



IDP's Vulnerability Assessment and Profiling

KEY INFORMANT FORM

District: _____

Tehsil: _____

UC: _____

Village: _____

Reg Date: _____

Interviewer Name: _____

1. How many **NEWLY** displaced conflict IDP Families lives in your village? _____
2. When did most of them arrive? _____
3. What areas are they from? _____
4. Do you know if these IDP's are registered and receiving assistance? Yes No Don't Know
5. Do any NGOs work in your area? Yes No
6. Please name them : _____
7. Does this village have a BHU or other healthcare center? Yes No Don't Know
- 7a. If not, how far is the nearest one ? _____
8. Do the IDP's boys children in this village have access to school? Yes No Don't Know
- 8a. What grade: _____
8. Do the IDP's Girls children in this village have access to school? Yes No Don't Know
- 8b. What grade: _____
9. What is the primary source of drinking water in your village?

10. What are the known danger zones in this community where women and girls are at increased risk for violence?

- | | | |
|--|--|--|
| <input type="checkbox"/> In transit to market. | <input type="checkbox"/> While using public transit. | <input type="checkbox"/> Water collection points |
| <input type="checkbox"/> Bathing points. | <input type="checkbox"/> While working in the field. | <input type="checkbox"/> In the health facility |
| <input type="checkbox"/> Market. | <input type="checkbox"/> In transit to school | <input type="checkbox"/> School |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't Know | |

11. What kind of incidence of violence against women or girls you have heard about or know, to be happening in this community?

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical violence | <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Early marriages |
| <input type="checkbox"/> Social discrimination | <input type="checkbox"/> Domestic violence, Harassment, Lack of awareness of human rights | |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> Other (Specify) _____ | | |

Is there any focal point in your village? Who is the person? Contact Number?

Name	Title	Contact Number	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____