

IDPs Vulnerability Assessment and Profiling



| | |
|---------------------|--|
| 1- Team Number | |
| 2- Family Number | |
| 3- Household Number | |

IO INITIAL OBSERVATION

IO1. Are you and IDP?

1- Yes | | 2- No |

IO2. What is your district of origin? (If origin district is not from conflicted districts list than EXIT form without saving)

Conflicted districts

| | | | |
|------------------|-----------------------|----------------------|-----------------------|
| 0- None of these | <input type="radio"/> | 1- North Waziristan | <input type="radio"/> |
| 4- Swat | <input type="radio"/> | 5- Upper Dir | <input type="radio"/> |
| 6- Buner | <input type="radio"/> | 7- Mohmand | <input type="radio"/> |
| 8- Shangla | <input type="radio"/> | 9- Malakand | <input type="radio"/> |
| 10- Orakzai | <input type="radio"/> | 11- Kurrum | <input type="radio"/> |
| 12- Bajur | <input type="radio"/> | 13- South Waziristan | <input type="radio"/> |

IO2 a. What is your Origin Tehsil?

IO2 b. What is your Origin UC/ village?

IO3. Why did you leave your area of origin? (If 4 is selected then EXIT without saving)

| | |
|------------------------------|-----------------------|
| 1. Individual Threat | <input type="radio"/> |
| 2. Threat or Insecurity | <input type="radio"/> |
| 3. Conflict in the area | <input type="radio"/> |
| 4. Harsh weather conditions | <input type="radio"/> |
| 5. No Economic opportunities | <input type="radio"/> |

IO4. When did you arrive in the place where you are living now?

| | |
|---------------------------|-----------------------|
| 1. Within the last month? | <input type="radio"/> |
| 2. Last 1-3 months | <input type="radio"/> |
| 3. Last 3-6 months | <input type="radio"/> |
| 4. Last 6-12 months | <input type="radio"/> |
| 5. More than 1 year ago | <input type="radio"/> |
| 6. More than 2 year ago | <input type="radio"/> |
| 7. More than 3 year ago | <input type="radio"/> |

IO5. When did you arrive in the place where you are living now (approximate date of displacement)?

GI GENERAL INFORMATION

| | | |
|---|-----------|-----------------------|
| G12. Date of survey (dd /mm / yy) | | |
| G13. Time of survey (hh / mm) | | |
| G14. Interviewer Name | | |
| G14. Interviewer gender | 1. Male | <input type="radio"/> |
| | 2. Female | <input type="radio"/> |
| G16. District (list) | | |
| G17. Tehsil /Taluka | | |
| G18. Union Council | | |
| G19. Village | | |
| G19a. Type of Camp (location) | On Camp | <input type="radio"/> |
| | Off Camp | <input type="radio"/> |
| G10. Address | | |
| G1Pa. What is the present address written on CNIC? | | |
| G111. HH contact number | | |
| G112. Alternate person to contact _ name | | |
| G113. Alternate person to contact - Phone Number | | |
| G114. Number of family members | | |

HL HOUSEHOLD LISTING

| HL1 | HL2. | HL3. | HL4. | HL5. | HL7. | HL6a. | HL7. | HL8. | HL9. |
|--------|------|--|---|--------------------|--|-----------------------|---------------------|--|---|
| Line # | Name | What is the relationship of (name) to the head of the household? | Is (name) male or female? <i>ENTER</i> | How old is (name)? | What kind of vulnerability (name has)? | Identity Card status? | Do you have a CNIC? | Family Number (Written on left upper corner at back side of CNIC)? | What is the National identification Card (NIC) Number of the (Name)? <i>For 18+ members only</i> |
| LINE | NAME | RELATION | GENDER | AGE | | | | | NIC NUMBER |
| 01 | | | | | | | | | |
| 02 | | | | | | | | | |
| 03 | | | | | | | | | |
| 04 | | | | | | | | | |
| 05 | | | | | | | | | |
| 06 | | | | | | | | | |
| 07 | | | | | | | | | |
| 08 | | | | | | | | | |
| 09 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |

| RELATIONSHIP CODES: | | |
|-------------------------------|---------------------------------|-------------------------------|
| 01 Head | 05 Grand Child | 10 Uncle/ Aunt |
| 02 Wife/ Husband | 06 Parent | 11 Niece/ Nephew |
| 03 Daughter/ Son | 07 Parent-in-Law | 12 Other relative |
| 04 Daughter-in-law/Son-in-Law | 08 Brother/ Sister | 13 Adopted/Foster/ Step Child |
| | 09 Brother-in-Law/sister-in-law | 14 Not related |
| | | 98 Don't know |

IS IDP STATUS

IS 1. What is your current status?

| | |
|---------------------------------------|-----------------------|
| 1. IDP (Registered with UNHCR) | <input type="radio"/> |
| 2. IDP (Registered with ICRC) | <input type="radio"/> |
| 3. IDP (Registered with UNHCR & ICRC) | <input type="radio"/> |
| 4. None | <input type="radio"/> |

IS 2. Do You want to return to your area?

| | |
|----------------------|-----------------------|
| 1. yes | <input type="radio"/> |
| 2. No (Skip to IS 4) | <input type="radio"/> |

IS 3. If yes, When are you planning to go?(Skip to IS 9)

| | |
|--|-----------------------|
| 1. Immediately | <input type="radio"/> |
| 2. 1-3 Months | <input type="radio"/> |
| 3. 3-6 Months | <input type="radio"/> |
| 4. More than 6 months | <input type="radio"/> |
| 5. Immediately- but I don't believe it is safe | <input type="radio"/> |
| 6. Don't know | <input type="radio"/> |

IS 4. If not, why not?

| | |
|--|--------------------------|
| A. Security situation in the area of origin | <input type="checkbox"/> |
| B. Damage to house / landing | <input type="checkbox"/> |
| C. Damage or lack of community infrastructure (<i>Water, Electricity, Health, Education</i>) | <input type="checkbox"/> |
| D. There are more jobs here | <input type="checkbox"/> |
| E. There is not enough assistance for returnees. | <input type="checkbox"/> |

IS 5. Would you like to....?

| | |
|---|-----------------------|
| 1. Settle where you live now (Skip to IS 9) | <input type="radio"/> |
| 2. Settle in another place | <input type="radio"/> |

IS 6. What would you need to settle in another place?

| | |
|-----------------------|--|
| Needs | <ol style="list-style-type: none"> 1. Security during travel 2. Security at home arrival 3. Transportation 4. Food 5. Water 6. Temporary shelter 7. Material for rebuilding house 8. Land 9. Educational Services 10. Job opportunities 11. Health services 12. Livelihood training 13. Assistance with rent 96. other |
| 1 st Need | |
| 2 nd Need | |
| 3 rd Need | |
| IS8X If other specify | |

IS 7. What would you need to settle where you live now?

| | |
|-----------------------|--|
| Needs | <ol style="list-style-type: none"> 1. Security during travel 2. Security at home arrival 3. Transportation 4. Food 5. Water 6. Temporary shelter 7. Material for rebuilding house 8. Land 9. Educational Services 10. Job opportunities 11. Health services 12. Livelihood training 13. Assistance with rent 96. other |
| 1 st Need | |
| 2 nd Need | |
| 3 rd Need | |
| IS9X If other specify | |

IS 8. What would you need to return to your area of origin?

| | |
|------------------------|--|
| Needs | <ol style="list-style-type: none"> 1. Security during travel 2. Security at home arrival 3. Transportation 4. Food 5. Water 6. Temporary shelter 7. Material for rebuilding house 8. Land 9. Educational Services 10. Job opportunities 11. Health services 12. Livelihood training 13. Assistance with rent 96. other |
| 1 st Need | |
| 2 nd Need | |
| 3 rd Need | |
| IS10X If other specify | |

IS 9. What are the most important needs of your Household right now?

| | |
|------------------------|---|
| Needs | <ol style="list-style-type: none"> 1. Local transportation 2. Food 3. Water 4. Temporary shelter 5. Educational Services 6. Job opportunities 7. Health services 8. Livelihood training 9. Assistance with rent 96. other |
| 1 st Need | |
| 2 nd Need | |
| 3 rd Need | |
| IS11X If other specify | |

IS10. Are you beneficiary to receive house damage compensation?

| | |
|--------|-----------------------|
| 1. yes | <input type="radio"/> |
| 2. No | <input type="radio"/> |

LA LIVELIHOOD/ AGRICULTURE

LA 1. What is your main source of Income?

| | |
|-----------------------------|----------------------------------|
| Needs | 1. Farming/Sharecropping/Tenancy |
| | 2. Daily wage labor |
| | 3. Door-to-door /petty trading |
| | 4. Income support/ zakat |
| | 5. Benazir Income support |
| | 6. Servant |
| | 7. Grass/wood seller |
| | 8. Servant/ Handicraft by women |
| | 9. Shopkeeper/ trader |
| | 10. Skilled wage labor |
| | 11. Local remittances |
| | 12. Foreign remittances |
| | 96. other |
| 0. None/Blank/NA | |
| 1 st Main Source | |
| 2 nd Main Source | |
| 3 rd Main Source | |
| LA 1 If other specify | |

LA 2. What is the combined household income?

| | |
|------------------------------------|-----------------------|
| 1. Less than 1000 per month | <input type="radio"/> |
| 2. 1000-2500 rupees per month | <input type="radio"/> |
| 3. 2500-5000 rupees per month | <input type="radio"/> |
| 4. More than 5000 rupees per month | <input type="radio"/> |

LA 3. Do you have any debts?

| | |
|---------------------|-----------------------|
| 1. Yes | <input type="radio"/> |
| 2. No (Skip to FS1) | <input type="radio"/> |
| LA 4A. How much | |

FS FOOD SECURITY

FS1. How many meals did the children (less than 5) of your household ate yesterday?

| Meals | Male | female |
|-----------------|------|--------|
| Number of meals | | |

FS2. How many meals did the adults (more than 5) of your household ate yesterday?

| Meals | Male | female |
|-----------------|------|--------|
| Number of meals | | |

FS3. Has anyone in your household done any of these things in the last 6 months?

| | |
|--|--------------------------|
| 1. Borrow food, or rely on help from friends | <input type="checkbox"/> |
| 2. Purchase food on debts. | <input type="checkbox"/> |
| 3. Limit portion size at meals | <input type="checkbox"/> |
| 4. Selling jewelries | <input type="checkbox"/> |
| 5. Decrease expenses on health care | <input type="checkbox"/> |
| 6. Take children out of school | <input type="checkbox"/> |
| 7. Skipped entire's day meal | <input type="checkbox"/> |
| 8. Did begging | <input type="checkbox"/> |
| 9. Women ate less food than men | <input type="checkbox"/> |
| 10. Sent family members to work abroad | <input type="checkbox"/> |
| 11. None of these | <input type="checkbox"/> |

FS4. During how many days was the food item eaten in the previous 7 days

0= Not eaten 1=1 day
2=2days
3=3days
4=4days
5=5days
6= 6days
7=7days

| | |
|-------------------------------------|-------|
| 1. Wheat, bread | [---] |
| 2. Rice, other cereals | [---] |
| 3. Maize | [---] |
| 4. Dhal ,beans, Lentils, peas, nuts | [---] |
| 5. Vegetables | [---] |
| 6. Fruit | [---] |
| 7. Meat, poultry, fish | [---] |
| 8. Eggs | [---] |
| 9. Milk, yogurt, cheese | [---] |
| 10. sugar, honey | [---] |
| 11. oil, ghee, butter | [---] |

SH SHELTER

SH1. Is the Household living in.....?

| | |
|--------------------------------|-----------------------|
| 1. Tent (skip to SH3) | <input type="radio"/> |
| 2. Grass Cottage (skip to SH3) | <input type="radio"/> |
| 3. Mud House | <input type="radio"/> |
| 4. Cement or brick house | <input type="radio"/> |
| 5. Other | <input type="radio"/> |
| SH1X. Specify if other | |

SH2. What is the number of person sleeping per room

| | |
|--|--|
| | |
|--|--|

SH3. Who owns the house/Land.....? (Select only one)

| | |
|----------------------|-----------------------|
| 1. Own | <input type="radio"/> |
| 2. Relative/ friends | <input type="radio"/> |
| 3. Rented | <input type="radio"/> |
| 4. others | <input type="radio"/> |

SH4. Do you pay rent to stay here?

| | |
|---------------------|-----------------------|
| 1. Yes | <input type="radio"/> |
| 2. No (skip to SH5) | <input type="radio"/> |
| SH4A. How much | |

SH5 . Rank the three top most concerns of this household.

| | |
|-------------------------|---|
| Needs | <ol style="list-style-type: none"> 1. Overcrowding 2. Security 3. Privacy 4. Harsh weather conditions 5. Lack of water and sanitation 6. Lack of cooking facilities 7. High cost of goods/services 8. Lack of money 9. other 0. None/Blank/NA |
| 1 st Concern | |
| 2 nd Concern | |
| 3 rd Concern | |
| SH5A If other specify | |

SH6. What is the overall physical appearance (clothes, Hair, skin) of the people in the HH (Select only one)

| | |
|--------------|-----------------------|
| A. Excellent | <input type="radio"/> |
| B. Average | <input type="radio"/> |
| C. Poor | <input type="radio"/> |

SH7. Assets that you own.

| | |
|----------------------------|--------------------------|
| A. Fridge/ Freezer | <input type="checkbox"/> |
| B. TV | <input type="checkbox"/> |
| C. Radio | <input type="checkbox"/> |
| D. Microwave Oven | <input type="checkbox"/> |
| E. Cooking stove | <input type="checkbox"/> |
| F. Heater | <input type="checkbox"/> |
| G. Washing machine | <input type="checkbox"/> |
| H. Sewing machine | <input type="checkbox"/> |
| I. Car/ Truck/Taxi | <input type="checkbox"/> |
| J. Motorbike | <input type="checkbox"/> |
| K. Bicycle | <input type="checkbox"/> |
| L. Computer | <input type="checkbox"/> |
| M. Grain mill | <input type="checkbox"/> |
| N. Plough | <input type="checkbox"/> |
| O. Other form of machinery | <input type="checkbox"/> |
| P. None of these | <input type="checkbox"/> |

AC ACCESS TO BASIC SERVICES

AC1. What is the availability of water supply at the Main Water source?

| | |
|---|-----------------------|
| A. Consistently available (Regular delivery on daily basis) | <input type="radio"/> |
| B. Inconsistently available (non regular status/ not available daily) | <input type="radio"/> |
| C. Not available (No Water) | <input type="radio"/> |
| D. NA | <input type="radio"/> |

AC2. How long people have to walk to collect the Water from the source?

| | |
|--------------------------|-----------------------|
| A. Available inside Home | <input type="radio"/> |
| B. Under 500 meters | <input type="radio"/> |
| C. 500 to 800 meter | <input type="radio"/> |
| D. Over 800 meter | <input type="radio"/> |
| E. NA | <input type="radio"/> |

AC3. Is a functional health facility accessible to your HH?

| | |
|----------------|-----------------------|
| A. Within 5 Km | <input type="radio"/> |
| B. 6-15 Km | <input type="radio"/> |
| C. Beyond 15 | <input type="radio"/> |

AC4. What is the highest educational level of the head of HH?

| | |
|--------------------------|-----------------------|
| A. Never attended school | <input type="radio"/> |
| B. Primary school | <input type="radio"/> |
| C. Middle school | <input type="radio"/> |
| D. High school | <input type="radio"/> |
| E. College and beyond | <input type="radio"/> |

IC INFORMED CONSENT

IC 1. After hearing about the informed consent, are you happy to proceed with the interview and

| | |
|--|-----------------------|
| A. With the humanitarian community and government | <input type="radio"/> |
| B. With humanitarian community only | <input type="radio"/> |
| C. Not shared with either humanitarian community or government | <input type="radio"/> |