Rapid Multi-Cluster Need Assessment

for Humanitarian Interventions in
(WASH, Food Security, Health and Nutrition)

Implemented by NFDHR - Quality Department

17 to 19 April, 2017
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Executive summary

This Multi-Cluster Rapid Assessment is designed to identify strategic humanitarian priorities for NFDHR intervention. It was conducted during the period from 25th April - 3rd May, 2017 to cover all the programs including WASH, Food security and livelihood, Health, nutrition, education, Peace building and protection sectors. The main benefit of this assessment is the elaboration, from the onset of current situation in Yemen, of a concerted operational picture based on the best information available from primary and secondary sources. To have the objective of this assessment accomplished, this rapid assessment was carried out by a team of assessment and sectoral specialists to ensure that all required knowledge is included in the findings of this assessment. Therefore, a professional training on data collection and analysis was conducted for NFDHR data collection team. Moreover, Intensive coordination was pre-planned with local authorities, actors of NGOs, and community leaders to ensure the successful performance of NFDHR need assessment in the targeted areas.

Based on the strategic paper for the OCHA’s call for proposal and the latest updated list of priority districts, The assessment was conducted to cover the highest priority areas for humanitarian interventions. In this assessment, targeted two districts of the highest priority areas to address the immediate causes of food insecurity and malnutrition by ensuring adequate access to Food, Nutrition, health and WASH to the most vulnerable through an integrated approach.

NFDHR has implemented need assessment in two districts (Bura' district/Alhodieda governorate and Barat Alanan district/Aljouf governorate). The overall objective was to assess the needs of the populations in the two districts to determine appropriate interventions for the most vulnerable households.

Due to the critical security conditions in Alhodiadah, NFDHR was able to collect only guided information on WASH, Food security, health and nutrition. Although intensive coordination was pre-organized with high level local authority, the mobilization of the team was restricted on short discussion with health office and few figures in Bura' community. Therefore, household questionnaire was not conducted as expected to gather detailed information on community's need and possible NFDHR future interventions.
Key Findings:

1. Bura' district (Alhodieda Governarate)

According to the 2004 census, Bura' district population is 54,116 (21,246 male, 23,870 female). Number of households is 7,614 and 7,454 houses.

NFDHR Interventions for WASH program

There are three water projects:

**Project 1.** Conducted by local council to serve 2500 households. In Alghza'ae village, the water project has all components (pump, generator, water tanks, network) from the project to the targeted village. The project is not operated because people are unable to provide diesel due to its cost, alternative solution is using solar system.

**Project 2.** Conducted by SFD to serve 1500 households in Bani Suliman and bani bagi villages. The pump is Bani Bahra area (Wadi Siham). The main project components are available (pump, generator, water tanks, network) however, the community refused to hand the project from the contractor as they are proposing that technical tools are missing and must be provided. Technical engineer is in need to check and report the project operation status.

**Project 3.** It has been conducted by local council in Bilad Altaraf village to serve 700 households. The well is in wadi alkhamis village, all project components are available and it is operational. The main concern is ground water depth is 150 m and the amount of water is limited. The needs are digging new well or rehabilitation the old one.

**Food Security and Livelihood Program**

No statistical data on feed needs in Bura' district (consumption score, coping strategy,... and other food security information. However, conditional food basket distribution can be implemented in Bura' district with integration of SAM and MAM cases in the various villages. Livelihood activities (such as seeds, veterinary medicine services, animal feedlot, handicrafts are also potential interventions in the district due to appropriate farming system and community engagement in land production and animal care with limited water resources. WFP is providing food baskets for number of beneficiaries across the district.
Health and Nutrition

There are 12 health units in Bura' district to serve 69,730 at three levels of immunization (11,655 children under 5 years old; 2,629 pregnant women) There are 5,226 Children Under 5 (2,665 boys, 2,561 girls) with admit malnutrition cases is 481 (409 SAM). The health center in the district is conducting health services for SAM (sever acute mal-nutrition) and MAM (moderate actuate mal-nutrition) child nutrition status through nine health units. Some of those units are out of services due to lack of support. Those services are supported through UNICEF funded project. In addition, there are 22 female volunteers in MAM health program within 10 health units. Also 20 female volunteers in SAM program within five health units. Other four health units are in need of training and facility to be operated. The main health center in Bura's district has issued request letter that indicated the health facility that are needed for its operation. It proposed laboratory tools, diagnostic means, and medical urgent.

2. Barat Al Anan district (Aljouf Governarat)

The population of Barat al Anan 59,463 (31,568 male and 27,895 female) according to 2004 census (74,763 in 2017). The district area is 1586 km². The number of household is 8,459 while the number of houses is 8,018 house.

NFDHR had intervention in the district through WFP, which based on general food basket distribution. The area is confronted to flooding in the rainy season.

UNICEF interventions is on 15 health units and centers only in CMAM without providing incentives for health staff. They are providing antibiotics, folic acid, metazol each 3 months. Data collected for three health centers as follow:

- Amin nasher center has 4 health staff to serve 2019 for CU5
- UNICEF serve 973 CU5. However those two centers are in need of solar panel, laboratory, rehabilitation,
- Rahob center; it has medical staff who can run the center, but is in need of water supply, solar panel, chemical tools.
2. Introduction

An estimated 18.8 million people in Yemen need some kind of humanitarian or protection assistance, including 10.3 million who are in acute need. Escalating conflict since March 2015 has created a vast protection crisis in which millions face risks to their safety and basic rights, and are struggling to survive.

The first Envelope of this Allocation aims to prevent the increase of food insecurity and malnutrition levels through an integrated approach with life-saving assistance of food and livelihoods, nutrition, health and water, sanitation and hygiene given priority. Envelope Two aims to Integrated Response for the most vulnerable IDP, Returnees families and host communities by ensuring access to a minimum package which include adequate Shelter, NFI, CCCM, Food, wash, health, Nutrition and protection services.

NFDHR has implemented rapid multi-sectorial need assessment for to identify the most needed interventions in the NFDHR program areas. The needs assessment was conducted through focus group discussions with men and women in the affected communities, to support dialogue with male and female community’s leaders regularly in order to understand their prospective on the needs and priorities, and to collect information on the prevailing conflict effect on their humanitarians needs in food, WASH, health, nutrition and

The assessment was used to identify the most vulnerable sites across governorates based on the specific clusters’ need assessments’ findings and field offices recommendations. Additional humanitarian needs assessments shall be used for the integrated response to the basic needs of host community, returnees and newly IDPs.

There will be three types of information gathering (Questionnaire, Key Informant Interviews “KIIIs” and Focus Group Discussion FGDs). NFDHE team with Local authority will identify key informants (KIs) based on their capacity, availability, and ability to serve implementing humanitarian interventions by NFDHR. FGDs were local actors in the community such as school principals, Masjid’s imam, tribal leaders, well-educated figures etc. and questionnaire for individual households to highlight their need under the existing condition of districts and governorate.

NFDHR teams were formed from program staff to be trained on the attached rapid assessment tools so that they become familiar with People’s Respond and Concern. The trainees were divided into seven teams; each team will target certain governorate/districts.

As soon as the information are gathered, the accumulated results from all areas were
directed to the statistician for analysis, and then finally to the MEAL Advisor who led the task of drafting and finalizing the final report.

3. **Methodology and approach**

This assessment uses both qualitative and quantitative research techniques, culminating in a mixed methodology approach to data collection, analysis and synthesis. Every appropriate measure will be taken to ensure the objective accuracy, transparency, quality, validity and credibility of information collected. The study was designed to develop a set of comprehensive need assessment for engaging communities in humanitarian interventions.

The assessment will also consider analysis of WASH, food security, health and nutrition; existing water resources, including what programs are already being implemented on the ground, what existing mechanisms deal with conflict and how these are changing in the targeted community. The methodology for the study should include review of available documents (project proposals, logical frameworks, and reports), participatory workshops, focus group discussions, self-administered questionnaires and key informants interviews. Quantitative and qualitative data will collected then statistically analyzed in order to present the findings of the study for Oxfam and implementing partners.

3.1. **Review of Existing Literature**

Comprehensive investigation and analysis, during the phases of the project for available electronic and published source has been a primary means of obtaining baseline and complementary information. Some potential reference material may include peer-reviewed articles, journals or texts, government documents, research papers, conclusions and summaries produced from other organizations, strategy papers and other material. Documents and reports have been collected and reviewed for an overview and preliminary situation assessment in the targeted areas on water resources and accessibility, education, food security and protection/safety situations, community perception/awareness toward local participatory governance. Other useful previous studies such as Food Security Baseline Survey 2010 in Hodeida (Ministry Of Planning and International Cooperation), Assessing Food Security in Yemen 2010 (IFPRI), Yemen Comprehensive Food Security Survey 2010 (WFP), are included. Relevant news and reports on the water resources, structure of civil societies in Tihama region.
3.2. Focus Group Discussions

Focus group with community members, together with conceptual events, provides a significant portion of primary source information on the current effectiveness of local group participation and rule. Equally, these discussions are used to identify the issues that local people see as the most serious harms to natural resources, community participation and protection. Focus groups will be conducted for approximately 90 minutes to help illicit and facilitate both objective and subjective responses, with groups of informants of between 5-10 persons. The selection of participants will be designed to ensure that most vulnerable people are targeted and diversity within the selected communities is adequately captured (including gender and marginalized groups). FGDs will include district local council members and community structures. The FGDs will primarily aim at exploring the direct and indirect impact of WASH, food security, health and nutrition interventions.

3.3. Key Informant Interviews

Key Informant Interviews will continue to be utilized during this need assessment. It will include representatives of community leaders, non-governmental organization workers, religious leaders, health workers, agricultural extension agents, teachers, elders, local traders, women leaders and farmers partner organizations, government officials, technical advisors and academics. The interviews estimate to take 40 minutes each and are done in a flexible manner so that they are used to learn about the views of individual participants from the various sub-groups and to probe why participants held the views they express. They are facilitated by guiding questions on local understandings of priorities of intervention, the effect of conflict on their livelihood and income and relevant associated actors and perceptions. Each interview will continue to be conducted by field team leader.

3.3. Household Questionnaire

A questionnaire has been developed for household to identify their need and perception on the priority of interventions that NFDHR can contribute for future projects. Experts from all programs (WASH, Food security, Health and nutrition, education and peace building have participated in workshop training to produce this questionnaire based on their consensus. See the forms of all documents in the appendixes.
4. **Results and Discussion**

4.1. **Bura"a District- Al-hodidah Governorate**

Bura' District is a district of the Al Hodeida Governorate. As of 2004, the district had a population of 45,116 inhabitants. Its distance is 50 km from Hodeida center.

**WASH interventions**

There are three water projects

**Project 1.** Conducted by local council to serve 2500 households. In Alghza'ae village, the water project has all components (pump, generator, water tanks, network from the project to the targeted village). The project is not operated because people are unable to provide diesel due to its cost, alternative solution is using solar system.

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**Food security and livelihood**

**Health and Nutrition**
The health center in the district is conducting health services for SAM (sever acute mal-nutrition) and MAM (moderate actuate mal-nutrition) child nutrition status through 9 health units. Some of those units are out of services duo to lack of support. Those services are supported through UNICIEF funded project. In addition, WFP is providing food baskets for number of beneficiaries. There are 22 female volunteers in MAM health program within 10 health units. Also 20 female volunteers in SAM program within five health units. Other four health units are in need of training and facility to be operated. The main health center in Bura''s district has issued request letter that indicated the health facility that are needed for its operation. It proposed laboratory tools, diagnostic means, and medical urgent.

<table>
<thead>
<tr>
<th>Level of immunization</th>
<th>Child under 5 years old CU5</th>
<th>Pregnant Lactate Women PLW</th>
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<td>Level 1</td>
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<td>Level 4</td>
<td>11655</td>
<td>2629</td>
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</table>

4.2. Bart Al Anan Districts –Aljouf Governorate

WASH Program:
From communication with some figures in the district, there is no significant interventions in WASH activities in the district although water supply and sanitations is in critical conditions and community are in need of NFDHR intervention or other organizations in water projects. Currently, there are three water projects.......... Food security
WFP is provide general food distribution intervention in Barat Alanan for

Health and Nutrition
UNICEF interventions is on 15 health units and center only in CMAM without providing incentives for health staff. They are providing antibiotics, folic acid, metazol each 3 months. Data collected for three health centers as follow:

- Amin nasher center has 4 health staff to serve 2019 for CU5
- Mother and babycare serve 973 CU5. However those two centers are in need of solar panel, laboratory, rehabilitation,
✓ Rahob center; it has medical staff who can run the center, but is in need of water supply, solar panel, chemical tools.

Appendixes

List of NFDHR Governorate Teams

<table>
<thead>
<tr>
<th>#</th>
<th>Name of participant</th>
<th>Governorate</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Name</td>
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</tr>
<tr>
<td></td>
<td>Eizeddin Mohammed Hizam</td>
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</tr>
<tr>
<td></td>
<td>Ahmed Alqumatti</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mujeeb Mohammed mohammed</td>
<td></td>
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<tr>
<td></td>
<td>Bakeel Abdullah Murait</td>
<td>Team leader</td>
</tr>
<tr>
<td></td>
<td>Fahmi Ahmed Mohammed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fatima Ahmed Alyousefi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mohammed Abdullah Mohsen</td>
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</tr>
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<td></td>
<td></td>
<td>Sa’ada Governorate</td>
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<tr>
<td>3</td>
<td>Tariq Ali Al-Ruhait</td>
<td>Team leader</td>
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<tr>
<td></td>
<td>Abdulfattah Alnajjm</td>
<td></td>
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<tr>
<td></td>
<td>Dunia Abdullah Aydah</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Sana’a Governorate</td>
</tr>
<tr>
<td>4</td>
<td>Issam Thaif Allah Dawood</td>
<td>Coordinator Assistant</td>
</tr>
<tr>
<td></td>
<td>Mohammed Abdullah Nawi</td>
<td>Field coordinator</td>
</tr>
<tr>
<td></td>
<td>Nada Abduljabbar alawani</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ibb governorate</td>
</tr>
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<td>5</td>
<td>Waleed Hassan Al-Hajjaji</td>
<td>Field Coordinator</td>
</tr>
<tr>
<td></td>
<td>Bilal Abu bakr almua’alemi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yusra abdo Yahya</td>
<td>Female</td>
</tr>
<tr>
<td></td>
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<tr>
<td>8</td>
<td>Majed Mohammed Al-Salahi</td>
<td>Field Coordinator</td>
</tr>
<tr>
<td>9</td>
<td>Turkey Saeed alahfal</td>
<td>Field Coordinator</td>
</tr>
<tr>
<td></td>
<td>Faten abdo Huliman</td>
<td>Female</td>
</tr>
<tr>
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</tr>
<tr>
<td>15</td>
<td>Dr. Ahmed Al-wadaey</td>
<td>Program Quality consultant</td>
</tr>
<tr>
<td>14</td>
<td>Faisal Abdullah Sharwan</td>
<td>Data analysis and Management</td>
</tr>
<tr>
<td>16</td>
<td>Askar Hameed Salah</td>
<td>IDP Application Coordinator</td>
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<tr>
<td>17</td>
<td>Afrah Alattas</td>
<td>MEAL officer</td>
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<tr>
<td>18</td>
<td>Adel Othman</td>
<td>Media officer</td>
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<tr>
<td>21</td>
<td>Bushra Al-Shalaly</td>
<td>MEAL Assistant/communication</td>
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</table>
Topics have been discussed in training workshop

1. **Type of field survey**
   1. Baseline
   2. End line
   3. Rapid assessment

4. **Tools of Collecting Data**
   5. Questionnaire
   6. Individual Interviews with Key Persons
   7. Focus Group Discussion
   8. Observation

9. **Coordination with the local Authority**

**Out Comes:**

10. **Having full Understanding of the Survey Types**
11. **Knowing the techniques needed in each tool of data collection.**
12. **Going through all the needed coordination procedures with local authority in order to make that survey can be done smoothly**
13. **Teams divided into groups so they implement the assessment in the targeted governorates.**

**Conclusion:**

The staff had a clear image on how to implement their work properly and they were given the support needed to go ahead and start their survey, and were informed to provide NFDHR with any kind of feedback in terms of difficulties and challenges so team here in Sana’a’a Office can be of a good help for them. Later on the data will be gathered and entered here in Sana’a’a office, and report will be done so data can be represented properly.
استبيان تقييم الاحتياج السريع لعدة قطاعات

للتدخلات الإنسانية المخططة لها في (بناء السلام، التعليم، المياه، الإصحاح البيئي، الأمن الغذائي، الصحة والتعليم)

NFDHR

April 2017

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بيانات الاستمارة :

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<tr>
<td>دون سكن</td>
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الفئة:
1. حارق
2. موزع
3. مأوى
4. مستضيف
5. عائل
6. بيت
7. عائل

الحالة الاجتماعية:
1. عازب
2. متزوج
3. مطلق
4. ارمل
5. ايتام

الحالة التعليمية:
1. يقرأ ويدرس
2. يدرس
3. يقرأ
4. اساسي
5. ثانوي
6. جامعي

عدد أفراد الأسرة :

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<th>بنات</th>
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اختر رقم الإجابة المناسبة وضعها في عبود الإجابة المقابلة للسؤال

الإجابة
1. ما نوع مصدر مياه الشرب الرئيسي للأسرة؟

2. ما حالة مصدر مياه الشرب الرئيسي؟

3. هل من الذي يقوم بإحضار مياه الشرب المنزل؟

4. كيف يتم إحضار الماء إلى المنزل؟

5. في أي وقت المستفز لاحضر الماء ذهباً وإياباً؟

6. ما الذي يؤدي إلى انعدام توفر مياه الشرب؟

7. متى يتم جلب مياه الشرب؟

8. إن تؤمن ب🍃 مياه الشرب الخاصة بكم؟

9. كيف تقوم ب🍃 مياه الشرب الخاصة بكم؟

10. كيف تقوم ب🍃 مياه الشرب الخاصة بكم؟

11. ما مصدر مياه المستخدمة للطهي المنزل؟

12. هل يوجد حمام للأسرة؟

13. ما نوع المرف مغطى أو البيارة للأسرة؟

14. هل تقوم ب🍃 مياه البيارة؟

15. ماشه الأوقات الرسمية لغسل الأيدي بالصابون؟

16. هل تلائم الأسرة من النفايات المنزلية يومياً؟

17. كيف يتم التخلص من النفايات يومياً؟

18. هل تقوم ب🍃 مياه البيارة؟

19. هل تقوم ب🍃 مياه البيارة؟

20. هل تقوم ب🍃 مياه البيارة؟

21. هل هناك صعوبات أو مخاطر في مجتمع تحتم في الحصول على كمية كافية من الطعم؟

22. أي من العوائق التالية هي السبب الرئيسي لعدم حصولك على كمية كافية من الطعام حالياً؟

23. كيف تثير تكونات في الأسرة الرسمية خلال السبعة أيام الماضية؟

24. قانون معدل الدخل الشهرى وقيمة مامتثلهالة الأسرة قبل الإزدهار وحالياً.
قيمة ماستشتكا الادارة من سلع غير غذائية بالشهر؟

2.5 (أجب على كل ما ينطبق عليك 1. أفعل ذلك 2. لا أفعل ذلك)

ما هي المستلزمات الرئيسية للغذاء في مجتمعك؟ (ضع 1 نعم 2 لا) 1.1

3. سبل المعيشة

هل هناك مشكلة خطيرة في مجتمعك بسبب ان الناس ليس لديهم ما يكفي من المال أو الإمدادات للعيش؟

3.1 (نعم 2 لا)

كيف تؤمن قوت يومك حالياً في ظل الظروف الراهنة؟

3.2 (نعم 2 لا)

هل فكرت بالتخلي عن شراء بعض السلع الغذائية من السوق وأنتجها محلياً؟

3.3 (نعم 2 لا)

كيف يكون معظم الناس معيشتهم في مجتمعك قبل الأزمة (قبل عامين)؟

3.4 (نعم 2 لا)

هل هناك مشكلة خطيرة في مجتمعك بسبب ان الناس لديهم الكثير من وقت الفراغ؟

3.5 (نعم 2 لا)

4. الصحة والتغذية

هل يوجد مركز صحى في منطقتك؟ 1. نعم 2 لا.

4.1 (نعم 2 لا)

هل يعمل المركز الصحي حالياً؟ 1. نعم 2 لا.

4.2 (نعم 2 لا)

(إذا كانت الإجابة ب 1. نعم 2 لا)

4.3 (نعم 2 لا)

هل يوجد متطوع صحى في منطقتك؟ 1. نعم 2 لا.

4.4 (نعم 2 لا)

كم بعيد المركز الصحي عن منطقتك ب المتر؟

4.5 (نعم 2 لا)

هل يتم استخدام وسائل التنظيم رعاية الأسرة في المركز؟

4.6 (نعم 2 لا)

إذا كانت الإجابة ب 1. نعم 2 لا.

4.7 (نعم 2 لا)

هل يوجد منتجات صحية في منطقتك؟ 1. نعم 2 لا.

4.8 (نعم 2 لا)
ما نوع الفحوصات الطبية المقدمة للنساء الحوامل في المركز الطبي؟
1. □ اشعة تلفزيونية 2. □ مختبر 3. □ مراقبة جسدية 4. □ مراقبة فيروسات 5. □ مراقبة قياس ضغط
6. □ فحص فصيلة الدم للافلام والفلابل
هل حصل اطفالك على خدمات التحصين في المرفق الصحي؟
1. □ نعم 2. □ لا (إذا كانت الإجابة بـ "نعم" للسؤال السابق، ما الخدمات التي تقدمها؟)
(أجب على الإجابة 1-3-2. عربة عصري)
<table>
<thead>
<tr>
<th>تقييم</th>
<th>أثرية</th>
<th>شلل الأطفال</th>
<th>كازاز</th>
<th>الحمل</th>
<th>التغذي</th>
<th>التغذية</th>
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<tr>
<td>المصلحة في (الانون)</td>
<td>مرض سوء التغذية</td>
<td>غير متوفر</td>
<td>غير متوفر</td>
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</table>
ما هي أكثر الصعوبات التي تعيق السلام في منطقتك؟
1. □ التعليم 2. □ الصحة 3. □ الأمن 4. □ TRANSPORTATION 5. □ أخرى
كم عدد الأطفال بالأسرة تحت سن الخامسة؟ (ذكر/أنثى)
هل توجد منظمات مجتمع مدني تعمل في المنطقة؟
1. □ نعم 2. □ لا
هل حصل الأطفال المرضي على علاج؟
1. □ نعم 2. □ لا
ما هو الحال الأرضي الذي يعاني الأطفال؟
1. □ مرض سوء التغذية 2. □ مرض نقص الأطعمة 3. □ مرض مرض سوء التغذية 4. □ مرض نقص الأطعمة 5. □ مرض نقص الأطعمة 6. □ مرض نقص الأطعمة
هل تتوفر المكملات الغذائية الخاصة بالأطفال المصابين بسوء التغذية في المرفق الصحي (بسكويت، شوكولاتة)؟
1. □ نعم 2. □ لا
هل يوجد منظمات مجتمع مدني تعمل في المنطقة؟
1. □ نعم 2. □ لا
ما هي أكثر الصعوبات التي تعيق السلام في المنطقة؟
1. □ التخدير 2. □ عدم وجود مرافق الشرطة 3. □ بعد مرافق الشرطة 4. □ الحرب 5. □ أخرى
هل للمرأة في منطقتك الحرية في اتخاذ القرار فيما يتعلق بشؤونها؟
1. □ نعم 2. □ لا 3. □ ليس بشكل كامل (إذا كانت الإجابة بـ "لا" للسؤال السابق، فما السبب أن للمرأة ليس لها الحرية في اتخاذ القرار من وجهة نظرك؟)
<table>
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<tr>
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<tbody>
<tr>
<td>1. هل تقبل المرأة مناصب قيادية في منطقتك؟</td>
<td>1. نعم 2. لا</td>
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<tr>
<td>2. ما هي المشاكل常年lene التي تهدد سلام واستقرار المرأة؟</td>
<td>1. الطلاق 2. العنف الأسري 3. الأمية 4. التحرش الجنسي 5. التسلط الجنسي الذكور في المنطقة</td>
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<tr>
<td>3. هل توجد مدرسة في منطقتك؟</td>
<td>1. نعم 2. لا</td>
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<tr>
<td>4. هل يذهب أولادك إلى المدرسة؟</td>
<td>1. نعم 2. لا</td>
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<td>5. كيف يتم حل النزاعات في منطقتك؟</td>
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<td>7. كيف يمكن عمل الاطفال في هذه المنطقة؟</td>
<td>1. توعية الآباء والأمهات 2. تلقيف مدرسين 3. توفير مدارس 4. دعم الأسر الفقيرة 5. تغطية الإapultات (الاقتراح والدفاتر والاقلام) 6. أخرى (تحدد)</td>
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<td>8. هل تشعر بالأمن داخل المدرسة؟</td>
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<td>9. هل توصى بكلاً من الجنسين في منطقتك بالتعليم ؟</td>
<td>1. نعم 2. لا</td>
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<td>10. ما هو السبب؟</td>
<td>1. الارتفاع 2. العنف المدرسي 3. الصراعات المسلحة 4. الأخرى (تحدد)</td>
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تم بحمد الله