

## Appendix 3 : Nutrition Survey Questionnaires October 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 WVI 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.

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							Block				
_ _ _ / _ _ _ / _ _ _ _ _ _ _					_ _							_ _ _				
CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH11	CH12	CH13	CH14	CH15	CH16	CH17
HH	ID	Consent given  1=Yes  2=No  3=Absent	Sex (M/F)	Birth date*  dd/mm/yyyy	Age**  in months	Oedema***  (Y/N)	MUAC (CM)	Weight (KG)  ±100g	Height (CM)  ±0.1cm	Is child enrolled in nutrition program?  (Gigude re i kerimoru kuba kpaku yo?)  1=TSFP  2=OTP/SC  3=None	Is child enrolled in BSFP program?  1=Yes  2=No	Has the child been vaccinated against Measles?  (Yafunga mangbere nga ga banungba fugude?)  1=Yes card  2=Yes recall  3=No or don't know	Has the child received Vitamin A in past 6 months?  (Yafunga Vitamin A  Fu gude nidu ni zamba ha?)  (show capsule)  1=Yes card  2=Yes recall  3=No or don't know	Has the child received deworming tablet in past 6 months?  (Yafunga dawa agbiro  (Show deworming tablet)  1=Yes  2=No  3=Unknown	Has [name] had diarrhea in the last two weeks, including today? #  (Kaza vuseyo mangingo gude dagba gu poso susi ue kusayo?)  1=Yes  2=No  3=Unknown	HB (g/dl)
				/ /												

\*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. \*\*\*C9 & C10: Refer to the clinic for malnutrition is not already enrolled in TSFP/OTP/SC if Oedema =Y or MUAC <12.5cm; #Diarrhoea: 3 or more loose stools within 24hrs

### 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

[illegible]

**\*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	Block Number	HH Number
_ _ _ / _ _ _ /2019	_ _ _	_ _ _	_ _ _

No	QUESTION	ANSWER CODES	
<b>SECTION IF1</b>			
IF1	Sex	Male ..... 1 Female.....2	_
IF2	Birthdate  RECORD FROM AGE DOCUMENTATION.  LEAVE BLANK IF NO VALID AGE DOCUMENTATION	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? (Nyamo _____ naaha mai?)	Yes ..... 1 No .....2 DK .....8	_  <b>IF ANSWER IS 2 or 8 GO TO IF7</b>
IF5	How long after birth did you first put [NAME] to the breast? (Siadi regbo wai fuo vungu mo mai _____ ti ha mai?)	Less than one hour .....1 (Mbat fu sa sa?)  Between 1 and 23 hours .....2 (Bangbanda sa sa na sa bauru na biata?)	_

		More than 24 hours .....3  (Ti fuo sa baura na biama?  DK.....8	
IF6	Was [NAME] breastfed yesterday during the day or at night?  (Nyamo _____ aha mai gba uru singa yuru?	Yes .....1 No .....2 DK .....8	__
<b>SECTION IF2</b>			
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.  Yesterday, during the day or at night, did [NAME] receive any of the following?		
	<p>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.</p> <p>7A Plain water: (Kungbo lme)</p> <p>7B. Infant formula: for example, Nan 1, nan 2, s26. (Sis sia agua rigo du tipa rukutu agude)</p> <p>7C. Milk such as tinned, powdered, or fresh animal milk: for example (Niddo). (Gudu ni ngugoho, ga kopo na ime mamu anyaa)</p> <p>7D. Juice or juice drinks e.g. mango, apple juice bought in shops. (Nzinziri ime zukuzuku ahee dutipa mbira ha)</p> <p>7E. Clear broth (Girigiri ime riahe watadu suruba)</p> <p>7F. Sour milk or yogurt for example (Kakai ime mamu se)</p> <p>7G. Thin porridge for example: (Zangbazanga dingbo)</p>	<p>1=Yes 2=No 8=DK</p> <p>7A.....1 2 8</p> <p>7B.....1 2 8</p> <p>7C.....1 2 8</p> <p>7D.....1 2 8</p> <p>7E.....1 2 8</p> <p>7F.....1 2 8</p> <p>7G.....1 2 8</p>	

	<p>7H. Tea or coffee with milk (<i>Siai , Buni</i>)</p> <p>7I. Any other water-based: for example sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual</p> <p>(<i>Gukura mbirimhiri ime duwa soda watadu mbira nzinziri ahee wa lemon</i>)</p>	<p>7H.....1      2      8</p> <p>7I.....1      2      8</p>	
IF8	<p>Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?</p> <p>(<i>Gbaradu uru watadu yuru, nyamu ____ ari ndandai riahe singa ruru ngburahaa</i>)</p>	<p>Yes .....1</p> <p>No ..... 2</p> <p>DK .....8</p>	__
<b>SECTION IF3</b>			
IF9	<p>Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night?</p> <p>(<i>Nyama_____ ambiringahe gba ti ngba gizaza uru watadu yuru?</i>)</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>	__
<b>SECTION IF4</b>			
IF10	<p>Is child aged 6-23 months?</p> <p>REFER TO QF2</p>	<p>Yes .....1</p> <p>No .....2</p>	<p> __ </p> <p><b>IF ANSWER IS 2 STOP NOW</b></p>
IF11	<p>Now I would like to ask you about some particular foods [NAME] may eat. 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?</p> <p><b>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.</b></p> <p style="text-align: right;">Yes   No   DK</p>		
IF12	<p>11A. <b>Flesh foods</b> for example: beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart.</p> <p>(<i>Iwaapasio: Wagabagara,meme,kandoro,mukuru,ndakuto,kondo,baata, endee, wiri mbia nya, na bagandu</i>)</p>	<p>11A.....1      2      8</p>	

11C. <b>FBF++</b> : for example CSB++  (Ngungo/Ndigbo ga abaramu ba fu ngua yo yafu he fu rukutu agude)	11C.....1	2	8
11D. <b>RUTF</b> : for example Plumpy’Nut® (SHOW SACHET  (Kpaku abaramu du na sisihe ni zamba)	11D.....1	2	8
11E. <b>RUSF</b> : for example Plumpy’Sup® (SHOW SACHET)	11E.....1	2	8
11G. Infant formula: for example NAN 1, nan 2, s26).  (Sia sia agua rigo du tipa rukutu agude)	11G.....1	2	8
11H. List any <i>iron fortified</i> solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting that are different than distributed commodities.  (Mo gedi gu kura unga ariahe watadu rurungbura ha nga gu na fu ome du waga kopo ga ndukuro fu rukutu agude nga guya fungaha dagba agu arigo reya)	11H.....1	2	8

**Food Security questionnaire (1 questionnaire per every other household)**

<b>Date (dd/mm/yyyy)</b>		<b>Camp</b>	<b>Team Number</b>
_ _ _ _ / _ _ _ _ /2019			_ _ _ _
		<b>Block Number</b>	<b>Household</b>
_ _ _ _		_ _ _ _	_ _ _ _ _
<b>No</b>	<b>QUESTION</b>	<b>ANSWER CODES</b>	
<b>SECTION 1</b>			
1.	Does your household have a ration card? (Rogo goani kporo carte ho nga ga zio rigo?)	Yes ..... 1 No ..... 2	_ _  <b>IF ANSWER IS 1 GO TO Q3</b>
2.	Why do you not have a ration card? (Tipa gine adunga karete zio rigo tini beroniya?)	Not given one at registration, even if eligible ..... 1 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	_ _
<b>In Makpandu a reduced ration is received at a 70% ration scale. The following questions aim to ascertain whether households are using any of the below coping strategies to fill the food gap.</b>			
3.	In the last month, have you or anyone in your household borrowed cash, food or other items with or without interest? (Rogo gu diwi susi kusayo, mo watadu gamo aboro kporo dinga bapee mara watadu gukura ahee ni dingisoro?)	Yes ..... 1 No ..... 2 DK ..... 8	_ _
4.	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 Non-Food Items, livestock etc.)? (Rogo gu diwi susi ku sayo mo watadu gamo aboro kporo bagingo ahee ni dingisoro duwa abarama ,tunga ahee, ahuu asunge watadu zogozogo anyaa, azire kporo na agua hee yaringaya?)	Yes ..... 1 No ..... 2 DK ..... 8	_ _
5.	In the last month, have you or anyone in your household been requested increased remittances or gifts as compared to normal? (Rogo gu diwi susi kusayo yamo mo	Yes ..... 1 No ..... 2 DK ..... 8	_ _



	<i>watadu kura boro rogo gamo kporo sananga he tipa ikidi tiso watadu gamahe funi kisisi ume?)</i>		
6.	In the last month, have you or anyone in your household reduced the quantity and/or frequency of meals and snacks? ( <i>Rogo gu diwi susi kusayo mo watadu gamo aboro kporo zogosi ngo bête ri rigo kusende?</i> )	Yes .....1 No .....2 DK .....8	__
7.	In the last month, have you or anyone in your household begged? ( <i>Rogo gu diwi susi kusayo boro ho nga hee dagba roni?</i> )	Yes.....1 No .....2 DK .....8	__
8.	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 ( <i>Rogo gu diwi susi kusayo boro dagba gamo aboro pkoro imingo anya nvuo watadu dewa kindigi angua watadu бага аroko kini ta kusayo kini bagi kengere nga gu du ni gbegbere he kuti gani raka?</i> )	Yes .....1 No .....2 DK .....8	__

## SECTION 2

9.	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. 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. ( <i>Awere mi na ida ka sanaroni tipa gu ngbatunga arigo ona rihe gba uru watadu yuru?Mina nyamu ka in oho bero watadu koraboro dagba aboro kporo du na kura he</i> )	<b>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.</b>	
	1. <b>Cereals:</b> e.g. Sorghum, millet, maize, wheat, rice  <i>Vunde; maru; ngbaya; mapunga)</i> 2. <b>White roots and tubers:</b> e.g. White yam, white cassava, white	1..... __	2..... __

<p>sweet potato or other foods made from roots</p> <p><i>Pusi gbara, pusi gbanda; pusi abangbe</i></p> <p><b>3A. Vitamin A rich vegetables and tubers:</b> e.g. pumpkin, orange sweet potato, tomato and carrot <i>Boko, zamba abangbe, komondoro, carrot</i></p> <p><b>3B. Dark green leafy vegetables:</b> cassava leaves, pumpkin leaves, bean leaves; sweet potato leaves amaranthus; kale, spinach. <i>kpe gadia; kpe siro; Kpe abapu; kpe abangbe; kpe pende; sukumawiki; spinach</i></p> <p><b>3C. Other vegetables:</b> cabbage, green pepper, onion, eggplant <i>Cabbage; shata, basala, aswuati</i></p> <p><b>4A. Vitamin A rich fruits or juice from these fruits:</b> Pineapple, Orange, mango; pawpaw or their juice <i>Ananasi; ramuni; manga ; paipai</i></p> <p><b>4B. Other fruits:</b> Any other fruits such as banana, lemon, avocado, water melon including wild fruits and 100% fruit juice made from these.</p> <p><i>Buu; ka kai ramuni; aruka, batiko; na agu akora ha</i></p> <p><b>5A. Organ meat:</b> Kidney; heart; liver; intestines <i>Kibida; endenya; lwo pasio;</i></p> <p><b>5B. Flesh meats:</b> goat, beef, lamb, pork, rabbit, chicken, duck, doves <i>(pasio meme, pasio pasio bambata wiri kandoro; pasio mukuru; pasion ndakuto, pasio kondo, pasio bachate, pasio mbipo)</i></p> <p><b>6. Eggs:</b> Chicken eggs; duck eggs; dove eggs <i>(Para kondo; para bata; para mbipo)</i></p> <p><b>7. Fish:</b> fresh and dry fish</p> <p><i>lwoatio; uguatio</i></p> <p><b>9. Legumes, nuts and seeds:</b> beans, yellow split peas,</p>	<p>3A..... __ </p> <p>3B..... __ </p> <p>3C..... __ </p> <p>4A..... __ </p> <p>4B..... __ </p> <p>5A..... __ </p> <p>5B..... __ </p> <p>6..... __ </p> <p>7..... __ </p> <p>8..... __ </p>
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<p>groundnuts and sim sim ; soya beans</p> <p><i>Akonde; abapu; ades; awande; sere; asoya;</i></p> <p><b>10. Milk and milk products:</b> Any milk including infant formula, cow milk; or other milk products (powder milk)</p> <p><i>Ime mamu bagara; ngungo ime mamu bagara</i></p> <p><b>11. Oils and fats :</b> Palm oil, sim sim oil, white ant oil, ground nut oil, lulu oil</p> <p><i>Nzeme mbiro; nzeme sere, nzeme age; nzeme awande, kpakari; nzeme zawa</i></p> <p><b>12. Sweets:</b> sugar, honey, sweetened soda or sweetened juice drinks, sugary foods.</p> <p><i>Sukara; zeme anyege; nzinziri soda; biscuit; cake</i></p> <p><b>13. Spices, condiments, beverages:</b> Any spices (black pepper; roiko, salt; ginger; garlic), condiments (tomato paste), coffee, tea, alcoholic beverages.</p> <p><i>(Fir fir, Roiko, tikpo; tangawizi; pusi basara; salsa; buna; chai; buda)</i></p>	<p>9..... __ </p> <p>10..... __ </p> <p>11..... __ </p> <p>12..... __ </p>
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