

RNA HH Tool

Sphere India – JRNA Household Survey Questionnaire				Date of assessment:					
District	Block	Village	Name of the person interviewed	Contact number:	No. of family members				
					Adult (Male)	Adult (Female)	Children (Male)	Children (Female)	Other
Location		Latitude		Longitude			Altitude		
Community				<input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> General					
Occupation of head of the household				<input type="radio"/> Construction worker <input type="radio"/> Driver <input type="radio"/> Delivery services <input type="radio"/> Hospitality (housemaid, caretaker, etc.) <input type="radio"/> Security <input type="radio"/> Vendors (fruit, tea, non-food item shops, etc.) <input type="radio"/> Sanitation worker <input type="radio"/> Business <input type="radio"/> Others, please specify					
Water, Sanitation and Hygiene									
1. What are your main concerns related to Water, Sanitation and Hygiene (WASH)				<ul style="list-style-type: none"> ▪ Non availability of sufficient quantity of drinking water ▪ Non availability of safe drinking water (Safe means water free from impurities, chemicals, etc., that can be used for washing, filtered for drinking, etc.) ▪ Damage of water supply infrastructure ▪ Issue with power supply for drinking water supply schemes ▪ Damage of solid waste disposal system/ infrastructure ▪ Damage of liquid waste disposal system/infrastructure ▪ Damage of toilets ▪ Limited or no access to bathing space with privacy ▪ Limited or no access to hand washing facilities (water and soap) ▪ Limited or no access to water storage containers with lid ▪ Others (please specify) 					
2. Source of drinking water				a. Improved					

<p>A. BEFORE Crisis B. AFTER Crisis</p> <p><i>(Treated water means chlorinated/bleached or other type of disinfected water)</i></p>	<ul style="list-style-type: none"> ▪ Piped water into compound ▪ Piped water connected to public tap ▪ Borehole ▪ Protected well ▪ Protected rainwater tank ▪ Protected spring ▪ Bottled water ▪ Potable water trucking <p>b. Unimproved</p> <ul style="list-style-type: none"> • Illegal connection to piped network • Unprotected rainwater tank • Unprotected well • Unprotected spring • Tube well with sanitary risk
<p>3. A. Does your household treat water before cooking and drinking? (Example-boiling, using chlorine tablets, powder or liquid, using a filter, others)</p> <p>B. If no, why is your household water not treated, please specify...</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Don't know
<p>4. A. Do you have access to handwashing facility with soap and water at home?</p> <p>B. What are the constraints in soap availability?</p>	<ul style="list-style-type: none"> ○ Yes, with both soap and water ○ Yes, but water not available ○ Yes, but soap not available ○ No facility but a designated place for soap and water ○ No facility and no designated place for soap and water <ul style="list-style-type: none"> ○ It is unavailable at the local market ○ We prefer a substitute (ex: ash) ○ We are waiting for the next distribution ○ We ran out of soap ○ The market is too far ○ We cannot afford it ○ Soap is not necessary ○ Other (Please specify)
<p>5. Is your toilet at your house working/functional after the disaster?</p>	<ul style="list-style-type: none"> ○ All members have access and use it ○ All members have access but only some use it ○ No members have access to it ○ I don't want to answer
<p>6. Where are the children's feces disposed?</p> <p>A. Pre-disaster</p> <p>B. Post-disaster</p>	<ul style="list-style-type: none"> ○ Outside of the house (open drains) ○ Household toilet ○ Community toilet ○ Garbage ○ Other, please specify
<p>7. Household defecation practice followed?</p> <p>A. Pre-disaster</p>	<ul style="list-style-type: none"> ○ Household toilet ○ Community toilet ○ Open areas ○ Other, please specify

<p>B. Post-disaster</p>	
<p>8. What is the most common way your household disposes of garbage after the disaster?</p> <p>A. Functionality of garbage collection in your area</p>	<ul style="list-style-type: none"> ○ Garbage collected by designated sanitation worker ○ Garbage disposed in designated disposal area ○ Garbage is buried or burned close to household/ temporary shelter ○ Garbage thrown out in street or any other public place with no collection ○ Others, please specify <ul style="list-style-type: none"> ○ Yes it's functioning ○ No, it's not functioning
<p>9. What is the current condition of garbage collection containers in your locality</p>	<ul style="list-style-type: none"> ○ Damaged ○ Missing ○ Not damaged ○ No containers in the location
<p>10. What difficulties are women/adolescent girls in your household facing related to menstrual hygiene post disaster?</p>	<ul style="list-style-type: none"> ○ No water & soap available for washing and cleaning ○ Unavailability of pads/menstrual hygiene products ○ No space to change/privacy concern ○ Hesitant to dispose the pads/cloths ○ No difficulty ○ No women/girls present at household ○ No response ○ Others, please specify
<p>11. Did you get any message or information about do's and don'ts related to the event especially related to clean water, sanitation, and hygiene and/or any early warning messages before the disaster?</p> <p>A. If yes, what is the source of this information?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Don't know
<p>12. Is there visible solid waste or wastewater in the vicinity (30 meters or less) of the house/temporary shelter after the rain?</p> <p>A. If yes, from where does the solid waste or wastewater come from?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Don't know <ul style="list-style-type: none"> ○ Open dump-yard, ○ Drainage ○ Others, please specify
<p>Shelter & Non-Food Items</p>	
<p>13. Type of house</p>	<ul style="list-style-type: none"> ○ Temporary structure (sheet, aluminium) ○ Permanent structure (pucca)
<p>14. Is your house damaged due to the rainfall situation</p>	<ul style="list-style-type: none"> ○ Yes ○ No

<p>15. Were you displaced due to the crisis?</p> <p>A. If yes, where did you relocate?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Relief camp <input type="radio"/> Relatives/friend's house <input type="radio"/> Open areas <input type="radio"/> <input type="radio"/> Others, please specify
<p>B. Current status of your house?</p> <p>A. Click photo if damaged</p> <p>B. If damaged, did you receive any support for repairing your house?</p> <p>C. If yes, what support did you receive?</p>	<ul style="list-style-type: none"> <input type="radio"/> House partially collapsed <input type="radio"/> House inundated or drowned in water <input type="radio"/> House unsafe to live, needs repair <input type="radio"/> No damage <input type="radio"/> Other <input type="radio"/> Yes <input type="radio"/> No
<p>C. Do you require any further assistance for repairing your house?</p> <p>A. If yes, what kind of assistance?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>16. What are the immediate needs regarding non-food items for your family?</p>	<ul style="list-style-type: none"> <input type="radio"/> Clothing <input type="radio"/> Bedding/ Blanket <input type="radio"/> Sanitary pads for women/ Adolescent girls <input type="radio"/> Hygiene Items- soaps/ tooth brush and toothpaste/ comb etc. (specify) <input type="radio"/> Cooking Utensils <input type="radio"/> Cooking Stove <input type="radio"/> Assistive Devices of Persons with Disabilities <input type="radio"/> COVID-19 prevention- Masks, sanitisers <input type="radio"/> Medicine ORS <input type="radio"/> Zinc tablets <input type="radio"/> Others, please specify
<p>17. Is electricity service operational in your household?</p> <p>A. Before the event</p> <p>B. After the event</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>18. Is communication (phone services) operational?</p> <p>A. Before the event</p> <p>B. After the event</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>Food, Nutrition and Livelihoods</p>	
<p>19. Food Availability (Stored Food Grains):</p> <p>A. If yes, for how many days?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>20. Access to vegetables and other food</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes

<p>items? A. If no, what is the reason?</p>	<ul style="list-style-type: none"> ○ No ○ Markets not functioning ○ Lack of connectivity ○ Online food delivery not functioning ○ Other
<p>21.What are your main concerns related to food and nutrition</p>	<ul style="list-style-type: none"> ○ Not enough food ○ No cooking facilities ○ No utensils ○ Price hike due to the crisis ○ Increase in black markets ○ Online delivery not functioning ○ Reduced functionality of urban food service outlets (street food, food truck, etc.) ○ No access to markets ○ No money to purchase food ○ Markets not functioning ○ Ration Cards/ IDs lost ○ Others (please specify).....
<p>22.Is there any disruption in government's nutrition services to children, adolescent girls, pregnant women and lactating mothers?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Unaware about nutrition schemes ○ Household not entitled for government's scheme
<p>23.What are the main concerns regarding Livelihood?</p>	<ul style="list-style-type: none"> ○ Impact on daily laboring work ○ Loss of Livestock/ cattle ○ Damage/loss of livelihood equipment (pushcarts, auto, etc.) ○ Increased price of raw materials ○ Lack of resources ○ Fodder not available ○ Loss of business ○ Lack of connectivity (transportation) ○ Loss of power ○ Assets lost due to crisis ○ Markets not Functioning ○ Impact on Artisan related work ○ Others (specify)
<p>24.Have you received any support for your livelihood A. If yes,</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Financial support from government ○ Support from financial institutions (bank, microfinance, etc.) ○ Livelihood support from NGO/CSOs
<p>25.Average family income per month before disaster</p>	
<p>Education</p>	
<p>26.Are the education facilities functioning? (Mention yes, if online education is continuing)</p>	<ul style="list-style-type: none"> ○ Yes ○ No

<p>A. What is the reason for non-functionality?</p>	<ul style="list-style-type: none"> ○ Schools damaged ○ Schools converted to relief camps ○ Power shortage, ○ Others please specify...
<p>27. Is education materials of the children damaged?</p>	<ul style="list-style-type: none"> ○ Yes ○ No
<p>28. Do you require any support for education</p> <p>A. What support do you need?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Uniform ○ Books ○ Bags ○ Phone or electronic devices for online education ○ Others, please specify
<p>Health</p>	
<p>29. Are you or family members facing any health problems due to the crisis?</p> <p>A. If yes, what kind of problem</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Communicable diseases (Diarrhoea/ respiratory/ skin diseases/ Cold Flu) ○ COVID-19 ○ Mental trauma ○ Fungal infections ○ Others (specify).....
<p>30. Is there any outbreak of diseases reported from your locality after the crisis</p> <p>A. If yes, what kind of diseases</p>	<ul style="list-style-type: none"> ○ Yes ○ No
<p>31. Did you receive psycho-social support?</p> <p>A. If no would you like to receive psycho-social support?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Yes ○ No
<p>32. Do you have functional health facility in your area?</p>	<ul style="list-style-type: none"> ○ Yes ○ No
<p>33. Has the nearest Health Facility been damaged?</p> <p>A. If yes, specify name and damage</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Information not available
<p>34. Did you receive any health support from government, CSO/NGOs, etc.?</p> <p>A. If yes, what kind of support?</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Health camps ○ Health kits ○ Health checkups from government ○ Others, please specify

<p>35. Did all the family members receive 2 doses of COVID-19 vaccination?</p>	<ul style="list-style-type: none"> ○ Yes ○ No
<p>Protection</p>	
<p>36. Protection- what are the key concerns regarding protection?</p>	<ul style="list-style-type: none"> ○ Security issues due to shelter damaged ○ Increased domestic violence ○ Limited access to security mechanisms - Police/ Community groups/ others ○ Family members been separated due to crisis ○ No light in the evening due to effect on power/Electricity ○ Living in relief camp with limited privacy for women and girls ○ Displaced- no privacy for bathing/toilet ○ Relief camps NOT accessible to SCs, STs and other vulnerable groups (Disabled, ○ Relief camps NOT accessible to transgender ○ Relief camps NOT accessible to Person with Disability ○ Limited access to menstrual hygiene products for girls, and women of reproductive age ○ Others, please specify
<p>37. Evacuation status?</p> <p>A. If not evacuated what is the reason?</p>	<ul style="list-style-type: none"> ○ Evacuated before the event ○ Evacuated during the event ○ Evacuated after the event ○ Evacuation was not required ○ Not evacuated
<p>38. Who are the most affected and in need of assistance?</p>	<ul style="list-style-type: none"> ○ Children ○ Pregnant & Lactating Mothers ○ Women ○ Disabled ○ Poor families ○ Ethnic caste groups ○ Elderly ○ Migrants ○ Other
<p>39. Loss of legal documents</p>	<ul style="list-style-type: none"> ○ Government ID Cards ○ Ration Cards ○ Land document ○ Property document (House, Car, etc.) ○ No loss
<p>Other</p>	
<p>40. What is your most urgent relief need?</p>	<ul style="list-style-type: none"> ○ Food ○ Shelter ○ Cash ○ Clothing ○ Drinking water ○ Medical/Health support

	<ul style="list-style-type: none">○ Sanitation○ Temporary learning facilities for children○ Animal support○ Psychosocial support○ Others, please specify
41. What is your most important recovery need?	<ul style="list-style-type: none">○ Housing- repair/ reconstruction○ Safety○ Health facilities○ Schools○ Livelihood support○ Others, please specify
42. Volunteer details A. Name B. Phone number	