

## Emergency Capacity Building (ECB) – Joint Needs Assessment (JNA) Tool Key Informant / Community Group

Assessor Information	Questionnaire No: _____
Name :	_____
Organization :	_____
Tel :	_____

### 1. IDENTIFICATION INFORMATION

1.1 Date of assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

1.1.1 Type of Disaster:

- |  |                                   |  |   |  |
|--|-----------------------------------|--|---|--|
| <input type="checkbox"/> Earthquake            | <input type="checkbox"/> Volcano  | <input type="checkbox"/> Flooding                        | <input type="checkbox"/> Tsunami        | <input type="checkbox"/> Typhoon/Cyclone |
| <input type="checkbox"/> Drought               | <input type="checkbox"/> Conflict | <input type="checkbox"/> Epidemic                        | <input type="checkbox"/> Vector Disease | <input type="checkbox"/> Landslide       |
| <input type="checkbox"/> Technological Failure | <input type="checkbox"/> Fire     | <input type="checkbox"/> Transportation Failure/Accident |   |  |

1.2 Type of Assessment: (tick only one)

- |   |   |
|---|---|
| <input type="checkbox"/> Male Key Informant Interview   | <input type="checkbox"/> Male Community Group   |
| <input type="checkbox"/> Female Key Informant Interview | <input type="checkbox"/> Female Community Group |

1.3 Site of Assessment:

Province:	District:	Sub-district:
Village:	Hamlet/RT-RW:	PCode:
GPS coordinates:	Latitude:	Longitude:

1.4 Type of site (tick all that apply)

Living Arrangement	Setting	Population Type
<input type="checkbox"/> Public Building <input type="checkbox"/> Camp <input type="checkbox"/> Residing at site of original home <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Peri - urban <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Non displaced <input type="checkbox"/> Displaced <input type="checkbox"/> Mixed
<input type="checkbox"/> Informal settlement <input type="checkbox"/> Host families <input type="checkbox"/> Staying in original home		

1.5 Site can be reached by? (tick all that apply)

- |                                      |  |                                     |  |
|--------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Regular car | <input type="checkbox"/> <b>Only</b> 4x4 vehicle | <input type="checkbox"/> Only Boat  | <input type="checkbox"/> No access at all      |
| <input type="checkbox"/> Truck       | <input type="checkbox"/> <b>Only</b> walking     | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Other, specify: _____ |

1.6 What are the main livelihoods of people in the area? (tick up to three for men and up to three for women)

Livelihood	Men	Women
Agricultural (subsistence farming/livestock rearing, farm land own)	<input type="checkbox"/>	<input type="checkbox"/>
Mining	<input type="checkbox"/>	<input type="checkbox"/>
Industry (including industrial labor)	<input type="checkbox"/>	<input type="checkbox"/>
Construction (including construction labor)	<input type="checkbox"/>	<input type="checkbox"/>
Trade/business (including large, medium, small scale)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (including public transport driver, motorcycle taxi, paddy cab, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Finance (i.e banking, koperasi simpan pinjam, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Services (including barber shop, taylor, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural labor (who doesn't own farm land, daily free labor)	<input type="checkbox"/>	<input type="checkbox"/>
Civil servant	<input type="checkbox"/>	<input type="checkbox"/>
Military	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

1.7 Since the disaster, has there been any emergency aid provided to this site?  Yes  No

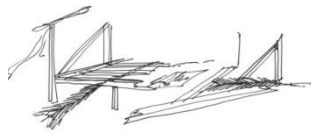
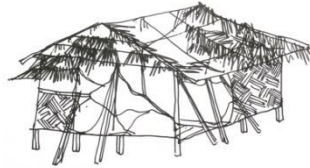

1.7.1 If yes, by whom? (tick one)

- Government  Do not know  Other: \_\_\_\_\_

## 2. SHELTER

2.1 Because of the disaster, are there people in this area who are not living in their homes?  Yes  No

2.2 What is the level of damage to houses the site? (use the pictures, identify what proportion of homes in the site are)

		
<p>1. Percent of houses that are totally destroyed and uninhabited _____%</p>	<p>2. Percent of houses that are partially damaged, but inhabitable _____%</p>	<p>3. Percent of houses that have little or no damage and are inhabited _____%</p>

2.3 Before the disaster, what were the main types of housing in the community? (tick one)

- Permanent  Semi permanent  Non permanent

2.4 What are the main shelter concerns for men/boys and women/girls after disaster? (tick up to 3 for men/boys and up to 3 for women/girls)

Shelter concern <b>after</b> the disaster	Men/Boys	Women/Girls
No shelter	<input type="checkbox"/>	<input type="checkbox"/>
Shelter too damaged to safely inhabit	<input type="checkbox"/>	<input type="checkbox"/>
Over-crowded	<input type="checkbox"/>	<input type="checkbox"/>
Materials for repair not available (referring to housing prior to disaster)	<input type="checkbox"/>	<input type="checkbox"/>
Skills / labor for repair not available (referring to housing prior to disaster)	<input type="checkbox"/>	<input type="checkbox"/>
Potential grievances on land issues	<input type="checkbox"/>	<input type="checkbox"/>
Lack of basic household items	<input type="checkbox"/>	<input type="checkbox"/>
Shelters offer insufficient privacy (where people stay now)	<input type="checkbox"/>	<input type="checkbox"/>
Shelters offer insufficient protection against natural elements (where people stay now)	<input type="checkbox"/>	<input type="checkbox"/>
Protection of household assets	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>

2.5 Is the lack of bedding materials (such as: blankets, mats, mosquito nets etc.) a problem at this site, especially for children, older persons, persons with mobility challenges?  Yes  No

2.6 Is there an urgent need for clothing at the site that satisfies cultural rules for dignity and propriety (shirt, pants/sarong, underwear)?  Yes  No

## 3. DISPLACEMENT

3.1 What best describes this site? (tick one)

- Community has remained at place of origin  
 Some people have been displaced from homes, but remain in their community of origin  
 Some (under 50%/less than half) have left and relocated elsewhere due to the disaster, most remain at place of origin  
 Most (over 50%/more than half) have left and relocated elsewhere due to the disaster  
 IDPs have come into the site displaced from elsewhere, but all are from the same original site  
 IDPs have come into the site displaced from elsewhere and from multiple other sites  
 Other, specify: \_\_\_\_\_

- 3.2 If there are displaced people, why can they not live in or return to their original homes? (tick one)
- Not safe, disaster conditions       House too damaged in place of origin       Other, specify: \_\_\_\_\_  
 No transportation to place of origin       Place of origin is insecure  
 Basic services in place of origin non functional post disaster

- 3.3 If there are displaced people, where do they live in this site now? (tick all that apply)
- With host family       Public buildings       No displaced people  
 In an organized/official IDP camp       Outdoors in temporary improvised shelter (squatting on a plot of land)  
 Other, specify: \_\_\_\_\_       On original land (rented or owned, but not inside original house)

## 4. WATER AND SANITATION

4.1 Are people in this area accessing clean water?  Yes       No

4.1.1 If no, why not? (tick all that apply)

- No clean water       Discrimination       No water carriers/jerry cans  
 Unsafe to get water       Other, specify: \_\_\_\_\_

4.2 What are the major water sources? (tick all that apply)

Before the disaster	After the disaster
<b>Clean water (improved sources)</b> <input type="checkbox"/> Purchased/Bottled water <input type="checkbox"/> Piped/PDAM water <input type="checkbox"/> Deep well <input type="checkbox"/> Spring <input type="checkbox"/> Other, specify: _____	<b>Clean water (improved sources)</b> <input type="checkbox"/> Purchased/Bottled water <input type="checkbox"/> Piped/PDAM water <input type="checkbox"/> Deep well <input type="checkbox"/> Spring <input type="checkbox"/> Other, specify: _____
<b>Unclean water (unimproved sources)</b> <input type="checkbox"/> Contaminated water supply <input type="checkbox"/> River <input type="checkbox"/> Other, specify: _____	<b>Unclean water (unimproved sources)</b> <input type="checkbox"/> Contaminated water supply <input type="checkbox"/> River <input type="checkbox"/> Other, specify: _____

4.3 Who collects the clean water? (tick one)

- Before the disaster?     Men     Women     Girls     Boys     Anyone/mix     Not applicable  
 After the disaster?     Men     Women     Girls     Boys     Anyone/mix     Not applicable

4.4 Is it difficult for people in this area to keep themselves clean?

	If yes, why? (tick all that apply)								
	Yes	No	No water	No privacy	No place to wash	Unsafe to collect water	Water unclean	No soap (hygiene materials)	Other, specify
<b>Men</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Women</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boys</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Girls</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.5 Are most households in the community able to store household water?  Yes       No

4.6 Where do men/boys and women/girls in this site go to the toilet, before and after the disaster? (tick all that apply)

Type of Toilet	Before		After	
	Men/boys	Women/girls	Men/boys	Women/girls
<b>Safe sanitation (improved sanitation )</b>				
Private latrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public latrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Unsafe sanitation (unimproved sanitation)</b>				
Open defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Toilet	Before		After	
	Men/boys	Women/girls	Men/boys	Women/girls
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.7 Did/do women/girls have access to sanitary napkins or other relevant hygiene materials?

- Before disaster  Yes  No  
 After disaster  Yes  No

## 5. HEALTH

5.1 Are there any health services functioning for the community?  Yes  No

5.1.1 If yes, what type of health services are still functioning in the affected area? (tick all that apply)

- Hospital  Maternity Hospital  Poliklinik  Other, specify: \_\_\_\_\_  
 Puskesmas  Pustu  Praktek dokter/bidan  
 Poskesdes  Polindes  Posyandu

5.1.2 Do they have basic medical supplies?  Yes  No

5.2 What type of health worker are still working on the area? (tick all that apply)

- Doctor  Nurse  Midwives / Traditional Birth Attendant  
 Do not know  No health worker  Other, specify: \_\_\_\_\_

5.3 Have people in this site changed their use of health care services since the disaster? (tick one)

- Increased community use of health care services  Decreased community use of health care services  
 Change of reasons for visiting health care services  No change

5.4 What are the main health concerns in this site? (tick all that apply)

- No concern  Skin diseases  Acute respiratory infections  Diarrhea diseases  
 Malaria  Chronic illness  Injuries from the disaster  
 Access to safe birthing support/facilities  Other, specify: \_\_\_\_\_

5.5 Do you know of any problems with feeding/breast-feeding children since the disaster? (tick all that apply)

Breast feeding (children <6months)	Feeding (children 6 months – 5 years)
<input type="checkbox"/> Do not know	<input type="checkbox"/> Do not know
<input type="checkbox"/> No problems	<input type="checkbox"/> No problems
<input type="checkbox"/> Decrease in or cessation of breastfeeding	<input type="checkbox"/> Lack of usual foods for children
<input type="checkbox"/> Lack of time	<input type="checkbox"/> Lack of time
<input type="checkbox"/> Lack of private space	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Other, specify:	

5.6 Do you think that the health of children in the community has worsened since the disaster?  Yes  No

5.6.1 If yes, what concerns? (tick all that apply)

- Diarrhea  Respiratory infection  Fever  
 Stress/anxiety/unease  Other, specify: \_\_\_\_\_

## 6. FOOD

6.1 Have people in this site changed their eating patterns since the disaster? (tick one)

- Increased amount of food/number of meals  Changed types of food consumed  
 No change  Decreased amount of food/number of meals

6.2 If amount of food/number of meals has decreased, why? (tick all that apply)

- Not enough food available  Quality of food poor  Stress/anxiety  
 Fuel for cooking too expensive  No access to markets  Other, specify: \_\_\_\_\_  
 Food too expensive  No utensils (dishes for cooking and eating)

## 7. EDUCATION

7.1 After the disaster, has school attendance decreased?  Yes  No

7.1.1 If yes, why? (tick all that apply)

- No teachers  School used for other purposes  Not safe to get there
- Lack of school uniform  Children too scared to attend  Schools too damaged
- No educational materials  Lack of transport to get to school  Unable to pay fees
- Parents want to keep children with the family  Other, specify: \_\_\_\_\_

## 8. PROTECTION

8.1 What are the main needs for children since the disaster? (tick up to 3)

- Safe place to live  Reunification with family  Return to school
- Protection from road traffic  Protection from domestic violence  Protection from child trafficking
- Safe places to play  Health care  Psychosocial support
- Protection from child labor  Protection from early marriage  Other, specify: \_\_\_\_\_
- Care for children who are separated/alone

8.2 Since the disaster, has there been an increase in the numbers of children living on their own?

- Yes  No

8.3 What are the main issues people in this area face in terms of safety and security? (tick all that apply)

- Attacks or bombings  Armed violence  Abuse of the population
- Crime / banditry  Abduction or hostage taking  Forced military recruitment
- There are no problems  Do not know  Clashes between armed groups
- Displacement  Gender Based Violence  Arbitrary arrest or detention
- There is not enough security  Killing  Other, specify: \_\_\_\_\_
- Continued threats from natural disasters
- Deliberate killing of civilians by military/armed groups/security actors

8.4 Before the disaster, were people able to move freely between places?  Yes  No

8.5 Since the disaster, are people in this area able to move freely between places?  Yes  No

8.5.1 If not, why not? (tick up to 3)

- Activities by armed groups  General violence / banditry / crime  Curfews or travelling restrictions
- Tribal conflict  Gender restrictions/discrimination  Natural obstacles to movement
- Presence of landmines  Continued threats from natural disasters  Lack of money to pay for transport
- Lack of transport means  Lack of functional transport network  Other, specify: \_\_\_\_\_
- Lack of ID cards/travel documentation

8.5.2 If people cannot move freely between places, how does this impact them? (tick all that apply)

- Reduced access to clean water  Reduced access to health services  Risk of physical harm
- Reduced access to food sources  Inability to access fuel sources  Other, specify: \_\_\_\_\_
- Lack of access to adequate shelter/protection from elements
- Reduced access to livelihoods opportunities

8.6 Is loss of documentation a concern for people in this area?  Yes  No

## 9. INFORMATION

9.1 Where did people get information before the disaster, and where do they get information now? (tick all apply)

Information source	Before	After
Television	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone (SMS)	<input type="checkbox"/>	<input type="checkbox"/>

Information source	Before	After
Community/religious leaders	<input type="checkbox"/>	<input type="checkbox"/>
Government leaders	<input type="checkbox"/>	<input type="checkbox"/>
Humanitarian workers	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Sign boards	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth (friends, family, neighbours)	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>

9.2 What are the most important information needs for this area? (tick all apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Emergency relief services | <input type="checkbox"/> Health information                     | <input type="checkbox"/> Markets               |
| <input type="checkbox"/> Emergency hotline numbers | <input type="checkbox"/> Separated/missing family members       | <input type="checkbox"/> Weather               |
| <input type="checkbox"/> Security                  | <input type="checkbox"/> Situation in area of origin (for IDPs) | <input type="checkbox"/> Other, specify: _____ |

9.3 What are the barriers to accessing information area? (tick all apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No electricity   | <input type="checkbox"/> Lost phone charger                | <input type="checkbox"/> Information not in local language |
| <input type="checkbox"/> No barriers  | <input type="checkbox"/> No mobile and land phone coverage | <input type="checkbox"/> No credit for phone               |
| <input type="checkbox"/> Information inaccessible (for illiterate, visually impaired, deaf) |  | <input type="checkbox"/> Other, specify: _____             |

## 10.OVERALL

10.1 What are the main community needs since the disaster? (tick up to 3)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Temporary shelter            | <input type="checkbox"/> Food                              | <input type="checkbox"/> Water                                       |
| <input type="checkbox"/> Children returning to school | <input type="checkbox"/> Health care                       | <input type="checkbox"/> Clothing, footwear, bedding                 |
| <input type="checkbox"/> Sanitation/toilet facilities | <input type="checkbox"/> Cultural and religious activities | <input type="checkbox"/> Communication/information systems           |
| <input type="checkbox"/> Fuel and cooking materials   | <input type="checkbox"/> Repairing damaged house           | <input type="checkbox"/> Restoration of livelihood activities        |
| <input type="checkbox"/> Safety and security          | <input type="checkbox"/> Transport and access to markets   | <input type="checkbox"/> Support for feelings of fear and insecurity |
| <input type="checkbox"/> Other, specify: _____        |  |  |

10.2 Are any of the following groups more vulnerable since the disaster? (tick all that apply)

- |   |                                   |   |  |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Older persons (ages 60+) | <input type="checkbox"/> Widows   | <input type="checkbox"/> Ethnic minorities        | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Do not know              | <input type="checkbox"/> Children | <input type="checkbox"/> Religious minorities     | <input type="checkbox"/> Child headed households   |
| <input type="checkbox"/> Other, specify: _____    |                                   | <input type="checkbox"/> Female headed households |  |

Other Comments/Observations?