

# RNA HH Tool

Sphere India – JRNA Household Survey Questionnaire				Date of assessment:					
District	Block	Village	Name of the person interviewed	Contact number:	No. of family members				
					Adult (Male)	Adult (Fem.ale)	Children (Male)	Children (Female)	Other
Location		Latitude		Longitude			Altitude		
<b>Community</b>				<input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> General					
Water, Sanitation and Hygiene									
<b>1. What are your main concerns related to Water, Sanitation and Hygiene (WASH)</b>				<ul style="list-style-type: none"> <li>▪ Non availability of sufficient quantity of drinking water</li> <li>▪ Non availability of safe drinking water (Safe means water free from impurities, chemicals, etc., that can be used for washing, filtered for drinking, etc.)</li> <li>▪ Damage of water supply infrastructure</li> <li>▪ Issue with power supply for drinking water supply schemes</li> <li>▪ Damage of solid waste disposal system/ infrastructure</li> <li>▪ Damage of liquid waste disposal system/infrastructure</li> <li>▪ Damage of toilets</li> <li>▪ Limited or no access to bathing space with privacy</li> <li>▪ Limited or no access to hand washing facilities (water and soap)</li> <li>▪ Limited or no access to water storage containers with lid</li> <li>▪ Others (please specify)</li> </ul>					
<b>2. Source of drinking water BEFORE Crisis</b>  <i>(Treated water means chlorinated/bleached or other type of disinfected water)</i>				<ul style="list-style-type: none"> <li>a. Improved               <ul style="list-style-type: none"> <li>▪ Piped water into compound</li> <li>▪ Piped water connected to public tap</li> <li>▪ Borehole</li> <li>▪ Protected well</li> <li>▪ Protected rainwater tank</li> <li>▪ Protected spring</li> <li>▪ Bottled water</li> <li>▪ Potable water trucking</li> </ul> </li> <li>b. Unimproved               <ul style="list-style-type: none"> <li>• Illegal connection to piped network</li> <li>• Unprotected rainwater tank</li> </ul> </li> </ul>					

	<ul style="list-style-type: none"> <li>• Unprotected well</li> <li>• Unprotected spring</li> <li>• Tube well with sanitary risk</li> </ul>
<p><b>3. Source of drinking water AFTER Crisis</b> <i>(Treated water means chlorinated/bleached or other type of disinfected water)</i></p>	<p>a. Improved</p> <ul style="list-style-type: none"> <li>▪ Piped water into compound</li> <li>▪ Piped water connected to public tap</li> <li>▪ Borehole</li> <li>▪ Protected well</li> <li>▪ Protected rainwater tank</li> <li>▪ Protected spring</li> <li>▪ Bottled water</li> <li>▪ Potable water trucking</li> </ul> <p>b. Unimproved</p> <ul style="list-style-type: none"> <li>• Illegal connection to piped network</li> <li>• Unprotected rainwater tank</li> <li>• Unprotected well</li> <li>• Unprotected spring</li> <li>• Tube well with sanitary risk</li> </ul>
<p><b>4. A. Does your household treat water before cooking and drinking? (Example-boiling, using chlorine tablets, powder or liquid, using a filter, others)</b></p> <p><b>B. If no, why is your household water not treated, please specify...</b></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Don't know</li> </ul>
<p><b>5. A. Do you have access to handwashing facility with soap and water at home?</b></p> <p><b>B. What are the constraints in soap availability?</b></p>	<ul style="list-style-type: none"> <li>○ Yes, with both soap and water</li> <li>○ Yes, but water not available</li> <li>○ Yes, but soap not available</li> <li>○ No facility but a designated place for soap and water</li> <li>○ No facility and no designated place for soap and water</li> <li>○ It is unavailable at the local market</li> <li>○ We prefer a substitute (ex: ash)</li> <li>○ We are waiting for the next distribution</li> <li>○ We ran out of soap</li> <li>○ The market is too far</li> <li>○ We cannot afford it</li> <li>○ Soap is not necessary</li> <li>○ Other (Please specify)</li> </ul>
<p><b>6. Is your toilet at your house working/functional after the disaster?</b></p>	<ul style="list-style-type: none"> <li>○ All members have access and use it</li> <li>○ All members have access but only some use it</li> <li>○ No members have access to it</li> <li>○ I don't want to answer</li> </ul>
<p><b>7. Where are the children's feces disposed?</b></p> <p><b>A. Pre-disaster</b></p> <p><b>B. Post-disaster</b></p>	<ul style="list-style-type: none"> <li>○ Outside of the house (open drains)</li> <li>○ Household toilet</li> <li>○ Community toilet</li> <li>○ Garbage</li> </ul>

	<ul style="list-style-type: none"> <li>○ Other, please specify</li> </ul>
<p><b>8. What is the most common way your household disposes of garbage after the disaster?</b></p>	<ul style="list-style-type: none"> <li>○ Garbage collected by designated sanitation worker Garbage disposed in designated disposal area</li> <li>○ Garbage is buried or burned close to household/ temporary shelter</li> <li>○ Garbage thrown out in street or any other public place with no collection</li> <li>○ Others, please specify</li> </ul>
<p><b>9. What difficulties are women/adolescent girls in your household facing related to menstrual hygiene post disaster?</b></p>	<ul style="list-style-type: none"> <li>○ No water &amp; soap available for washing and cleaning</li> <li>○ Unavailability of pads/menstrual hygiene products No space to change/privacy concern</li> <li>○ Hesitant to dispose the pads/cloths</li> <li>○ No difficulty</li> <li>○ No women/girls present at household</li> <li>○ No response</li> <li>○ Others, please specify</li> </ul>
<p><b>10. Did you get any message or information about do's and don'ts related to the event especially related to clean water, sanitation, and hygiene and/or any early warning messages before the disaster?</b></p> <p><b>A. If yes, what is the source of this information?</b></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Don't know</li> </ul>
<p><b>11. Is there visible solid waste or wastewater in the vicinity (30 meters or less) of the house/temporary shelter after the rain?</b></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Don't know</li> </ul>
<b>Shelter &amp; Non-Food Items</b>	
<p><b>12. Type of house</b></p>	<ul style="list-style-type: none"> <li>○ Temporary structure</li> <li>○ Permanent structure</li> </ul>
<p><b>13. Is your house damaged due to the rainfall situation</b></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<p><b>14. Current status of your house?</b></p> <p><b>A. Click photo if damaged</b></p>	<ul style="list-style-type: none"> <li>○ House partially collapsed</li> <li>○ House inundated or drowned in water</li> <li>○ House unsafe to live, needs repair</li> <li>○ No damage</li> <li>○ Other</li> </ul>
<p><b>15. Do you require any assistance for repairing your house?</b></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<p><b>16. What are the immediate needs regarding non-food items for your family?</b></p>	<ul style="list-style-type: none"> <li>○ Clothing</li> <li>○ Bedding/ Blanket</li> <li>○ Sanitary pads for women/ Adolescent girls</li> <li>○ Hygiene Items- soaps/ tooth brush and toothpaste/ comb etc. (specify)</li> <li>○ Cooking Utensils</li> <li>○ Cooking Stove</li> <li>○ Assistive Devices of Persons with</li> </ul>

	Disabilities <ul style="list-style-type: none"> <li>○ COVID-19 prevention- Masks, sanitisers</li> <li>○ Medicine ORS</li> <li>○ Zinc tablets</li> <li>○ Others, please specify .....</li> </ul>
<b>Food, Nutrition and Livelihoods</b>	
<b>17. Food Availability (Stored Food Grains):</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>A. If yes, for how many days?</b>	
<b>18. Access to vegetables and other food items?</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>19. What are your main concerns related to food and nutrition</b>	<ul style="list-style-type: none"> <li>○ Not enough food</li> <li>○ No cooking facilities</li> <li>○ No utensils</li> <li>○ No access to markets</li> <li>○ No money to purchase food</li> <li>○ Markets not functioning</li> <li>○ Ration Cards/ IDs lost</li> <li>○ Others (please specify) .....</li> </ul>
<b>20. Do you lack sufficient quantities of food</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>A. If yes, please specify</b>	
<b>21. What are the main concerns regarding Livelihood?</b>	<ul style="list-style-type: none"> <li>○ Impact on daily laboring work</li> <li>○ Damage to agriculture crop</li> <li>○ Damage to agriculture land</li> <li>○ Loss of agricultural tools</li> <li>○ Loss of Livestock/ cattle</li> <li>○ Fodder not available</li> <li>○ Loss of fisheries</li> <li>○ Loss of fishing tools</li> <li>○ Assets lost due to crisis</li> <li>○ Markets not Functioning</li> <li>○ Impact on Artisan related work</li> <li>○ Others (specify) .....</li> </ul>
<b>22. Average family income per month before disaster</b>	
<b>Education</b>	
<b>23. Are the education facilities functioning? (Mention yes, if online education is continuing)</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>A. What is the reason for non-functionality?</b>	
<b>24. Has the accessibility towards education services changed due to the heavy rainfall situation</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>25. Is education materials of the children damaged?</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>26. Do you require any support for education</b>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>

<b>A. What support do you need?</b>	
<b>Health</b>	
27. Are you or family members facing any health problems?	<input type="radio"/> Yes <input type="radio"/> No
A. If yes, what kind of problem	<input type="radio"/> Communicable diseases (Diarrhoea/ respiratory/ skin diseases/ Cold Flu) <input type="radio"/> COVID-19 <input type="radio"/> Mental trauma <input type="radio"/> Others (specify).....
28. Did you receive psycho-social support?	<input type="radio"/> Yes <input type="radio"/> No
29. Would you like to receive psycho-social support?	<input type="radio"/> Yes <input type="radio"/> No
30. Do you have functional health facility in your area?	<input type="radio"/> Yes <input type="radio"/> No
31. Has the nearest Health Facility been damaged?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Information not available
A. If yes, specify name and damage	
<b>Protection</b>	
32. Protection- what are the key concerns regarding protection?	<input type="radio"/> Security issues due to shelter damaged <input type="radio"/> Limited access to security mechanisms - Police/ Community groups/ others <input type="radio"/> Family members been separated due to crisis <input type="radio"/> No light in the evening due to effect on power/Electricity <input type="radio"/> Living in relief camp with limited privacy for women and girls <input type="radio"/> Displaced- no privacy for bathing/toilet <input type="radio"/> Relief camps NOT accessible to SCs, STs and other vulnerable groups <input type="radio"/> Relief camps NOT accessible to Person with Disability <input type="radio"/> Limited access to menstrual hygiene products for girls, and women of reproductive age <input type="radio"/> Others, please specify .....
33. Who are the most affected and in need of assistance?	<input type="radio"/> Children <input type="radio"/> Pregnant & Lactating Mothers <input type="radio"/> Women <input type="radio"/> Disabled <input type="radio"/> Poor families <input type="radio"/> Ethnic caste groups <input type="radio"/> Elderly <input type="radio"/> Migrants <input type="radio"/> Other

<p><b>34. What is your most urgent relief need?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Food</li> <li><input type="radio"/> Shelter</li> <li><input type="radio"/> Cash</li> <li><input type="radio"/> Clothing</li> <li><input type="radio"/> Drinking water</li> <li><input type="radio"/> Medical/Health support</li> <li><input type="radio"/> Sanitation</li> <li><input type="radio"/> Temporary learning facilities for children</li> <li><input type="radio"/> Animal support</li> <li><input type="radio"/> Psychosocial support</li> <li><input type="radio"/> Others</li> </ul>
<p><b>35. What is your most important recovery need?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Housing- repair/ reconstruction</li> <li><input type="radio"/> Safety</li> <li><input type="radio"/> Health facilities</li> <li><input type="radio"/> Schools</li> <li><input type="radio"/> Livelihood support</li> <li><input type="radio"/> Others, please specify</li> </ul>
<p><b>36. Is communication (phone services) operational in the village?</b></p> <p><b>A. Before the event</b></p> <p><b>B. After the event</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>37. Is electricity service operational in your household?</b></p> <p><b>A. Before the event</b></p> <p><b>B. After the event</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>