



IVAP PHASE II – QUESTIONNAIRE B

Household ID: _____

GI GENERAL INFORMATION

GI. Date of survey (dd /mm / yy)	
GI1. Enumerator/ surveyor name	
GI 2. Host District (list)	
GI 3. Host Tehsil /Taluka	
GI 4. Host Union Council If other, Please Specify _____	
GI 5. Host Village Name	
GI 6. Current Address	
GI 7. Family contact number	
GI 8. Alternate contact person name	
GI 9. Alternate contact person #	
GI 10. Number of family members	

RELATIONSHIP CODES:

01 Head	05 Grand Child	10 Uncle/ Aunt
02 Wife/ Husband	06 Parent	11 Niece/ Nephew
03 Daughter/ Son	07 Parent-in-Law	12 Other relative
04 Daughter-in-law/Son-in-Law	08 Brother/ Sister	13 Adopted/Foster/ Step Child
	09 Brother-in-Law/sister-in-law	14 Not related
		98 Don't know



P PROTECTION

P1. Do you want to return to your area of origin?

- | | |
|---------------------|---|
| a. Yes | ○ |
| b. No (Skip to P1b) | ○ |

P1a. If YES when are you planning to go?

- | | |
|--------------------------------------------|---|
| a. Immediately, but when safe (Skip to P2) | ○ |
| b. 1 – 3 months | ○ |
| c. 4 – 6 months | ○ |
| d. More than 6 months | ○ |
| e. Don't know | ○ |

P1b. If NO, or YES (but not immediately), what are the reasons for not returning NOW (Tick all that apply)

- | | |
|------------------------------------------------------------------------------------------------|--------------------------|
| a. I still owe debt from my displacement | <input type="checkbox"/> |
| b. There is still ongoing conflict | <input type="checkbox"/> |
| c. There is an individual threat against me/ a member of my family | <input type="checkbox"/> |
| d. There is a special need in my family that I don't know if it will be catered for on return. | <input type="checkbox"/> |
| e. Lack of services (healthcare, education and infrastructure). | <input type="checkbox"/> |
| f. Better services elsewhere | <input type="checkbox"/> |
| g. No home to live in | <input type="checkbox"/> |
| h. Land is destroyed | <input type="checkbox"/> |
| i. Workplace/ shop is destroyed | <input type="checkbox"/> |
| j. The job I have now is better than in my area of origin | <input type="checkbox"/> |
| k. Restrain on movement (curfew, road blocks, etc) | <input type="checkbox"/> |

P2. Which sources do you trust for information about the current situation in your area of origin?

- | | |
|--------------------------------------------|--------------------------|
| a. People still living there | <input type="checkbox"/> |
| b. Return visit by self or someone else | <input type="checkbox"/> |
| c. Political agent/ Government | <input type="checkbox"/> |
| d. Humanitarian organization | <input type="checkbox"/> |
| e. Journalist (through radio or newspaper) | <input type="checkbox"/> |

LA LIVELIHOOD/ AGRICULTURE

LA1. What is your main income source now? [in host location] (Mark first income source only)

- | | |
|------------------------------------|---|
| a. Farming/ sharecropping/ tenancy | ○ |
| b. Daily wage labor | ○ |
| c. Door to door petty trading | ○ |
| d. Income support / zakat | ○ |
| e. Benazir income support | ○ |
| f. Grass/ wood seller | ○ |
| g. Servant | ○ |
| h. Handicraft by women | ○ |
| i. Shopkeeper/ trader | ○ |
| j. Skilled waged labor | ○ |
| k. Local remittances | ○ |
| l. Foreign remittances | ○ |

- | | |
|---------|---|
| m. None | ○ |
|---------|---|

LA2. What is your family monthly income now? [in host location]

- | | |
|--------------------------------|---|
| a. Less than 1000 Rs per month | ○ |
| b. 1000 – 2500 Rs per month | ○ |
| c. 2500 – 5000 Rs per month | ○ |
| d. More than 5000 Rs per month | ○ |

LA3 a. Do you own/rent land in your area of origin for cultivation?

- | | |
|---------------------|---|
| a. Yes | ○ |
| b. No (Skip to LA4) | ○ |

LA3b. If YES, How much?

- | | |
|---------------------|---|
| a. Less than 1 acre | ○ |
| b. 1-5 acre | ○ |
| c. More than 5 acre | ○ |

LA3 c. If YES own/rent land, what would be your farming needs on your return to area of origin? (select all that apply)

- | | |
|------------------------------|--------------------------|
| a. None | |
| b. Tools | <input type="checkbox"/> |
| c. Seeds | <input type="checkbox"/> |
| d. Fertilizers | <input type="checkbox"/> |
| e. Water | <input type="checkbox"/> |
| f. Cash for land preparation | <input type="checkbox"/> |

LA4 a. Did you have livestock in your area of origin before displacement?

- | | |
|---------------------|---|
| a. Yes | ○ |
| b. No (Skip to FS1) | ○ |

LA4 b. If YES, which (and how many of each)?

- | | |
|----------------------|--------------------------|
| a. None | |
| b. 1 | |
| c. 2 to 3 | |
| d. 4 to 5 | |
| e. More than 5 | |
| a. Cow/buffalo/camel | <input type="checkbox"/> |
| b. Goat/sheep | <input type="checkbox"/> |
| c. Horse/donkey/mule | <input type="checkbox"/> |
| d. Chicken | <input type="checkbox"/> |

LA4c. Did you bring all your animals to the host location with you?

- | | |
|----------------------|---|
| a. Yes (Skip to FS1) | ○ |
| b. No | ○ |

LA4d. If NO, what is the reason for you not bringing them all? (select all that apply)

- | | |
|--------------------------------------|--------------------------|
| a. Distress sale | <input type="checkbox"/> |
| b. Died (due to conflict or disease) | <input type="checkbox"/> |
| c. Cannot carry/ Left behind/ Stolen | <input type="checkbox"/> |

FS FOOD SECURITY

FS1. During how many days was the food item eaten in previous 7 days? (enter number in all that apply)

- | | |
|--------------|--|
| a. Not eaten | |
| b. 1 day | |
| c. 2 days | |
| d. 3 days | |

e. 4 days	
f. 5 days	
g. 6 days	
h. 7 days	
a. Wheat, bread	<input type="checkbox"/>
b. Rice, other cereals	<input type="checkbox"/>
c. Maize	<input type="checkbox"/>
d. Dhal ,beans, Lentils, peas, nuts	<input type="checkbox"/>
e. Vegetables	<input type="checkbox"/>
f. Fruit	<input type="checkbox"/>
g. Meat, poultry, fish	<input type="checkbox"/>
h. Eggs	<input type="checkbox"/>
i. Milk, yogurt, cheese	<input type="checkbox"/>
j. Sugar, honey	<input type="checkbox"/>
k. Oil, ghee, butter	<input type="checkbox"/>

FS2. Has anyone in your family done any of these things in the last six months? (select all that apply)	
a. Borrow food, or rely on help from friends	<input type="checkbox"/>
b. Purchase food on debts.	<input type="checkbox"/>
c. Limit portion size at meals	<input type="checkbox"/>
d. Selling jewelries	<input type="checkbox"/>
e. Decrease expenses on health care	<input type="checkbox"/>
f. Take children out of school	<input type="checkbox"/>
g. Skipped entire's day meal	<input type="checkbox"/>
h. Did begging	<input type="checkbox"/>
i. Women ate less food than men	<input type="checkbox"/>
j. Sent family members to work abroad	<input type="checkbox"/>
k. None of these	<input type="checkbox"/>

SH SHELTER

SH1. What type of shelter do you have in your place of origin?	
a. Rented house	<input type="radio"/>
b. Owned house	<input type="radio"/>
c. Tenancy	<input type="radio"/>

SH2. What is the general physical appearance (clothes, hair, skin) of the people in the HH now? (Observation)	
a. Excellent	<input type="radio"/>
b. Average	<input type="radio"/>
c. Bad	<input type="radio"/>

SH3. How are the overall living conditions of the family now? (Observation)	
a. Good	<input type="radio"/>
b. Average	<input type="radio"/>
c. Poor	<input type="radio"/>

SH4. Assets that you own now [Host location] – (select all that apply)	
a. Fridge/ Freezer	<input type="checkbox"/>
b. TV	<input type="checkbox"/>
c. Radio	<input type="checkbox"/>
d. Microwave Oven	<input type="checkbox"/>
e. Cooking stove /Cylinder	<input type="checkbox"/>
f. Heater	<input type="checkbox"/>
g. Washing machine	<input type="checkbox"/>

h. Sewing machine	<input type="checkbox"/>
i. Car/ Truck/Taxi	<input type="checkbox"/>
j. Motorbike	<input type="checkbox"/>
k. Bicycle	<input type="checkbox"/>
l. Computer	<input type="checkbox"/>
m. Grain mill	<input type="checkbox"/>
n. Plough	<input type="checkbox"/>
o. Other form of machinery	<input type="checkbox"/>
p. None of these	<input type="checkbox"/>

CP CHILD PROTECTION

CP1. What difficulties/ vulnerabilities do you expect your child/ children will face upon return to your place of origin after military operation? (select all that apply)	
a. Psychological distress	<input type="checkbox"/>
b. Changes in behavior and attitude	<input type="checkbox"/>
c. no play area	<input type="checkbox"/>
d. not able to go outside	<input type="checkbox"/>
e. Feeling frightened and insecure	<input type="checkbox"/>
f. having to walk to far for water or food distribution	<input type="checkbox"/>
g. Fear at family inability to earn a Livelihood	<input type="checkbox"/>
h. Anxious at family being separated - leaving home	<input type="checkbox"/>
i. Strangers wanting to talk to my child or children	<input type="checkbox"/>
j. Restricted movement	<input type="checkbox"/>
k. Illness	<input type="checkbox"/>
l. Fear of kidnapping	<input type="checkbox"/>
m. Fear of abuse	<input type="checkbox"/>
n. Other. _____	<input type="checkbox"/>

IC INFORMED CONSENT

IC 1. Are you happy for your information to be shared with	
a. With the humanitarian community and government	<input type="radio"/>
b. With humanitarian community only	<input type="radio"/>
c. Not shared with either humanitarian community or government	<input type="radio"/>