

1. Description of the assessment

Date of the assessment:	
Name of the assessor:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

2. Description of the community assessed

Province:	
District:	
Sub district:	
Place name:	
Settlement type:	
Private or individual accommodation	<input type="checkbox"/> Individual homes (non-hosted) <input type="checkbox"/> Non host <input type="checkbox"/> Other (specify):
Camp or camp-like settlement	<input type="checkbox"/> Planned camp or settlement <input type="checkbox"/> Self-settled camp <input type="checkbox"/> Collective centre <input type="checkbox"/> Reception or transit centre <input type="checkbox"/> Other (specify):
Setting type:	
<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Other (specify):	
GPS coordinates:	
Latitude:	
Longitude:	
Population type:	
<input type="checkbox"/> Non displaced <input type="checkbox"/> Displaced	<input type="checkbox"/> Host <input type="checkbox"/> Non host <input type="checkbox"/> IDPs <input type="checkbox"/> Refugees and/or asylum seekers <input type="checkbox"/> Other (specify):

Opening and area-specific questions

1. Is there a serious problem in your community because people do not have enough water that is safe for drinking or cooking?

Yes No Do Not Know

1.a. What are the main sources of water in your community (tick all that apply)?

Borehole or well with functioning motor pump	<input type="checkbox"/>
Borehole or well with functioning hand pump	<input type="checkbox"/>
Protected spring	<input type="checkbox"/>
Protected open well	<input type="checkbox"/>
Piped water	<input type="checkbox"/>
Unprotected spring	<input type="checkbox"/>
Unprotected open well	<input type="checkbox"/>
Surface water	<input type="checkbox"/>
Traditional water sellers	<input type="checkbox"/>
Humanitarian assistance	<input type="checkbox"/>
None	<input type="checkbox"/>

2. Is there a serious problem in your community with food; for example because there is no food or not good enough food or because it is not possible to cook food?

Yes No Do Not Know

2.a. What are the main concerns related to food in your community (rank up to 3 concerns)?

No food, no market	<input type="checkbox"/>
Not enough food	<input type="checkbox"/>
Not good enough food	<input type="checkbox"/>
No cooking facilities	<input type="checkbox"/>
No utensils	<input type="checkbox"/>
No cooking fuels	<input type="checkbox"/>
Loss of agricultural land	<input type="checkbox"/>
Loss of agricultural assets (tools, storage capacity, seeds, etc.)	<input type="checkbox"/>
No physical access to markets	<input type="checkbox"/>
No income, money, resources to purchase food	<input type="checkbox"/>

Other (specify):	<input type="checkbox"/>
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2.b. Are there significant changes in the total amount of food that people are eating since the disaster, on average?

Amount consumed has increased	<input type="checkbox"/>
Amount consumed has decreased	<input type="checkbox"/>
Amount consumed is the same	<input type="checkbox"/>
Do not know	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

2.c. What are the main sources of food in your community (tick all that apply)?

Subsistence production	<input type="checkbox"/>
Local market	<input type="checkbox"/>
Humanitarian Assistance	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

2.d. Do people in your community have access to the following nutrition programmes?

	Yes	DNK
Management of severe acute malnutrition (facility based)	<input type="checkbox"/>	<input type="checkbox"/>
Management of severe acute malnutrition (community based)	<input type="checkbox"/>	<input type="checkbox"/>
Management of moderate acute malnutrition	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Is there a serious problem in your community because people do not have an adequate place to live in?

Yes No Do Not Know

3.a. What are the main types of shelter people from your community live in (tick all that apply)?

Living in a house or apartment	<input type="checkbox"/>
Improvised shelter (e.g. made from salvaged construction materials, etc.)	<input type="checkbox"/>
Tents	<input type="checkbox"/>
Planned temporary or transitional shelter other than tents (e.g. made from distributed items)	<input type="checkbox"/>
Repaired partially damaged homes	<input type="checkbox"/>
Buildings used as collective accommodation	<input type="checkbox"/>
Other buildings (e.g. host family homes, rented accommodation etc.)	<input type="checkbox"/>

No shelter	<input type="checkbox"/>
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3.b. What are the main situations people from your community live in (tick all that apply)?

Not displaced	<input type="checkbox"/>
Host families	<input type="checkbox"/>
Collective centres	<input type="checkbox"/>
Planned camps	<input type="checkbox"/>
Spontaneous camps	<input type="checkbox"/>
Dispersed settlement	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

3.c. What are the main concerns with meeting shelter needs (rank up to 4 concerns)?

There is no shelter	<input type="checkbox"/>
Shelters are over-crowded	<input type="checkbox"/>
Homes are so damaged that they are inhabitable	<input type="checkbox"/>
Building materials to repair/build shelter are unavailable	<input type="checkbox"/>
Skills to repair/build shelter are unavailable	<input type="checkbox"/>
Potential grievances on land issues	<input type="checkbox"/>
People are lacking basic household items	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

4. Is there a serious problem in your community because people do not have easy and safe access to clean toilets?

Yes No Do Not Know

5. Is there a serious problem in your community because it is difficult for people to keep clean; for example because there is not enough soap, water or suitable place to wash?

Yes No Do Not Know

6. Is there a serious problem in your community because people do not have enough, or good enough, clothing, shoes, bedding or blankets?

Yes No Do Not Know

7. Is there a serious problem in your community because people do not have enough income, money or resources to live?

Yes No Do Not Know

7.a. What are traditionally the main sources of income of people in your community (rank up to 4)?

Agriculture	<input type="checkbox"/>
Agro-pastoralism	<input type="checkbox"/>
Pastoralism	<input type="checkbox"/>

Small businesses/trading	<input type="checkbox"/>
Skills to repair/build shelter are unavailable	<input type="checkbox"/>
Daily work	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Do not know	<input type="checkbox"/>

7.b. Were the following sources of income affected by the disaster (highly, moderately, not affected)?

Agriculture	<input type="checkbox"/>
Agro-pastoralism	<input type="checkbox"/>
Pastoralism	<input type="checkbox"/>
Small businesses/trading	<input type="checkbox"/>
Skills to repair/build shelter are unavailable	<input type="checkbox"/>
Daily work	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Do not know	<input type="checkbox"/>

8. Are there serious problems within your community regarding physical health; for example because people have physical illnesses, injuries or disabilities?

Yes No Do Not Know

9. Is there a serious problem in your community because people are not able to get adequate health care for themselves; for example treatment or medicines or health care during pregnancy or childbirth?

Yes No Do Not Know

9.a. Do people in your community have access to the following health services?

	Y	N	DNK
Free condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean home delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic essential obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exposure prophylaxis for STI & HIV infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive essential obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is there a serious problem in your community because people feel distressed; for example very upset, sad, worried, scared or angry?

Yes No Do Not Know

11. Is there a serious problem in your community because people are not safe or protected where they live now; for example because of conflict, violence or crime in your community, village or city?

Yes No Do Not Know

11.a. What are the main concerns related to security (tick all that apply)?

There are no problems	<input type="checkbox"/>
There is not enough security provided	<input type="checkbox"/>
Security Actors are abusing people from the community	<input type="checkbox"/>
Do Not Know	<input type="checkbox"/>

11.b. What are the main issues people in your community are facing in terms of safety (tick all that apply)?

Attacks or bombings	<input type="checkbox"/>
Combats or clashes between armed groups	<input type="checkbox"/>
Armed violence	<input type="checkbox"/>
Presence of landmines or explosive remnants of war	<input type="checkbox"/>
Continuation of threats from natural disasters (e.g. earthquake aftershocks, etc.)	<input type="checkbox"/>
Deliberate killings of civilians by the military or armed groups	<input type="checkbox"/>
Executions or other killings	<input type="checkbox"/>
Enforced or involuntary disappearance	<input type="checkbox"/>
Maltreatment of the population (e.g. extortion, forced labour, physical abuse, torture)	<input type="checkbox"/>
Violence against girl and women	<input type="checkbox"/>
Arrests and detention	<input type="checkbox"/>
Abduction or taking of hostages	<input type="checkbox"/>
Displacement	<input type="checkbox"/>
Forced military recruitment	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Do Not Know	<input type="checkbox"/>

11.c. What are the main security mechanisms in your community (tick all that apply)?

Police	<input type="checkbox"/>
Police – Particular Group (specify):	<input type="checkbox"/>
National Armed Forces	<input type="checkbox"/>
Community Security Groups / Neighbourhood Watch	<input type="checkbox"/>

Other (specify):	<input type="checkbox"/>
None	<input type="checkbox"/>
Do Not Know	<input type="checkbox"/>

12. Is there a serious problem in your community because children are not in school or are not getting a good enough education?

Yes No Do Not Know

12.a. Does the majority of school-aged children (>75%) attend school?

Yes No Do Not Know

12.b. Did the majority of school-aged children (>75%) attend school before the disaster? (Y/N/DNK)

Yes No Do Not Know

12.c. What are the main groups of school aged children least likely to participate in school (rank up to 3)?

Children with disabilities	<input type="checkbox"/>
Ethnic minorities	<input type="checkbox"/>
Girls	<input type="checkbox"/>
Boys	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

13. Is there a serious problem in your community because people have difficulties caring for family members who live with them; for example their children or family members who are elderly, disabled or ill?

Yes No Do Not Know

14. Is there a serious problem in your community because people are not getting enough support from other people in the community; for example emotional support or practical help?

Yes No Do Not Know

15. Is there a serious problem in your community because people have been separated from family members?

Yes No Do Not Know

16. Is there a serious problem in your community because people have been displaced from their home country, city or village?

Yes No Do Not Know

16.a. What are the main reasons why people are unable to return home (tick all that apply)?

Not applicable – return is impossible; too early in emergency	<input type="checkbox"/>
Disaster conditions need to subside (e.g. water recede)	<input type="checkbox"/>
Lack of basic services in place of origin	<input type="checkbox"/>
Waiting for structural assessment	<input type="checkbox"/>

The security situation does not allow it	<input type="checkbox"/>
No transportation home	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

16.b. What are the main concerns regarding the cohabitation between people from your community and Hosts/IDP Communities?

Insufficient sheltered space	<input type="checkbox"/>
Insufficient fuel, resources	<input type="checkbox"/>
Unequal access to basic services and goods (specify)	<input type="checkbox"/>
Security threats	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

17. Is there a serious problem in your community because people do not have enough information; for example information about the situation in which they live now; or the situation in their home country, city or village?

Yes No Do Not Know

17.a. What are the main sources of information in your community (tick all that apply)?

Television (specify):	<input type="checkbox"/>
Radio (specify):	<input type="checkbox"/>
Newspapers (specify):	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Friends, neighbourhood, family	<input type="checkbox"/>
Community / religious leaders	<input type="checkbox"/>
Aid workers	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

17.b. What is the most important information for your community (tick all that apply)?

Information on / Communication with Family members	<input type="checkbox"/>
Information on relief operations (food, water provision, etc.)	<input type="checkbox"/>
Health advice and treatment	<input type="checkbox"/>
Market information	<input type="checkbox"/>
Security information	<input type="checkbox"/>
Information about the situation in my home community / country of origin	<input type="checkbox"/>
Weather forecast	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

18. Is there a serious problem in your community because of inadequate aid; for example because people have no information about the aid that is available, because people do not have fair access to the aid that is available; or because aid agencies are working on their own without involving people in your community?

Yes No Do Not Know

18.a. Have there been problems in the delivery of humanitarian assistance? (Tick all that apply)

There was fighting between recipients	<input type="checkbox"/>
There was not enough for all entitled	<input type="checkbox"/>
The distribution was interrupted by an attack	<input type="checkbox"/>
The assistance was physically too heavy or bulky for the vulnerable in the community to take	<input type="checkbox"/>
Some population groups are not receiving aid	<input type="checkbox"/>
Non-affected groups are demanding humanitarian assistance	<input type="checkbox"/>
Political interference in distribution of aid	<input type="checkbox"/>
The assistance did not respond to the actual needs	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Do not know	<input type="checkbox"/>

19. Is there a serious problem in your community because people do not feel respected or humiliated; for example because of the situation in which they live; or because of the way other people, including aid workers, treat them?

Yes No Do Not Know

20. Is there a serious problem in your community because people are not able to move between places; for example going to another village or town?

Yes No Do Not Know

20.a. Is movement restricted for any of the following reasons? (Tick all that apply)

Activities of armed groups	<input type="checkbox"/>
Presence of landmines	<input type="checkbox"/>
General violence / serious crime / banditry	<input type="checkbox"/>
Lack of identity or travel documentation	<input type="checkbox"/>
Tribal conflict	<input type="checkbox"/>
Natural obstacles to move out of the location	<input type="checkbox"/>
Curfews or restricted travelling days / hours / distances or other such restrictions	<input type="checkbox"/>
Restrictions on girls' and women mobility or other discriminations	<input type="checkbox"/>
Lack / impracticability of the transportation network (bridges, roads, etc.)	<input type="checkbox"/>
Lack of transportation means	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

20.b. What are the main consequences resulting from the restriction of movement? (Rank up to 4)

Reduced access to water	<input type="checkbox"/>
Reduced access to health services	<input type="checkbox"/>
Reduced access to humanitarian relief distributions	<input type="checkbox"/>
Inability to access fuel sources (e.g. firewood)	<input type="checkbox"/>
Limited / no access to socio-economic sources / activities (e.g. access to cattle, markets, etc.)	<input type="checkbox"/>
Risk of physical, sexual or domestic violence	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

21. Is there a serious problem in your community because people have too much free time in the day?

Yes No Do Not Know

22. Is there a serious problem in your community because of an inadequate system for law and justice; or because people do not know enough about their legal rights?

Yes No Do Not Know

23. Is there a serious problem for people in your community because of physical or sexual violence; either in the community or in their homes?

Yes No Do Not Know

24. Is there a serious problem in your community because people drink a lot of alcohol; or use harmful drugs?

Yes No Do Not Know

25. Is there a serious problem in your community because people have a mental illness?

Yes No Do Not Know

26. Is there a serious problem in your community because there is not enough care for people who are on their own; for example unaccompanied children, widows or elderly people; or unaccompanied people who have a physical or mental illness, or disability?

Yes No Do Not Know

27. Is there a serious problem in your community because people no longer have access to key community resources? (tick all that apply)

Yes No Do Not Know

27.a. Which infrastructure is most critical to people in your community today? (rank up to 3)

Religious centres / sites (specify)	<input type="checkbox"/>
Cultural centres (specify)	<input type="checkbox"/>
Youth centres	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Ranking of problem areas and identification of most affected sub groups within the community

Please identify priority problem areas within your community among all the items identified as being “a Serious Problem” (Rank up to 6) and list sub groups within your community that may be most affected.

Rank	Area-specific item	Most affected sub groups	
1	Priority problem area #1	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>
		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (specify):	<input type="checkbox"/>
		Other (specify):	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>
2	Priority problem area #2	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>
		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (specify):	<input type="checkbox"/>
		Other (specify):	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>
3	Priority problem area #3	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>

		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (specify):	<input type="checkbox"/>
		Other (specify):	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>