



Internally Displaced Person Vulnerability Assessment & Profiling

| GENERAL INFORMATION | | |
|---|---------------|---|
| GI2. Date of interview (dd /mm / yy) | | |
| GI4. Surveyor/ Interviewer Name | | |
| GI4a. Surveyor/ Interviewer gender | Male | O |
| | Female | O |
| GI6. District (list) | | |
| GI7. Tehsil /Taluka | | |
| GI8. Union Council | | |
| GI9. Village | | |
| GI10. Address | | |

| INITIAL OBSERVATION | | | | |
|--|---|------------------|------------|---|
| IO1. Are you an IDP? | | | | |
| a. Yes | | | O | |
| b. No | | | O | |
| IO2. What is your agency/district of origin? (If origin district is not from conflicted districts list than EXIT form without saving) | | | | |
| Origin Agency | | | | |
| 1- North Waziristan | O | 8- Peshawar | O | |
| 2- Orakzai | O | 9- Kohat | O | |
| 3- Bajaur | O | 10- DI Khan | O | |
| 4. Khyber | O | 11- Tank | O | |
| 5- Mohmand | O | 12- Bannu | O | |
| 6- Kurrum | O | 13- Hangu | O | |
| 7- South Waziristan | O | 14- Lakki Marwat | O | |
| | | 15- Other | O | |
| IO2 a. What is your Origin Tehsil? | | | | |
| SI2C. What is your area of origin village name/ Post office? | | | | |
| Are you from Tirrah VALLEY? (only for Khyber, Kurram, Orakzai) | | | Yes | O |
| | | | No | O |

| IO3. Why did you leave your area of origin? | |
|--|-----------------------|
| Individual Threat | <input type="radio"/> |
| Threat of Insecurity | <input type="radio"/> |
| Conflict in the area | <input type="radio"/> |
| No Economic opportunities (due to conflict only) – only if IDP | <input type="radio"/> |

| | |
|---|--|
| IO5. When did you first displaced from your area of origin (approximate date)? | |
|---|--|

| | | |
|---|---------------|-----------------------|
| GI5. Respondent Name | | |
| GI5a. Respondent gender | Male | <input type="radio"/> |
| | Female | <input type="radio"/> |
| GI5b. Relationship of respondent with head of family (same relationship in HL) | | |

| RELATIONSHIP CODES: | | |
|-------------------------------|---------------------------------|-------------------------------|
| 01 Head | 06 Grand Child | 11 Uncle/ Aunt |
| 02 Co-wife | 07 Parent | 12 Niece/ Nephew |
| 03 Wife/ Husband | 08 Parent-in-Law | 13 Other relative |
| 04 Daughter/ Son | 09 Brother/ Sister | 14 Adopted/Foster/ Step Child |
| 05 Daughter-in-law/Son-in-Law | 10 Brother-in-Law/sister-in-law | 15 Not related |
| | | 98 Don't know |

| HL11a. Does the Head of Family have a CNIC? | |
|--|-----------------------|
| a. Yes | <input type="radio"/> |
| b. Yes but not present, at home. | <input type="radio"/> |
| c. Yes but lost | <input type="radio"/> |
| d. No | <input type="radio"/> |
| e. No and have applied for in NADRA, I have token number | <input type="radio"/> |
| f. Yes but status not updated as widow | <input type="radio"/> |

| | |
|--|--|
| CNIC Number | |
| CNIC Number (Re-enter) | |
| Token Number: (only for HL11-e) | |

| HL12a. Identity Card 'type' ? | |
|--------------------------------------|-----------------------|
| 1. Computerize NIC | <input type="radio"/> |
| 2. Old NIC | <input type="radio"/> |
| 3. English CNIC (Overseas) | <input type="radio"/> |

Token no. date For only: "No, but applied for CNIC in NADRA (Token holder)"

| HL13. Family number written on CNIC (Written on back side of CNIC - left corner) | | |
|---|---------------------------|-----------------------|
| GIPA_1. What is the present address written on the CNIC | | |
| Is the Head of family: | Male headed family | <input type="radio"/> |
| | Female headed | <input type="radio"/> |
| | Child headed | <input type="radio"/> |
| GI13. Family contact number | | |
| GI14. Alternate person to contact – Name | | |
| GI15. Alternate person to contact – Phone Number | | |
| GI16. Number of family members | | |

SECTORAL NEEDS

PROTECTION

P1. What is your current status?

| | |
|---|---|
| a. IDP (Registered) | O |
| b. IDP (Not Registered) | O |
| c. IDP (Registered But Blocked) | O |
| P2. If "Registered", write registration number | |

P3. If not registered, what are the reasons?

| | |
|--|--|
| a. Don't know about registration process (where/how)? | |
| b. Not able to reach the registration site (eg. money for transport, disabled, female headed hh) | |
| c. Complicated process at registration site (eg. long queues) | |
| d. Lack of documentation/CNIC | |
| e. Do not think it is important | |
| f. I have been told NOT to register | |
| g. Area of origin not notified | |
| h. Problem with CNIC (eg. dual address, duplicate family number) | |
| i. Other | |

P4. Do you want to return to your area?

| | |
|--------|---|
| a. Yes | O |
| b. No | O |

P5. If yes, When are you planning to go? (Skip to P7)

| | |
|--------------------------|---|
| a. Immediately | O |
| b. As soon as it is safe | O |
| c. 1-3 Months | O |
| d. 3-6 Months | O |
| e. More than 6 months | O |
| f. Don't know | O |

P6. If NO, or YES (but not immediately), what are the reasons for not returning NOW (Tick all that apply)

| | |
|---|--|
| a. Security situation in the area of origin | |
| b. No house (damaged/destroyed) | |
| c. Damage or lack of community infrastructure (Water, Electricity, Health, Education) | |
| d. There are more economic opportunities here | |
| e. There is not enough assistance for returnees. | |
| f. Individual threat | |
| g. House Occupied | |
| h. Medical treatment being received here | |
| i. Other | |

P9. Do you have any family members in your origin area, who want but are not able to come to host

| | |
|--------|---|
| a. Yes | O |
| b. No | O |

| P10. If yes, what are the reasons? (Select all that apply) | |
|---|--|
| a. Protect family property | |
| b. Protect family livestock | |
| c. Mentally/physically unwell | |
| d. Engaged in the conflict (without choice) | |
| e. Cannot afford to come | |
| f. Worried they will not be able to keep pardah | |

| P11. Are there any missing family members from your family? | |
|--|-----------------------|
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |

| P12. If yes how many? | |
|------------------------------|--|
| a. Children under 5 | |
| b. Children 5-18 | |
| c. Adults | |

| P13. Are there any children in your family facing the following issues? | |
|--|--|
| a. Psychological and social distress | |
| b. Child in labor | |
| c. Child suffering abuse | |
| d. Child facing discrimination accessing services | |
| e. Child in conflict with law | |
| f. Separated unaccompanied children | |
| f. Child marriages | |
| g. None | |

| Food Security/ Livelihood | |
|--|-----------------------|
| LA1. Main sources of income/livelihood in area of displacement. (1st 2nd 3rd) | |
| a. Agriculture (own farm + Livestock + poultry) | <input type="radio"/> |
| b. Sharecropping / tenancy | <input type="radio"/> |
| c. Services(Govt or private employee) | <input type="radio"/> |
| d. Shopkeeper/trader | <input type="radio"/> |
| e. Skilled wage labor | <input type="radio"/> |
| f. Daily/ unskilled wage labor | <input type="radio"/> |
| g. Remittances (local and foreign) | <input type="radio"/> |
| h. Income support/ Zakaat | <input type="radio"/> |
| i. Humanitarian assistance | <input type="radio"/> |
| j. Using negative coping strategy | <input type="radio"/> |
| k. Others | <input type="radio"/> |
| l. None | <input type="radio"/> |
| LA1. Main sources of income/livelihood now in area of origin: (1st 2nd 3rd) | |
| a. Agriculture (own farm + Livestock + poultry) | <input type="radio"/> |
| b. Sharecropping / tenancy | <input type="radio"/> |
| c. Services(Govt or private employee) | <input type="radio"/> |
| d. Shopkeeper/trader | <input type="radio"/> |
| e. Skilled wage labor | <input type="radio"/> |
| f. Daily/ unskilled wage labor | <input type="radio"/> |
| g. Remittances (local and foreign) | <input type="radio"/> |
| h. Income support/ Zakaat | <input type="radio"/> |
| i. Humanitarian assistance | <input type="radio"/> |
| j. Using negative coping strategy | <input type="radio"/> |
| k. Others | <input type="radio"/> |
| l. None | <input type="radio"/> |

| LA3_A. Do you have livestock with you in displacement? | |
|---|---|
| a. Yes | O |
| b. No | O |

| LA3a. If yes, how many and what type of livestock do you currently own? | |
|--|--|
| a. Large ruminants (cows/buffalo/Camel) | |
| b. Small ruminants (Goat/Sheep) | |
| c. Equines (Horse/Donkey/Mule) | |
| d. Poultry (Chicken) | |

| LA3. Most important agriculture and livestock needs in areas of displacement. | |
|--|--|
| a. Feed | |
| b. Medication/ vaccination | |
| c. Shelter/ space | |
| d. Milking kits | |
| e. Re-stocking | |
| f. Water | |
| g. Seeds | |
| h. Fertilizer | |
| i. Tools | |
| j. Agriculture Services | |
| e. Others | |
| f. None | |

| LA2. What is your average combined family income per month in displacement?(In rupees) | |
|---|--|
|---|--|

| LA5. How much did your family spend in the past one month? | |
|---|--|
| For food (PKR) | |
| For other expenses (PKR) | |

| LA6. Yesterday how many meals on average were eaten by: (write numbers) | |
|---|--|
| a. 6 months - 2 years | |
| b. 2 - 5 years | |
| c. Adults | |

| 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, Rice, Maize, other cereals | | |
| 2. Dhal ,beans, Lentils, peas, nuts | | |
| 3. Vegetables | | |
| 4. Fruit | | |
| 5. Meat, poultry, fish, Eggs | | |
| 6. Milk, yogurt, cheese | | |
| 7. Sugar, honey | | |
| 8. Oil, ghee, butter | | |

| FS3. During the past month have there been times when you had to do the following to meet your food needs? | |
|---|--|
| 1. Borrow food, or rely on help from friends | |
| 2. Purchase food on debts. | |
| 3. Limit portion size at meals | |
| 4. Selling domestic items including jewelries | |
| 5. Decrease expenses on health care | |
| 6. Adult ate less in order to make food available to children | |
| 7. Took children out of school for work | |
| 8. Rely on less preferred food | |
| 9. Skipped entire's day meal | |
| 10. Did begging | |
| 11. Women ate less food than men | |
| 12. Sent family members to work abroad | |
| 13. None of these | |

| FS6. Is sufficient food available in the nearest market? | |
|---|-----------------------|
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |

| FS7. Do you have enough money to buy food from the market? | |
|---|-----------------------|
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |

| FS9. For how many days is the current food stock sufficient for your family? (No. of days) | |
|---|--|
| | |

| NUTRITION | |
|---|--|
| N1. How long after birth did you first put your child to the breast? | |
| a. Within 1 hr | |
| b. Between 1 hour and 24 hrs. | |
| c. Between 1 and 3 days | |
| d. After the first 3 days | |
| e. Never put to breast | |
| f. Don't Know | |

| N2. Until what age did this child exclusively breastfeed? | |
|--|--|
| a. Age in Days | |
| b. Age in months | |
| c. Never exclusively breastfed | |
| d. Don't know | |

| N3. At what age did you begin to feed this child daily with any food/fluids (including water) other than breast milk? | |
|--|--|
| a. Not yet | |
| b. Less than a month after birth | |
| c. Between 1 to 4 months | |
| d. Between 4 to 6 months | |
| e. More than 6 months | |
| f. Don't Know | |

| N4. Since the displacement did breastfeeding patterns change for the children up to 2 years (0-24 months) For households who have been displaced within the last six months: | |
|---|-----------------------|
| a. No change | <input type="radio"/> |
| b. Decreased | <input type="radio"/> |
| c. Stopped | <input type="radio"/> |
| d. Increased | <input type="radio"/> |
| e. Don't know | <input type="radio"/> |

| N4a. If stopped or decreased, what are the reasons? | |
|--|--|
| a. Lack of privacy and space | |
| b. Insufficient breast milk | |
| c. Mother died | |
| d. Mother sickness | |
| e. Other | |
| f. Don't know | |

| N1b. If b and c - What is replacing breast feeding? | |
|--|--|
| a. Specialized infant formula | |
| b. Dried milk powder | |
| c. Liquid milk | |
| d. Liquid (Other than milk) | |

| EDUCATION | |
|--|-----------------------|
| To be asked at Family level (only if there are 5-18 years old individual in a family): | |
| E1. Were the children (5 - 18 years) in your family going to school in origin location before displacement? | |
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |

| | |
|-------------------|--|
| If YES, how many? | |
| If NO, how many? | |

| E2. Are the children (5 - 18 years) in your family going to school in the host location? | |
|---|-----------------------|
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |
| If YES, how many? | |
| If NO, how many? | |

| E2a. If No, what are the reasons for not going to school? | |
|--|--|
| a. Goes to Madrassa | |
| b. Cultural Issues (No separate Schools for girls, Gender Discrimination). | |
| c. Schools is not secure | |
| d. School at long distance. | |
| e. Have no money for School fee, for books/ copies etc, for uniform. | |
| f. Children are needed for domestic activities. | |
| g. Child is disabled | |
| h. Children were denied admissions because they are IDPs. | |
| i. Child himself/ herself donot consider it important. | |
| j. Parents consider their children underage. | |
| j. Lack of documentation for enrollment (eg. academic certificates, CNIC of parents, birth certificates) | |
| k. Child labor | |

| E3. Are there any concerns / Issues related to school going children currently? | |
|--|--|
| a. Absence of staff | |
| b. children treated differently because IDPs | |
| c. Shortage of adequate school infrastructure (furniture, study material, proper class room) | |
| d. Children are involved by the school administration in activities other than related to education. | |
| e. Unavailability of female staff | |
| f. Others | |
| g. None | |

| SHELTER | |
|---|-----------------------|
| SH1. What type of housing is the family living in? | |
| a. Owned | <input type="radio"/> |
| b. With relatives/ friends | <input type="radio"/> |
| c. Rented | <input type="radio"/> |
| b. Open air | <input type="radio"/> |

| SH6. What is the overall physical appearance (clothes, Hair, skin) of the people in the HH currently? | |
|---|-----------------------|
| a. Excellent | <input type="radio"/> |
| b. Average | <input type="radio"/> |
| c. Poor | <input type="radio"/> |

| SH7. How are the overall living conditions of the family currently? (Observation - Select only one) | |
|--|-----------------------|
| a. Excellent | <input type="radio"/> |
| b. Average | <input type="radio"/> |
| c. Poor | <input type="radio"/> |

| SH9. Do you pay rent? | |
|---|-----------------------|
| a. Yes | <input type="radio"/> |
| b. No | <input type="radio"/> |
| If yes, how much rent per month? | |
| | |

| SH10. What is the Covered area of the family? (Rooms used to live – Marlas) | |
|--|--|
| | |

| SH11. Average number of people living in a room/ rooms | |
|---|--|
| | |

| SH8. Assets ownership: | |
|-------------------------------|--|
| a. Fridge/ Freezer | |
| b. TV | |
| c. Radio | |
| d. Microwave Oven | |
| e. Cooking stove | |
| f. Heater | |
| g. Washing machine | |
| h. Sewing machine | |
| i. Car/ Truck/ Taxi | |
| j. Motorbike | |
| k. Bicycle | |
| l. Computer | |
| m. Grain mill | |
| n. Plough | |
| o. Other form of machinery | |
| p. None of these | |

WASH

W1. What is the Main source of drinking water for your family.

| | |
|---|-----------------------|
| a. Protected (hand pump, Pipe water, protected well) | <input type="radio"/> |
| b. Unprotected (canal, river, open well, surface water, unprotected well) | <input type="radio"/> |

WH2. 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"/> |

W7. Who collects the water?

| | |
|-------------|-----------------------|
| a. Male | <input type="radio"/> |
| b. Female | <input type="radio"/> |
| c. Children | <input type="radio"/> |

W5. Do you have appropriate water collection and water storage containers?

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

W3. Where do your family members defacate?

| | |
|-------------------------------|-----------------------|
| a. Open defecation | <input type="radio"/> |
| b. Latrine at home (formal) | <input type="radio"/> |
| c. Latrine at home (informal) | <input type="radio"/> |
| d. Community/ Shared latrine | <input type="radio"/> |

W3a. If community/shared latrine, are there separate facilities for female use? (For option b, c)

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

W3b. How many individuals are accessing the Latrine facility inside your house? (For option b, c)

| | |
|-----------------|-----------------------|
| a. Less than 5 | <input type="radio"/> |
| b. 5-10 | <input type="radio"/> |
| c. 10 - 15 | <input type="radio"/> |
| d. More than 15 | <input type="radio"/> |

W4. Do you use soap for washing hands at critical times (before food preparation, after defecation, for mothers after cleaning babies)

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

HEALTH

Have you used Govt health facility since the time of displacement?

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

If yes, have you or your family member received any of the following services at a government health facility?

| | |
|--------------------|-----------------------|
| a. OPD services | <input type="radio"/> |
| b. Free medicines | <input type="radio"/> |
| c. Hospitalization | <input type="radio"/> |
| d. Family planning | <input type="radio"/> |
| e. None | <input type="radio"/> |

| | |
|--|--|
| f. Others | |
| If yes - have you facing problems? | |
| a. Unavailability of staff | |
| b. Unavailability of female staff | |
| c. Unavailability of medicines | |
| d. Miss treatment because of IDPs status | |
| e. Charge money for services (OPD services, hospitalization, medication etc) | |
| f. Heavy amount charged in emergency/ critical situations | |
| g. None | |
| h. Others | |

| | |
|--|--|
| H1a. If NO, please mention reason | |
| a. Security | |
| b. Financial | |
| c. Long distance | |
| d. Difficult terrain | |
| e. Cultural/ Social constraints | |
| f. Not aware of the government facility | |
| g. Others | |
| | |

| | |
|---|--|
| H3. Are there any pregnant and lactating women in your family? | |
| a. Pregnant | |
| b. Lactating | |
| c. None | |
| d. Not applicable | |

| | |
|--|--|
| H3a. If 'a' then – Do pregnant women have access to health care providers to assist with the birth? | |
| a. Lady Doctors, Lady Health Visitor (LHV), Community Mid Wives | |
| b. Traditional Birth Attendants (Dai etc) | |
| c. No access | |

| | |
|---|--|
| H4. Are the following categories being vaccinated: | |
| a. Women (Against TT) | |
| b. Children (Routine EPI) | |
| c. Not applicable | |

| | |
|---------------------------------|--|
| H4a. If 'c', then why? | |
| a. Lack of services | |
| b. Access issues | |
| c. Social/ Cultural constraints | |
| d. Lack of awareness | |
| e. Others | |

| | |
|---|--|
| H5. What measures have been taken to control insects: (mosquitoes) | |
| a. Bed nets | |
| b. Indoor/ outdoor insecticidal spray | |
| c. Repellants use by an individual | |
| d. Others | |
| e. None | |

| IDP Needs | |
|---|---|
| IS 5. Would you like to....? | |
| 1. Settle where you live now (Skip to IS 7) | O |
| 2. Settle in another place | O |

| IS 8. What would you need to return to your area of origin? | |
|--|--|
| a. Security during travel b. Security in area of origin c. transportation d. Food e. Water f. Temporary shelter g. Material for rebuilding house h. Agriculture and farming i. Educational Services j. Job opportunities k. Health services l. Livelihood training m. Assistance with rent n. Electricity o. Non Food Items (NFI) p. None q. Other | |
| 1 st Need | |
| If other | |
| 2 nd Need | |
| If other | |
| 3 rd Need | |
| If other | |

| IS7. What are your most important needs in the place you are living now? | |
|---|--|
| a. Security at the current place b. Food c. Water | |

| | |
|--|--|
| d. Temporary shelter e. Agriculture and farming f. Educational Services g. Job opportunities h. Health services i. Livelihood training j. Assistance with rent k. Utilities (electricity, water, gas) l. Non Food Items (NFI) m. Documentation n. None o. other | |
| 1 st Need | |
| If other | |
| 2 nd Need | |
| If other | |
| 3 rd Need | |
| If other | |

| IS6. What would you need if you would like to settle in another place? | |
|---|--|
| a. Security during travel b. Security at destination c. Transportation d. Food e. Water f. Temporary shelter g. Agriculture and Farming h. Educational Services i. Job opportunities j. Health services k. Livelihood training l. Assistance with rent m. Utilities (electricity, water, gas) n. Non Food Items (NFI) o. None p. Other | |
| 1 st Need | |
| If other | |
| 2 nd Need | |

| | |
|----------------------|--|
| If other | |
| 3 rd Need | |
| If other | |

| SH5 . Rank the three top most concerns of this family in displacement. | |
|--|--|
| a. Overcrowding/ privacy in accommodation b. Security c. Access to services (health, schools) d. Harsh weather conditions e. Lack of water and sanitation f. Lack of cooking facilities g. High cost of goods/services h. Lack of money i. No access to income earning opportunities j. Lack of food k. None l. Other | |
| 1 st concern | |
| If other | |
| 2 nd concern | |
| If other | |
| 3 rd concern | |
| If other | |

| Consent to share information | |
|--|--|
| After hearing about the informed consent, are you happy to proceed with the interview and have your data shared | |
| a. With the humanitarian community and government | |
| b. With humanitarian community only | |
| c. Not shared with either humanitarian community or government | |
| c. Share with government only | |