

Annex 7 | Multi-Cluster Initial Rapid Assessment (MIRA) 2012 | Observation Checklist

Questionnaire number: |__| |__| |__|

Team Information					
A.	Date (day/month/year)	__ __ __	B.	Team Number:	__ __
C.	Name enumerator:		D.	Enumerator gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Site information					
E.	Province		F.	District	
G.	Tehsil/Taluka		H.	Union Council	
I.	Village/Deh/Ward/Site		J.	Position coordinates	X: _____ ; Y: _____
K.	Code of sample site:		L.	Accessibility of site:	<input type="checkbox"/> Yes <input type="checkbox"/> No (no KI interview conducted)
M.	Type of settlement	<input type="checkbox"/> 1. City/Village <input type="checkbox"/> 2. Organised tented camp <input type="checkbox"/> 3. Spontaneous camps <input type="checkbox"/> 4. Communal building			

OBSERVATION CHECKLIST				
INFRASTRUCTURE DAMAGE		A: Totally destroyed; B: Not usable; C: Damaged but can be repaired; D: Limited damage, can be easily repaired; E: No damages		
1	What is the level of damages to office buildings?			
2	What is the level of damages to communal buildings?			
3	What is the level of damages to school buildings?			
4	What is the level of damages to health centres?			
5	What is the level of damage of shops and market place?			
6	What is the level of damages of the main water points?			
7	What is the level of damages of access roads and bridges?			
8	What is the level of damages of irrigation channels?			
9	Other (specify)			
ENVIRONMENT		Yes	No	Comments
10	Are there any debris/rubble from damaged building?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are there any stagnant water or area submerged by water?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are there any animal carcasses not disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Are there any signs of industrial waste?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
SHELTER		Yes	No	Comments
If it is a site of individual shelter, give details (estimates)				
16	Average of Covered area (m ²)			
17	Number of people (#)			
18	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
WASH		Yes	No	Comments
19	Is there a problem with garbage/waste around where people are staying?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Are there functional latrines? (<i>Visit the latrines</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
21	How far is the main latrine block from the nearest dwelling? (in meters)	<input type="checkbox"/>	<input type="checkbox"/>	
22	How long time does it take for people to collect water from the source?	Km / mins		
	a. Distance to water source (in km)			
	b. Time to wait/queuing at water source (in minutes)			
23	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH		Yes	No	Comments
24	Are there injured persons observed that are not being taken care of?	<input type="checkbox"/>	<input type="checkbox"/>	
25	Is water available at the health facilities? <i>If applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
EDUCATION		Yes	No	Comments
27	Were school aged children observed out of school during school hours on school days?	<input type="checkbox"/>	<input type="checkbox"/>	
28	Is water available at the school?	<input type="checkbox"/>	<input type="checkbox"/>	
29	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD		Yes	No	Comments

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30	Is there food available in the market?	<input type="checkbox"/>	<input type="checkbox"/>	
31	Is any food price hikes observed? (drastic increase in cost for stable food items)	<input type="checkbox"/>	<input type="checkbox"/>	
32	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
PROTECTION		Yes	No	Comments
33	Are there signs of humanitarian assistance being distributed?	<input type="checkbox"/>	<input type="checkbox"/>	
34	Are there law enforcement actors in the area	<input type="checkbox"/>	<input type="checkbox"/>	
35	Are there signs of tensions amongst the population?	<input type="checkbox"/>	<input type="checkbox"/>	
36	Are there signs of persons in psychological/ emotional distress?	<input type="checkbox"/>	<input type="checkbox"/>	
37	Are there signs of isolation or neglect of some persons or groups (e.g. elderly, persons with disabilities, children, and ethnic/religious minorities?)	<input type="checkbox"/>	<input type="checkbox"/>	
38	Are there children observed wandering around the area?	<input type="checkbox"/>	<input type="checkbox"/>	
39	Are there any existing institutional care facilities/ orphanages in the area?	<input type="checkbox"/>	<input type="checkbox"/>	
40	Are there children seen working?	<input type="checkbox"/>	<input type="checkbox"/>	
41	Are there any places where women are gathering?	<input type="checkbox"/>	<input type="checkbox"/>	
42	Are there hazardous object/ locations around the site?	<input type="checkbox"/>	<input type="checkbox"/>	

The interview has taken place on said date by the undersigned enumerator team

Date: _____

Team leader: _____ Enumerator: _____ Enumerator: _____