

<p>INDIA – RAPID Needs Assessment Format</p> <p>Phase 1 – Initial Days</p> <p>(1-25 days in the immediate aftermath of a disaster)</p> <p>Village Level Assessment Format</p> <p>An India Humanitarian Collective Action</p>	<p>To be Used by the</p> <p>Humanitarian Agency/ NGO</p> <p>To be used at the</p> <p>Village/ Hamlet Level</p>
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A. SPECIFIC LOCATION OF AFFECTED POPULATION

	2	3. Distri ct	4. Block	5. G P	6. Village/ Hamlet	7. Total number of HH in village?
7. GPS			North		East	
8. Total number of Hamlets?					9. Number of affected Hamlets?	
10. Estimated HH affected in the village?						
11. No. of people shifted to temporary shelters from the village						
12. How far is the temporary shelter from the village? (in km)						
13. Is temporary shelter easily accessible for all?			Yes No			
14.	15. Approximate no. of people missing?		16. Approximate no. of people injured?		1	18. Location of temporary shelter for displaced people within village

Public building (School, Anganwadi, GP bhavwan, hospital etc.)						
Formal camps						
Other.....						
19. Please provide the disaggregated data in numbers for the affected population (if possible-based on Secondary data etc)						
Children upto 14 years	W o m e n	Men	P/Cwd ¹	Women Pregnant and nursing (0-6 months)	Minorities (PI ask in the end)	SC/ST
20. How high is the water logging (current situation)			1-3 ft above 3 ft			
21. Accessibility to village			Yes No			
Comments/ Suggestions/ Additional Information:						
B. WASH						

22. Approximate number of households in the Village without access to safe drinking water due to disaster?	
23. Access to water for all people including disabilities/ST/SC/Minorities (Post disaster)?	Yes/No/Info unavailable
24. Is the water available at the source enough for short-term and longer-term needs for all groups in the population? (drinking, bathing, cooking)	<p>Sufficient for Short term (for 1 weeks) Partly (for 2 weeks)</p> <p>Long term sufficiency (beyond 3 weeks)Inf. unavailable</p>
25. What water source did your household/ temporary shelter camp use the most post cyclone (in last 15 days?)	<p>Improved:</p> <p>Piped water into compound</p> <p>Piped water connected to public tap</p> <p>Borehole</p> <p>Protected well</p> <p>Protected rainwater tank</p> <p>Protected spring</p> <p>Bottled water</p> <p>Potable water trucking through tankers</p> <p>Unimproved:</p> <p>Illegal connection to piped network</p> <p>Unprotected rainwater tank</p> <p>Unprotected well</p> <p>Unprotected spring</p> <p>Tube well with sanitary risk</p>
26. Do people have enough water containers for storage?	YesNo
27. Is the water source contaminated or at risk of contamination? (observation)	YesNo
28. Did you treat the water that is being used in your household/	YesNo

<p>temporary shelter camp today?</p> <p>If yes, how?</p>	<p>Boil the water</p> <p>Use chlorine tablets, powder or liquid</p> <p>Use a Filter</p> <p>Other (specify):</p>	
<p>29. Do temporary shelter camp members have access to and use a functioning toilet? (Select one)</p>	<p>All members have access and use it All members have access but only some use it</p> <p>No members have access Don't want to answer</p>	
<p>30. What kind of toilet facility do members of your temporary shelter camp have access to?</p>	<p>Flush latrine to the open (unimproved) Flush latrine to a tank/sewer system/pit (improved)</p> <p>Pit latrine-covered/with slab (improved) Pit latrine-open/without slab (unimproved)</p> <p>Open Defecation</p> <p>Others (Specify)</p>	
<p>31. Are there gender-segregated toilets in temporary shelters?</p>	<p>YesNo</p>	
<p>32. Has toilet at household/shelter camp/community sanitary complex been damaged/dysfunctional post cyclone</p>	<p>YesNo</p>	
<p>33. Which part of toilet superstructure (household/community level) has been damaged</p>	<p>Doors</p> <p>Latches</p> <p>Ventilation</p> <p>Squat Pan</p> <p>Water Supply</p> <p>Roof</p> <p>Tiling</p> <p>Other</p>	
<p>34. What are the excreta disposal practices (Pre and post-disaster)</p>	<p>Pre disaster</p>	<p>Post disaster</p>
	<p>Open Areas Household/ Community Latrines</p>	<p>Open Areas Household/ Community Latrines</p>

<p>35. Was there visible solid waste and wastewater in the vicinity (30 meters or less) of your house/temporary shelter camp post cyclone?</p>	<p>No</p> <p>There is sometimes visible solid waste and wastewater in the vicinity of household/ temporary shelter camp (1-2 times/fortnight)</p> <p>There is often visible solid waste and wastewater in the vicinity of my household/ temporary shelter camp (1-2 times/week)</p> <p>There is always visible solid waste and wastewater in the vicinity of my household/ temporary shelter camp</p>						
<p>36. Do you have access to handwashing facility with soap and water at home/temporary shelter camp?</p>	<p>Yes, with both soap and water Yes, but water not available (visual observation) Yes, but soap not available (visual observation) No, facility but a designated place for soap and water (Bucket) No facility and no designated place for soap and water</p>						
<p>37. What was the practice on menstrual hygiene pre disaster? and do they still have access to them (ask women and girls/ ANM/ AWW/ ASHA worker)?</p>	<p>Cloth Sanitary Napkins Any other</p> <p>_____</p> <p>_____</p> <p>Yes No Any Other</p>						
<p>Pls give your suggestion/ recommendation or additional information</p>							
<p>C. SHELTER</p>							
<p>38. Total number of Shelter Damage (approx.)</p>	<table border="1"> <tr> <td data-bbox="574 1825 893 1915">Fully</td> <td data-bbox="893 1825 994 1915">Partially</td> <td data-bbox="994 1825 1401 1915">No Damage</td> </tr> <tr> <td data-bbox="574 1915 893 1973"></td> <td data-bbox="893 1915 994 1973"></td> <td data-bbox="994 1915 1401 1973"></td> </tr> </table>	Fully	Partially	No Damage			
Fully	Partially	No Damage					

29. Are the relief camps accessible to Person with Disability?	YesNoInf. unavailable
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30. Number of households in need of immediate shelter?	
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31. What is the immediate exposure elements weather wise that concern you?	Rains/Snow Cold Mosquitos Darkness Heat Snakebites Wild Animals Any other (specify)
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32. Availability of Non-Food Items (NFIs) with families	Kitchen Utensils hygiene materials Cloths Stove Fuel Blankets Bedsheets Torch Lights and lighting solutions Any other(specify)
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Comments/ Suggestions/ Additional Information:

D. FOOD, NUTRITION AND LIVELIHOODS

33. What is the food availability at HHs in the affected area?	less than a week 1-3 weeks 1 month more than a month
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	Female	Male	Chil dren
34. Arethere significant changes in the total amount of food that people are eating since the disaster, on average?	Amount decreased Amount same Inf. unavailable	Amount decreased Amount same Inf. unavailable	Amo unt decr eas ed Amo unt sam e Inf. una vaila ble

35. Do people have access to Govt. programs on food and nutrition (post	AWC PDS Any other
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disaster)? Name them if any			
36. Are markets in the affected area functioning and accessible?		Fully	Partly Not functioning Inf. Unavailable
37. Approximate number of households whose livestock are affected			
38. What is the availability of fodder in the affected area?		less than a week 1 month	1-3 weeks more than a month
39. Which livelihoods are likely to be most affected? (If others, please specify)		For female	For male
Comments/ Suggestions/ Additional Information:			
E. EDUCATION			
40. Are children going to school/ educational institutional post disaster?		Yes	No
41. If No pls specify the reason (tick all that apply)	No teachers No students Infrastructure damage No Midday Meal Study materials damaged School not accessible Schools used as shelter Inf. Unavailable Any other		
42. How soon will the schools become functional?	within 15 days within 30 days Beyond 30 days		
Comments/ Suggestions/ Additional Information:			
F. HEALTH			
		Pre disaster	Post disaster

43. Medical/ health facilities/ service providers in the Village are functional?	Health Sub-Centers (HSC)	Yes No	Yes No
	Primary Health Centers (PHC)	Yes No	Yes No
	Health camps	Yes No	Yes No
	Doctors/Medical In-charge	Yes No	Yes No
	Nurses (GNM)	Yes No	Yes No
	ANM/ ASHA	Yes No	Yes No
	Informal providers	Yes No	Yes No
43. What are the main reasons for health facilities not functioning post disaster? (If other, please specify)	Shortage of staffs Damage to building Lack of Supplies/medicine Fully functional Medical equipment/ instruments Location if not accessible Others (please specify).....		
44. Do people have access to the following health services post disaster?	Outpatient consultations Antenatal /post natal check ups Routine Immunization Basic essential obstetric care Emergency essential obstetric care/ Institutional delivery Don't know		
45. Are there any health concerns as a result of the disaster? (If other, please specify)	People injured removal of Dead bodies (people/animals) Communicable disease Ante-natal Care Non communicable disease water borne diseases Other.....		
46. No of pregnant women in 7- 8 th month of pregnancy?			
Comments/ Suggestions/ Additional Information:			
G. PROTECTION			
47. Are there major protection concerns (post disaster) (select all that apply)- Note: (Inf. NA)			
a. What are the risks?		Sexual abuse domestic violence	No

	Harmful traditional practices Trafficking Child abuse and exploitation Discrimination (Caste based, related to HIV, gender etc.) Inf. NA
b. Breakdown of law and order (looting crime, theft	Yes No Inf. NA
c. Presence of armed non-state actors	Yes No Inf. NA
d. Violence(s) between members of displaced community and/or host community	Yes No Inf. NA
e. Threat from host community	Yes No Inf. NA
f. Unaccompanied children (registration, family tracing?)	Yes No Inf. NA
g. Loss of legal documents(s) ^[2]	Yes No Inf. NA
h. Are the persons with special needs more at risk. (i.e. disabilities, elderly, single-headed household, single women)	Yes No Inf. NA
i. No arrangements for the remains of the deceased/ carcasses	Yes No Inf. NA
j. Are Safe and private facilities available for women and girls	Latrines Bathing Living spaces Inf. NA
k. Whether people have freedom of movement or are forced to stay in danger zones	Yes No Inf. NA

Comments/ Suggestions/ Additional Information:

H. INFORMATION SOURCES		
(please indicate the sources of information used in compiling this report)		
Please tick all that apply	Name	Phone Number
Affected community respondent(male)		
Affected community respondent (female)		
Affected community respondent (PWD)		
Village Parishad Chairman		
Village / GP Secretary		

Ward Member		
Anganwadi Worker		
I/NGOs (please name organization)		
Direct Observations of assessment team		
Philanthropists (please name agency/ Group)		
Other.....		
48. Name of Interviewer		Female Male
49. Interviewer Organization		
50. Date and time of Interview		
51. Choose Interview type	Female FGD Male FGD Children FGD Elderly FGD	
52. Type of Community	SC ST General Minority Mixed group	
53. Number of Volunteers available in village		
54. Task Force available in village		
Suggestions and recommendation of Interviewer		

Contact Number :

