

Annex 7 | Multi-sector Initial Rapid Assessment (MIRA) 2013 Direct Observation Checklist

Questionnaire Number _____

Team Information					
A.	Date (day/month/year)	_ _ / _ _ / _ _ _ _	B.	Team Number:	
C.	Enumerator Name:		D.	Enumerator gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
INFRASTRUCTURE DAMAGE (A: Totally destroyed; B: Partially destroyed; C: No damage)					
S.No	Type	Category	S.No	Type	Category
1	What is the level of damages to office buildings?		5	What is the level of damage of shops and market place?	
2	What is the level of damages to communal buildings?		6	What is the level of damages of the main water points?	
3	What is the level of damages to school buildings?		7	What is the level of damages of irrigation channels?	
4	What is the level of damages to health centres?		8	Other (specify)	
ENVIRONMENT					
9	Are there debris/rubble from damaged building?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Is there stagnant water or area submerged by water?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Are there animal carcasses not disposed of?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Are there signs of industrial waste?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Other (Specify)				
SHELTER					
14	Do you observe people living right next to their destroyed houses? If yes, 1. _____% with shelter 2. _____% without shelter				
15	Is there enough space to accommodate the people?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
WASH					
16	1. Does the water from the drinking water source appear dirty or murky?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	2. Is any human excreta visible in the area/surrounding areas?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	3. Is there a problem with garbage/waste around where people are staying?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH					
19	Are there injured persons observed?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Is water available at the health facilities? <i>If applicable</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	Are there visibly pregnant women present?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION					
22	Were school aged children observed out of school during school hours on school days?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Is water available at the school?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Other (specify)				
PROTECTION					
25a	Are there signs of humanitarian assistance being distributed?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
25b	If observed, by whom the assistance is/ has been distributed (all that applies) <input type="checkbox"/> Civilian authorities <input type="checkbox"/> Military <input type="checkbox"/> INGOs <input type="checkbox"/> Local NGOs/ charities <input type="checkbox"/> Others				
26	Are there signs of isolation or neglect of some persons or groups (e.g. elderly, persons with disabilities, women, children, and ethnic/religious minorities?)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	Are there structures to take care of groups of children			<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	Are there hazardous object/ locations around the site?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
FOOD SECURITY					
29	Have you observed a functional market?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
NUTRITION					
30	What foods/items are available in the market <input type="checkbox"/> 1. Fish and/or meat and/or eggs <input type="checkbox"/> 2. Beans and/or lentils and/or nuts <input type="checkbox"/> 3. Fruits and/or vegetables <input type="checkbox"/> 4. Rice and/or wheat and/or corn <input type="checkbox"/> 5. Milk and/or yoghurt and/or cheese <input type="checkbox"/> 6. Oils and/or fats (including butter, ghee) <input type="checkbox"/> 7. Breast-milk substitutes				
31	Are there children who are very thin or skinny?	<input type="checkbox"/> Very few	<input type="checkbox"/> Some	<input type="checkbox"/> Many	