"/> 5. Shelter <input type="checkbox"/> 6. Health care <input type="checkbox"/> 7. Evacuation <input type="checkbox"/> 8. Livestock related <input type="checkbox"/> 9. Agriculture related <input type="checkbox"/> 10. Livelihood related <input type="checkbox"/> 11. Other		

Participants information:

Name	Gender	Role in the Community	Phone Number (optional)