

Appendix 3 : Nutrition Surveys Questionnaires 2019

Greeting and Reading of Rights

THIS STATEMENT IS TO BE READ TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSE BEFORE THE INTERVIEW. DEFINE A HOUSEHOLD AS A GROUP OF PEOPLE WHO LIVE TOGETHER AND ROUTINELY EAT OUT OF SAME POT. DEFINE HEAD OF HOUSEHOLD AS MEMBER OF THE FAMILY WHO MANAGES THE FAMILY RESOURCES AND IS THE FINAL DECISION MAKER IN THE HOUSE.

Hello, my name is _____ and I work with [organization/institution]. We would like to invite your household to participate in a survey that is looking at the nutrition and health status of people living in this camp.

UNHCR and ACROSS are working in the nutrition and health sectors are sponsoring this nutrition survey

Taking part in this survey is totally your choice. You can decide to not participate or stop taking part at any time and for any reason. If you stop being in this survey it will not have any negative effects on how you or your household is treated or what aid you receive.

If you agree to participate, I will ask you some questions about your family. We will then measure the arm circumference, weight and height of children who are older than 6 months up to 5 years. In addition to these assessments we will also test a small amount of blood from the finger of the children and women to see if they have anaemia.

Before we start to ask you, any questions or take any measurements, we will ask you to give your verbal consent. Be assured that any information that you will provide will be kept strictly confidential.

You can ask me any questions that you have about this survey before you decide whether to participate.
Thank you

Questionnaire for Children 6-59 months (every HH)

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL CARETAKERS OF A CHILD THAT LIVES WITH THEM AND IS BETWEEN 6-59 MONTHS OF AGE

Date (dd/mm/yyyy)						Team Number				Village		Block				
_ _ _ _ / _ _ _ _ / _ _ _ _ _ _ _ _ _						_ _				_ _ _ _		_ _ _ _				
CH1	CH2	CH3	CH4	CH5	CH6	CH7***	CH8***	CH9	CH10	CH11	CH12	CH13	CH14	CH15	C16	CH17
ID	HH	Consent given 1=yes 2=no 3=absent	Sex (m/f)	Birthdate* dd/mm/yyyy	Age** cwiri (months) Dwodi	Oedema (y/n)	MUAC (mm)	Weight (kg) ±100g	Height (cm) ±0.1cm	If Child enrolled in the below nutrition program 1=SFP 2=OTP/SC 3=None	Is Child enrolled in BSFP 1Yes 2No	Measles <i>Nyilaal ocwobo ajwa kijaath</i> 1=yes card 2=yes recall 3=no or don't know	Vit. A in past 6 months <i>Nyilaal amadho Vit A koot</i> (show capsule) 1=yes card 2=yes recall 3=no or don't know	Diarrhoea in past 2 weeks# Nyilaal omak leth ec ki koot juu ariew? 1=yes 2=no 8=DK	Deworming in the last six months 1=Yes 2=No 8=DK	HB (g/dl)
01				/ /												
02				/ /												
03				/ /												
04																
05																
06																
07																
08																
09																
10																
11																

*Record from EPI/health card/age documentation if available. Leave blank if no valid age documentation. **Estimate using event calendar and recall if age documentation not available. #Diarrhoea: 3 or more loose stools within 24hrs

***C9 & C10: REFER TO CLINIC FOR MALNUTRITION IF NOT ALREADY ENROLED IN TSFP / OTP IF OEDEMA=Y OR MUAC < 12.5CM; C15: REFER IF HB IS<7 G/DL

Questionnaire for WOMEN 15-49 YEARS (every other HH)

This questionnaire is to be administered to all women aged between 15 and 49 years IN THE SELECTED HH

Date (dd/mm/yyyy)				Camp		Team Number		Village Number		Block
_ _ _ / _ _ _ / _ _ _ _ _ _						_ _ _		_ _ _		_ _ _
W1	W2	W3	W4	W5	W6	W7	W8*	W9		
Woman ID	HH	Consent given 1=yes 2=no 3=absent	Age (years) cwiri	Are you pregnant? Ngeeti inamaai 1=yes 2=no (GO to WM 8) 8=DK (GO WM 8)	Are you currently enrolled in the ANC? Ino cobo ki mar jo jey? 1=yes 2=no (If no, STOP)	Are you currently receiving iron-folate tablets? (SHOW PILL) Ino moo kiin? 1=yes (STOP NOW) 2= no (STOP NOW) 8=DK (STOP NOW) Bung gin ngääc	Hb (g/dL) (Only for non-pregnant women) Kipper maan moa nak ngeet ge ba in maal keerge	Woman referred for anaemia Mn mo kwa kipper tar kääc 1=yes 2=no		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

*W8: Refer to the clinic for anaemia if HB is <8.0 g/dl

IYCF Questionnaire (1 questionnaire per child 0 -23 months)

Date (dd/mm/yyyy)	Team Number	Village Number	Block Number	HH Number
_ _ / _ _ /2019	_ _	_ _	_ _	_ _
No	QUESTION	ANSWER CODES		
SECTION IF1				
IF1	Sex	Male 1 Female2	_ _	
IF2	Birthdate RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION Nyilaal olwaaro go kayi wane	Day/Month/Year..... _ _ / _ _ / _ _ _ _		
IF3	Child's age in months	IF AGE DOCUMENTATION NOT AVAILABLE, ESTIMATE USING EVENT CALENDAR. IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH	_ _	
IF4	Has [NAME] ever been breastfed? (Nyilaal obeedö ni dhooth)	Yes (Kare)..... 1 No (pakare).....2 Don't Know8 (Bung gin ngäac)	_ _ IF ANSWER IS 2 or 8 GO TO IF7	
IF5	How long after birth did you first put [NAME] to the breast? (Akany mo nyiedi ni dhwotho nyilaal ki koor/laar?)	Less than one hour1 (odoo piny ki caa aciel) Between 1 and 23 hours2 (akiic caa aciel keel 23) More than 24 hours3 (Opodho ki baat caae mo 24) DK (Bunggin ngäac)..... 8	_ _	
IF6	Was [NAME] breastfed yesterday during the day or at night? (Nyilaal odhooth ya waare ki wang vang/waar?)	Yes (kare).....1 No (pakare).....2 DK...8 Bung gin ngäac	_ _	
SECTION IF2				
IF7	Now I would like to ask you about liquids that [NAME] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. (Enno amanya go ni peenga kiper jammi moa kwil man nak nyilaal) Yesterday, during the day or at night, did [NAME] receive any of the following? (Ya wääri ki di cäng wala wär nyilaal o gitö ki re moi?)			
	ASK ABOUT EVERY LIQUID. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE. 7A Plain water:		1=Yes (Piiny kare) 2=No (Pakare) 3=DK (Bung gin ngäac) 7A.....1 2 8	

	7B. Infant formula: for example, Nan 1, nan 2, s26. (Ya waare ki waar wala dicang nyilaal amadho ki : <i>(Caak mo cuk?)</i>)	7B.....1	2	8
	7C. Milk such as tinned, powdered, or fresh animal milk: for example (Nido, cow milk, goat milk). (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(Coak wala caak jur moa näk mo läny)</i>)	7C.....1	2	8
	7D. Juice or juice drinks e.g mango, apple juice bought in shops. (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(Pii nyijäth mwØa ngweeth teeng manga, apple ki mØØk)</i>)	7D.....1	2	8
	7E. Clear broth (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(Cwige)</i>)	7E.....1	2	8
	7F. Sour milk or yogurt for example: (Ya waare ki waar wala dicang nyilaal amadho ki:) <i>Caak mwØa wac</i>)	7F.....1	2	8
	7G. Thin porridge for example: (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(Pimor)</i>)	7G.....1	2	8
	7H. Tea or coffee with milk (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(cääye wala caak, Buna wala caak)</i>)	7H.....1	2	8
	7I. Any other water-based: for example, sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual drinks (Ya waare ki waar wala dicang nyilaal amadho ki: <i>(soda, Kerekede, caay/buna mo caak ree?)</i>)	7I.....1	2	8
IF8	Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food? (<i>Yaa waare ki wäär, dicang nyilaal acamo ki cam mo joom-mo guuro?</i>)	Yes (kare).....1 No (pakare)2 DK (Bung gin ngäac)8		__
SECTION IF3				
IF9	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night? (<i>Nyilaal amadho kigiir piny, yi willi mo dheer da thootho ya waare ka dicang wala waar?</i>)	Yes (kare).....1 No (pakare).....2 DK (Bung gin ngäac).....8		__
SECTION IF4				
IF10	Is child aged 6-23 months? REFER TO QF2 <i>Nyilaal cwiiye ena ri dwadw abiciel keel piera ariew kadak?</i>	Yes (kare).....1 No (pakare).....2		__ IF ANSWER IS 2 STOP NOW
IF11	Now I would like to ask you about some particular foods [NAME] might have eaten. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] consume any of the following? (<i>Enno amanya go ni peenya kipper cam mano cam nyilaali. Yiea omino wal nyilaal mari ogitokeeldee naa ojaabo ki cammi mook</i>) ASK ABOUT EVERY ITEM. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE.			Yes, No DK
IF12	11A. Flesh foods for example: beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart. (<i>Nyilaal acamo ya waare ki ringo teengi: (Riingo, Reo, Caap riing teeng, rieng dhieng, ring diel, ring roomo, ring othur, ring apwoow ring, gwieno, badho cwiny, rogi ki winyo?</i>)	11A.....1	2	8
	11C. FBF++ : for example CSB++ (Ya waare nyilaal acamo ki mo mana ngeeth ka dicang/waar?)	11C.....1	2	8
	11D. RUTF : for example, Plumpy'Nut® (SHOW SACHET) (<i>Ya waare ki dicang waar nyilaal acamo ka apulli wala athiloomi?</i>)	11D.....1	2	8
	11E. RUSF : for example, Plumpy'Sup® (SHOW SACHET) (<i>Ya waare ki dicang, waar nyillal acamo ka apuuli wala athiloomi?</i>)	11E.....1	2	8
	11G. Infant formula: for example, NAN 1, nan 2, s26). (<i>Ya waare ki waar, dicang nyilaal amadho ki caak teeng Nan 1, Nan 2?</i>)	11G.....1	2	8

11H. List any iron fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting that are different than distributed commodities (Ya waare ki waar dicang nyilaal acamo ki cam mo jappo ka teeng: piimo mo jaabo ka athiloomi)	11H.....1 2 8
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Food Security questionnaire (1 questionnaire per every other household)

Date (dd/mm/yyyy)	Camp	Team Number
_ _ / _ _ /2019		_ _
Village Number	Block Number	Household
_ _	_ _	_ _ _
No	QUESTION	ANSWER CODES
SECTION 1		
1.	Does your household have a ration card? (<i>Paari da kaat mar cam?</i>)	Yes.....1 No.....2 IF ANSWER IS 1 GO TO Q3
2.	Why do you not have a ration? (<i>Aper ngø ni bunge kaat mar cam jiri?</i>)	Not given one at registration, even if eligible1 Lost card 2 Traded/Sold card 3 New arrival who is eligible but not yet registered 4 Not eligible (not in targeting criteria) 5 Other..... 6 IF ANSWER IS 1 GO TO Q3
3.	Does your household receive full or reduced food ration?	Full (10kg Sorghum)1 Reduced.....2 Other.....3
4.	How many days did the food from the general food aid ration from the cycle of [August] month last? (<i>A ninë Adii ni thum cammi mari mar dwaabara wala dwaana pödhö?</i>)	Number of Days _____ IF ANSWER IS > or =30 days GO TO Q5

5.	<p>In the last month, have you or anyone in your household borrowed cash, food or other items with or without interest?</p> <p><i>(Yi dwääy mana pöödhö da dhaanhø mo kado ki girpiny. paari kimet ec mari wala ki teek mo dwogi ni omeetö wala dwogi ni kare?)</i></p>	<p>Yes (<i>Piiny kare</i>)1 No (<i>pakare</i>).....2 DK.....8 (<i>Bung gin ngäac</i>)</p>	__
6.	<p>In the last month, have you or anyone in your household sold any assets that you would not have normally sold (furniture, seed stocks, tools, other NFI, livestock etc.)?</p> <p><i>(Yi dwaay mana pöödhö ini wala dhaanhø mo ena paari ogadho ki jammi mwoa nak kiri manyo ne gadhe, teeng koodhi, koomi, lay kimøøk?)</i></p>	<p>Yes (<i>kare</i>).....1 No (<i>pakare</i>).....2 DK 8 (<i>Bung gin ngäac</i>)</p>	__
7.	<p>In the last month, have you or anyone in your household been requested increased remittances or gifts as compared to normal?</p> <p><i>(Yi dwaay mana pöödhö, ini wala dhaanho mo ena paari dogo mo peo ki kony, teeng muo, mo cire omeedo ki go?)</i></p>	<p>Yes (<i>kare</i>).....1 No (<i>pakare</i>).....2 DK 8 (<i>Bung gin ngäac</i>)</p>	__
8.	<p>In the last month, have you or anyone in your household reduced the quantity and/or frequency of meals and snacks?</p> <p><i>(Yi dwaay mana pöödhö da dhaanho wala ino kan wak rikwaan cam mono cami?)</i></p>	<p>Yes (<i>kare</i>).....1 No (<i>pakare</i>).....2 DK 8 (<i>Bung gin ngäac</i>)</p>	__
9.	<p>In the last month, have you or anyone in your household begged?</p> <p><i>(Yi ndwaay mana pöödhö. Da dhaanhø mo kwayø?)</i></p>	<p>Yes (<i>kare</i>).....1 No (<i>pakare</i>).....2 DK 8 (<i>Bung gin ngäac</i>)</p>	__
10.	<p>In the last month, have you or anyone in your household engaged in killing of wild animals, cutting of big trees and selling, stealing, cross boarder smuggling, charcoal burning or any other risky or harmful activities</p> <p><i>(Yi dwääy mana pöödhö ini nago ki laac paap, ina ngudo ki jeni moa dongo, ogathige, ina kwatto, nyibobel, tiie moriyyo?)</i></p>	<p>Yes (<i>kare</i>).....1 No (<i>pakare</i>).....2 DK 8 (<i>Bung gin ngäac</i>)</p>	__

SECTION 2

<p>11.</p>	<p>Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night.</p> <p><i>(Enno amanya go ni peenya ki with caami, mocami/ Mocam dhaanho moena paari ya waare ka dicany / waar?)</i></p> <p>I am interested in whether you or anyone else in your household had the item even if it was combined with other foods. I am interested in knowing about meals, beverages and snacks eaten or drank inside or outside the home.</p> <p><i>(Yiea omiino wala ini, dhaanho mo ena paari jire da jami, keel dee naa ojaabo ki caami mook amanya go nee ngaa teengig gion math, caami, soda yi paari, wok?)</i></p>	<p>READ THE LIST OF FOODS AND DO NOT PROBE. RECORD (1) IN THE BOX IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION, OR (0) IN THE BOX IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.</p>
	<p>1. Cereals: e.g. Sorghum, maize, wheat, rice Ya waare ki waar, dicang nyillaal acamo ki kwon teeni: <i>(cindi, ruuc, abay, beel?)</i></p> <p>2. White roots and tubers: e.g. White potatoes, white yam, white cassava, white sweet potato or other foods made from roots <i>(Iweet jenni mwØa tar teeng, bäälä mwØa mar, Ajwaale mwØa tar, opeelemwØa tar ki mØØk?)</i></p> <p>3A. Vitamin A rich vegetables and tubers: e.g. pumpkin, orange sweet potato, tomato + other locally available vitamin A rich vegetables <i>Nyilaal ocamo ki with a marmoi teeng: (okono, Ajuala mana ngweeth, tim tim?)</i></p> <p>3B. Dark green leafy vegetables: Any dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as cassava leaves, pumpkin leaves, bean leaves kale, spinach <i>Nyilaal omwo ki caami ya waare/dicangi wala ocamo ki caami moi teeng : (Bøøng Babura, Bøøng Okonno, Boo, Nyiwacwie, kale?)</i></p> <p>3C. Other vegetables: Any other vegetables (e.g. cabbage, green pepper, onion, eggplant) + <i>other locally available vegetables Nyilaal ocamo ka amar moi ya waare/dicangi teeng: (cabbage, Amar mook teeng, amulle, Adamedi mana mar, abacali, ocook?)</i></p>	<p>1..... __ </p> <p>2..... __ </p> <p>3A..... __ </p> <p>3B..... __ </p> <p>3C..... __ </p>

4A. Vitamin A rich fruits: Any mango (ripe, fresh and dried), ripe papaya, and 100% fruit juice made from these + *other locally available vitamin A rich fruits*. Nyilaal ocamo ki nyi jenni mo cipi ki *Vitamin A decani /ya waare teeng (olilu, manga, papaya?)*

4A.....|__|

4B. Other fruits: Any other fruits such as banana, lemon, avocado including wild fruits and 100% fruit juice made from these. Nyilaal omadho ki pi nyi jeni teeng: (*bala, leemun, abö kadö, thö?*)

4B.....|__|

5A. Organ meat: Nyilaal mari ya waare/dicangi ocamo ki: (*Riing cwiny, Rogi, Wenyo obaw?*)

5A.....|__|

5B. Flesh meats: Nyilaal ya waare /dicangi acamo ki: (*Riingo?*)

5B.....|__|

6. Eggs: Nyilaal ya waare /dicangi acamo ki (*Tong gwieni, tong badho, tong akuuru?*)

6.....|__|

7. Fish and seafood: Ya waare/dicangi nyilaal acamo ki: (*Rëö, caap yi naam*)

7.....|__|

8. Legumes, nuts and seeds e.g beans, yellow split peas, groundnuts and sim sim Nyilaal acamo y aware / dicangi ki lweet jenni, nyijeni teeng: (*Apuli, koodhi, nyimi, ngoori?*)

8.....|__|

9. Milk and milk products: Any milk, infant formula, cheese, yogurt or other milk products *Ya waare / di cangi nyilaal mari amatho ki : (caak, dile, caack mowac)*

9.....|__|

11. Oils and fats: (*mäu, maar dhieng, bwob*)

10.....|__|

12. Sweets: sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies, sweet biscuits and cakes Ya *wääre*. ki dicangi nyilaal mari amdh acamö ki jame moa gweeth: (*sukar,*

11.....|__|

soda, Achir, cake, maar kic, alaawa, backuuth mana ngweeth)

13. Spices, condiments, beverages: (Any spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages. Ya waare nyilaal acamo amadho ki jammi teeng: (*Ademiti, ocoojur, acäwö, chay, araki, buna, kwong*)

12.....|__|