1. **DEMOGRAPHICS**

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| --- | --- | --- |
| **District** | **Questionnaire Identification Number** | **Date of the Interview** |
| Burdhubo District, Gedo Region | **Name of the Interviewer** | **Name of Supervisor** |
|  |  |
| **Name of village** | |
|  |  |
| **GPS Coordinates** |  |

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| A1 | | | Gender of respondent | | Male | | | 1 | | | | Female | | 2 |  |
|  | | | | | | | | | | | | | | | |
| A2 | | | How old are you? | |  | | | | | ***Insert Number*** | | | | | |
|  | | | | | | | | | | | | | | | |
| A3 | | | What is the highest level of education have you attained | | | | Have not attended formal school | | | | | | | | 1 |
| Primary | | | | | | | | 2 |
|  | | |  | | | | Post-primary Vocational | | | | | | | | 3 |
|  | | |  | | | | Secondary | | | | | | | | 4 |
|  | | |  | | | | Post secondary (Diploma/Vocational) | | | | | | | | 5 |
|  | | |  | | | | University | | | | | | | | 6 |
| A 4 | | | Identify the setting (Either Rural or Urban Cluster) | | | | | | | | | | | | |
|  | | | **Rural** | | | | **Urban** | | | | | | | | |
|  | | | IDP setting | | 1 | | IDP setting | | | | | | | | 1 |
|  | | | Host | | 2 | | Host | | | | | | | | 2 |
|  | | | Returnees | | 3 | | Returnee | | | | | | | | 3 |
|  | | | Refugee/Immigrants | | 4 | | Refugee/Immigrants | | | | | | | | 4 |
|  | | | | | | | | | | | | | | | |
| A5 | | What is your marital status? | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| A6 | | Married | | Divorced | | | | | Widowed | | | | Single (not married) | | |
| 1 | | 2 | | | | | 3 | | | | 4 | | |
|  | | | | | | | | | | | | | | | |
| A7 | How many people live in your household? | | | | |  | | | | | ***Please insert number*** | | | | |
| A8 | How many of in your household are in the category below? | | | | | | | | | | | | | | |
| i) | U-5 | | | | | Boys | | | | | ***Please insert number*** | | | | |
| Girls | | | | | ***Please insert number*** | | | | |
| ii) | Pregnant | | | | |  | | | | | ***Please insert number*** | | | | |
| iii) | Breastfeeding | | | | |  | | | | | ***Please insert number*** | | | | |
| iv) | Women of Child Bearing Age | | | | |  | | | | | ***Please insert number*** | | | | |

**NEEDS ASSESSMENT SURVEY QUESTIONNAIRE**

**1 HEALTH NEEDS AND COMMON ILLNESSES**

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| 1. (a) Have you or any other person in your household or in the community in need of medical services within past 24 months? (Object. iii) | | |
| **Response** | **Yes** | **No** |

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| 1. **(a) (i) if Yes for (a) above, what was the illness you or suffered by the persons that you are aware of? (Object. ii)** | | | | | |
| **Response** | **Yes** | **No** |  | **Yes** | **No** |
| **Common Cold** |  |  | **Respiratory illnesses** |  |  |
| **Acute Water Diarrhoea/AWD** |  |  | **Diabetes** |  |  |
| **Cholera** |  |  | **Sexual Transmitted Infections (STIs)** |  |  |
| **Measles** |  |  | **Child Illnesses** |  |  |
| **Malaria** |  |  | **Diarrhoea** |  |  |
| **Acute Malnutrition** |  |  | **Pneumonia** |  |  |
| **Pregnancy related complications** |  |  | **Tetanus** |  |  |
| **Injuries** |  |  | **Others specify** |  |  |
| **Eye infections** |  |  |  |  |  |

**EXISTENCE & EFFECTIVENESS OF HEALTH SERVICES**

|  |  |  |
| --- | --- | --- |
| 1. (b) Do you have FUNCTIONING health facilities within the community? (Object. i) | | |
| **Response** | **Yes** | **No** |
|  |  |
| **If yes Insert the number of facilities (FUNCTIONING Facilities)** |  |  |

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| 1. (b) (i) If yes in 2(b) above, which authority is operating the facility? (Object. i) | | |
| **Response** | **Yes** | **No** |
| **Private** |  |  |
| **Government** |  |  |
| **NGOs** |  |  |

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| 1. (b) (ii) What is the nature of the facility? (Object. i) | | |
| **Response** | **Yes** | **No** |
| **National Hospital** |  |  |
| **District Hospital** |  |  |
| **Health Centre** |  |  |
| **Dispensary** |  |  |
| **Others specify** |  |  |

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| 1. (b) (iii) What is the proximity of the facilities ? (Object. i) | | |
| **Response** | **Yes** | **No** |
| **Within 1KM up to 2KM** |  |  |
| **Between 2KM-5KM** |  |  |
| **Over 5KM** |  |  |

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| 1. **(b) (iv) Are you aware the facilities offers the medical services below or anyone in your household accessed any medical services below in these facilities ? (Object. ii)** | | | | | |
| **Response** | **Yes** | **No** |  | **Yes** | **No** |
| **Routine vaccination and Immunisation for Under 5 children** |  |  | **Injuries** |  |  |
| **Vaccination to Pregnant and Lactating Women** |  |  | **PMTCT** |  |  |
| **Treatment for common illnesses** |  |  | **HIV/STIs** |  |  |
| **Community/Household health and nutrition awareness and sensitisation** |  |  | **Basic Emergency Obstetric Care [BEmONC]** |  |  |
| **Treatment and nutrition related services** |  |  | **Comprehensive Emergency Obstetric Care [CEmONC]** |  |  |
| **Sexual Violence related cases** |  |  | **Others Specify** |  |  |

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| 1. (b) (v) If yes for 2(b) (iv) above, how are the facilities currently providing those services? (Object. i) | | |
| **Response** | **Yes** | **No** |
| **Static services only** |  |  |
| **Both Static and Outreach/Mobile clinics** |  |  |

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| 1. (b) (vi) What is the rating of the services provided by the facilities? (Object. iv) | | |
| **Response** | **Yes** | **No** |
| **Poor** |  |  |
| **Not Effective** |  |  |
| **Effective** |  |  |
| **Very effective** |  |  |

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| 1. **(b) (vii) What are the health services challenges prevailing in the community ? (Object. iv)** | | | | | |
| **Response** | **Yes** | **No** |  | **Yes** | **No** |
| **Poor roads** |  |  | **Hard to access due to distance** |  |  |
| **Lack of security in accessing services** |  |  | **Poor medical services (Relates to the next questions) 2 (b)(v)** |  |  |
| **Costly medical services** |  |  | **Other specificy** |  |  |

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| 1. **(b) (viii) If yes for POOR MEDICAL Services in 2 (b) (vii) above, what could be possible causes? (Object. iv)** | | | | | |
| **Response** | **Yes** | **No** |  | **Yes** | **No** |
| **Lack of adequate facilities/equipment** |  |  | **Lack of qualified and well trained staff** |  |  |
| **Lack of medicine /essential supplies** |  |  | **Overly populated facilities** |  |  |
| **Lack of sufficient staff** |  |  | **Others specify** |  |  |

**PREVENTION AND RESPONSE SERVICES**

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| --- | --- | --- |
| 1. (b) Have you had any disease out breaks in the past 24 months? (Object.v) | | |
| **Response** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| 3 (b) (i) If yes for 3 (b) above, was there any response to provide medical services or support from the health providers ? (Object. v) | | |
| **Response** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| 1. (b) (i) If yes for 3 (b) (i) above, what was the efficiency in the response ? (Object. v) | | |
| **Response** | **Yes** | **No** |
| **Timely** |  |  |
| **Delay** |  |  |