

**Guidance Note  
to accompany the  
Multi-Cluster Initial Rapid Assessment (MIRA) - Nepal  
For floods affected Communities  
As of May 2009**

The Guidance Note aims to inform the assessment team on how to approach each question of the MIRA and fill in the MIRA form.

<b>ANNEX 1 ASSESSMENT TEAM INFORMATION</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
	List the organisations participating on the IRA Team Provide the name of the identified Team leader Provide phone number and email of team leader.	Please list organizations/offices represented on the MIRA Team. A leader should be identified in advance who is well acquainted with the tool

**Annex 2 provides guidance on data collection and recording at the DISTRICT LEVEL**

<b>ANNEX 2 Data Collection and Recording: DISTRICT - GEOGRAPHIC INFORMATION</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
2.1	District in which the village level assessment is being conducted	-
2.2 VDC Categorisation	Categorisation to be done in consultation with DDRC and other key informants in the district.	District may or may not have all five categories.
2.3 Access	Logistics information. To be collected in consultation with DDRC. Additional sources of information may include UN radio rooms, transporters, and other key informants in the district.	
2.4 IDPs	Consult DDRC, I/NGOs and other community leaders at district level.	“IDP concentrations” refers to groups of families and individuals that have been displaced from their community and even forced to flee their VDC of origin and relocate in a safe area. If a families home is damaged and they are staying in a shelter near their home or community they are not considered “IDPs”.
2.5	Logistics information. To be collected in consultation with DDRC. Additional sources of information may include UN radio rooms, transporters, and other key informants in the district.	
2.6	Consult DDRC, I/NGOs, UN agencies in the area and other community leaders at district level to determine areas that represent a potential security threat to humanitarians.	If an area is not accessible to all organization that are involved in the emergency response then it should be indicated on the map as an area that represents a security threat and may not be accessible.

<b>ANNEX 3 Data Collection and Recording: DISTRICT LEVEL Health and Nutrition</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
3.1	To be collected in DHQ...	
3.2	To be collected in DHQ...	

**Annex 3 to Annex 12 provide guidance on data collection and recording at the VILLAGE LEVEL**

<b>ANNEX 4 Data Collection and Recording: SAMPLED VDC / COMMUNITY</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
	Provide name of VDC in which the village is in Based on the mapping and categorisation of section 2.2. Identify which category of “affectedness” the village being assessed belongs to.  <b>P-code:</b> Is a Government identified “place” code (P-code) for each VDC. A list of place codes ( <b>P-code</b> ) for the district should be made available at the time	Record the name of the district Record the name of the VDC that the selected village is in. Record the name of the village/settlement to be assessed by the team.  <b>P-code:</b> Is a Government identified “place” code (P-code) for each VDC. These may or may not be available at the district. When available please

	<p>of the survey. This may be obtained from the District Authorities. A list of all VDC P-codes is available on-line at <a href="http://un.org.np">un.org.np</a>__.</p> <p>Optional - <b>Latitude and Longitude</b> – these can be collected with the use of GPS (Global Positioning System) device if available.</p>	<p>identify the VDC P-code for the village you are assessing. Due to variations in local and national names and spelling the P-code is unique number that will greatly assist in removing errors during data collation.</p>
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<b>ANNEX 5 Data Collection and Recording: POPULATION DATA</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
5.1	Community leaders, Female Health Care Volunteers.	Important to collect population information from focus group discussion where community members are well represented.
5.2 Highly affected	Community leaders, Female Health Care Volunteers.	<b>“Highly affected”</b> families that have lost all their assets. Ensure that the “family” data is recorded properly if it is not possible for informants to provide the disaggregated data (Male, Female, <5 yr.s). Important to note the livelihood and degree of vulnerability of the “highly affected” population. If community is into consideration
5.3 Less affected	Community leaders, Female Health Care Volunteers. <i>Observation:</i> <i>Preparation:</i> refer to UNICEF DAG Mapping	<b>“Less affected”</b> families that have lost part/some of their assets. If it is not possible for informants to provide the disaggregated data ensure that the “family” data is recorded properly
5.4 Dead, injured, missing	Community leaders, Female Health Care Volunteers.  In absence of a formal registration system: <i>KII:</i> <i>Observation:</i> <i>Preparation:</i> refer to UNICEF DAG Mapping	Record the number of males and female members of the community that have died, been injured or who are missing.
5.5 Vulnerable Groups	Community leaders, Female Health Care Volunteers.	Unaccompanied minors – these are children under the age of 18 who have no legal parent or guardian in the settlement. The parent or guardian may have seasonally migrated or been taken from the community or even killed due to the emergency.

<b>ANNEX 6 Data Collection and Recording: SHELTER</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
6.1	Interview local community leaders, community members (including women). Check numbers through physical observation. Also check with local NRCS volunteers.	
6.2	Interview local community leaders, community members (including women). If possible visit community shelter facilities that are identified or are being used.	

<b>ANNEX 7 Data Collection and Recording: HOUSEHOLD FOOD SECURITY</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
7.1	<p><i>District level:</i></p> <ul style="list-style-type: none"> <li>Refer to already available records and reports with NRCS, DDRC, DADO, and other agencies.</li> <li>Consult and interview with DADO, CDO, NRCS personnel, and other key informants.</li> </ul> <p><i>Community level:</i></p> <ul style="list-style-type: none"> <li>Interview with Key Informants (KI)—farmers, VDC's secretary, Agriculture Service Centre staff (if possible), teachers, and knowledgeable people.</li> </ul> <p>Field observation and verification of information with KI in some of the sample plots.</p>	<p>Crop losses land areas could be recorded in the unit practiced in the district (<i>Terai-Bigha</i>, Hill and Mountain-<i>Ropani</i>). In case of discrepancies, or the variation of information available in the district, cross-check can be done with relevant agencies.</p> <p>At least two or more KI interviews will be helpful to compare and come to precise figure/information. And the photographs of some of the observation plots will be helpful elaborate/support the case in report.</p>

7.2	<p><i>District level:</i></p> <ul style="list-style-type: none"> <li>Refer to secondary data, if available in the district (NRCS, DDRRC, DADO, and other agencies).</li> </ul> <p><i>Community level:</i></p> <ul style="list-style-type: none"> <li>Interview with Key Informants (KI)—farmers, VDC's secretary, Agriculture Service Centre staff (if possible), teachers, and knowledgeable people.</li> </ul> <p>Spot check and verify in some of the households.</p>	Field observation and verification of information with KI in some of the sample plots.
7.3	<p><i>Community level:</i></p> <ul style="list-style-type: none"> <li>Interview with Key Informants (KI)—farmers, VDC's secretary, Agriculture Service Centre staff (if possible), teachers, and knowledgeable people.</li> </ul>	It is better to facilitate KI to brainstorm and come up with list of main livelihoods they used to practice in the community; however it is not advisable to provide the list of livelihoods from the questionnaire. Once the listing is done, interaction should be focused whether that particular livelihood is resumed, or not.
7.4	<p><i>Community level:</i></p> <ul style="list-style-type: none"> <li>Interview with Key Informants (KI)—farmers, VDC's secretary, Agriculture Service Centre staff (if possible), teachers, and knowledgeable people.</li> </ul>	Need to facilitate to, and extract the responses from the KI on what kinds of coping strategies were widely practiced in the community. And to the best of their knowledge, what percentage of households had adopted the particular coping strategy. Again, it should be noted that the interviewer should not read out the list from the questionnaire for KI.
7.5	<p><i>Community level:</i></p> <ul style="list-style-type: none"> <li>Interview with Key Informants (KI)—farmers, VDC's secretary, teachers, Agriculture Service Centre staff (if possible), and knowledgeable people.</li> </ul>	Need to ask if the markets are accessible and functioning at all and the distance required traveling to and coming back (KM); need to record the mode of transportation as well. Thereafter need to record the price—now and before the disaster.
7.6		

<b>ANNEX 8 Data Collection and Recording: Water and Sanitation Hygiene (WASH)</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
8.1	<p>Interview local authorities, local community members (including women), and people responsible for water supply if present. This might include water utilities managers, technicians, and water-committee members.</p> <p>Cross-check with observation and measurement if possible.</p>	<p>In order to respond information is required on quantity and accessibility of drinking water in a community or health facility, whether from the primary source or from alternate sources. If small and quick repairs can be made on existing systems in order to provide minimum quantities of drinking water, the type of repair and materials required need to be noted. Output of existing sources may decrease due to seasonal variations, or affects from the earthquake or flooding. To provide water from alternate sources information on the type of source, distance and materials required should be noted.</p> <p>All water should be treated at the point of use before consumption. It is important to know if the water is clear or turbid to know the type of treatment product to supply. This information should be noted for primary source if still supplying water and for alternate sources. Raised levels of contamination in tube wells may remain for many weeks after flooding and therefore requires continual treatment.</p> <p>As people may have lost their means of collecting and storing water it is important to note the quantities of containers that may be needed to collect and store minimum quantities of drinking water.</p>
8.2	<p>Interview authorities, local community members including women, and people responsible for sanitation, if present.</p> <p>Cross-check with observation and measurement if possible.</p>	<p>Toilets (latrines) exist in less than half of the household in the rural areas and in less densely populated communities the health risks would not increase over normal circumstances. The existing situation before the disaster should therefore be noted. However, in more densely populated communities, in camps for displaced</p>

		persons and around health facilities toilets are essential to minimize the health risks. Toilet and drinking water facilities will be required at health facilities for persons accompanying ill and injured and should be noted. The condition of existing toilets should be noted as to their safety in containing excreta. Women and children are more vulnerable to exploitation and their needs for sanitation and hygiene should be noted. The number of families requiring hygiene supplies should be noted.
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ANNEX 9 Data Collection and Recording: PROTECTION		
Question	Data collection sources and methodologies	Key data issues and recording
9.1	<p>Protection concerns listed are not a checklist as such, but rather a guide to concerns for the assessment team to look out for.</p> <p><i>KII:</i> women and youth from affected community; local community leaders; field staff from UNICEF, Save Alliance, IRC, NRC, WV; Government (DCWB/ WDO), local NGO/CBO, eg Advocacy Forum, INSEC, CWIN, Para-Legal Committee etc</p> <p><i>FGD (where time permits/feasible):</i> women and youth from affected community</p> <p><i>Observations:</i> what protection concerns are visible? Eg presence of armed groups, marked/unmarked landmine fields, lack of adequate shelter, vulnerable groups on edge of IDP settlement</p> <p><i>Reports:</i> from Local NGOs/CBOs</p> <p>Can also ask any health workers in the area whether they have seen cases of GBV, whether they have treated persons showing signs of trauma</p>	<p><i>GBV</i> – difficult to detect and verify. Risk of may include threats, sleeping arrangements, location of toilets/bathing facilities and privacy in IDP settlements. This information is best approached sensitively, by a female and obtained through KII and FGD with women and youth from affected community. <b>Should be approached through general questions of whether the community members feel secure, whether they feel threatened by anyone during the day or during the night, rather than asking ‘is there GBV?’</b></p> <p><i>Separated children</i> – are separated from both parents or their previous legal or customary caregiver but not necessarily from other relatives. Separated children can further be defined as unaccompanied or an orphan.</p> <p><i>Unaccompanied children</i> – are separated from parents and other relatives and are not being cared for by an adult, who by law or custom, is responsible for doing so. This means the child may be completely without adult care or may be cared by someone unrelated eg neighbour, stranger, another child under 18</p> <p><i>Presence of armed groups</i> – can present a risk to adolescent girls and women and also recruitment of children</p> <p><i>Risk of Trafficking</i> – is this a known trafficking district. KII with local Police post and NGO/CBO eg INSEC, Advocacy Forum, CWIN</p> <p><i>Exposure to IEDs/landmines</i> – media reports, contact local Army post, discuss with local community and also Mine Action section in UNICEF Kathmandu</p> <p><i>Traumatized children/persons</i> – is the affected population displaying signs of psychosocial distress eg anxiety, difficulty sleeping, aggression</p> <p><b>Discrimination</b> – are certain communities subject to discrimination on grounds of caste, gender, religion, ethnicity, particularly with regard to access to humanitarian assistance?</p>

<b>ANNEX 10 Data Collection and Recording: NUTRITION</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
10.1	Interview various key informants, like mothers and caretakers of infants, among the community population. Ask what their children have been eating since the emergency on-set If available, ask Female Health Care Volunteers or local medical staff Second source: Household observations if possible. If possible ask Female Health Care Volunteers or local medical staff	Infants need appropriate complementary food for their age. In emergencies these foods are not always available, and infants risk poor nutrition. What is being fed to the infants and what is the nutritional value. E.g. porridge, how is it prepared (ingredients)
10.2	Interview mothers of infants and children up to 2 years of age, among the community population. Ask whether they are currently breastfeeding the child. If not, ask why they stopped and when. Second source, ask other key informants in the community for changes in breastfeeding.	Shock, unrest, and lack of privacy can cause mothers to interrupt breastfeeding in emergencies, while breast-milk is the most reliable and safest food for their children. Record if any mothers stopped breastfeeding as a result of the emergency. If yes, about what proportion and what are major reasons.
10.3	Interview key informants in district and local government, relief organisations, NGOs and local communities about what kind of food is distributed Observations among recipient population to see if bottles, teats and infant formula are being used for infant feeding	Unsolicited breast milk substitute donations should be prevented in any emergencies. Any such donations should be recorded by place, type and/or brand, and amount, including the name and contact details of the source.

<b>ANNEX 11 Data Collection and Recording: HEALTH</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
11.1	Interview various key informants (like community leaders, hospital directors, staff of hospitals and other health facilities, pharmacies, relief organizations, NGOs and media) about the present major health concerns / observed disease outbreaks after onset of disaster.	Necessary to know the <b>existence of symptoms</b> for the development of rapid preparedness plan from the central level
11.2	<b>Specifically interview health workers working in hospitals, health centers, sub health posts, outreach clinics and other health facilities and pharmacies</b> of availability of essential medicines. Adequate meaning sufficient supplies for the estimated need during the next 15 days and inadequate meaning insufficient for estimated need during the next 15 days. If some specific medicines / medical supplies are unavailable, please mention these.	Necessary to know the <b>health capacity that exists</b> in the areas including the level of services they can provide from the local level.
11.3	Interview various key informants (like community leaders, hospital directors, staff of hospitals and other health facilities, NGOs, NRCS, media and security personnel) <b>and observe</b> the present state of the health facilities and their accessibility	Necessary to know the <b>health capacity that exists</b> in the areas including the level of services they can provide from the local level.

<b>ANNEX 12 Data Collection and Recording: EDUCATION</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
12.1	Interview with local community leaders, School Management Committee Members (SMCs), DEO Officials, Parent Teacher Association Members, teachers, parents, CBOs/Local NGOs about the major impact of flood on the education institutes. Check School Facilities, ECD centres, religious schools, non formal centres (if applicable) through physical facilities.	Necessary to know the number of educational institutions (ECD Centres, formal, non-formal and religious schools) affected. No of children affected by gender ( if possible) No of teachers affected by flood Any casualties, loss of lives How many schools have been used as a shelter for IDPs Need to assess availability of other community buildings and coordinate information with sectors counting and protecting IDPs.

12.2	<p><i>Sources:</i> Education cluster members assigned to provide information. This may include DEO staff, field staff from UNICEF, Save Alliance, Plan, World Vision, or IRC. Women's Development Committee, local teachers, SMC members, Teacher Union Members, PABSON, N/PABSON's district chapter, Education Based local NGOs</p> <p><i>Methodology:</i> Observation at village level, information shared through available communication channels</p>	Difficult to get data on individual schools and relay information to central communication hub Need estimates which can be gathered from the DEO Flash Report.
12.3	<p><i>Sources:</i> Education cluster members assigned to provide information. This may include DEO staff, field staff from UNICEF, Save Alliance, Plan, World Vision, or IRC. Women's Development Committee. Data should also be collected by those responsible for counting IDPs, including protection/logistics/shelter clusters</p>	Need to assess availability of other community buildings and coordinate information with sectors counting and protecting IDPs.
12.4	Parents, teachers, community leaders....	

<b>ANNEX 13 Data Collection and Recording: Relief assistance provided or planned</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
13.1	Discussion with local NGOs, Community leaders, NRCS volunteers.	If assistance has been provided. If available, list the assistance provided and the organisation(s) that provided it.

<b>ANNEX 14 Data Collection and Recording: DISPLACED POPULATION DATA</b>		
<b>Question</b>	<b>Data collection sources and methodologies</b>	<b>Key data issues and recording</b>
14.1	Collect demographics of IDP population from a community leader.	
14.2	Camp Management Committee if established or person/s taking responsibility.	For example, child-headed households, separated children, single women, widows, female-headed households, disabled persons and vulnerable groups.
14.3	<p><i>Possible Sources:</i> Education cluster members assigned to provide information. This may include DEO staff, field staff from UNICEF, Save Alliance, Plan, World Vision, or IRC. Women's Development Committee, local teachers, SMC members. Data should also be collected by those responsible for counting IDPs, including protection/logistics/shelter clusters</p>	Necessary to know capacity of existing schools non-damaged and supply needs to accommodate IDP students. A judgment needs to be made by data collector on this
14.4	Identify the IDP's community of origin.	If multiple villages of origin list communities from most to least representative.
14.5	<p><i>Possible Sources:</i> IDP community members. If there is no immediate plan to return home, list the specific concerns of the IDP population.</p>	
14.6	<i>Possible Sources::</i> IDPs and host community members.	
14.7	<i>Possible Sources::</i> members of the host community, the host community leaders, religious leaders, VDC secretaries,	