**HP in Emergencies Assessment/Monitoring form**

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| **Hygiene Behaviour Check** |  | | | | | | | | | | | | | | | | | | | | **Possible Collection methods** |
| **Community Structure** |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Where do the community live? |  | | | | | | | | | | | | | | | | | | | | G, OE |
| 1. What is the population | No. of People | | | | | | | | | | | | | No. of Households/Tents | | | | | | | G, HW, CR, OE, WC |
| Men | | Women | | | | | | | | Boys | | Girls |
| 1. According to them what are the priority problems order? | Food shortage | Security | | | | | | Water  Availability | | | | | Shelter | Health | | | | | | Other | HW, CL, HI, OTW, OE, WC |
| 1. Has there been any change in the priority problems order? What is the change? |  | | | | | | | | | | | | | | | | | | | | HW, CL, HI, OTW, OE, WC |
| 1. Do people have adequate shelter, fuel, food and security? | Yes | | | | | | | | | | | | | No | | | | | | | OE, CL, OTW |
| 1. Is the any change to the effective communication channels? | Yes / No | | | | | | | | | | | | | | | | | | | | HW, CL, OTW, CI |
| **Public Health Situation** |  | | | | | | | | | | | | | | | | | | | |  |
| 1. What are the main public health problems or risks? |  | | | | | | | | | | | | | | | | | | | | G. OE, CL, CR, HERU |
| 1. Is there any change in spread of diseases in the community? | Yes / No  If yes, what diseases and change? | | | | | | | | | | | | | | | | | | | | G. OE, CL, CR, HERU |
| 1. What is the water and sanitation related morbidity and mortality? |  | | | | | | | | | | | | | | | | | | | | G. OE, CL, CR, HERU |
| 1. What changes will have the greatest impact on public health? |  | | | | | | | | | | | | | | | | | | | | G. OE, CL, CR, HERU |
| **Safe drinking water** |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Is there any change in water sources people use? |  | | | | | | | | | | | | | | | | | | | | HW, CL, OTW, CI, M |
| 1. Are the water sources protected? |  | | | | | | | | | | | | | | | | | | | |
| 1. Is there any change in why people use this water source? | Only source | | | | | | | | | Like the taste | | | | | | Best pure water | | | | | HW, CL, OTW, CI, M, FGD |
| 1. Is the water available continuously? | Yes / No | | | | | | | | | | | | | | | | | | | | HW, CL, OTW, CI, M, FGD |
| 1. For what purpose do they use the water? | Drinking | | | | | Cooking | | | | | | | Bathing | | Washing dishes | | | | | | CL, OTW, CI, M |
| 1. Is the drinking water likely to be contaminated? Why do you think so? | Yes /No | | | | | | | | | | | | | | | | | | | | CL, CI, M, FWT |
| 1. Who mainly goes to collect water for the family? | women | | | | | | | | | men | | | | | | children | | | | | CL, CI, FGD, HI |
| 1. How long people have to queue for water? | 30 mins | | | 1 hour | | | | | | | | More than an hour | | | | | | | | | CL, CI, FGD, HI |
| 1. Is there adequate drainage around the water points? | Yes/No | | | | | | | | | | | | | | | | | | | | CL, CI, M, OTW |
| 1. Are drinking water containers clean and sufficient in number? | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD |
| 1. Do they use any treatment method before using water? | Boiling | | | Chlorination | | | | | | | | Solar | | | | | Other | | | | CL, CI, FGD, HI, HW |
| 1. What do people use to store drinking water in? | Jerrycan | | | Buckets with lid | | | | | | | | Open containers | | | | | Other | | | | CL, CI, FGD, HI, HW |
| **Safe excreta disposal** |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Where do people defecate? | Communal Latrines | | | | Shitting field | | | | | | | | Open defecation | | | | | Trench pit latrines | | | CL, CI, FGD, HI, OTW, PC |
| 1. Has there been a change in the percentage of people using latrines? |  | | | | | | | |  | | | |  | | | | | | | | CL, CI, FGD, HI, OTW, PC |
| 1. Is there change in evidence of open defecation around the community location? Is it better or worse? | Yes / No  Better / Worse | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, OTW |
| 1. How many latrines are there? Is this more than before? |  | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, OTW, M |
| 1. Do children use latrines? | Yes /No | | | | | | | | | | | | | | | | | | | | CI, FGD, OTW, HI, HV |
| 1. Who cleans the latrines? Has there been any change in the responsibilities of latrine cleaning? |  | | | | | | | | | | | | | | | | | | | | CI, FGD, HI |
| Handwashing |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Which key times do people wash their hands? | After latrine use | Before eating | | | | | Before preparing food | | | | | | After handling baby’s faeces | | | | | | Other (specify) | | HW, CI, FGD, HI, PC |
| 1. What is the estimated percentage of people who wash their hands in key times? |  | | | | | | | |  | | | |  | | | | |  | | | HW, CI, FGD, HI, PC |
| 1. What is used for handwashing? | Soap | | | | | | | | Ash | | | | Only water | | | | | Other | | | HW, CI, FGD, HI, PC |
| 1. Do they still have sufficient number of soap? | Yes / No | | | | | | | | | | | | | | | | | | | | CI, FGD, HI, HV |
| Hygiene Practices |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Is there any change in number of households who cover their food? | Yes / No | | | | | | | | | | | | | | | | | | | | CI, FGD, HI, HV |
| 1. Is there any change in the available garbage cans? | Yes / No | | | | | | | | | | | | | | | | | | | | CI, FGD, HI, HV |
| 1. Is the surrounding of the community cleaner than before? |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Is there proper animal management? |  | | | | | | | | | | | | | | | | | | | |  |
| Hygiene Practices |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Is there a communal garbage pit? And how is it managed? | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, HI, M, OTW |
| 1. Is there problems of rats, mosquitoes and lice? | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, HI, OTW |
| 1. Is there a lot of flies around? | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, HI, OTW |
| 1. Is there proper drainage for waste water? | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, HI, OTW, M |
| 1. Is there a need for non-food items to improve hygiene and dignity of community members | Yes / No | | | | | | | | | | | | | | | | | | | | CL, CI, FGD, HI, OTW, M |
| Menstrual Hygiene |  | | | | | | | | | | | | | | | | | | | |  |
| 1. What do women use during menstruation? Any change in the percentage of usage of items? | Clothe | | | | | | | | Sanitary Pads | | | | others | | | | | | | | FGD women, HI, HW |
| 1. Are the latrines with enough privacy for women? Any changes made in the latrine design and usage? | Yes / No | | | | | | | | | | | | | | | | | | | | FGD women, HI, HW |
| 1. Is there washing and handwashing facilities? | Yes / No | | | | | | | | | | | | | | | | | | | | FGD women, HI, HW |
| Priority and Vulnerable groups |  | | | | | | | | | | | | | | | | | | | |  |
| 1. Is there any change in the number of people in the community with disabilities or injuries? | Yes / No  Estimated number: | | | | | | | | | | | | | | | | | | | | HW, CR, CL, FGD, HV, HERU |
| 1. Are the latrines easily accessible for these people? Any changes made on accessibility? | Yes / No | | | | | | | | | | | | | | | | | | | | HW, CR, CL, FGD, HV, HERU |

Key for Possible collection methods

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| Discussions/Meeting with Government- G | Mapping- M | Health ERU- HERU |
| Discussion/Meeting with Health workers- HW | Pocket Chart exercise- PC | WASH Cluster- WC |
| Discussion/Meeting with Community or Camp leaders- CL | Focus Group Discussions – FGD | Other ERUs- OE |
| Observation from Transect Walk – OTW | Household Interviews - HI | Field Water Test- FWT |
| Community members Interviews – CI | Clinic records - CR | House Visit- HV |