



IVAP PHASE II – QUESTIONNAIRE A

Household ID: _____

GI GENERAL INFORMATION

GI. Date of survey (dd /mm / yy)	
GI1. Enumerator/ surveyor name	
GI 2. Host District (list)	
GI 3. Host Tehsil /Taluka	
GI 4. Host Union Council GI4.x If Others, Please specify:	
GI 5. Host Village name	
GI 6. Current Address	
GI 7. Family contact number	
GI 8. Alternate contact person name	
GI 9. Alternate contact person Phone No	
GI 10. Number of family members	

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

HN HEALTH/ NUTRITION

HN1. How many females in your family are pregnant?

a. 0 (If zero, skip to HN 2)	<input type="radio"/>
b. 1	<input type="radio"/>
c. 2	<input type="radio"/>
d. More than 2	<input type="radio"/>

HN1a. If there is a pregnant female(s), has she/they visited a healthcare provider since being pregnant (related to pregnancy)?

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

HN1b. If there is a pregnant female(s), does she/they have access to a health care provider to assist with the birth?

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>
c. Don't know	<input type="radio"/>

HN2. Are any females in your family breastfeeding?

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

HN3. (Only if yes to pregnant or breastfeeding....) Are any pregnant/ breastfeeding females in your family enrolled in a supplementary feeding program (receiving vitamins or extra food from an organization)? (Leave blank if no pregnant or breast feeding women)

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

HN4. Are any children under 5yrs in your family engaged in a supplementary feeding program (receiving food just for the child from an organization)? (Leave blank if no children under 5)

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

HN5. Have any individuals in your family been ill with any of the following diseases in the past two weeks? (select all that apply)

a. Diarrhea	<input type="checkbox"/>
b. Cough/chest infection	<input type="checkbox"/>
c. Measles	<input type="checkbox"/>
d. Malaria	<input type="checkbox"/>
e. Skin disease	<input type="checkbox"/>
f. Eye infection	<input type="checkbox"/>
g. None of these illnesses	<input type="checkbox"/>

HN6. How many mosquito nets do your family own?

a. 0	<input type="radio"/>
b. 1	<input type="radio"/>
c. 2	<input type="radio"/>
d. 3	<input type="radio"/>
e. More Than 3	<input type="radio"/>

HN7. Have you or family member received care at a government health facility since you have been displaced?

a. Yes, in the last month	<input type="radio"/>
b. Yes, more than a month ago	<input type="radio"/>
c. No	<input type="radio"/>

HN7a. If NO, please specify reasons (select all that apply)

a. Lack of facilities/ services	<input type="checkbox"/>
b. Lack of female attendants	<input type="checkbox"/>
c. Security	<input type="checkbox"/>
d. Financial constraints	<input type="checkbox"/>
e. Long distance	<input type="checkbox"/>
f. Difficult terrain	<input type="checkbox"/>
g. Goes to private hospitals	<input type="checkbox"/>
h. Other If Other, Please specify	<input type="checkbox"/>

HN8. Have your children of age 1-5 been vaccinated against diseases? (EPI vaccination)

a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

HN8a. If NO then why not? (Select all that apply)

a. Teams do not visit	<input type="checkbox"/>
b. Vaccination center out of reach	<input type="checkbox"/>
c. Do not consider it important	<input type="checkbox"/>
d. Lack of awareness	<input type="checkbox"/>
e. Other If Others, Please specify	<input type="checkbox"/>

W WASH

W1. What is the main source of your drinking water?

a. River/ canal/ pond/ stream	<input type="radio"/>
b. Surface water/ paddy field	<input type="radio"/>
c. Hand pump	<input type="radio"/>
d. Water taps	<input type="radio"/>
e. Tanker	<input type="radio"/>
f. Bottled water	<input type="radio"/>
g. Rain water	<input type="radio"/>
h. Water system inside the home	<input type="radio"/>
i. Water system with a communal fountain	<input type="radio"/>
j. Traditional well/ Ring well	<input type="radio"/>

W2. If not available inside the home may I see the container you use to collect water? Select one (observation)

a. Large container with cover or small opening	<input type="radio"/>
b. Small container, or wide-mouthed with no cover	<input type="radio"/>
c. Large water tank	<input type="radio"/>
d. Water available inside home	<input type="radio"/>

W2a. Is the water select one (observation)	
a. Clean	<input type="radio"/>
b. Moderately clean	<input type="radio"/>
c. Contaminated	<input type="radio"/>

W3. What source of defecation exists in your house?	
a. Open defecation	<input type="radio"/>
b. Latrine at home (formal)	<input type="radio"/>
c. Latrine at home (not formal)	<input type="radio"/>
d. Community latrine	<input type="radio"/>

W4. Have you or any member of your family been educated on hygiene?	
a. Yes	<input type="radio"/>
b. No	<input type="radio"/>
c. Don't Know	<input type="radio"/>

W5. Do you your family member use soap for hand washing usually?	
a. Yes	<input type="radio"/>
b. Sometimes	<input type="radio"/>
c. No	<input type="radio"/>

W6. Is there any organization working/ worked on WASH?	
a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

W6.a If yes, than from how long?	
a. Yes still working	<input type="radio"/>
b. Yes, up to 3 months ago	<input type="radio"/>
c. 3 months to 5 months ago	<input type="radio"/>
d. 6 months to 1 year ago	<input type="radio"/>

P PROTECTION

P1. Do you feel you have been mistreated because you are an IDP?	
a. Yes	<input type="radio"/>
b. No (Skip to P2)	<input type="radio"/>

P2. If YES by which of the following. (select all that apply)	
a. Doctors, nurses or medical staff	<input type="checkbox"/>
b. Police or community police	<input type="checkbox"/>
c. NGO workers	<input type="checkbox"/>
d. Landlords	<input type="checkbox"/>
e. Host community	<input type="checkbox"/>
f. Government employees	<input type="checkbox"/>
g. Don't want to say	<input type="checkbox"/>

P3. What kind of assistance your family is currently receiving of the following? (select all that apply)	
a. Winterization kit (including sheets to cover housing)	<input type="checkbox"/>
b. NFIs (including blanket, kitchen items, hygiene items)	<input type="checkbox"/>
c. Legal assistance, advice or counseling	<input type="checkbox"/>
d. Benazir income support	<input type="checkbox"/>
e. Government compensation of	<input type="checkbox"/>

any kind for conflict related injuries or damage (including one- off payment)	<input type="checkbox"/>
f. None	<input type="checkbox"/>

LA LIVELIHOOD/ AGRICULTURE

LA1. What is your main income source now (mark only the first income source)?	
a. Farming/ sharecropping/ tenancy	<input type="radio"/>
b. Daily wage labor	<input type="radio"/>
c. Door to door petty trading	<input type="radio"/>
d. Income support / zakat	<input type="radio"/>
e. Benazir income support	<input type="radio"/>
f. Grass/ wood seller	<input type="radio"/>
g. Servant	<input type="radio"/>
h. Handicraft by women	<input type="radio"/>
i. Shopkeeper/ trader	<input type="radio"/>
j. Skilled waged labor	<input type="radio"/>
k. Local remittances	<input type="radio"/>
l. Foreign remittances	<input type="radio"/>
m. Other (specify) _____	<input type="radio"/>

LA2. What is your family monthly income now?	
a. Less than 1000 Rs per month	<input type="radio"/>
b. 1000 – 2500 Rs per month	<input type="radio"/>
c. 2500 – 5000 Rs per month	<input type="radio"/>
d. More than 5000 Rs per month	<input type="radio"/>

LA3. Do you own/rent land in your host area for cultivation?	
a. Yes	<input type="radio"/>
b. No (Skip to LA4)	<input type="radio"/>

LA3a. If YES, how much?	
a. Less than 1 acre	<input type="radio"/>
b. 1-5 acre	<input type="radio"/>
c. More than 5 acre	<input type="radio"/>

LA3b. If YES own/rent land, what are the current farming resources the family needs? (select all that apply)	
a. None	<input type="checkbox"/>
b. Tools	<input type="checkbox"/>
c. Seeds	<input type="checkbox"/>
d. Fertilizers	<input type="checkbox"/>
e. Water	<input type="checkbox"/>
f. Cash for land preparation	<input type="checkbox"/>

LA4. Do you keep livestock in your area of displacement?	
a. Yes	<input type="radio"/>
b. No (Skip to FS1)	<input type="radio"/>

LA4a. If YES, which (and how many of each)? If more than 10, write 10. (enter number in each of boxes the below)	
a. None	<input type="checkbox"/>
b. 1	<input type="checkbox"/>
c. 2 to 3	<input type="checkbox"/>
d. 4 to 5	<input type="checkbox"/>
e. More than 5	<input type="checkbox"/>
a. Cow/ buffalo/ camel	<input type="checkbox"/>

b. Goat/ sheep	<input type="checkbox"/>
c. Horse/ donkey/ mule	<input type="checkbox"/>
d. Chicken	<input type="checkbox"/>

LA4b. What kind of assistance is needed for better management of the live stock? (select all that apply)

a. Feeds	<input type="checkbox"/>
b. Medication/ Vaccination	<input type="checkbox"/>
c. Water	<input type="checkbox"/>
d. Shelter/ Space	<input type="checkbox"/>

FS FOOD SECURITY

FS1. During how many days was the food item eaten in previous 7 days? (enter number in all boxes that apply)

a. Not eaten	
b. 1 day	
c. 2 days	
d. 3 days	
e. 4 days	
f. 5 days	
g. 6 days	
h. 7 days	
a. Wheat, bread	<input type="checkbox"/>
b. Rice, other cereals	<input type="checkbox"/>
c. Maize	<input type="checkbox"/>
d. Dhal ,beans, Lentils, peas, nuts	<input type="checkbox"/>
e. Vegetables	<input type="checkbox"/>
f. Fruits	<input type="checkbox"/>
g. Meat, poultry, fish	<input type="checkbox"/>
h. Eggs	<input type="checkbox"/>
i. Milk, yogurt, cheese	<input type="checkbox"/>
j. Sugar, honey	<input type="checkbox"/>
k. Oil, ghee, butter	<input type="checkbox"/>

FS2. Did you receive WFP assistance last month?

a. Food basket	<input type="radio"/>
b. Cash for food	<input type="radio"/>
c. No	<input type="radio"/>

FS2a. If NO, do you know why not?

a. I am not registered	<input type="radio"/>
b. I was told I no longer qualify	<input type="radio"/>
c. The location of the distribution was too far to travel	<input type="radio"/>
d. I did not need the assistance	<input type="radio"/>
e. I was unavailable on the day of the distribution	<input type="radio"/>
f. There was no distribution in the last month	
g. I don't know	
h. Other. If others, Please specify	<input type="radio"/>

FS3. Did you receive food assistance from anyone besides WFP in the last month? (Select all that apply)

a. Community group/ member	<input type="radio"/>
b. ICRC	<input type="radio"/>
c. Government/ army/ PDMA/ FDMA	<input type="radio"/>
d. None	<input type="radio"/>
e. Others If others, Please specify	<input type="radio"/>

FS4. What is your FIRST preference in terms of food commodities?

a. Wheat flour (white or brown)	<input type="checkbox"/>
b. Rice	<input type="checkbox"/>
c. High energy biscuits	<input type="checkbox"/>
d. Pulses (yellow split peas)	<input type="checkbox"/>
e. Pulses (chick pea, dhal channa)	<input type="checkbox"/>
f. Ghee	<input type="checkbox"/>
g. Sugar	<input type="checkbox"/>

FS4. What is your SECOND preference in terms of food commodities?

a. Wheat flour (white or brown)	<input type="checkbox"/>
b. Rice	<input type="checkbox"/>
c. High energy biscuits	<input type="checkbox"/>
d. Pulses (yellow split peas)	<input type="checkbox"/>
e. Pulses (chick pea, dhal channa)	<input type="checkbox"/>
f. Ghee	<input type="checkbox"/>
g. Sugar	<input type="checkbox"/>

FS4. What is your THIRD preference in terms of food commodities?

a. Wheat flour (white or brown)	<input type="checkbox"/>
b. Rice	<input type="checkbox"/>
c. High energy biscuits	<input type="checkbox"/>
d. Pulses (yellow split peas)	<input type="checkbox"/>
e. Pulses (chick pea, dhal channa)	<input type="checkbox"/>
f. Ghee	<input type="checkbox"/>
g. Sugar	<input type="checkbox"/>

SH SHELTER

SH1. Is the family living in a?

a. Tent	<input type="radio"/>
b. Grass Cottage	<input type="radio"/>
c. Mud House	<input type="radio"/>
d. Cement or brick house	<input type="radio"/>

SH2. What is the number of people sleeping per room?

SH3. Do you pay rent to stay here?	
a. Yes	<input type="radio"/>
b. No	<input type="radio"/>

SH3a. How much? (per month, for the one family)

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SH4. What is the general physical appearance (clothes, skin, and hair) of the people in the family? (Observation)

1. Excellent	<input type="radio"/>
2. Average	<input type="radio"/>
3. Bad	<input type="radio"/>

SH5. How are the overall living conditions of the family? (Observation)

1. Good	<input type="radio"/>
2. Average	<input type="radio"/>
3. Poor	<input type="radio"/>

SH6. Assets that you own (select all that apply)

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/ cylinder	<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"/>

CO HUMANITARIAN COMMUNICATION

CO1. What is your most reliable information source?

a. Home (TV, Newspaper, Radio)	<input type="radio"/>
b. Government offices	<input type="radio"/>
c. Mosque	<input type="radio"/>
d. NGO staff	<input type="radio"/>
e. Billboards	<input type="radio"/>

CO2. How frequently do you listen to Radio?

a. Daily	<input type="radio"/>
b. A few days within a week	<input type="radio"/>
c. Once a Week	<input type="radio"/>
d. Do not listen	<input type="radio"/>

CO3. What channel do you usually listen to? (select all that apply)

a. Ashna Radio	<input type="checkbox"/>
b. Dewa Radio	<input type="checkbox"/>
c. FM 104	<input type="checkbox"/>
d. Radio Buraq	<input type="checkbox"/>
e. Pukhtunkhwa 92.2	<input type="checkbox"/>
f. Khyber 97.6	<input type="checkbox"/>
g. Radio FM Kohat	<input type="checkbox"/>
h. Radio Khyber	<input type="checkbox"/>
i. FM 91	<input type="checkbox"/>
j. Dilbar	<input type="checkbox"/>
k. Hum FM 106	<input type="checkbox"/>
l. Shalimar FM 94.6	<input type="checkbox"/>

CP CHILD PROTECTION

CP1. What insecurities or vulnerabilities have your child/children faced during displacement? (tick all that apply)

a. Psychological distress	<input type="checkbox"/>
b. Change in behavior and attitude	<input type="checkbox"/>
c. No play area	<input type="checkbox"/>
d. Not able to go outside	<input type="checkbox"/>
e. Feeling frightened and insecure	<input type="checkbox"/>
f. Having to walk too far for water or food distribution	<input type="checkbox"/>
g. Fear at family inability to earn a livelihood	<input type="checkbox"/>
h. Anxious at family being separated – leaving home	<input type="checkbox"/>
i. Strangers wanting to talk to my child or children	<input type="checkbox"/>
j. Restricted movement	<input type="checkbox"/>
k. Illness	<input type="checkbox"/>
l. Fear of kidnapping	<input type="checkbox"/>
m. Fear of abuse	<input type="checkbox"/>
n. None	<input type="checkbox"/>

CP2. Are you aware of/have benefitted from any child protection activities/facilities like.....? (tick all that apply)

a. Child friendly spaces	<input type="checkbox"/>
b. Referral for assistance with child concerns (health, abuse, psychological support, access to education, other social services)	<input type="checkbox"/>
c. Temporary learning centers	<input type="checkbox"/>
d. Child life skills sessions (outside of school)	<input type="checkbox"/>
e. Child protection/ child rights awareness sessions	<input type="checkbox"/>
f. Birth registration	<input type="checkbox"/>
g. None	<input type="checkbox"/>

CP3. Who do you contact in case your child is in danger or has some other problem?

a. No one outside the family	<input type="checkbox"/>
b. Religious leader	<input type="checkbox"/>
c. Tribal/ community leader	<input type="checkbox"/>
d. Any government group	<input type="checkbox"/>
e. Local organization, such as an NGO or community based organization	<input type="checkbox"/>
f. Police or any other law enforcement group in the area	<input type="checkbox"/>

IC INFORMED CONSENT

IC 1. Are you happy for your information to be shared with

1. With the humanitarian community and government	<input type="radio"/>
2. With humanitarian community only	<input type="radio"/>
3. Not shared with either humanitarian community or government	<input type="radio"/>