

Kenya Initial Rapid Assessment Community Group Discussion

GENERAL INFORMATION						
G1. Take the GPS location		G2. Name of the data collector				
G3. County	G4. Sub-County	G5. Ward	G6. Location	G7. Sub-location	G8. Village	G9. P Code
G10. Type of crisis (Tick only one)	<input type="checkbox"/> Drought <input type="checkbox"/> Flood <input type="checkbox"/> Conflict		<input type="checkbox"/> Epidemic / outbreak <input type="checkbox"/> Fire in human settlement <input type="checkbox"/> Other		If other, specify <input type="checkbox"/> Male <input type="checkbox"/> Female	
G11 Type of site / settlement (Tick only one)	<input type="checkbox"/> Displaced people living in host families <input type="checkbox"/> Displaced people living in collective centres (e.g schools) <input type="checkbox"/> Displaced people in spontaneous camp <input type="checkbox"/> Displaced people in planned camp <input type="checkbox"/> Resident Population hosting displaced persons <input type="checkbox"/> Resident population not hosting displaced persons				G.12 Type of Community Group Discussion (Tick only one)	
WATER, SANITATION AND HYGIENE						
W1. Where do people in your community get their drinking water? (Tick only one)						
<input type="checkbox"/> Water Kiosk <input type="checkbox"/> Protected Well w/o hand pump <input type="checkbox"/> River <input type="checkbox"/> Water tank		<input type="checkbox"/> Unprotected Well <input type="checkbox"/> Connexion to the pipe network <input type="checkbox"/> Tank and Tap <input type="checkbox"/> Other		<input type="checkbox"/> Protected Well with hand Pump <input type="checkbox"/> Water pan <input type="checkbox"/> Water Trucking Distribution Point		
W2. Is the community facing any problem related to drinking water? (Tick that apply)						
<input type="checkbox"/> No Challenges <input type="checkbox"/> Challenges with Quantity <input type="checkbox"/> Challenges with quality						
Ask only if quantity problem W3. What is the primary issue related to the quantity of water? (Tick only one)			Ask only if quality problem W4. What is the primary issue related to the quality of water? (Tick only one)			
<input type="checkbox"/> Distance to the Source <input type="checkbox"/> The Source Doesn't Have Enough Water for Everyone <input type="checkbox"/> Water is unaffordable <input type="checkbox"/> Waiting time at the source <input type="checkbox"/> Lack of container for water storage and transportation <input type="checkbox"/> Unsafe to go to the closest water point			<input type="checkbox"/> Smells <input type="checkbox"/> Makes us sick <input type="checkbox"/> Turbid			

Ask only if there is a problem with access to water W5. What are the best potential solutions to the water issue? (Select up to three answers)	
<input type="checkbox"/> Repair Broken water source <input type="checkbox"/> Dig/Drill new water source <input type="checkbox"/> Water Trucking <input type="checkbox"/> Household water treatment <input type="checkbox"/> Jerry Can distribution <input type="checkbox"/> Other	
Other Solution	
W6. Has the quantity of drinking water available in most households changed since the event? (Tick only one)	W7. How long do you typically take to collect water? (go, wait and back) (Tick only one)
<input type="checkbox"/> Increased <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased	<input type="checkbox"/> Less than 30 min <input type="checkbox"/> Between 30 minutes and 60 minutes <input type="checkbox"/> More than 60 min <input type="checkbox"/> Don't know
W8. Where do most people defecate? (Tick only one)	Ask only if open defecation selected previously W9. What is the main reason that people don't use latrines? (Tick only one)
<input type="checkbox"/> Community latrine <input type="checkbox"/> Household latrine <input type="checkbox"/> Damage community or household latrine <input type="checkbox"/> Open defecation	<input type="checkbox"/> There is no latrine at site <input type="checkbox"/> Latrines are unsafe <input type="checkbox"/> Latrines do not offer privacy <input type="checkbox"/> Latrines are too far <input type="checkbox"/> Latrines are full <input type="checkbox"/> Community unfamiliar with latrines <input type="checkbox"/> Other
	If other, specify
W10. Who are more likely to practice open defecation? (Tick only one)	W11. What could be done to reduce the practice of open defecation? (Tick only one)
<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> All the same <input type="checkbox"/> Don't know	<input type="checkbox"/> Build more latrines <input type="checkbox"/> Repair / Dislodge existing latrines <input type="checkbox"/> Put locks on the inside of latrines <input type="checkbox"/> Providing lighting around the latrines <input type="checkbox"/> Create Separate latrines for men and women <input type="checkbox"/> Train the community on the importance of latrines <input type="checkbox"/> Other
	If other, specify

FOOD SECURITY	
F1. Is there a problem in your community in relation to food NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, GO DIRECTLY TO LIVELIHOOD SECTION	F2. If yes, what is the main problem (Tick only one) <input type="checkbox"/> Not enough food <input type="checkbox"/> Not good enough food <input type="checkbox"/> No cooking facilities <input type="checkbox"/> No utensils <input type="checkbox"/> No fuel to cook with <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; text-align: center;">If other, specify</div>
F3. Did you have food stock before the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ask only if yes at F3 F5. Do you have food stock now? (Tick only one) <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="width: 45%;"> Ask only if yes at F5 F6. If yes, how long will food stock be expected to last (for most HH)? (Tick only one) <input type="checkbox"/> Less 15 days <input type="checkbox"/> 15 days -1month <input type="checkbox"/> >1 month </div> </div>
F7. Are most people here able to access essential food in the market? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ask only if no at F5 F8. If no, what is the main reason? (Tick only one) <input type="checkbox"/> Food not available in the market <input type="checkbox"/> Difficulty in accessing market (road condition, transportation cost or security) <input type="checkbox"/> Market is not functioning <input type="checkbox"/> Cannot afford food <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; text-align: center;">If other, specify</div>
F9. Are most people here able to access essential commodities in the market? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ask only if no at F8 F10. If no, what is the main reason? (Tick only one) <input type="checkbox"/> Commodities not available in the market <input type="checkbox"/> Difficulty in accessing market (road condition, transportation cost or security) <input type="checkbox"/> Market is not functioning <input type="checkbox"/> Cannot afford commodities <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; text-align: center;">If other, specify</div>
F11. Are you/HH here doing any of the following since the beginning of the crisis? (Tick all that apply)	
<input type="checkbox"/> Rely on less preferred and less expensive foods? <input type="checkbox"/> Purchase food on credit? <input type="checkbox"/> Send children to eat with neighbours? <input type="checkbox"/> Limit portion size at mealtimes? <input type="checkbox"/> Feed working members of HH at the expense of non-working members? <input type="checkbox"/> Skip entire days without eating?	<input type="checkbox"/> Borrow food, or rely on help from a friend or relative? <input type="checkbox"/> Gather wild food, hunt, or harvest immature crops? <input type="checkbox"/> Send household members to beg? <input type="checkbox"/> Restrict consumption by adults in order for small children to eat? <input type="checkbox"/> Reduce number of meals eaten in a day?

F12. What top 3 priority actions do you propose to improve the access the food for the community? (Rank 1st, 2nd, 3rd)

- | | |
|--|---|
| <input type="checkbox"/> Food distribution | <input type="checkbox"/> Restart our livelihood activities |
| <input type="checkbox"/> Road rehabilitation in improve access to market | <input type="checkbox"/> Distribution of cooking set |
| <input type="checkbox"/> Cash/voucher distribution | <input type="checkbox"/> Distribution of fuel/wood to cook with |
| <input type="checkbox"/> Return to place of origin | <input type="checkbox"/> Other |

If other, please specify

LIVELIHOOD

L1. What is the main livelihood in this community? (Tick only one)

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Pastoralist | <input type="checkbox"/> Agro-Pastoralist | <input type="checkbox"/> Agriculturalist | <input type="checkbox"/> Wage Labour |
| <input type="checkbox"/> Trader | <input type="checkbox"/> Craftsperson | <input type="checkbox"/> Relief Assistance | <input type="checkbox"/> Remittances |

L2. Is there a problem regarding loss of livelihoods as a result of the crisis?

- Yes
 No

[IF NO, GO DIRECTLY TO HEALTH AND NUTRITION SECTION](#)

Ask only if yes at L2

L3. If no, what is the main reason? (Tick only one)

- Food not available in the market
 Difficulty in accessing market (road condition, transportation cost or security)
 Market is not functioning
 Cannot afford food
 Other

If other, specify

Ask only if yes at L2

L4. What top 3 priority actions do you propose to allow your community to resume their livelihoods? (Rank 1st, 2nd, 3rd)

- | | |
|---|--|
| <input type="checkbox"/> Return to place of origin | <input type="checkbox"/> Wait for rain |
| <input type="checkbox"/> Animal Distribution | <input type="checkbox"/> Improve security |
| <input type="checkbox"/> Seed Distribution | <input type="checkbox"/> Road rehabilitation |
| <input type="checkbox"/> Agricultural Tool Distribution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cash Grant | |

If other, please specify

HEALTH AND NUTRITION

H1. Is your community facing any of the following health challenges since the event?

- Injuries
 Disease outbreaks
 Other

Ask only if injuries challenges

H2. What is the primary cause of injuries since the event?

- Injuries from Violence
 Injuries From Accident
 Snake Bit
 Drowning
 Other

If other, specify

Ask only if diseases challenges

H3. What is the primary cause of illness since the event?

- Diarrhoea diseases
 Fever
 Acute Respiratory Infection (ARI)
 Skin diseases
 Other

If other, specify

H4. Does the community have access to a health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ask only if yes to H4 H5. Is the health facility open? (Tick only one)	Ask only if yes to H4 H6. Who is the most senior medical person most often available at the health facility? (Tick only one)	Ask only if yes to H4 H7. How far away is the health facility? (Tick only one)
<input type="checkbox"/> Rarely Open <input type="checkbox"/> Often Open <input type="checkbox"/> Always Open	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other	<input type="checkbox"/> Functioning health facility in village/at site <input type="checkbox"/> Up to 30 min <input type="checkbox"/> 30m to 1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> More than 2 hours <input type="checkbox"/> Don't know
Ask only if no to H4 H8. Why doesn't the community have access to a health facility (tick only one)		
<input type="checkbox"/> Can not access existing facility because of insecurity <input type="checkbox"/> Can not access existing facility because of logistic issues or distance <input type="checkbox"/> Health Facility doesn't exist <input type="checkbox"/> Health facility is never open		
H9. Do you think that the health of your children has worsened since the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SHELTER AND NON FOOD ITEM		
S1. Does your community have problem regarding shelter since the event?	Ask only if yes at S1 and resident group S2. If yes, what is the main problem with meeting shelter needs here? (Tick only one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <u>IF NO, GO DIRECTLY TO QUESTION S6</u>	<input type="checkbox"/> Individual shelters (or houses) are overcrowded <input type="checkbox"/> Materials/tools for repair damaged house are not available <input type="checkbox"/> Materials/tools for repair damage house are not accessible (not enough money) <input type="checkbox"/> Other	
If other, specify		
Ask only if yes at S1 and IDP group S3. If yes, What are the main problems with meeting shelter needs here? (Tick only one)	Ask only if yes at S1 and IDP group S4. When are you expecting to be able to go back to your original place? (Tick only one)	Ask only if yes at S1 and IDP group S5. What is the main reason that prevents you to go back to your original place? (Tick only one)
<input type="checkbox"/> Communal shelters are overcrowded <input type="checkbox"/> Materials/tools for build temporary shelter are not available <input type="checkbox"/> Materials/tools for build temporary shelter are not accessible (not enough money) <input type="checkbox"/> Other	<input type="checkbox"/> Less than one month <input type="checkbox"/> Between 1 to 3 months <input type="checkbox"/> More than 3 months <input type="checkbox"/> Don't know	<input type="checkbox"/> Security not ensure <input type="checkbox"/> Materials/tools for repair / rebuild shelter are not available <input type="checkbox"/> Materials/tools for repair / rebuild shelter are not accessible (not enough money) <input type="checkbox"/> Potential grievances on land issues <input type="checkbox"/> Not access to food or livelihood <input type="checkbox"/> Other
If other, specify	If other, specify	If other, specify

S6. Are there essential household items needed as a result of the event?		S7. If YES, what items are urgently needed? (Tick only one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Blankets <input type="checkbox"/> Mosquito nets <input type="checkbox"/> Firewood/fuel <input type="checkbox"/> Plastic Sheeting	<input type="checkbox"/> Mattress <input type="checkbox"/> Kitchen sets/cooking utensils <input type="checkbox"/> Clothing/shoes <input type="checkbox"/> Others
S8. What top 3 priority actions do you propose to improve the access to appropriate shelter in your community? (Rank 1st, 2nd, 3rd)			
<input type="checkbox"/> Distribution of shelter kit (tools + basic material) <input type="checkbox"/> Cash grant <input type="checkbox"/> Plastic sheeting distribution		<input type="checkbox"/> Basic NFI distribution (Blanket, clothes) <input type="checkbox"/> Shelter rehabilitation <input type="checkbox"/> Others	
If other, specify			

EDUCATION	
E1. Does the community have access to a education facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask only if yes at E1	
E2. If yes, why (tick that apply)	
<input type="checkbox"/> School closed <input type="checkbox"/> Not enough teachers <input type="checkbox"/> Schools used for other purposes (e.g. collection centres) <input type="checkbox"/> Not safe to get to school (for teacher and students) <input type="checkbox"/> Teachers have been displaced <input type="checkbox"/> Don't know	<input type="checkbox"/> School destroyed <input type="checkbox"/> Not enough teaching materials <input type="checkbox"/> Students have been displaced <input type="checkbox"/> Fees unaffordable for affected people <input type="checkbox"/> Other (describe):
If other, specify	

ACCESS TO INFORMATION		
A11. What is your primary source of information on the event / assistance? (Tick all that apply)		
<input type="checkbox"/> Internet <input type="checkbox"/> Talking to people <input type="checkbox"/> Road broadcast	<input type="checkbox"/> Community leader <input type="checkbox"/> Television <input type="checkbox"/> Mobile phone/SMS	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Signboards

REGISTRATION

<p>R1. Have the displaced/crisis-affected people been registered in this site? (tick only one)</p> <p><input type="checkbox"/> Yes (completed)</p> <p><input type="checkbox"/> Yes (on-going)</p> <p><input type="checkbox"/> No Registration Has Taken Place or is Scheduled</p> <p><input type="checkbox"/> Not yet but scheduled</p>	<p>Ask only if yes at R1</p> <p>R2. Are there any groups that do not have access to the registration process? (Tick all that apply)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Female Headed Household</p> <p><input type="checkbox"/> Child Headed Households</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Ethnic Group</p> <p><input type="checkbox"/> Religious Group</p> <p><input type="checkbox"/> People with disability</p> <p><input type="checkbox"/> Separated family members</p> <p><input type="checkbox"/> Other</p>
<p>If Ethnic, Religious or other group, specify</p>	

ACCESS TO ASSISTANCE

<p>A1. Has this site been targeted by any kind of assistance since the beginning of the crisis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Ask only if yes at A1</p> <p>A2. Assistance has been provided in which sectors? (Tick all that apply)</p> <p><input type="checkbox"/> Shelter / NFI</p> <p><input type="checkbox"/> Food Security</p> <p><input type="checkbox"/> Livelihood</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Sanitation</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Health</p>	<p>Ask only if yes at A1</p> <p>A3. Have needs been addressed? (Tick only one)</p> <p><input type="checkbox"/> Largely sufficient</p> <p><input type="checkbox"/> Sufficient</p> <p><input type="checkbox"/> Insufficient</p> <p><input type="checkbox"/> Largely insufficient</p>

COMMENT

C1. Are there any other urgent problems in this site, which I have not yet asked you about?

COMMUNITY PRIORITIES

<p>P1. What are your top 3 priority sectors right now? (Rank 1st, 2nd, 3rd)</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Food Security</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Protection</p>	<p>P2. Which groups are considered the most in need of assistance in this location? (Rank 1st, 2nd, 3rd)</p> <p><input type="checkbox"/> NFI</p> <p><input type="checkbox"/> Livelihood</p> <p><input type="checkbox"/> Sanitation</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> other</p>
<p><input type="checkbox"/> Children</p> <p><input type="checkbox"/> People with disability</p> <p><input type="checkbox"/> Youth female</p> <p><input type="checkbox"/> Pregnant and lactating women</p> <p><input type="checkbox"/> Men</p>	<p><input type="checkbox"/> Elderly (>59 years old)</p> <p><input type="checkbox"/> Youth male</p> <p><input type="checkbox"/> Single headed households</p> <p><input type="checkbox"/> Women</p> <p><input type="checkbox"/> Other (specify)</p>
<p>If other, specify</p>	