

Initial Rapid Needs Assessment Tool

WHAT is it for?

This Initial Rapid Needs Assessment Tool is used **to provide a general, multi-sectoral assessment in the initial phase of an emergency**. The tool is designed to collect data at the household level. The amount of time needed to cover all questions is approximately **30–45 minutes**.

The **purpose** of this tool is:

- To know more about the situation on the ground.
- To verify initial observations that may have been made by assessors using the [Tool #1: Direct Observational Tool](#) or [Tool #2: Five Discussion Questions](#)
- To feed into Tearfund's **Humanitarian Review** or **Emergency Response Committee**; and inform decisions **about the most appropriate response** to the emergency.

The tool is used to collect sectoral information at the household level. Each sector (page 2) has a series of key questions, which are designed in reference to Sphere standards where applicable.

WHEN is it for?

To be used **within the first 24 hours to 7 days** of a rapid-onset emergency.

WHO is this for?

For team/individuals required to conduct assessments where there is **no** UN- or UN Cluster-coordinated assessment.

HOW to use

When using this tool, consider the following things:

- Every context and community is unique and there will be underlying cultural norms and practices that may be unseen or unknown by you as an assessor.
- Certain questions will require cultural sensitivity and contextual knowledge (eg household sanitation practices, types of staple food) to modify how the question is asked and what multiple-choice answers to provide.
- It may be appropriate to identify community leaders and discuss the assessment with them before conducting household visits.
- Ensure your discussions are inclusive, recognising the need for men, women and children to share their reflections on the crisis.
- Consider the most appropriate time of day to conduct household visits, as there may be certain times of the day when part of the community is absent.

- The main aim of this assessment is to gather information that is accurate, impartial and representative of the majority of the affected community.

You will need to:

- **Introduce yourself and the purpose of the survey.**
- **Record basic information about the community** you are assessing (ie location, population size) and **household-level information** from the informant (ie number of people in the household).
- **Ask questions and record answers for each of the sectors.**

This tool can be deployed in Kobo format. Contact the Humanitarian Support Team for the Excel document, which should be uploaded to: <https://www.kobotoolbox.org/>

Limitations of the tool

- This tool is only intended for the initial phase, and should be followed by more detailed or sector-specific assessments as time permits.

The following explains the *rationale* behind questions in each section of the Initial Rapid Needs Assessment, and how the data collected can be used to inform a response.

STANDARD

In this section, you will gather basic household information and find out about the informant's perceived needs. The answers should help you pace the sectoral questions: spend more time on sectors highlighted as priority needs by the informant.

The questions under 2. *Disability screening questions*, based on the [Washington Group questions on disability](#), aim to identify people at risk of restricted participation. If the informant or any of their household members express difficulty in any of the areas, you may need to rephrase later questions and record additional comments, in order to understand and record their specific needs.

WASH

When assessing WASH, we are looking at the following areas:

1. Water – assessing the **nature** and **quality** of water sources and water **storage**
2. Sanitation – assessing the use of latrines in terms of **availability** and **access**
3. Hygiene – assessing behaviour around **handwashing, showers and personal hygiene**, and **waste disposal**

The findings should identify priority WASH needs and the affected communities' level of awareness.

Food security

When assessing food security, we are assessing the following four main areas:

1. **Availability** – Is the food available locally, in the markets or in the area?
2. **Accessibility** – Do people have access to food? Do they have the means to safely get it?
3. **Utilisation** – How often are people eating? What type(s) of food are people eating?
4. **Stability** – How long will the food stocks last?

The first two are usually what we focus on in an emergency situation: availability and access. The third and fourth areas start to inform our understanding of nutritional needs.

Shelter/Non-food items

For Shelter, we are assessing households' **current shelter vulnerabilities** and **existing local resources**. The findings should identify post-disaster risks, vulnerabilities and capacities, opportunities to address recovery from the outset, and the need for more detailed assessments including environmental impact assessment.

For Non-food items (NFIs), we are assessing households' **immediate needs** and **access to NFIs**. The findings can inform whether an NFI distribution is needed and whether the distribution of NFIs or cash-based assistance would have the most impact.

Livelihoods

When assessing livelihoods, we are assessing: households' **livelihood patterns before and after** the emergency, **key livelihood timings** and **gaps in capacity for livelihood recovery**.

The findings will uncover affected communities' capacity to recover, any interventions needed and key timings (eg the next planting season).

Protection

When assessing protection issues, we are **identifying vulnerable groups** in the affected communities, and assessing their **level of vulnerability with regards to protection needs**.

The findings will identify which vulnerable groups require additional assessment and/or response, and what their potential protection needs are.

Communication

The answers to these questions will indicate 1) **preferred beneficiary feedback mechanism(s)** and 2) **vulnerable groups' communication needs**.

Ensure the assessment team have appropriate **translators**.

Annexes 1 & 2: Emergency Market Assessment

Annex 1 contains questions for beneficiaries that make up Part A of [Tearfund's Emergency/Remote Market Assessment](#). The findings will give you an impression of **access to markets**, perceived **availability of key commodities** and **preferred assistance modality**. They are included here because you may choose to ask them at the end of your household surveys.

Annex 2 contains **questions for traders** that make up Part B of [Tearfund's Emergency/Remote Market Assessment](#). Unlike the Initial Rapid Needs Assessment and the questions in Annex 1, the people surveyed with these questions must be:

- **Traders** (retailers or wholesalers) in **local marketplaces mentioned by beneficiaries** in Annex 1.
- Try to speak to at least three retailers and two wholesalers (if wholesalers are present) in each marketplace.

The findings will give you an overall idea of the **traders' capacity** to re-supply and meet an increased demand for goods.

Before you launch into the questions, remember to introduce yourself and the purpose of the survey.

- My name is *[your name]* and I am a staff member from Tearfund/*[partner name]* – an international relief and development organisation.
- We are here today to understand more about the situation on the ground, to help our organisation determine the most appropriate response to the *[name Disaster]*.
- This survey is voluntary and you can choose not to participate.
- The questions will be on *[Sectors]*. If you are not comfortable answering any of the questions, just say ‘Do not know.’
- The information we are gathering will be confidential and used for a report without any link to the individuals who are speaking with us. We will return to share the results of this assessment and propose a way forward.
- Can I please take about 30 minutes of your time for the survey?
- *(If you have gained their agreement)* Thank you for your willingness to talk to us!

Initial Rapid Needs Assessment Tool

PART A – Standard

| 1 ASSESSMENT AND INFORMANT DETAILS | | | | | |
|------------------------------------|--|---|----|---|--|
| 1) | Name of assessor | | 6) | Ethnicity of informant | |
| 2) | Date of assessment | | 7) | Language spoken | |
| 3) | Location (village/community level) Please also identify the context: urban, rural or IDP camp | <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> IDP camp | 8) | Age of informant | <input type="checkbox"/> 12 – 17 years old <input type="checkbox"/> 18 – 24 years old <input type="checkbox"/> 25 – 34 years old <input type="checkbox"/> 35 – 44 years old <input type="checkbox"/> 45 – 54 years old <input type="checkbox"/> Over 55 |
| 4) | GPS coordinates | | | | |
| 5) | Gender of informant | <input type="checkbox"/> Male <input type="checkbox"/> Female | 9) | Number of people in informant’s household | |

| 2 DISABILITY SCREENING QUESTIONS | |
|--|--|
| <p><i>The next questions ask about difficulties you or anyone in your household may have doing certain activities because of a HEALTH PROBLEM.</i></p> | |
| 1) | <p>Do you or anyone in your household have difficulty seeing, even if wearing glasses?</p> <p> <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know </p> |

| | | |
|----|---|--|
| 2) | Do you or anyone in your household have difficulty hearing, even if using a hearing aid? | <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know |
| 3) | Do you or anyone in your household have difficulty walking or climbing steps? | <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know |
| 4) | Do you or anyone in your household have difficulty remembering or concentrating? | <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know |
| 5) | Do you or anyone in your household have difficulty (with self-care such as) washing all over or dressing? | <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know |
| 6) | Using your usual (customary) language, do you or anyone in your household have difficulty communicating, for example understanding or being understood? | <input type="checkbox"/> No – no difficulty <input type="checkbox"/> Yes – some difficulty <input type="checkbox"/> Yes – a lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Do not know |
| 7) | Do you know of people in other households who have these difficulties? If 'Yes', how many? | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |

| 3 CRITICAL ISSUES | | |
|-------------------|---|--|
| 1) | What are your top THREE priorities? Select three options only. | <input type="checkbox"/> Water, sanitation and hygiene <input type="checkbox"/> Livelihood <input type="checkbox"/> Shelter <input type="checkbox"/> Personal safety <input type="checkbox"/> Food <input type="checkbox"/> Communication <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |
| 2) | What would be your preferred type of assistance, and why? See definitions below. | <input type="checkbox"/> Cash <input type="checkbox"/> Vouchers <input type="checkbox"/> In-kind <input type="checkbox"/> Do not know Why? _____ _____ |
| 3) | Have you received assistance from any organisation yet, eg government, INGO, NNGO, civil society, churches? If yes, what assistance have you received or what assistance are they planning to extend? | |

Definitions of cash, vouchers and in-kind assistance

- **Cash:** Provision of assistance in the form of money – either physical currency or e-cash
- **Vouchers:** Provision of assistance in the form of a paper, token or e-voucher that can be exchanged for a set quantity or value of goods
- **In-kind:** Provision of assistance in the form of physical goods

PART B – Sectors

| 4 WASH | |
|-------------------------|--|
| 4.1 Water supply | |
| 1) | <p>Where do you collect your drinking water from? If 'Other', please specify.</p> <p><input type="checkbox"/> Lake (untreated)</p> <p><input type="checkbox"/> River (untreated)</p> <p><input type="checkbox"/> Pond (untreated)</p> <p><input type="checkbox"/> Well (untreated)</p> <p><input type="checkbox"/> Another treated source with a tap</p> <p><input type="checkbox"/> From deliveries of water by truck</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Do not know</p> |
| 2) | <p>If you are using untreated water sources, do you treat the water yourself?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p> |
| 3) | <p>How many litres of water do you collect a day?</p> <p><input type="checkbox"/> Less than 10 litres</p> <p><input type="checkbox"/> 10–15 litres</p> <p><input type="checkbox"/> 15–20 litres</p> <p><input type="checkbox"/> Over 20 litres per day</p> <p><input type="checkbox"/> Do not know</p> |
| 4) | <p>Is this enough water to meet all your needs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p> |
| 5) | <p>What do you use the water for? Select all that apply.</p> <p><input type="checkbox"/> Drinking and cooking</p> <p><input type="checkbox"/> Bathing</p> <p><input type="checkbox"/> Watering crops</p> <p><input type="checkbox"/> Watering livestock</p> <p><input type="checkbox"/> Cleaning</p> <p><input type="checkbox"/> Flushing latrine</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> Do not know</p> |
| 6) | <p>Please could you show me where you store your water?</p> <p style="text-align: center;">DIRECT OBSERVATION</p> <hr style="border-top: 1px dashed orange;"/> <p>Which of the following do you observe? Select all that apply:</p> <p><input type="checkbox"/> Water containers are clean</p> <p><input type="checkbox"/> Water containers are covered with a lid</p> <p><input type="checkbox"/> The household has a container for collecting water and a separate container for storing it</p> <p>What volume of water storage do the household have? Approximately _____ litres</p> |
| 7) | <p>How long does a round trip to collect water (including queuing) take?</p> <p><input type="checkbox"/> 30 minutes or less</p> <p><input type="checkbox"/> More than 30 minutes</p> <p><input type="checkbox"/> The time varies</p> <p><input type="checkbox"/> Do not know</p> |

| 4.2 Sanitation | | |
|---|---|--|
| <i>Please note that the following questions will require cultural sensitivity and adaptation.</i> | | |
| 1) | Does every member of your household, including those with health problems, have access to a latrine? If 'No', where do members go to relieve themselves? | <input type="checkbox"/> Yes (Go to Q2) <input type="checkbox"/> No _____ (Go to Q5) <input type="checkbox"/> Do not know |
| 2) | Is the latrine used by other households? If 'Yes', how many other households use the latrine? | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 3) | Who cleans and maintains the latrine? | |
| 4) | Do the women in your household feel safe using the latrine? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 5) | Are women in your household able to obtain menstrual hygiene materials? If 'No', please explain why. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know |
| 4.3 Hygiene | | |
| 1) | Can you name THREE occasions when it is particularly important to wash hands? | <input type="checkbox"/> After defecation <input type="checkbox"/> Before preparing food <input type="checkbox"/> Before eating food <input type="checkbox"/> After handling children's faeces <input type="checkbox"/> After coming in from the field (or outside) <input type="checkbox"/> Could not list 3 from above |
| 2) | Please could you show me where you wash your hands? | <p style="text-align: center;">DIRECT OBSERVATION</p> <hr style="border-top: 1px dashed #ccc;"/> Is there sufficient running water at this handwashing station? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you see that there is soap (or ash) available at this handwashing station? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) | Does your household have access to shower facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 4) | What do you do with your household rubbish? If you dispose of it away from your home, where do you leave it? | |

| 5 FOOD SECURITY | | |
|-----------------------------|---|---|
| 5.1 Access and availability | | |
| 1) | Is there food available in the household? | <input type="checkbox"/> Yes (Go to Q2) <input type="checkbox"/> No (Go to Q3) <input type="checkbox"/> Do not know (Go to Q3) |
| 2) | If 'Yes', how long will the food supplies in your household last? | <input type="checkbox"/> Less than 1 week <input type="checkbox"/> 1–2 weeks <input type="checkbox"/> More than 2 weeks <input type="checkbox"/> Do not know |

| | | |
|------------------------|---|---|
| 3) | What are your main THREE food concerns? Select three options only. | <input type="checkbox"/> No food, no market <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 cooking fuels <input type="checkbox"/> Loss of agricultural land <input type="checkbox"/> Loss of agricultural assets (eg tools, storage capacity, seeds) <input type="checkbox"/> No physical access to markets <input type="checkbox"/> No income, money, resources to purchase food <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |
| 4) | Is there food available to purchase in a local market? If 'No', please explain why. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know |
| 5) | Do you have the resources to buy or trade for the food items you need? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 6) | Who is the most affected by the current food situation? If 'Other', please specify. | <input type="checkbox"/> Children <input type="checkbox"/> Women <input type="checkbox"/> Lactating women <input type="checkbox"/> Elderly <input type="checkbox"/> People with disabilities <input type="checkbox"/> Sick/injured <input type="checkbox"/> Other _____ <input type="checkbox"/> Do not know |
| 5.2 Utilisation | | |
| 1) | How many meals a day did you have before the disaster? | <input type="checkbox"/> None <input type="checkbox"/> 1 meal <input type="checkbox"/> 2 meals <input type="checkbox"/> 3 meals <input type="checkbox"/> More than 3 meals <input type="checkbox"/> Do not know |
| 2) | How many meals a day do you have now (after the disaster)? | <input type="checkbox"/> None <input type="checkbox"/> 1 meal <input type="checkbox"/> 2 meals <input type="checkbox"/> 3 meals <input type="checkbox"/> More than 3 meals <input type="checkbox"/> Do not know |
| 3) | What types of food have you eaten in the last 7 days? (Select all that apply) | <input type="checkbox"/> Cereal <input type="checkbox"/> Meat <input type="checkbox"/> Vegetable <input type="checkbox"/> Fish <input type="checkbox"/> Fruit <input type="checkbox"/> Oil <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |

| | | |
|---|---|--|
| 6 SHELTER/ NON-FOOD ITEMS (NFIs) | | |
| 6.1 Shelter | | |
| 1) | What is the estimated number of houses in the community? | DIRECT OBSERVATION |
| 2) | What is the estimated number of houses NOT fit for living in? | DIRECT OBSERVATION |
| | | <input type="checkbox"/> Less than 20% <input type="checkbox"/> 21%–50% <input type="checkbox"/> 51%–70% <input type="checkbox"/> More than 70% |

| | | |
|---------------------------|--|---|
| 3) | What are the main types of shelter people from your community are living in now? (Select all that apply) | <input type="checkbox"/> House or flat <input type="checkbox"/> Repaired partially damaged homes <input type="checkbox"/> Improvised shelter (eg made from salvaged construction materials etc) <input type="checkbox"/> Tents <input type="checkbox"/> Planned temporary or transitional shelter other than tents (eg made from distributed items) <input type="checkbox"/> Buildings used as collective accommodation <input type="checkbox"/> Other (Please specify eg host family homes, rented accommodation) _____ <input type="checkbox"/> No shelter |
| 4) | What are your top THREE shelter concerns? Select three options only. | <input type="checkbox"/> There is no shelter. <input type="checkbox"/> Shelters are overcrowded. <input type="checkbox"/> Homes are so damaged that they are unfit for living in. <input type="checkbox"/> Building materials to repair/build shelter are unavailable. <input type="checkbox"/> Skills to repair/build shelter are unavailable. <input type="checkbox"/> Disagreements over land usage/ownership. <input type="checkbox"/> People are lacking basic household items. <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |
| 5) | What shelter materials can you find locally? Do people need to pay for these materials? | _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 6.2 Non-food items | | |
| 1) | What are your top THREE priorities regarding non-food items? Select three options only. | <input type="checkbox"/> Clothing <input type="checkbox"/> Blankets and bedding <input type="checkbox"/> Cooking utensils <input type="checkbox"/> Fuel (eg firewood, coal) <input type="checkbox"/> Shelter materials <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |
| 2) | Are you able to find the priority items in the local market? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 3) | Do you have resources to buy or trade to get the priority items? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |

7 LIVELIHOODS

| | | |
|----|--|--|
| 1) | What were the main livelihood activities in this area before the disaster? | |
| 2) | How have the livelihood activities been affected by the disaster? | |

| | | |
|----|--|---|
| 3) | What are your top THREE priorities regarding livelihoods? | |
| 4) | Do you think you can continue, start or restart your livelihood now or within the next 2 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know Any additional comment: _____ _____ |
| 5) | Are there any essential assets or inputs or activities that would help you to restart your livelihood activity? If 'Yes', please specify which assets/inputs/activities. | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |

8 PROTECTION

| | | |
|----|---|--|
| 1) | Are all members of the community, including the elderly and disabled, able to access humanitarian assistance being provided? If 'No', please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know |
| 2) | Who enforces the law and provides security in areas affected (formal and informal)? If 'Other', please specify. | <input type="checkbox"/> Police <input type="checkbox"/> National armed forces <input type="checkbox"/> Community security groups <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> Do not know |

8.1 Child protection

| | | |
|----|--|--|
| 1) | What are the main risks for children in this current location? (Select all that apply) | <input type="checkbox"/> Recruitment and use of children by armed forces and armed groups <input type="checkbox"/> Being trafficked <input type="checkbox"/> Child labour <input type="checkbox"/> Child marriage <input type="checkbox"/> Sexual violence <input type="checkbox"/> Abductions <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know |
| 2) | Are there any children in this area who have been separated from their usual caregivers due to the emergency? If 'Yes', how many do you think there are? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know ----- <input type="checkbox"/> Less than 100 <input type="checkbox"/> More than 200 <input type="checkbox"/> Between 100 and 200 <input type="checkbox"/> Do not know |
| 3) | Are there any children in this area who are not living with any adults at all , due to the emergency? If 'Yes', how many do you think there are? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know ----- <input type="checkbox"/> Less than 100 <input type="checkbox"/> More than 200 <input type="checkbox"/> Between 100 and 200 <input type="checkbox"/> Do not know |
| 4) | What do you think are the most important needs that should be met to ensure that children are safe in this area? | |

| 8.2 Psychosocial support | | |
|--|--|--|
| 1) | Is there evidence of people in your community feeling distressed eg very upset, sad, worried, scared or angry? If 'Yes', please specify. | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 2) | What strategies are people using in order to cope with stress? | _____ <input type="checkbox"/> Do not know |
| 3) | Are you aware of any support that people under stress can access at this point? | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 8.3 Sexual violence and other forms of gender-based violence | | |
| <i>(Note to assessor: due to the sensitive nature of these questions, check if the person is happy to answer these questions. Be aware of signs of distress and consider skipping this section or offering access to further support.)</i> | | |
| 1) | Are there specific risks that women and children face when trying to access humanitarian assistance? If 'Yes', please specify. | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 2) | If this interview is taking place in an IDP camp: Are there specific risks that women and children face while living in this camp? If 'Yes', please specify. | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 3) | Do you think the number of incidents or offences against women or children have increased since the emergency? | <input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 4) | Do you know whom to report incidents or offences against women and children to? | <input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Do not know |

| 9 COMMUNICATIONS | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|---|--------------------------------------|---|--------------------------------|---|---|--------------------------------------|--|
| 1) | Are mobile phone networks available and working? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know | | | | | | | | | | | | | | |
| 2) | How do you prefer to receive information? (Select all that apply) | <table border="0"> <tr> <td><input type="checkbox"/> Agency staff</td> <td><input type="checkbox"/> Banners/posters</td> </tr> <tr> <td><input type="checkbox"/> Community volunteers</td> <td><input type="checkbox"/> Printed materials (eg leaflets)</td> </tr> <tr> <td><input type="checkbox"/> Community leaders</td> <td><input type="checkbox"/> SMS</td> </tr> <tr> <td><input type="checkbox"/> Local government authorities</td> <td><input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> Place of worship</td> <td><input type="checkbox"/> Radio</td> </tr> <tr> <td><input type="checkbox"/> Public noticeboard</td> <td><input type="checkbox"/> Online (eg Facebook)</td> </tr> <tr> <td><input type="checkbox"/> Do not know</td> <td></td> </tr> </table> | <input type="checkbox"/> Agency staff | <input type="checkbox"/> Banners/posters | <input type="checkbox"/> Community volunteers | <input type="checkbox"/> Printed materials (eg leaflets) | <input type="checkbox"/> Community leaders | <input type="checkbox"/> SMS | <input type="checkbox"/> Local government authorities | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Place of worship | <input type="checkbox"/> Radio | <input type="checkbox"/> Public noticeboard | <input type="checkbox"/> Online (eg Facebook) | <input type="checkbox"/> Do not know | |
| <input type="checkbox"/> Agency staff | <input type="checkbox"/> Banners/posters | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Community volunteers | <input type="checkbox"/> Printed materials (eg leaflets) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Community leaders | <input type="checkbox"/> SMS | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Local government authorities | <input type="checkbox"/> Newspaper | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Place of worship | <input type="checkbox"/> Radio | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Public noticeboard | <input type="checkbox"/> Online (eg Facebook) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Do not know | | | | | | | | | | | | | | | | |
| 3) | How do you prefer to share information and give feedback to us? (Select all that apply) | <table border="0"> <tr> <td><input type="checkbox"/> Community meetings</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> Community leaders</td> <td><input type="checkbox"/> Text messages</td> </tr> <tr> <td><input type="checkbox"/> Face-to-face discussion</td> <td><input type="checkbox"/> Online (eg Facebook)</td> </tr> <tr> <td><input type="checkbox"/> Paper feedback form</td> <td><input type="checkbox"/> Do not know</td> </tr> </table> | <input type="checkbox"/> Community meetings | <input type="checkbox"/> Telephone | <input type="checkbox"/> Community leaders | <input type="checkbox"/> Text messages | <input type="checkbox"/> Face-to-face discussion | <input type="checkbox"/> Online (eg Facebook) | <input type="checkbox"/> Paper feedback form | <input type="checkbox"/> Do not know | | | | | | |
| <input type="checkbox"/> Community meetings | <input type="checkbox"/> Telephone | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Community leaders | <input type="checkbox"/> Text messages | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Face-to-face discussion | <input type="checkbox"/> Online (eg Facebook) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Paper feedback form | <input type="checkbox"/> Do not know | | | | | | | | | | | | | | | |

Annex 1

Emergency Market Assessment: QUESTIONS FOR BENEFICIARIES

This annex contains the **questions for beneficiaries** that make up Part A of Tearfund's Emergency/Remote Market Assessment. They are included here because you may choose to ask them at the end of your household surveys.

Please note that this annex **does not** constitute a full market assessment. See Annex 2 for the remainder.

| 1 ASSESSMENT DETAILS | | | | | |
|----------------------|--------------------|--|----|-----------------|--|
| 1) | Name of assessor | | 3) | Location | |
| 2) | Date of assessment | | 4) | GPS coordinates | |

| 2 QUESTIONS FOR BENEFICIARIES | |
|-------------------------------------|---|
| 2.1 Accessibility of markets | |
| 1) | <p>Have you been able to access local marketplaces since the emergency? (Answer 'yes' or 'No' for every local market and if the answer is 'No', explain why)</p> <p>Market location: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Market location: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Market location: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> |
| 2) | <p>How long does it take you to reach local marketplaces? Please answer for each marketplace named above and specify your mode of travel.</p> <p>Market location: _____ <input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour ----- <input type="checkbox"/> Walking <input type="checkbox"/> Public transport <input type="checkbox"/> Other</p> <p>Market location: _____ <input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour ----- <input type="checkbox"/> Walking <input type="checkbox"/> Public transport <input type="checkbox"/> Other</p> <p>Market location: _____ <input type="checkbox"/> 30 minutes or less <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> More than 1 hour ----- <input type="checkbox"/> Walking <input type="checkbox"/> Public transport <input type="checkbox"/> Other</p> |

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| 3) | Do you feel safe when travelling to the local marketplaces named above? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 2.2 Availability of commodities | | |
| 1) | What three commodities (specific food or non-food items) are you most in need of for your household? | Commodity 1: _____ Commodity 2: _____ Commodity 3: _____ |
| 2) | Have you been able to purchase your top three commodities in local markets since the emergency? If 'No', explain why. | Commodity 1: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know Commodity 2: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know Commodity 3: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Do not know |
| 3) | Are these three commodities available in sufficient quantity in the local markets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 4) | Are you satisfied with the quality of these three commodities as available in the local markets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 5) | Have you noticed any fluctuation in the price of these three commodities since the emergency? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know |
| 2.3 Assistance modalities | | |
| 1) | What mechanisms do people in this area use to transfer money? Select all that apply. | <input type="checkbox"/> Banks <input type="checkbox"/> Remittance companies <input type="checkbox"/> Mobile money <input type="checkbox"/> Post office <input type="checkbox"/> Only direct cash <input type="checkbox"/> Other <input type="checkbox"/> Do not know |

Annex 2

Emergency Market Assessment: QUESTIONS FOR TRADERS

This annex contains the **questions for traders** that make up Part B of [Tearfund's Emergency/Remote Market Assessment](#). Unlike the Initial Rapid Needs Assessment and the questions in Annex 1, the people surveyed with these questions must be:

- **Traders** (retailers or wholesalers) in **local marketplaces mentioned by beneficiaries** in Annex 1.
- Try to speak to at least three retailers and two wholesalers (if wholesalers are present) in each marketplace. See definitions below.

Definitions – wholesaler and retailer

- A **wholesaler** sells the goods in bulk quantities to other businesses, who then sell it on
- A **retailer** sells the goods directly to the final consumer, usually in smaller quantities

| 1 ASSESSMENT AND TRADER DETAILS | | | | | |
|---------------------------------|------------------------------|--|----|---|---|
| 1) | Name of assessor | | 4) | GPS coordinates | |
| 2) | Date of assessment | | 5) | Name of informant | |
| 3) | Name/location of marketplace | | 6) | Is the informant a retailer or wholesaler? See definitions above. | <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Both |

| 2 MOST-NEEDED COMMODITIES | |
|---------------------------|--|
| 1) | <p>From Annex 1, what are the three most important commodities people say they need?</p> <p>Commodity 1:</p> <p>Commodity 2:</p> <p>Commodity 3:</p> |

3 QUESTIONS FOR TRADERS

Commodity 1

| | | |
|----|--|---|
| 1) | Name of Commodity 1 <i>Copy from 'Most needed commodities' but make clear specifications about quantity, quality, origin and brand.</i> | Name: Specifications: |
| 2) | Approximately how many retailers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 3) | Approximately how many wholesalers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 4) | What are the main source marketplaces for this commodity? (Where do traders resupply?) | |
| 5) | Have the usual external supply routes for the source marketplaces been affected since the emergency? If 'Yes', please specify which source marketplaces have been affected and how. | <input type="checkbox"/> Yes – completely restricted <input type="checkbox"/> Yes – severely restricted <input type="checkbox"/> Yes – partly restricted <input type="checkbox"/> No – not affected <input type="checkbox"/> Do not know Yes _____ |
| 6) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one week? Please specify units. | |
| 7) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within 2 weeks? Please specify units. | |
| 8) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one month? Please specify units. | |
| 9) | What are the key problems you might face if demand increased and you tried to re-supply? Note to assessor: <i>Be careful. Traders might suggest that they can re-supply quickly and without problems if they think that you will purchase from them. Make sure that you probe their answer, asking whether they have a 'Plan B' for re-stocking the commodity.</i> | |

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| 10) | Has the price of the commodity changed since the emergency? If 'Yes', by how much (as a percentage) has the price of the commodity changed since the emergency? | <input type="checkbox"/> Yes – increase in price _____% <input type="checkbox"/> Yes – decrease in price _____% <input type="checkbox"/> No change in price |
| 11) | What is the price at which the commodity is currently being sold in this marketplace? | |
| Commodity 2 | | |
| 1) | Name of Commodity 2 <i>Copy from 'Most needed commodities' but make clear specifications about quantity, quality, origin and brand.</i> | Name: Specifications: |
| 2) | Approximately how many retailers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 3) | Approximately how many wholesalers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 4) | What are the main source marketplaces for this commodity? (Where do traders resupply?) | |
| 5) | Have the usual external supply routes for the source marketplaces been affected since the emergency? If 'Yes', please specify which source marketplaces have been affected and how. | <input type="checkbox"/> Yes – completely restricted <input type="checkbox"/> Yes – severely restricted <input type="checkbox"/> Yes – partly restricted <input type="checkbox"/> No – not affected <input type="checkbox"/> Do not know Yes _____ |
| 6) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one week? Please specify units. | |
| 7) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within 2 weeks? Please specify units. | |
| 8) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one month? Please specify units. | |

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| 9) | What are the key problems you might face if demand increased and you tried to re-supply? Note to assessor: <i>Be careful. Traders might suggest that they can re-supply quickly and without problems if they think that you will purchase from them. Make sure that you probe their answer, asking whether they have a 'Plan B' for re-stocking the commodity.</i> | |
| 10) | Has the price of the commodity changed since the emergency? If 'Yes', by how much (as a percentage) has the price of the commodity changed since the emergency? | <input type="checkbox"/> Yes – increase in price _____ % <input type="checkbox"/> Yes – decrease in price _____ % <input type="checkbox"/> No change in price |
| 11) | What is the price at which the commodity is currently being sold in this marketplace? | |
| Commodity 3 | | |
| 1) | Name of Commodity 3 <i>Copy from 'Most needed commodities' but make clear specifications about quantity, quality, origin and brand.</i> | Name: Specifications: |
| 2) | Approximately how many retailers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 3) | Approximately how many wholesalers supply this commodity, in this marketplace? | <input type="checkbox"/> Between 1 and 5 <input type="checkbox"/> Between 6 and 10 <input type="checkbox"/> Between 11 and 15 <input type="checkbox"/> Between 16 and 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> None <input type="checkbox"/> Do not know |
| 4) | What are the main source marketplaces for this commodity? (Where do traders resupply?) | |
| 5) | Have the usual external supply routes for the source marketplaces been affected since the emergency? If 'Yes', please specify which source marketplaces have been affected and how. | <input type="checkbox"/> Yes – completely restricted <input type="checkbox"/> Yes – severely restricted <input type="checkbox"/> Yes – partly restricted <input type="checkbox"/> No – not affected <input type="checkbox"/> Do not know Yes _____ |
| 6) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one week? Please specify units. | |
| 7) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within 2 weeks? Please specify units. | |

| | | |
|-----|--|---|
| 8) | If the demand for this commodity were to increase, what is the maximum amount of stock that you could bring in, within one month ? Please specify units. | |
| 9) | What are the key problems you might face if demand increased and you tried to re-supply? Note to assessor: <i>Be careful. Traders might suggest that they can re-supply quickly and without problems if they think that you will purchase from them. Make sure that you probe their answer, asking whether they have a 'Plan B' for re-stocking the commodity.</i> | |
| 10) | Has the price of the commodity changed since the emergency? If 'Yes', by how much (as a percentage) has the price of the commodity changed since the emergency? | <input type="checkbox"/> Yes – increase in price _____% <input type="checkbox"/> Yes – decrease in price _____% <input type="checkbox"/> No change in price |
| 11) | What is the price at which the commodity is currently being sold in this marketplace? | |

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