

**SENS Survey Protocol**

**Tanzania refugee camps, Kigoma Region**

**Nyarugusu Camp**

**Nduta Camp**

**Mtendeli Camp**

**September 2019**

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# Background

**Figure 1 : Location of the camps in Kigoma Region**

Kigoma Region is located in the north west of the Tanzania, Kigoma region is currently the only region hosting the refugees. The region is 45,066 km² and subdivided in to eight districts and 121 wards. There are three refugee camps allocated in the region which include Nyarugusu refugee camp, Nduta refugee camp and Mtendeli refugee camp. Each Camp is located at the different district where Nyarugusu camp is located at Kasulu district, Nduta camp is located at Kibondo district while Mtendeli camp is located in Kakonko district council.

# Introduction

## Context and Justification

Due in part to its reputation for peace and stability, the United Republic of Tanzania in collaboration with UNHCR has hosted refugees from neighbouring countries (Democratic Republic of Congo and Burundi) for decades. The refugees are hosted in three refugee camps in north western Tanzania: Nyarugusu (Congolese and Burundians refugees), Nduta and Mtendeli (Both host Burundian refugees). According to UNHCR ProGres data as of August 31st 2019 there were about 303,518 refugees, comprising of 74.2% Burundians, 25.6% Congolese and a small proportion of refugees from other nationalities (Yemen, Rwanda, Uganda, Sudan, Kenya and others). Nyarugusu is the largest camp which has a population of about 142,105 refugees, followed by Nduta camp which hosts about 84,691 and Mtendeli camp with about 34,110. The refugees movement outside camps is restricted and in the last one-year the government put restriction in any income generating activities including transport business with motorbikes (bodaboda) within the camps; all small-scale shops were closed as well as money transfer services. This followed Tanzania withdrawal from Comprehensive Refugee Response Framework (CRRF) which was thought to be a game changing global compact aimed at easing pressure on host countries by helping refugee to become more self-reliant and supporting the communities in which they live. Tanzania which was one of the 13 pilot countries for the pilot for the initiative, cited lack of donor funds and unspecified security concerns as reasons for withdrawal. In September 2017, Tanzania initiated voluntary Repatriation of refugees return programme in collaboration with UNHCR and Burundian government for repatriation of Burundians; however, in the month October 2018, the exercise was indefinitely stopped due ban on NGO operations in Burundi hence complicating the reception and resettlement of the refugees within the country. Between September 2017 and July 2018, a total of 26,400 were repatriated. The Nyarugusu camp is currently performing a resettlement process that is mainly targeting Congolese who arrived in Tanzania between 1994 and 2005.

This is the 6th SENS survey among the refugees in Nyarugusu since the first survey in September 2012 second in September 2014. In 2016, 2017 and 2018 the SENS survey conducted covered all the three camps of Nyarugusu (old and new camps), Nduta and Mtendeli. The last survey was conducted as from 16th September to October 13th 2018, and was representative of the 4 refugee areas.

UNHCR coordinate the survey in collaboration with WFP, UNICEF, World Vision (WVI), Tanzania Red-cross Society (TRCS), MSF as well as Ministry of Health of the United Republic of Tanzania. Funding is shared between UNHCR, WFP and UNICEF.

Health and nutrition activities are among the activities conducted in these refugee camps. The main health and nutrition partner includes Tanzania Red Cross society, MSF, WVI and IRC with support from UN agencies i.e. UNHCR, WFP, UNICEF, WHO and UNFPA. Malnutrition is among the factors contribute mortality among the under five children. According to the Health Information System (HIS) annual indicator for 2018, the total under five mortality reported were 434 where among these the total death occurred due to acute malnutrition were 23 across all the camps.

The last SENS survey was conducted in September 2018 where the overall GAM prevalence was 2.3% across all the camps. In camp Nyarugusu old camp, GAM prevalence was 1.6% (0.7-3.7), in Nyarugusu new camp, GAM prevalence was 2.5% (1.6-4.0), in Nduta camp the GAM prevalence was 2.3% (1.3-3.9) and in Mtendeli camp the GAM prevalence was 2.9% (1.9-4.4) respectively. Comparing to the 2017 SENS, the GAM prevalence decreased across all the camps especially for Nduta where the prevalence dropped from 6.1% in 2017 to 2.3% in 2018.

Since 2016 stunting has been reported to be the major public health concern for the Burundian Refugees across all the three camps. In 2017 the prevalence for Nduta was 54.7% while in 2018 the prevalence increased to 56.7%. In Mtendeli and in Nyarugusu there is slightly reduction between 2017 and 2018 although in both camps the prevalence is considered “very high” with more than 40%.

Anaemia prevalence in children (6 – 59 months) remains above or very close to the critical public health threshold of 40% for the Congolese population in Nyarugusu camp and Burundian in Mtendeli camp. In Nyarugusu new camp, the anaemia prevalence increased from 46.9% in 2017 to 56.0% (49.5-62.5) in 2018, while for Burundian population in Mtendeli camp the anaemia prevalence increased from 41.5% in 2017 to 49.9% in 2018. In spite of the ongoing interventions in place in Nyarugusu camp and in Mtendeli camp, anaemia seems to be the major public health concern. For the Burundian population allocated in Nduta and Nyarugusu camps, there is a reduction in anaemia prevalence between 2017 and 2018. The prevalence of anaemia among the Burundians population in Nyarugusu decreased from 41.2% in 2017 to 35.3% in 2018, while in Nduta the anaemia prevalence has been reduced from 41% in 2017 to 37.2% in 2018.[[1]](#footnote-1) Age disaggregation show younger children (6-23 months) are statistically significantly more anaemic compared to the older ones (24-59 months). The Health sector coordination Working Group has set some strategies to assess the situation and develop appropriate interventions.

Acute malnutrition has reduced across the camps however stunting among children 6-59 months remains very high (>40%), as well as prevalence of anaemia in children 6-59 months. Malnutrition is associated to a high infectious diseases burden, suboptimal sanitation and a hyper-endemic malaria situation, especially to young children.

According to the Community and Household Survey (CHS) conducted in Nyarugusu, Nduta and Mtendeli camps in August 2018, food distribution cuts in 2017 and part of 2018 somehow resulted to a reduced number of meals and portion size of the meal as coping strategies. With the cancellation of CBI (Cash-Based Intervention) program, dietary diversity remains a challenge which has resulted to negative coping mechanisms.

## Demography

As of August 31st 2019, the total population was 260,906 individuals (73,081 households[[2]](#footnote-2)) according to UNHCR ProGres.

Table 1: Total Population and < 5 Children in the various Tanzania camps as of 15th August, 2019 (Source: UNHCR ProGres)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Camp/Site** | **Population** | **HH** | **<5 children** | **Average HH size** | **% of <5 children** |
| **Nyarugusu (Old camp)** | 58,077 | 13,479 | 11,118 | 4.3 | 19.1 |
| **Nyarugusu (New camp)** | 84,028 | 22,941 | 16,861 | 3.7 | 20.1 |
| **Nduta** | 84,691 | 27,931 | 18,649 | 3.0 | 22.0 |
| **Mtendeli** | 34,110 | 8,730 | 7,767 | 3.9 | 22.8 |
| **Total** | 260,906 | 73,081 | 54,395 | 3.6 | 20.8 |

# Objectives of the survey

The main objective of the nutrition survey is to assess the general health and nutrition status of Burundians and Congolese refugees in the 4 refugee areas (Nyarugusu Old camp, Nyarugusu New camp, Nduta camp and Mtendeli camp) and formulate workable recommendations for appropriate nutritional and public health interventions.

## Primary objectives of the survey

1. To determine the demographic profile of the population;
2. To determine the age dependency ratio;
3. To measure the prevalence of acute malnutrition in children aged 6-59 months;
4. To measure the prevalence of stunting in children aged 6-59 months;
5. To determine the coverage of measles vaccination among children aged 9-59 months;
6. To determine the coverage of vitamin A supplementation in the last six months among children aged 6-59 months;
7. To determine the two-week period prevalence of diarrhoea among children 6-59 months;
8. To measure the prevalence of anaemia in children 6-59 months and in women of reproductive age (non-pregnant) between 15-49 years);
9. To investigate IYCF practices among children aged 0-23 months;
10. To determine the coverage of households receiving in-kind food assistance and the duration of the general in-kind food distribution for recipients households;
11. To determine the extent to which negative coping strategies are used by households;
12. To assess household food consumption (quantity and quality);
13. To determine the ownership of mosquito nets (all types and LLINs) in households.
14. To determine the utilization of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women.
15. To determine the population’s access to, and use of, water, sanitation and hygiene facilities.
16. To determine the population’s access to soap;
17. To establish recommendations on actions to be taken to address the situation in the refuge population in the three camps.

# Secondary objectives of the survey

1. To determine the coverage of deworming with mebendazole in the last six months among children aged 12-59 months;
2. To determine the enrolment into the supplementary (SFP) and therapeutic (OTP/SC) nutrition programmes for children aged 6-59 months;
3. To determine the coverage of the blanket supplementary feeding programme (BSFP) for children aged 6-23 months;
4. To determine the coverage of the MNP supplementation for children aged 24-59 months;
5. To determine the coverage of the blanket supplementary feeding programme (BSFP) in women of reproductive age (15-49 years);
6. To determine enrolment into Antenatal Care clinic and coverage of iron-folic acid supplementation in pregnant women;
7. To determine the coverage of vitamin A postnatal supplementation among women with children less than 6 months;
8. To determine the population’s access to and use of cooking fuel;

**Optional objectives**

1. To determine the use of oral rehydration salt (ORS) and/or zinc during diarrhoea episodes in children aged 0-59 months;
2. To determine the prevalence of MUAC malnutrition in women of reproductive age 15-49 years.

# Survey implementation timeline

Table 1: Survey Implementation timeline

|  |  |
| --- | --- |
| **Timeline** | **Activity** |
| 3rd to 31st August 2019 | Pre survey activities (survey team establishment; training planning; survey resources organization and survey plan update) |
| 12th August 2019 | Meeting with Kigoma region partners on survey implementation discussion |
| 16th – 20th August 2019 | Follow-up and confirmation of all survey equipment’s |
| 2nd September 2019 | Call for invitation for the training |
| 5th September 2019 | Arrival of the SENS consultant |
| 2nd – 8th September 2019 | Finalize survey protocol and questionnaireFinal updated survey timeline circulation at all levels |
| 9th – 14th September 2019 | Central Training in Kasulu for national staff |
| 13th September  | Training at the field level (Nyarugusu Camp) with refugee staff and Standardization Test |
| 14th September | Pilot Test |
| 15th - 16th September 2019 | House marking in Burundian zones  |
| 17th – 24th September 2019 | Data collection in Nyarugusu New Camp (Burundians) |
| 25th September 2019 | House marking in Congolese zones  |
| 26th Sept. – 1st October 2019 | Data collection in Nyarugusu Old Camp (Congolese) |
| 2nd October 2019 | Travelling to Kibondo |
| 3rd October 2019 | Training at the field level (Nduta Camp) with refugee staff and Standardization Test |
| 4th – 5th October 2019 | House marking in Nduta Camp |
| 6th - 12th October 2019 | Data collection in Nduta Camp |
| 13th October 2019 | Training at the field level (Mtendeli Camp) with refugee staff and Standardization Test |
| 14th October 2019 | House marking in Mtendeli Camp |
| 15th – 19th October 2019 | Data collection in Mtendeli Camp |
| 21st – 25th October 2019 | Preliminary report preparation and debrief with partners at Kibondo district level |
| 11th November 2019 | Draft final report shared with all stakeholders for comments |
| 30th November 2019  | Final report  |

# Methodology

The survey will be conducted using the Standardized Expanded Nutrition Survey (SENS) guidelines and tools[[3]](#footnote-3). SENS is a standardized tool for conducting nutrition surveys in refugee populations developed by UNHCR in collaboration with expert organizations and individuals in the fields of nutrition, public health, food security, water sanitation and hygiene, and malaria prevention. SENS is based on the internationally recognized SMART Methodology[[4]](#footnote-4) (Standardized Monitoring and Assessment of Relief and Transitions) for survey design and anthropometric assessments, and adapted to the specific requirements of refugee settings. The SENS modules include standardized questionnaires, analysis guidance, reporting format and standard analysis procedures.

* 1. **Study Population**

The study population will be the Burundians and Congolese refugees living in the refugee camps in Tanzania and who are registered with UNHCR. Four separate samples were drawn from the refugees: one from the refugees living in Nyarugusu old camp, one from the refugees living in Nyarugusu new camp, one from the refugees living in Nduta camp and the other from the refugees living in Mtendeli camp. Numbers of refugees living in the camps were obtained from ProGres, the UNHCR database for refugees, as of August 31st 2019.

* 1. **Sample Size**

In each camp, a cross-sectional survey will be conducted using a two stage cluster sampling. The sample size was calculated using the ENA software (ENA for SMART 2011, July 9th 2015).

The sample size was based on anthropometry in children – i.e. Global Acute malnutrition (GAM) among children between 6 and 59 months. The expected prevalence of GAM used for the sample size calculations were from the 2018 SENS survey. The sample size was first calculated in number of children and then converted into number of households. The sample size was adjusted for non-response. The assumptions for the sample size calculation are given below (Tables 3, 4, 5 and 6).

**Table 3: Assumptions for the sample size calculation – Nyarugusu Old Camp**

| Parameters for Anthropometry | Value | Assumptions based on context |
| --- | --- | --- |
| **Population of children U5** | 11,118 | Numbers of children under five years of age and living in the camps was obtained from ProGres, the UNHCR database for refugees, as of August 31st 2019. |
| **Estimated Prevalence of GAM (%)** | 3.7% | The prevalence of Global Acute Malnutrition (GAM) for Nyarugusu Old Camp from the SENS survey conducted in September 2018 is used for calculation of sample size. To be on the safe side, the upper limit of the confidence interval was chosen (1.6% [0.7-3.7% 95% CI]). |
| **± Desired Precision** | 2.5% | The general purpose of this survey is to assess current nutrition situation in children under the age of five years and women of reproductive age and assist in monitoring the effectiveness and coverage of interventions. From a practical point of view, this means the level of precision needed for sample size calculations is high in order to allow valid comparisons between 2018 and 2019. Since the GAM prevalence is lower, a precision of ±2.5% was chosen. |
| **Design Effect** | 1.5 | As nutrition outcomes are known to generally create relatively low design effects, the choice was made to use a 1.h5 design effect to inflate the sample size and compensate the possible heterogeneity between clusters. |
| **Children to be included** | **358** |  |
| **Average Household Size** | 4.3 | The average household size was derived from the 2018 survey results to better reflect reality on ground. |
| **% of Children Under Five years old** | 19.1% | The percentage of under-5 was derived from the 2018 survey results to better reflect reality on ground. |
| **% Non-Response Households** | 3% | It is expected to have 3% non-response rate which refers to the number of basic sampling units that are not able to be reached due to the following reasons: refusal, accessibility, absentees, etc. |
| **Households to be included** | **499** |  |

**Table 4: Assumptions for the sample size calculation – Nyarugusu New Camp**

| Parameters for Anthropometry | Value | Assumptions based on context |
| --- | --- | --- |
| **Population of children U5** | 16,861 | Numbers of children under five years of age and living in the camps was obtained from ProGres, the UNHCR database for refugees, as of August 31st 2019. |
| **Estimated Prevalence of GAM (%)** | 4.0% | The prevalence of Global Acute Malnutrition (GAM) for Nyarugusu Old Camp from the SENS survey conducted in September 2018 is used for calculation of sample size. To be on the safe side, the upper limit of the confidence interval was chosen (2.5% [1.6-4.0% 95% CI]). |
| **± Desired Precision** | 2.5% | The general purpose of this survey is to assess current nutrition situation in children under the age of five years and women of reproductive age and assist in monitoring the effectiveness and coverage of interventions. From a practical point of view, this means the level of precision needed for sample size calculations is high in order to allow valid comparisons between 2018 and 2019. Since the GAM prevalence is lower, a precision of ±2.5% was chosen. |
| **Design Effect** | 1.5 | As nutrition outcomes are known to generally create relatively low design effects, the choice was made to use a 1.5 design effect to inflate the sample size and compensate the possible heterogeneity between clusters. |
| **Children to be included** | **385** |  |
| **Average Household Size** | 3.7 | The average household size was derived from the 2018 survey results to better reflect reality on ground. |
| **% of Children Under Five years old** | 20.1% | The percentage of under-5 was derived from the 2018 survey results to better reflect reality on ground. |
| **% Non-Response Households** | 3% | It is expected to have 3% non-response rate which refers to the number of basic sampling units that are not able to be reached due to the following reasons: refusal, accessibility, absentees, etc. |
| **Households to be included** | **594** |  |

**Table 5: Assumptions for the sample size calculation – Nduta Camp**

| Parameters for Anthropometry | Value | Assumptions based on context |
| --- | --- | --- |
| **Population of children U5** | 18,649 | Numbers of children under five years of age and living in the camps was obtained from ProGres, the UNHCR database for refugees, as of August 31st 2019. |
| **Estimated Prevalence of GAM (%)** | 3.9% | The prevalence of Global Acute Malnutrition (GAM) for Nyarugusu Old Camp from the SENS survey conducted in September 2018 is used for calculation of sample size. To be on the safe side, the upper limit of the confidence interval was chosen (2.3% [1.3-3.9% 95% CI]). |
| **± Desired Precision** | 2.5% | The general purpose of this survey is to assess current nutrition situation in children under the age of five years and women of reproductive age and assist in monitoring the effectiveness and coverage of interventions. From a practical point of view, this means the level of precision needed for sample size calculations is high in order to allow valid comparisons between 2018 and 2019. Since the GAM prevalence is lower, a precision of ±2.5% was chosen. |
| **Design Effect** | 1.5 | As nutrition outcomes are known to generally create relatively low design effects, the choice was made to use a 1.5 design effect to inflate the sample size and compensate the possible heterogeneity between clusters. |
| **Children to be included** | **376** |  |
| **Average Household Size** | 3.0 | The average household size was derived from the 2018 survey results to better reflect reality on ground. |
| **% of Children Under Five years old** | 22.0% | The percentage of under-5 was derived from the 2018 survey results to better reflect reality on ground. |
| **% Non-Response Households** | 3% | It is expected to have 3% non-response rate which refers to the number of basic sampling units that are not able to be reached due to the following reasons: refusal, accessibility, absentees, etc. |
| **Households to be included** | **653** |  |

**Table 6: Assumptions for the sample size calculation – Mtendeli Camp**

| Parameters for Anthropometry | Value | Assumptions based on context |
| --- | --- | --- |
| **Population of children U5** | 7,767 | Numbers of children under five years of age and living in the camps was obtained from ProGres, the UNHCR database for refugees, as of August 31st 2019. The U5 population is <10,000; the sample size calculations in the ENA software was corrected to account for small population size. |
| **Estimated Prevalence of GAM (%)** | 4.4% | The prevalence of Global Acute Malnutrition (GAM) for Nyarugusu Old Camp from the SENS survey conducted in September 2018 is used for calculation of sample size. To be on the safe side, the upper limit of the confidence interval was chosen (2.9% [1.9-4.4% 95% CI]). |
| **± Desired Precision** | 2.5% | The general purpose of this survey is to assess current nutrition situation in children under the age of five years and women of reproductive age and assist in monitoring the effectiveness and coverage of interventions. From a practical point of view, this means the level of precision needed for sample size calculations is high in order to allow valid comparisons between 2018 and 2019. Since the GAM prevalence is lower, a precision of ±2.5% was chosen. |
| **Design Effect** | 1.5 | As nutrition outcomes are known to generally create relatively low design effects, the choice was made to use a 1.5 design effect to inflate the sample size and compensate the possible heterogeneity between clusters. |
| **Children to be included** | **331** |  |
| **Average Household Size** | 3.9 | The average household size was derived from the 2018 survey results to better reflect reality on ground. |
| **% of Children Under Five years old** | 22.8% | The percentage of under-5 was derived from the 2018 survey results to better reflect reality on ground. |
| **% Non-Response Households** | 3% | It is expected to have 3% non-response rate which refers to the number of basic sampling units that are not able to be reached due to the following reasons: refusal, accessibility, absentees, etc. |
| **Households to be included** | **430** |  |

The number of households to be completed per day (per cluster) was determined according to the time the team could spend on the field taking into consideration travelling time, break times and other procedures like finding location of the selected households. According to the calculated sample size in terms of households to investigate and based on the experience from 2018 (15 households per cluster in Nyarugusu Old Camp, 17 households per cluster in Nyarugusu New Camp and 16 households per cluster in Nduta and Mtendeli camps), the number of households per cluster was 13 in Nyarugusu New Camp, 15 in in Nyarugusu New Camp, 16 in Nduta and 15 in Mtendeli.

The total number of clusters was determined based on the number of households per cluster as well as based on the total number of survey teams (6 teams - same number of working days between the teams). Thus, a total of clusters ranging from 30 in Mtendeli camp to 46 in Nyarugusu New camp was calculated (Planned to be surveyed – see Table 7 below).

**Table 7: Sample size calculations for 2019 SENS survey (Anthropometry and Health Module)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parameters for Anthropometry | Nyarugusu Old Camp | Nyarugusu New Camp | Nduta Camp | Mtendeli Camp |
| **Households to be included**  | 499 | 594 | 653 | 430 |
| **Households/ cluster**  | 15 | 13 | 16 | 15 |
| **Number of clusters** | 34 | 46 | 44 | 30 |
| **Number of days required for data collection****(6 teams)** | 6 days(6 teams x 15 HH x 6 days = 540 HH) | 8 days(6 teams x 13 HH x 8 days = 624 HH) | 7 days(6 teams x 16 HH x 7 days = 672 HH) | 5 days(6 teams x 15 HH x 5 days = 450 HH) |

**Table 8: Final sample sizes for all modules**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modules** | **Nyarugusu Old Camp** | **Nyarugusu New Camp** | **Nduta Camp** | **Mtendeli Camp** |
| **Anthropometry and Health** | 540 HH | 624 HH | 672 HH | 450 HH |
| **Anaemia – Children** | 540 HH | 624 HH | 672 HH | 450 HH |
| **Anaemia – Women** | 540/2 = 270 HH | 624/2 = 312 HH | 672/2 = 336 HH | 450/2 = 225 HH |
| **IYCF** | 540 HH | 624 HH | 672 HH | 450 HH |
| **Demography** | 540 HH | 624 HH | 672 HH | 450 HH |
| **Food Security** | 540/2 = 270 HH | 624/2 = 312 HH | 672/2 = 336 HH | 450/2 = 225 HH |
| **Mosquito Net Coverage** | 540/2 = 270 HH | 624/2 = 312 HH | 672/2 = 336 HH | 450/2 = 225 HH |
| **WASH** | 540/2 = 270 HH | 624/2 = 312 HH | 672/2 = 336 HH | 450/2 = 225 HH |

* 1. **Sample Design**

In each camp, a cross-sectional household survey will be conducted using a two stage cluster sampling. Four independent samples will be drawn separately for Nyarugusu Old camp, Nyarugusu New camp, Nduta camp and Mtendeli camp using the cluster sampling methodology.

**First stage: Cluster selection**

All camps are divided into zones and each zone is further divided into villages (or “kijiji”). The villages will be used as primary sampling unit and clusters will be assigned to villages. The first stage sample of clusters will be drawn from the UNHCR registration database (ProGres) using the village level population estimates as of August 31st 2019. In Nyarugusu Old camp, 34 clusters will be randomly selected according to the probability proportional to size (PPS) method using the ENA software (ENA for SMART 2011, July 9th 2015). In Nyarugusu new camp, 46 clusters will be randomly selected. In Nduta camp, 44 clusters will be randomly selected. In Mtendeli camp, 30 clusters will be randomly selected Random selection of the clusters will be done once.

**Second stage: Household selection**

The second stage of sampling consists of selecting households within each selected cluster by using a simple random selection procedure. The Registration Group will be used as a proxy for household definition. A Registration Group is one or more individuals who are registered together. For example, a Registration Group could be a family or it could be a household registered together for assistance purposes. An individual must always belong to a Registration Group. An individual can only belong to one Registration Group at any point in time. Houses/tents will be physically labelled with unique numbers per village/cluster in each camp. To ensure results are representative of people actually living in the camps at the time of the survey, empty tents[[5]](#footnote-5), as verified through neighbours will not be labelled. Using the total list of households generated from the physical counting and labelling of tents/houses per village/cluster in the camps, the households to be surveyed will be picked automatically using the ENA software. Each team will be provided with a list of households to be surveyed on a daily basis.

**Special Cases**

*Absent Household*

If the household is absent, the survey team will ask a neighbor of the residents’ whereabouts. If they are expected to return before the survey team leaves the village/cluster, the survey team should return to administer the questionnaire on the same day if possible. This household will have an ID, even if the survey team will be not able to revisit them. The survey team will continue the survey by choosing the next household according to the selection method described above. This household will be not replaced.

A household will be considered as absent when its members slept there last night and went out for the day of the survey.

*Refusal*

If a participant or an entire household refuses to participate then it will be considered a refusal and the individual or the household will not be replaced with another. The refusal will be recorded in the data collection control sheet.

*Households without children U5 and/or without women*

If it is determined that a selected household does not have children between 0-59 months of age and/or women between 15-49 years, the survey team will complete the Demography questionnaire and the Household questionnaire (Food security, mosquito net and WASH) if this household is selected for the Household questionnaire (this questionnaire will be administered every second household). In the data collection control sheet, the team leader will write the household’s number and indicate that no children between the ages of 0 and 59 months and/or no women between the ages of 15 and 49 years belonged to the household.

*Absent Children/Women*

The team leader will ask the reason of the children’s/women’s absence. If the child/woman (or children or women) is close to the home, someone should be sent to bring them back. If the child/woman is expected to return before the survey team leaves the village/cluster, then the survey team should return before the end of the day to take the measurements. If the child/woman cannot be found before the team leaves the village/cluster, the child/woman available information (age, sex, etc.) should be completed in the questionnaire and the child/woman will be recorded as absent in the data collection control sheet.

*Disabled Children*

Disabled children are to be included in the survey. If a physical deformity prevents the measurement of child’s weight, height or MUAC, the data should be recorded as missing and the remaining data should be collected. This information will be recorded in the data collection control sheet.

*Children in a medical/nutrition centre*

Children in a medical/nutrition centre are to be included in the survey. The team will go to the centre if it is feasible. If it is impossible to visit the centre, the child will be given an ID number and he/she will be considered as absent and not replaced. If the child is too weak to be measured, the anthropometric data should be recorded as missing and the remaining data should be collected. This information will be recorded in the data collection control sheet.

# Questionnaires

The questionnaire will be divided into four main sections: Demography questionnaire, Household questionnaire (Food Security, Mosquito Net Coverage and WASH), Children questionnaire (anthropometry, health and anaemia) and Women questionnaire (anthropometry, health and anaemia) (See Annex 1). The final survey questionnaire will be translated into Kiswahili. The survey questionnaire will be pre-tested before the survey during the survey training and the pilot test. Interviews will be held in Kiswahili or translated to respective local language if the household does not understand Kiswahili and information will be recorded on Android smartphone (HTC One). The survey questionnaire on the smartphones will be available both in English and in Kiswahili.

1. **Demography questionnaire (all selected households)**

The SENS Demography questionnaire aims to provide information on the following priority indicators at the household level: description of the population demographics, age dependency ratio, average household size, percentage of children under-5 and non-response rate.

1. **Household Questionnaire (half of the selected household)**

**Food Security**

This will include questions on access and use of the food assistance, negative coping mechanisms used by household members and household food consumption.

**Mosquito net Coverage**

The main objective of this section is to assess the level of ownership and utilization of mosquito nets in the following categories: all household members (including children under 5, pregnant women and other household members); children under 5 years of age; and pregnant women.

**Water, sanitation and hygiene**

The SENS WASH questions aim to measure the following indicators at household level: access to a protected/treated drinking water source, use of an adequate quantity of water, use of toilets/latrines and access to soap.

1. **Children Questionnaire (children from 0 to 59 months of age)**

Sex

The child's sex will be recorded as “f” or “m”: f = female and m = male.

Age

The date of birth will be taken from any relevant document such as birth certificate, family book or vaccination card, which recorded the name of the child and the date of birth. If the date of birth is unknown, the interviewer will use the calendar of local events and the recall of the mother or caregiver will be used to estimate the most correct age in months to be recorded on the questionnaire. The birth date will be recorded in the day/month/year (DD/MM/YYYY) of format. Note that the UNHCR Manifest will not be used to determine age of children <5 years because it does not reflect the correct birthdate.

Weight

Children will be weighted using a SECA Uniscale electronic scale with the precision of 100 grams and with a wooden board to stabilise it on the ground. All children will be measured naked following the recommended anthropometric methods. If this is a problem, teams will be instructed to take weight inside of the surveyed tent/house. Smaller children who are not able to stand on the scale will be measured in their caregiver’s arms using the mother-to-baby function of the scale.

Clothes

The team leader will record if the measurers will measure weight with or without clothes.

Y = yes, with clothes

N = no, without clothes

Height/Length

The children's height/length will be measured with a precision of 0.1cm by using height boards. Children will be measured lightly dressed with no shoes, hairpieces or barrettes on their head that could interfere with a correct height measurements. Children less than 87cm height will be measured laying down while those 87cm standing height or taller will be measured standing.

Measurement

The measurers will record if they measured height or length.

L = length (recumbent length)

H = height (standing height)

Oedema

Only bilateral pedal oedemas are considered as nutritional oedema. Their presence is detected by applying a gentle pressure with the thumbs to top part of both feet during three seconds. If the imprint of the thumbs remains on both feet for a few seconds after releasing the thumbs, the child will be considered to have nutritional oedema. Bilateral oedema will be diagnosed and not graded. The diagnosis will be simply recorded Y for “Yes” or N for “No”. All oedema cases reported by the survey teams have to be verified by the supervisors/survey manager and will be referred immediately after.

*Mid-Upper Arm Circumference (MUAC)*

The MUAC will be measured in centimeters on the left arm, at midpoint between the shoulder's tip and the elbow, on a relaxed arm. MUAC will be taken only for children between 6 and 59 months of age.

**Additional Data**

Measles vaccination

The interviewer will first try to confirm if the child received measles vaccination by examining an official document (EPI card/clinic card/health card). If there is no document, the interviewer will ask the respondent if the child received measles vaccination. Only children aged 6-59 months will be assessed for measles vaccination.

Vitamin A supplementation in the past six months

The interviewer will first try to confirm if the child received a vitamin A supplementation by examining an official document (EPI card/clinic card/health card). If there is no document, the interviewer will show vitamin A blue and red samples to the respondent and ask him/her if the child received a vitamin A supplementation drops in the mouth in the past six months.

Deworming in the past six months

The deworming status in the past six months should also be confirmed with an official document (EPI card/clinic card/health card). If it is not possible, the interviewer will show the respondent a deworming tablet (mebendazole) and ask if the child received a “worm medicine” in the past six months.

Diarrhoea episode in the last 2 weeks

A question will be asked to caregivers to find out if their children have had an episode of diarrhoea in the two weeks preceding the survey. An episode of diarrhoea is defined by the occurrence of at least three liquid stools during the same 24 hours. The enumerators should ensure that the definition of diarrhoea is understood by the respondent by assessing the number of liquid stools the child has had in 24 hours.

*Use of ORS/zinc during a diarrhoea episode*

The interviewer will ask the mother/caregiver of the child if he/she received ORS sachets and/or zinc during a diarrhoea episode. An ORS sachet and a zinc pill will be shown when asked to recall.

*Enrolment into a nutrition programme (TSFP/OTP/SC)*

The team leader will ask the mother/caregiver of the child if he/she is receiving sachets of Plumpy Nut’ or CSB++, by showing her both sachets. If the child is receiving the Plumpy Nut’ sachets, he/she is enrolled in a therapeutic feeding programme (OTP/SC); if he/she is receiving the CSB++, he/she is enrolled in a supplementary feeding programme (TSFP).

*Enrolment into BSFP programme/MNP programme*

The team leader will ask the mother/caregiver of the child if he/she is receiving CSB++ (children <24 months), by showing her sachet. If the child is receiving CSB++ sachet, he/she is enrolled in the BSFP programme. The team leader will ask the mother/caregiver of the child if he/she is receiving sachet of MNP (children >=24 months), by showing her sachet. If the child is receiving MNP sachets, he/she is enrolled in the MNP programme.

Haemoglobin concentration (Hb)

The haemoglobin concentration will be measured from a blood sample taken at the fingertip and recorded in grams per decilitre or in grams per litre (depending on the HemoCue device used by the team) using a portable HemoCue Hb 301 analyzer. The measure will be carried out after renewal in advance of the verbal consent. All children 6-59 months will be assessed for their haemoglobin concentration, in all selected households for the survey. If severe anaemia is detected, the child will be referred for treatment immediately.

**Infant and Young Child Feeding practices (IYCF) (children from 0 to 23 months of age)**

Several questions on breastfeeding practices and on complementary feeding practices will be asked to the mothers/caregivers of children from 0 to 23 months of age.

1. **Women Questionnaire (women from 15 to 49 years of age)**

Age

The age will be recorded in years on the questionnaire.

Pregnant and Lactating Status

The team leader will ask all women if they are pregnant and/or lactating. If the woman is pregnant, the team will not assess haemoglobin concentration.

Mid-Upper Arm Circumference (MUAC)

The MUAC will be measured in centimeters on the left arm, at midpoint between the shoulder's tip and the elbow, on a relaxed arm for all women.

Enrolment in an ANC programme - Iron and folic acid supplementation

If the woman is pregnant, the team leader will ask two additional questions about her enrolment in an antenatal care programme and consumption of iron-folic-acid pills. An iron-folic acid pill image will be shown to the pregnant woman when asked to recall.

Post-natal vitamin A supplementation

The team leader will ask the woman with children younger than 6 months if she received a vitamin A supplementation after delivery. A vitamin A capsule image will be shown when asked to recall.

*Enrolment into BSFP programme*

The team leader will ask all pregnant women and lactating women with an infant younger than 6 months if they are actually enrolled in the BSFP programme and so if they are receiving the CSB++.

Haemoglobin concentration (Hb)

The haemoglobin concentration will be measured from a blood sample taken at the fingertip and recorded in grams per decilitre or in grams per litre (depending on the HemoCue device used by the team) using a portable HemoCue Hb 301 analyzer. The measure will be carried out after renewal in advance of the verbal consent. All non-pregnant women will be assessed for their haemoglobin concentration, in half of the households selected for the survey. If severe anaemia is detected, the woman will be referred for treatment immediately.

# 7. Case definitions and calculations

**Nutritional Anthropometric Indicators**

The following cut-offs will be used to determine the prevalence of acute malnutrition, stunting and underweight (z-scores) using the WHO 2006 growth references.

Table 9: Cut-offs for definition of acute malnutrition, stunting and underweight

|  |  |  |  |
| --- | --- | --- | --- |
| **Classification** | **Acute Malnutrition or Wasting (WHZ)** | **Chronic Malnutrition or Stunting (HAZ)** | **Underweight (WAZ)** |
| Global | <-2SD &/or bilateral oedema | <-2 SD | <-2 SD |
| Moderate | ≥-3 SD & <-2 SD | ≥-3 SD & <-2 SD | ≥-3 SD & <-2 SD |
| Severe | <-3 SD &/or bilateral oedema | <-3 SD | <-3 SD |

Table 10: Cut-offs for definition of acute malnutrition based on MUAC in Tanzania

|  |  |  |
| --- | --- | --- |
| **Target** | **Classification** | **MUAC Cut-offs** |
| Children 6-59 months | MAM | <125 mm |
| SAM | <115 mm |

**Vitamin A Supplementation, Deworming, Measles vaccination and Two-week prevalence of Diarrhoea**

To estimate vitamin A supplementation, deworming coverage, measles vaccination and the two-week period prevalence of diarrhoea, the following formula presented in table 11 will be used.

Table 11: Vitamin A Supplementation Coverage, Deworming Coverage, Measles vaccination coverage and two-week period prevalence of diarrhoea

| **Indicator** | **Numerator** | **Denominator** |
| --- | --- | --- |
| Vitamin A Supplementation | Number of children aged 6-59 months who received at least one high-dose vitamin A supplement in the past six months | Total number of children aged 6-59 months x 100 |
| Deworming | Number of children 12-59 months dewormed in the past six months | Total number of children aged 12-59 months x 100 |
| Measles vaccination | Number of children 9-59 months immunized against measles | Total number of children aged 9-59 months x 100 |
| Diarrhoea | Number of children aged 6-59 months who had diarrhoea in the past two weeks | Total number of children aged 6-59 months x 100 |

**Child enrolment in selective feeding programme:**

Coverage of TSFP programme (%) =

100 x

No. of surveyed children with MAM according to TSFP criteria who reported being registered in TSFP

No. of surveyed children with MAM *according to SFP admission criteria*

Coverage of OTP/SC programme (%) =

100 x

No. of surveyed children with SAM according to OTP/SC criteria who reported being registered in OTP/SC

No. of surveyed children with SAM *according to OTP/SC admission criteria*

**Infant and Young Child Feeding Practices (IYCF)**

IYCF indicators and formula that will be used to calculate them are detailed below. These indicators and formula follow the SENS guidelines and the guidelines from WHO “Indicators for assessing IYCF practices”.

*Children ever breastfed*: Proportion of children born in the last 24 months who ever breastfed.

Children born in the last 24 months who were ever breastfed

Children born in the last 24 months

*Timely initiation of breastfeeding*: Proportion of children born in the last 24 months who were breastfed within one hour of birth.

Children born in the last 24 months who were put to the breast within one hour after birth

Children born in the last 24 months

*Exclusive breastfeeding under 6 months*: Proportion of infants 0-5 months of age who are fed exclusively with breast milk.

Infants 0-5 months of age who received only breast milk during the previous day

Infants 0-5 months of age

Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

*Continued breastfeeding at 1 year*: Proportion of children 12-15 months of age who are fed breast milk.

Children 12-15 months of age who received breast milk during the previous day

Children 12-15 months of age

*Continued breastfeeding at 2 years*: Proportion of children 20-23 months of age who are fed breast milk.

Children 20-23 months of age who received breast milk during the previous day

Children 20-23 months of age

*Introduction of complementary foods*: Proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods.

Infants 6-8 months of age who received solid, semi-solid or soft foods during the previous day

Infants 6-8 months of age

*Consumption of iron rich or iron fortified foods in children aged 6-23 months:* Proportion of children 6–23 months of age who receive an iron-rich or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home.

Children 6-23 months of age who received an iron-rich food or a food that was specially

Designed for infants and young children and was fortified with iron, or a food that was

Fortified in the home with a product that included iron during the previous day

Children 6-23 months of age

*Bottle feeding:* Proportion of children 0-23 months of age who are fed with a bottle

Children 0–23 months of age who were fed with a bottle during the previous day

Children 0–23 months of age

**Anaemia**

Anaemia is said to exist when the level of circulating haemoglobin (Hb) in the patient is lower than that of healthy persons of the same age group and sex in the same environment. The most common type of anaemia is due to iron deficiency resulting from inadequate iron intake from foods.

Hb concentrations will be reported in g/dL for consistency purposes. Hb levels will be categorised according to WHO recommended cut-offs (shown in Table 12) to determine the prevalence of anaemia (mild, moderate, severe).

**Table 12: Haemoglobin levels to diagnose anaemia at sea level (WHO 2011)**

|  |  |
| --- | --- |
| **Age/Sex groups**  | **Categories of Anaemia (Hb g/dL)** |
| **Any form of anaemia** | **Mild** | **Moderate** | **Severe** |
| Children 6-59 months | <11.0 | 10.9 - 10.0 | 9.9 - 7.0 | < 7.0 |
| Non-pregnant adult females 15-49 years\* | <12.0 | 11.9 - 11.0 | 10.9 - 8.0 | < 8.0 |

\* This category includes lactating women

Residential elevation above sea level are known to increase haemoglobin concentrations. Consequently, the prevalence of anaemia may be underestimated in persons residing at high altitudes if the standard anaemia cut-offs are applied. Table 13 presents the recommended adjustments made to the measured haemoglobin concentration among non-pregnant women living in the camps. The Hb concentration will be automatically adjusted in each camp.

Table 13: Altitude adjustments to measured haemoglobin concentrations in the camps

|  |  |  |
| --- | --- | --- |
| **Camp** | **Altitude (metres above sea level)** | **Measured haemoglobin adjustment (g/dL)** |
| Nduta | 1311.38 | -0.3 |
| Mtendeli | 1305.7 | -0.3 |
| Nyarugusu | 1223.46 | -0.2 |

**WASH**

The table below provides an overview of the definitions of drinking water and sanitation (toilet) facilities used in the survey and available in Nyarugusu, Nduta and Mtendeli refugee camps.

Table 14: Definitions of drinking water and sanitation (toilet) facilities

|  |  |  |
| --- | --- | --- |
|  | **Protected/treated source** | **Un-protected/un-treated source** |
| **Drinking water** | Public tap/standpipe | Unprotected hand-dug well |
| Handpumps/Boreholes | Surface water (lake, pond, dam, river) |
| Water seller/Kiosks | Unprotected spring |
| Piped connection to house (or neighbour’s) | Rain water collection |
| Protected spring | Other |
| Bottled water, water sachets |  |
| Tanker trucks |  |
| **Latrines/toilets** | **Considered a toilet** | **Not considered a toilet** |
| Household latrine (one HH only) | Open defecation |
| Communal latrine | Plastic bag |
|  | Bucket toilet |
|  | Other |

# Classification of public health problems and targets

**Anthropometric data:**

UNHCR’s target for the prevalence of Global Acute Malnutrition (GAM) is < 10% and the target for the prevalence of Severe Acute Malnutrition (SAM) is <2% for children 6-59 months.

The table below shows the WHO-UNICEF classification of public health significance of the anthropometric results for children under-5 years of age.

**WHO-UNICEF (2018) Classification of public health significance for children under 5 years of age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Classification Prevalence thresholds (%)** | **Critical situation** | **Serious situation** | **Poor situation** | **Acceptable situation** |
| **Very High** | **High** | **Medium** | **Low** | **Very low** |
| Wasting | ≥ 15 | 10 - < 15 | 5 - < 10 | 2.5 - < 5 | < 2.5 |
| Stunting | ≥ 30 | 20 - < 30 | 10 - < 20 | 2.5 - < 10 | < 2.5 |
| Overweight | ≥ 15 | 10 - < 15 | 5 - < 10 | 2.5 - < 5 | < 2.5 |
| Underweight\* | ≥ 30 | 20 - < 30 | 10 - < 20 | < 10% |

**Nutrition programme enrolment:**

The table below shows the performance indicators for malnutrition treatment programmes according to SPHERE Standards.

Performance indicators for MAM and SAM (SPHERE)

|  |
| --- |
| **Coverage** |
| **Rural areas** | **Urban areas** | **Camps** |
| >50% | >70% | >90% |

The target for blanket feeding programme coverage should be >70%.

**Coverage of measles vaccination, vitamin A supplementation and deworming in the last 6 months**

**UNHCR targets for measles vaccination, vitamin a supplementation and deworming coverage**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Target coverage** | **Source** |
| **Measles vaccination coverage****(9-59 mois)** | 95% | UNHCR, Sphere Standards |
| **Vitamine A supplementation in the last 6 months coverage (6-59m)** | >90% | UNHCR |
| **Deworming in the last 6 months coverage (appropriate age group)** | 75% | WHO |

**Anaemia**

UNHCR target for the prevalence of anaemia in children 6-59 months of age and in women 15-49 years of age should be < 20% corresponding to the ‘low’ category as defined by WHO and shown in the table below

WHO classification of public health significance

|  |  |  |  |
| --- | --- | --- | --- |
| **Classification** | **High** | **Medium** | **Low** |
| **Prevalence of anaemia** | ≥40% | 20-39% | 5-19% |

Source: WHO (2000) The Management of Nutrition in Major Emergencies

**WASH**

The following standard applies to UNHCR WASH programmes.

UNHCR WASH programme standard

|  |  |
| --- | --- |
| **UNHCR Standard** | **Indicator target** |
| Average liters per person per day of domestic water collected at household level from protected/treated sources (with protected containers only) | Emergency standard | ≥15 liters |
| Post emergency standard | ≥20 liters |
| % households with at least 10 L/p drinking water storage capacity | Emergency standard | ≥70% |
| Post emergency standard | ≥80% |
| % households collecting drinking water from protected/treated sources | Emergency standard | ≥70% |
| Post emergency standard | ≥95% |
| % households reporting defecating in a toilet/latrine | Emergency standard | ≥60% |
| Post emergency standard | ≥85% |
| % households with access to soap | Emergency standard | ≥70% |
| Post emergency standard | ≥90% |

**Mosquito nets coverage**

WHO defines a long-lasting insecticidal net as a factory-treated mosquito net made with netting material that has insecticide incorporated within or bound around the fibres. The net must retain its effective biological activity without re-treatment for at least 20 WHO standard washes under laboratory conditions and three years of recommended use.

International Targets

|  |  |
| --- | --- |
| **UNHCR Standard**  | **Indicator** |
| Proportion of households owning at least one Long-Lasting Insecticide treated bed net (LLIN) | >80% |
| Average number of persons per LLIN  | 1. persons per LLIN
 |

# Survey team

The survey will be coordinated by UNHCR from the outset of planning to finalization of the survey activities. However, the survey is a joint effort which is organized by WFP, UNICEF and major partners implementing health and nutrition projects in the camps (World Vision, MSF, TRCS, IMC, ACF, and SC-I).

As part of the implementation of this SENS survey, UNHCR recruited a survey consultant to provide technical assistance for the implementation of the survey. Technical support will also be provided by two nutritionist from UNHCR HQ for the piloting of SENS version 3 and supervision in Nyarugusu camp.

The survey will need 6 teams and 3 supervisors (staff from UN agencies) (1 for 2 teams). Each team will be composed of 1 team leader, 1 interviewer, 1 Hb taker and 2 measurers. The team leader will be responsible for the children and women questionnaires. The interviewer will be responsible for the demography questionnaire and the household questionnaire. The measurers will take the anthropometric measurements and the Hb takers will take the Hb concentrations. In each team, 2 persons will come from refugee camps.

**Language**

English/Kiswahili language will be used for training, communication, data collection tools and reporting. Local translators will be recruited to facilitate the translation of English/Kiswahili vis-à-vis local language (Kirundi/Congolese) during the assessment.

**Survey training**

The main training will be organized in Kasulu bringing together the main survey team (Team leaders, Interviewers and Hb takers). In each camp, one day training will be organized for the measurers.

The Survey Training will be conducted by the survey consultant in collaboration with the two persons from UNHCR HQ, nutritionists from UNHCR Tanzania and other partners involved in the survey. The Survey Training will be held in September (Week 37) and will last for 5 days.

The training will include the following areas:

- An overview of the survey and its objectives

- Interviewing and general communication skills

- Sampling procedure and selection of households

- Identification of individuals to measure or interview

- How to complete the questionnaires

- Correct age in month estimation or validation using the calendar of local events

- How to make correct anthropometric measurements

- How to take correct haemoglobin concentration

- The standardization of anthropometric measures: Each measurer will have to measure 10 children less than five years of age twice (height, weight). The results of the standardization test by interviewer will be produced immediately to determine if further training and standardization is needed.

- The identification of bilateral oedema and how to refer children with acute malnutrition to the health centre

- Data collection using Mobile Data Collection (MDC).

- Pilot Test

**Selection of the Team Leaders**

Among the participants, only 6 will be retained for data collection as team leaders. All the participants will be assessed during a pre-test at the beginning of the training and during a post-test at the end of the training. The selection of the team leaders will be done based on the results of the two written tests.

**Standardization of the Anthropometric Tools**

Before testing the participants for accuracy and precision of measurements, all anthropometric tools will be tested to ensure that each tool produce the same measure of a standard object (standard weight, wooden stick and plastic pipe). The scales or height boards that won’t produce exact measures will be marked and eliminated before the standardization test and data collection.

Every day, before the start of fieldwork, the measurers will be responsible to review their anthropometric equipment for damage and to measure the standard objects to ensure that the tools are still in good working order. Results will be recorded daily on the standardization of anthropometric tools form.

**Standardization of the Enumerators**

The standardization test will be organized in one session in each camp (12 measurers). Measurers with good skills of measurement will be assigned as a measurer within a team and the others as an assistant-measurer.

**Final Selection of the Enumerators**

All participants will be assessed during a pre-test at the beginning of the training and during a post-test at the end of the training. The final selection will be done based on the results of the two written tests and based on the results of the standardization test.

**Pilot Test**

The survey tools will be piloted in Nyarugusu camp. The enumerators will be divided into teams. Each team will interview a number of households to investigate among households listed in a village not selected for the survey. This process should allow to ensure that the methodology and survey equipment are adapted, but also to complete the training of enumerators.

# Data entry, data checks and data analysis

**Data entry and data checks**

Data will be collected using mobile phones operated by the Android operating system (HTC One) and the ODK application. During supervision in the field and at the end of each day, the survey consultant and the supervisors will manually check the phone questionnaires for completeness, consistency and accuracy. This check will also be used to provide feedback to the teams to improve data collection as the surveys progressed. Children data will be downloaded and analyzed on a daily basis with the ENA software (ENA for SMART 2011, July 9th 2015). The SMART plausibility report will be generated daily in order to identify any problems with anthropometric data collection such as flags and digit preference for age, height and weight, to improve the quality of the anthropometric data collected as the survey was on-going.

Quality of data will be ensured through:

* Crosschecking of filled questionnaires on daily basis
* Daily review of performance of the data collection teams in addressing any difficulties encountered
* Progress evaluation will be carried out according to the time schedule and progress reports shared with partners on regular basis
* The measurement tools [electronic weighing scales, measuring board, MUAC and others] will be calibrated every morning before the start of the survey to avoid instrument error
* Data will be checked by ENA for SMART plausibility program before analysis.
* The microcuvette containers of each team will be checked to ensure that enough are left for conducting the Hb tests for the day, to ensure the survey team carries an additional microcuvette container with them
* Visual inspection of the HemoCue machines of each team will be made to ensure that it is clean. If not, cleaning procedures will be applied as indicated during the training. Survey supervisors will closely follow cleaning procedures and check whether the machine is properly working, if not replace with another machine.

**Data analysis**

All data files will be reviewed before analysis. Anthropometric data for children 6-59 months will be analysed using ENA for SMART software. The nutritional indices will be cleaned using flexible criterion (+/- 3 SD from the observed mean; also known as SMART flags in the ENA for SMART software).

The nutrition results will be presented in the standard format following the report template from the ENA software (ENA for SMART 2011, July 9th 2015). This format includes GAM, SAM, Stunting, Underweight and Overweight with 95% confidence intervals. The report has estimates of malnutrition calculated with the WHO 2006 growth references.

All other data will be analysed in Epi-Info 7. Primary data and secondary information related to health and nutrition will also be gathered through interviews, focus group discussions, observations and various records. In the secondary data review; the UNHCR Health Information System (HIS) data, UNHCR and partners weekly and monthly reports and past nutritional survey reports will be used for the final analysis.

1. **Ethical consideration and community consent**

Due to the comprehensive nature of the survey and taking of peripheral blood, there is a need to obtain consent of an individuals and organizations. Community leaders must be consulted in order to discuss and clarify questions and reservations that they have on the process of surveying their population. All concerned persons must be informed about the reason for taking blood and measurement of Anaemia status. Women/caregivers will be asked for their verbal consents before taking blood from the women and children.

* The team will confirm to the HHs that their children will not be at risk of harm while being measured and confidentiality for the information they provide to the team.
* The team will clearly explain to the HHs that there are several benefits of participating in the survey including learning the nutritional status and Hb levels of their children.
* The participants/ HHs can withdraw from the assessment at any time from the very beginning without giving reason.

Discussion will be made with project implementing partners and community leaders to make a balance between the survey and on-going services. Care will be taken for the study population not to miss their regular services, such as OTP, SFP and BSFP programs. For the children identified with malnutrition during the assessment will be provided with referral form to nutrition centre allocated in that camp; for the women and children who will be identified to be anaemic will also be provided with referral to the health facility, the standby ambulance will be organized in case there will be any medical emergency identified during the assessment.

**Referrals**: Children aged 6-59 months will be referred to health post for treatment when MUAC will be < 12.5 cm, and/or when WHZ is < -2 z-score, and/or when oedema is present, and/or when haemoglobin is < 7.0 g/dl. Women of reproductive age will be referred to the health post for treatment when haemoglobin will be < 8.0 g/dl

# Report write-up and dissemination

UNHCR will be responsible for the report write-up (based on the UNHCR standard reporting guidelines) and sharing the draft report among the participants for input and finalization. The final report will be shared with relevant partners and stakeholders for action, as per the survey SMART recommendations.

# Annex 1: Survey Questionnaire

**UNHCR Standardised Expanded Nutrition Survey (SENS) Questionnaire**

**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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_. 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.
* Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time 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 assistance you receive.
* If you agree to participate, we will ask you some questions about your family and we will also measure all the children in the household who are older than 6 months and younger than 5 years and women between 15 and 49 years. In addition to these assessments, we will 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 us your verbal consent. Be assured that any information that you will provide will be kept strictly confidential.
* You can ask me any question that you have about this survey before you decide to participate or not.
* If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

**DEMOGRAPHY QUESTIONNAIRE**

**1 questionnaire per household**

This questionnaire is to be administered to the head of the household or, if THEY ARE absent, another adult member of the household.

|  |  |  |
| --- | --- | --- |
| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION IDENTIFICATION**THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. |
| **ID1** | Camp Name**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID3** | Zone Code / Number**ZONE** |  | |\_\_\_|\_\_\_| |
| **ID4** | Village Code / Number**VILLAGE** |  | |\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_| |
| **ID8** | Household Number**HH** |  | |\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION DM1: Household Head Information** |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if THEY ARE absent, another adult member of the household. |
| **DM1** | Was consent given for conducting the interview using Mobile Data Collection (use of smartphone)?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.**MDCCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **DM2** | What is the sex of the household head?THE HOUSEHOLD HEAD IS THE PERSON RESPONSIBLE FOR MAKING THE DECISIONS FOR THE HOUSEHOLD AS A WHOLE. use the term agreed upon during the training.**HHHSEX** | Male mFemale f | |\_\_\_| |
| **DM3** | What is the age of the household head (years)?YOU DO NOT NEED TO SEE PROOF OF AGE.**Lower limit=6****Upper limit=98****HHHAGE** | RECORD THE NUMBER IN YEARS IF KNOWN. RECORD 97 IF 97 YEARS OR OLDER. RECORD 98 IF UNKNOWN. | |\_\_\_|\_\_\_| years |
| **SECTION DM2: Survey of Household Members** |
| **DM4** | What is the total number of household members?**Lower limit=1****Upper limit=30****DMHHSIZE** | RECORD THE NUMBER. | |\_\_\_|\_\_\_| people |
| **Note** | ASK INTERVIEWEE IF THOSE ARE ALL THE MEMBERS IN THE HOUSEHOLD AND THAT NO ONE IS MISSING.THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES IN THE HOUSEHOLD. |
| **DM5** | Name of household memberONLY WRITE FIRST NAME.**NAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **DM6** | What is the sex of the household member?**HHMSEX** | Male mFemale f | |\_\_\_| |
| **DM7** | What is the age of the household member (years)?YOU DO NOT NEED TO SEE PROOF OF AGE. **Lower limit=0****Upper limit=98****HHMAGE** | RECORD THE NUMBER IN YEARS IF KNOWN.IF AGE IS LESS THAN 1 YEAR, RECORD 0. RECORD 97 IF 97 YEARS OR OLDER. RECORD 98 IF UNKNOWN. | |\_\_\_|\_\_\_| years |
| **DM8** | Is the household member currently pregnant?**HHMPREG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **DM9** | Was consent given for taking the GPS coordinates of the household?**GPSCONST** | Yes 1No 2 | |\_\_\_| |
| **Note** | Summary messagesWRITE DOWN THE SUMMARY DATA PROVIDED BELOW ON THE PARTICIPANTS AND MEASURES CONTROL SHEET. |
| **DM10** | **Total number of children under 5 (0-4 years)**|\_\_\_|\_\_\_| **children under-5****TOTU5** |
| **DM11** | **Total number of women aged 15-49 years**|\_\_\_|\_\_\_| **women****TOTWM** |
| **DM12** | **Total number of pregnant women aged 15-49 years**|\_\_\_|\_\_\_| **pregnant women****TOTPREG** |
|  | Interviewer: I confirm that questionnaire is complete: yes/no |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. |

**FOOD SECURITY, MOSQUITO NET COVERAGE AND WASH QUESTIONNAIRE**

**1 questionnaire per household**

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION IDENTIFICATION**THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. |
| **ID1** | Camp Name**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID3** | Zone Code / Number**ZONE** |  | |\_\_\_|\_\_\_| |
| **ID4** | Village Code / Number**VILLAGE** |  | |\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_| |
| **ID8** | Household Number**HH** |  | |\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION FS1: Food assistance and cooking fuel** |
| **Note** | ThiS questionnaire NEED to be ASKED To the Main Caretaker WHO IS RESPONSIBLE FOR COOKING THE MEALS. |
| **FS1** | Was consent given for conducting the interview?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.**FSCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **FS2** | Does your household receive food assistance (general in-kind food distribution)**FOODASS** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 1 OR 8****GO TO FS4** |
| **FS3** | Why do you not have access to the food assistance programmes**YNOFOODA** | Ration card and/or cash grants and/or food voucher not given even if eligible 1Not registered 2Registered but determined not eligible 3Other 6Don’t know 8 | |\_\_\_| |
| **FS4** | Does your household have a ration card for general in-kind food?**RCARD** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 1 OR 8****GO TO FS6** |
| **FS5** | Why do you not have a ration card?**YNORCARD** | Not given one at registration even if eligible 1Lost card 2Traded/sold card 3Not registered 4Registered but determined not eligible 5Other 6Don’t know 8 | |\_\_\_|**GO TO FS7** |
| **FS6** | How many days did the food from the general in-kind food distribution from the 28 days cycle of August/September last?**Lower limit=1****Upper limit=98****GFDLAST** | RECORD THE NUMBER OF DAYS IF KNOWN. RECORD 98 IF UNKNOWN. | |\_\_\_|\_\_\_| |
| **FS7** | Overall, to what extent are you currently able to meet the basic needs of your household?**EXTNEEDS** | All basic needs are met (100%) 1More half basic needs are met (>50%) 2Half basic needs are met (50%) 3Few basic needs are met (<50%) 4Basic needs are not met (0%) 5Don’t know 8 | |\_\_\_|**IF ANSWER IS 1 OR 8****GO TO FS9** |
| **FS8** | Which of your household’s basic needs can you not afford?SELECT ALL THAT APPLY.**NEEDSNOT: FOODB / WATERB / HYGIENEB / HEALTHB / HOUSEB / FUELB / LIVELIB / DEBTSB / SAVINGB / EDUCAB / OTHERB / DKNB** | Food 01Water 02Hygiene items, clothes, shoes 03Health costs (including medicines) 04Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) 05Firewood/fuel for cooking or heating 06Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) 07Debt repayment 08Save some money or support other family members, relatives, friends 09Education (e.g. school fees, uniform, books) 10Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **FS9** | What cooking fuel does your household usually use?**HHFUEL** | Wood 01Charcoal 02Kerosene 03Biogas 04Liquid petroleum gas (LPG) 05Ethanol 06Briquettes 07Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **SECTION FS2: Coping Strategies and Reduced Coping Strategy Index (rCSI)** |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER. |
| **FS10** | In the past 4 weeks, have you or anyone in your household needed to stop a child from attending school?**SCHOOL** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS11** | In the past 4 weeks, have you or anyone in your household needed to sold any assets that would not have normally sold in order to buy food or basic goods (e.g. sold items such as a car, motorbike, plough, sewing machine, tools, seed stock, livestock, productive land)?**SELLLIV** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS12** | In the past 4 weeks, have you or anyone in your household needed to ask for money from strangers (begging)?**BEG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS13** | In the past 4 weeks, have you or anyone in your household needed to move to a poorer quality shelter?**SHELTER** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS14** | In the past 4 weeks, have you or anyone in your household needed to send household members under the age of 16 to work?**CHILDLAB** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS15** | In the past 4 weeks, have you or anyone in your household needed to send a member of the household to work far away?**WORKAWAY** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS16** | In the past 4 weeks, have you or anyone in your household needed to engage in activities for money or items that you feel puts you or other members of your household at risk of harm (e.g. illegal activities like hunting, fishing, survival sex, drug dealing, early marriage, joining armed groups, etc.)?**RISKYACT** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS17** | In the past 4 weeks, have you or anyone in your household needed to skip paying rent / debt repayments to meet other needs?**RENTDEBT** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS18** | In the past 4 weeks, have you or anyone in your household needed to take out new loans or borrowed money?**LOANBRW** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **FS19** | In the past 4 weeks, have you or anyone in your household needed to reduce expenditure hygiene items, water, baby items, health or education in order to meet household food needs?**REDUCE** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER. |
| **FS20** | In the past 7 days, how many days did your household rely on less preferred and/or less expensive food due to lack of food or money to buy food?**Lower limit=0****Upper limit=7****LESSEXP** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **FS21** | In the past 7 days, how many days did your household borrow food or rely on help from a friend or relative due to lack of food or money to buy food?**Lower limit=0****Upper limit=7****BRW** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **FS22** | In the past 7 days, how many days did your household reduce the number of meals eaten in a day due to lack of food or money to buy food?**Lower limit=0****Upper limit=7****LESSMEAL** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **FS23** | In the past 7 days, how many days did your household limit portion sizes at mealtime due to lack of food or money to buy food?**Lower limit=0****Upper limit=7****REDMEAL** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **FS24** | In the past 7 days, how many days did your household reduce consumption by adults so children could eat, due to lack of food or money to buy food?IN HOUSEHOLDS WIHTOUT CHILDREN, THE ANSWER SHOULD BE ‘0’.**Lower limit=0****Upper limit=7****REDADULT** | RECORD THE NUMBER OF DAYS, FROM 0-7. | |\_\_\_| |
| **SECTION FS3 : FCS and FCS-N** |
| **FS25** | How many days over the last 7 days, did members of your household eat the following food items, prepared and/or consumed at home?READ THE LIST OF FOODS AND DO NOT PROBE. ONLY RECORD THE CONSUMPTION OF SIGNIFICANT QUANTITIES OF FOOD BY THE HOUSEHOLD. WRITE ‘0’ IF NOT CONSUMED IN THE LAST 7 DAYS. |
|  |  | Number of days eaten in past 7 days |
|  | **1**. In the past 7 days, how many days did your household eat any cereals for example**maize, corn soy blend, barley, buckwheat, millet, oats, rice, sorghum, etc.** or any foods made from these such as **bread, porridge, noodles, ugali, pasta**.Or any roots and tubers for example **green bananas, parsnip, taro, plantains, white potatoes, white yam, white cassava, white sweet potato, etc.** or any foods made from roots or tubers.**CRLROTU** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **2**. In the past 7 days, how many days did your household eat any pulses, nuts and /or seeds for example **beans, peas, lentils, peanuts, cashew nuts, pigeon peas, groundnuts, pumpkin seeds, etc.**or any foods made from these such as**peanut butter****PULSE** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **3**. In the past 7 days, how many days did your household eat any dairy products for example**fresh milk, sour milk, infant formula, cheese, yogurt****MILK** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **4**. In the past 7 days, how many days did your household eat any meat, fish and eggs for example **goat, beef, chicken, pork, organ meat, fish including canned tuna, eggs****PROT** | |\_\_\_|**IF ANSWER IS 0 GO TO QUESTION 5****Lower limit=0****Upper limit=7** |
|  | **4.1.** In the past 7 days, how many days did your household eat any meat such as **beef, goat, lamb, mutton, pork, chicken, duck, agouti frogs, snakes, insects, etc.****FLSHMT** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **4.2**. In the past 7 days, how many days did your household eat any organ meat or blood-based food for example**liver, kidney, heart, etc.****ORGMT** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **4.3.** In the past 7 days, how many days did your household eat any fresh or dried fish or shellfish for example **tuna, sardines, shrimp, etc.****FISHSF** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **4.4.** In the past 7 days, how many days did your household eat any eggs for example **eggs from chicken, duck, guinea fowl, etc.****EGGS** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **5**. In the past 7 days, how many days did your household eat any vegetables and leaves for example **spinach, cassava leaves, onion, carrot, lettuce, cabbage, pepper, tomato, eggplant, zucchini, etc.****VEGL** | |\_\_\_|**IF ANSWER IS 0 GO TO QUESTION 6****Lower limit=0****Upper limit=7** |
|  | **5.1**. In the past 7 days, how many days did your household eat **carrots, or pumpkin, or squash, or sweet potato that are yellow or orange inside or red sweet pepper****VITAV** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **5.2.** In the past 7 days, how many days did your household eat any dark green leafy vegetables for example **spinach, pumpkin leaves, cassava leaves, etc.****GREENV** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **6**. In the past 7 days, how many days did your household eat any fruits for example **mango, pineapple, avocados, banana, coconut flesh, lemon, orange, watermelon, etc.** or 100% fruit juice made from these fruits**FRT** | |\_\_\_|**IF ANSWER IS 0 GO TO QUESTION 7****Lower limit=0****Upper limit=7** |
|  | **6.1**. In the past 7 days, how many days did your household eat **mangoes (ripe, fresh and dried), ripe papaya, passion fruit (ripe)****VITAFRT** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **7.** In the past 7 days, how many days did your household eat **red palm nut or red palm sauce or foods made with red palm oil****PALMOIL** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **8.** In the past 7 days, how many days did your household eat any oils and fats added to food or used for cooking for example **vegetable/nut oil, butter, margarine, mayonnaise, palm oil****FATS** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **9**. In the past 7 days, how many days did your household eat any sweets, sweetened soda or drinks, sugary foods for example **sugar, sugar can, honey, syrup, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes****SWTS** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **10**. In the past 7 days, how many days did your household eat any spices, condiments and beverages for example **black pepper, salt, chilies, fish powder, ginger, herbs, magi cubes, ketchup, mustard, coffee, tea, milk/cream in small quantities, etc.****SPICE** | |\_\_\_|**Lower limit=0****Upper limit=7** |
|  | **11**. In the past 7 days, how many days did your household eat **CSB+, CSB++ or Plumpy Nut’****SPENUTF** | |\_\_\_|**Lower limit=0****Upper limit=7** |
| **FS26** | How was this food acquired?**FOODSOU** | Purchase (using cash grants and/or with their own cash) 01Own production (crops, livestock, fishing/hunting, gathering) 02Traded goods/services, barter 03Borrowed (loan/credit from traders) 04Receive as gift (from family relatives or friend/neighbor 05In-kind food assistance (GFD, BSFP) 06Other 96Don’t know 98 | |\_\_\_|\_\_\_| |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION TN1: Details on the Household** |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if they are absent, another adult member of the household. |
| **TN1** | Was consent given for conducting the interview?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.**TNCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **TN2** | What is the total number of household numbers?RECORD NUMBER.**TNHHSIZE** |  | |\_\_\_|\_\_\_| |
| **TN3** | How many people live in this household and slept here last night?RECORD NUMBER.**TOTHH** |  | |\_\_\_|\_\_\_| |
| **TN4** | How many children 0-59 months live in this household and slept here last night?RECORD NUMBER OR TYPE 0 IF THERE AREN’T ANY CHILDREN BELOW 5 YEARS.**TOTCH** |  | |\_\_\_|\_\_\_| |
| **TN5** | How many pregnant women live in this household and slept here last night?RECORD NUMBER OR TYPE 0 IF THERE AREN’T ANY PREGNANT WOMEN.**TOTPW** |  | |\_\_\_|\_\_\_| |
| **TN6** | Do you have mosquito bed nets in this household that can be used while sleeping?**MOSNETS** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8 STOP NOW** |
| **TN7** | How many of these mosquito bed nets that can be used while sleeping does your household have?PROBE FOR ANY NETS CURRENTLY NOT IN USE THAT ARE BEING SAVED OR STORED (STILL IN THEIR PACKAGE). RECORD REPORTED NUMBER.**Lower limit=1****Upper limit=10****NUMNETS** |  | |\_\_\_|\_\_\_|Nets |
| **SECTION TN2: Observation of Bed Nets**THIS SECTION IS TO BE COMPLETED FOR ALL BED NETS USED FOR SLEEPING REPORTED BY THE RESPONDENT. |
| **Note** | THESE QUESTIONS ARE ASKED FOR EACH BED NET USED FOR SLEEPING REPORTED BY THE RESPONDENT. |
| **TN8** | Can the bed net be observed?ASK RESPONDENT TO SHOW YOU THE NET IN THE HOUSEHOLD.**NETSOBS** | Yes 1No 2 | |\_\_\_|**IF ANSWER IS 2 SKIP TO TN11** |
| **TN9** | What is the brand of the net observed?LOOK AT THE TAG ON THE NET. IF THERE IS NONE OR IS UNREADABLE, SELECT ‘UNIDENTIFIABLE’/’DON’T KNOW.**NETBRAND** | DAWAPLUS 01DURANET 02INTERCEPTOR 03LIFENET 04MAGNET 05MIRANET 06OLYSET 07PANDANET 08PERMANET 09ROYALSENTRY 10SAFENET 11VEERALIN 12YALE 13YORKOOL 14Other (please specify) 96Unidentifiable/Don’t know 98 | |\_\_\_|\_\_\_|**IF ANSWER IS 96 GO TO TN10** |
| **TN10** | If other, please specify the brand name of net**BRANDOTH** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | **TOTLN** |  | |\_\_\_|\_\_\_| |
| **SECTION TN3: Survey of household members**THIS SECTION IS TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES HERE AND SLEPT HERE LAST NIGHT. |
| **Note** | THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO LIVES IN THE HOUSEHOLD AND SLEPT HERE LAST NIGHT. |
| **TN11** | ID of household member**HHMID** |  | |\_\_\_| |
| **TN12** | What is the sex of the household member?**HHMSEX** | Male mFemale f | |\_\_\_| |
| **TN13** | How old is the household member?**HHMAGE** | <5 years 1≥5 years 2 | |\_\_\_| |
| **TN14** | Is the household member currently pregnant?**HHMPREG** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **TN15** | Did the household member sleep under a net last night?**SLPNET** | Yes 1No…………………..………….……………………. 2Don’t know……..………….……………………. 8 | |\_\_\_| |
| **TN16** | Select the brand of the net under which the household member sleptASK THE RESPONDENT TO PHYSICALLY IDENTIFY WHICH OF THE OBSERVED NETS S/HE SLEPT UNDER.**SLPBRAND** | RESPONSES FROM TN9 SHOWN HERE.EXAMPLE:NETBRAND1-PERMANETNETBRAND2-PERMANETNETBRAND3-Unidentifiable/Don’t knowNETBRAND4- OLYSET | |\_\_\_|\_\_\_| |
| **Note** | Error messages |
|  | The total number of children in the household declared at the beginning of the form (TN4) does not match the number of children you have entered in the group (TN13). Please review to ensure they match. |
|  | The total number of pregnant woman in the household you declared at the beginning of the form (TN5) does not match the number of pregnant woman you have entered (TN14). Please review to ensure they match. |

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION WS1: WASH interview questions** |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD or, if they are absent, another adult member of the household. |
| **WS1** | Was consent given for conducting the interview?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.**WSCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 or 3 STOP HERE** |
| **WS2** | What is the total number of household members?RECORD NUMBER.**HHSIZE** |  | |\_\_\_|\_\_\_| |
| **WS3** | What is the principal source of drinking water for members of your household?SELECT ONE BUT DO NOT PROMPT WITH RESPONSES. CONSIDER DRINKING WATER ONLY.**SOURCE** | Public tap/standpipe 01Handpumps/boreholes 02Water seller/kiosks 03Piped connection to house (or neighbour’s house) 04Protected spring 05Bottled water, water sachets 06Tanker trucks 07Unprotected hand-dug well 08Surface water (lake, pond, dam, river) 09Unprotected spring 10Rain water collection 11Other 96Don’t know 98 | |\_\_\_|\_\_\_| |
| **WS4** | Where do you and your household members (excluding children under 5) usually go to defecate? SELECT ONE BUT DO NOT PROMPT WITH RESPONSES. **TOILET** | Household latrine 1Communal latrine 2Open defecation 3Plastic bag 4Bucket toilet 5Other 6Don’t know 8 | |\_\_\_| |
| **SECTION WS2: WASH observation questions** |
| **Note** | EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS RELATE TO WATER USED FOR DOMESTIC PURPOSES. THIS INCLUDES: DRINKING, COOKING/FOOD PREPARATION, BATHING, AND PERSONAL HYGIENE PLUS LAUNDRY AND OTHER HOUSEHOLD CLEANING. EXCLUDED FROM THIS ARE ANIMAL USE, BRICKMAKING OR OTHER INDUSTRY, OR AGRICULTURE/GARDENING (NON DOMESTIC). |
| **WS5** | Please show me the soap you have in the household.**SOAP** | Presented within one minute 1Not presented within one minute/no soap 2 | |\_\_\_| |
| **WS6** | How many containers do you have to collect or store water for domestic purposes for your house? Please show me all of them one by oneRECORD ONE BY ONE. CHECK FOR ALL OF THE CONTAINERS. DO NOT INCLUDE BROKEN, LEAKING, OR NON-FUNCTIONAL CONTAINERS.**Lower limit=0****Upper limit=25****CONTAINER** |  | |\_\_\_|\_\_\_| |
| **WS7** | What is the type of container?**TYPE** | Jerrycan 01Bucket 02Basin 03Bottle 04Saucepan 05Drums 06Other 96 | |\_\_\_|\_\_\_| |
| **WS8** | What is the volume of container?ENTER THE AMOUNT OF LITRES THIS CONTAINER CAN HOLD TO THE NEAREST 0.5L**Lower limit=0.5L****Upper limit=300.0L****LITER** |  | |\_\_\_|\_\_\_|\_\_\_| .|\_\_\_|litres |
| **WS9** | Is the container covered?**PROTECT** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WS10** | Number of journeys made with container for the collection of water for domestic purposes yesterday? This includes all water collected morning, afternoon and evening.PLEASE ENTER ‘0’ IF HOUSEHOLD DID NOT FILL IT YESTERDAY.**Lower limit=0****Upper limit=10****NUMTRIPS** |  | |\_\_\_|\_\_\_| journeys |
| **ID9** | Please take a GPS readingAVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | Interviewer: I confirm that questionnaire is complete: yes/no |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. |

**CHILDREN 0-59 ANTHROPOMETRY, HEALTH, IYCF & ANAEMIA**

**1 questionnaire per child 0-59 months**

This questionnaire is to be administered to ALL CHILDREN BETWEEN 0-59 MONTHS IF THE IYCF MODULE IS INCLUDED

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION IDENTIFICATION**THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. |
| **ID1** | Camp Name**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID3** | Zone Code / Number**ZONE** |  | |\_\_\_|\_\_\_| |
| **ID4** | Village Code / Number**VILLAGE** |  | |\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_| |
| **ID8** | Household Number**HH** |  | |\_\_\_|\_\_\_| |

|  |  |  |
| --- | --- | --- |
| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION CHILD1: Details of the Child 0-59 months**THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN IN THE SELECTED HOUSEHOLDS BETWEEN 0-59 MONTHS. |
| **Note** | These questions need to be asked to the MOTHER OR THE Main CareGIVER. |
| **CH1** | ID Number**ID** |  | |\_\_\_|\_\_\_| |
| **CH2** | Was consent given for conducting the interview and the measurements?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW AND THE MEASUREMENTS.**CHCONST** | Yes 1No 2 | |\_\_\_|**IF ANSWER IS 2 STOP HERE** |
| **CH3** | Name of the childONLY WRITE FIRST NAME.**CHNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **CH4** | Sex of [NAME OF CHILD]?**SEX** | Male mFemale f | |\_\_\_| |
| **CH5** | Do you have an official age documentation for [NAME OF CHILD]?**XDOBK** | Yes 1No 2 | |\_\_\_|**IF ANSWER IS 2** **GO TO CH7** |
| **CH6** | [NAME OF CHILD]’s date of birthTHE EXACT BIRTH DATE SHOULD ONLY BE TAKEN FROM AN AGE DOCUMENTATION SHOWING DAY, MONTH AND YEAR OF BIRTH.**BIRTHDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / \_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **CH7** | Age of [NAME OF CHILD] in months**Lower limit=0 months****Upper limit=59.99 months****MONTHS** | SINCE NO AGE DOCUMENTATION IS AVAILABLE, ESTIMATE AGE USING A LOCAL EVENTS CALENDAR. | |\_\_\_|\_\_\_|months |
| **Note** | Verify that the child is ${MONTHS} months old. Remember, if they are older than 59 months; they are not eligible for inclusion and you should stop here. |
| **SECTION CHILD2: Nutrition, Health and Anaemia Status of the Child 6-59 months**THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 6 AND 59 MONTHS OF AGE. |
| **CH8** | Is [NAME OF CHILD] currently present in the household?**CHPRES** | Yes 1No 2 | |\_\_\_|**IF ANSWER IS 2** **GO TO CH15** |
| **CH9** | [NAME OF CHILD]’s weight in kilograms (±0.1kg)DON’T FORGET THE DECIMAL.**Lower limit=3.0kg****Upper limit=31.0kg****WEIGHT** |  | |\_\_\_|\_\_\_|. |\_\_\_| kg |
| **CH10** | Was the [NAME OF CHILD] dressed with clothes for the weight measurement?**CLOTHES** | Yes yNo n | |\_\_\_| |
| **CH11** | [NAME OF CHILD]’s length/height in cm (±0.1cm)DON’T FORGET THE DECIMAL.**Lower limit=54.0cm****Upper limit=124.0cm****HEIGHT** |  | |\_\_\_|\_\_\_|\_\_\_|. |\_\_\_| cm |
| **CH12** | Was [NAME OF CHILD] measured lying down or standing up?**MEASURE** | Child lying down lChild standing up h | |\_\_\_| |
| **CH13** | Clinical examination: Does the [NAME OF CHILD] present bilateral pitting oedema?**EDEMA** | Yes yNo n | |\_\_\_| |
| **CH14** | [NAME OF CHILD]’s middle upper arm circumference (MUAC) in cm (±0.1cm)MEASURE LEFT ARM. DON’T FORGET THE DECIMAL.**Lower limit=7.0cm****Upper limit=23.5cm****MUAC** |  | |\_\_\_|\_\_\_|. |\_\_\_| cm |
| **CH15** | Is [NAME OF CHILD] currently being treated in the SFP or the OTP/SC for malnutrition?SHOW CSB++ SACHET AND PLUMPY NUT**ENROL** | Yes, SFP 1Yes, TFP (OTP/SC) 2No 3Don’t know 8 | |\_\_\_| |
| **CH16** | Is [NAME OF CHILD] currently enrolled in the BSFP?SHOW CSB++ SACHET**BSFPCSB** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH17** | Is [NAME OF CHILD] currently receiving MNPs sachets?SHOW MNPs SACHET**BSFPMNP** | Yes 1No 2Don’t know 8 |  |
| **CH18** | Has [NAME OF CHILD] been vaccinated against measles?CHECK VACCINATION CARD (ONLY FOR CHILDREN OLDER THAN 9 MONTHS).**MEASLES** | Yes, card 1Yes, recall 2No or don’t know 3 | |\_\_\_| |
| **CH19** | Has [NAME OF CHILD] received a vitamin A capsule in the past six months? CHECK VACCINATION/HEALTH CARD AND SHOW CAPSULE.**VITA** | Yes, card 1Yes, recall 2No or don’t know 3 | |\_\_\_| |
| **CH20** | Was [NAME OF CHILD] given any drug for intestinal worms in the last six months?SHOW TABLET OF MEBENDAZOLE.**DEWORM** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH21** | Has [NAME OF CHILD] had diarrhoea in the past 2 weeks?CASE DEFINITION: THREE OR MORE LOOSE OR LIQUID STOOLS DURING 24 HOURS.**DIAR** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8** **GO TO CH24** |
| **CH22** | Did you give ORS sachets to [NAME OF CHILD] when s/he had diarrhoea?SHOW ORS SACHET.**DIARORS** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH23** | Did you give zinc tablets or syrup to [NAME OF CHILD] when s/he had diarrhoea?SHOW ZINC TABLET OR SYRUP.**DIARZINC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **CH24** | Units of measurement of your HemoCue device (g/dL or g/L)**HBUNIT** | g/dL gdlg/L gl | |\_\_\_|\_\_\_|\_\_\_| |
| **CH25** | [NAME OF CHILD]’s haemoglobin (Hb) in g/dL (±0.1 g/dL) or in g/L (±1g/L)APPLICABLE ONLY IF HB MEASURED IN G/DL: DON’T FORGET THE DECIMAL.**Lower limit=2.0 g/dL****Upper limit=22.0 g/dL****CHHB** |  | |\_\_\_|\_\_\_|. |\_\_\_|g/dLOR|\_\_\_|\_\_\_|\_\_\_|g/L |
| **CH26** | **Automatic referral for child with signs of acute malnutrition who is not already enrolled in a nutrition programme:*** Child needs to be referred for moderate acute malnutrition (if MUAC<12.5 cm and MUAC≥11.5 cm and/or WHZ<-2 and WHZ≥-3 and if ENROL equals to 3 or 8).
* Child needs to be referred for severe acute malnutrition (if MUAC<11.5 cm and/or WHZ<-3 and/or bilateral pitting oedema is yes and if ENROL equals to 3 or 8).

FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY.**REFMAM/REFSAM** |
| **CH27** | **Automatic referral for child who has severe anaemia:*** Child needs to be referred for severe anaemia (if Hb<7.0g/dL).

FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY.**REFANEM** |
| **SECTION IYCF1: Breastfeeding Status of the Child 0-23 months (part 1)**This SECTION is to be administered to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. |
| **Note** | These questions need to be asked to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD. |
| **IF1** | Has [NAME OF CHILD] ever been breastfed?**EVERBF** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 or 8 GO TO IF4** |
| **IF2** | How long after birth did you first put [NAME OF CHILD] to the breast?**INITBF** | Less than one hour 1Between 1 and 23 hours 2More than 24 hours 3Don’t know 8 | |\_\_\_| |
| **IF3** | Was [NAME OF CHILD] breastfed yesterday during the day or at night?**YESTBF** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **SECTION IYCF2: Breastfeeding Status of the Child 0-23 months (part 2)**This SECTION is to be administered to the MOTHER OR THE Main CareGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. |
| **IF4** | Now I would like to ask you about liquids that [NAME OF CHILD] 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?ASK ABOUT EVERY LIQUID. EVERY QUESTION MUST HAVE AN ANSWER.IF ITEM WAS GIVEN, SELECT ‘YES’. IF ITEM WAS NOT GIVEN, SELECT ‘NO’. IF CAREGIVER DOES NOT KNOW, SELECT ‘DON’T KNOW’.  Yes No DK |
|  | 4A. Plain water**WATER** | 4A………………………1 2 8 |
| 4B. Infant formula, for example **Lactogen, NAN****INFORM** | 4B………………………1 2 8 |
| 4C. Milk such as tinned, powdered, or fresh animal milk, for example **Nido, Cowbell, Tanga Fresh, Al-mudhish, first choice****MILK** | 4C………………………1 2 8 |
| 4D. Juice or juice drinks, for example **Ceres, Azam, Mo juice**, **Jambo juice, etc.****JUICE** | 4D………………………1 2 8 |
| 4E. Clear broth**BROTH** | 4E………………………1 2 8 |
| 4F. Sour milk or yogurt, for example **Asas, Tanga Fresh, Serengeti, Dar Fresh, Mara Milk****YOGURT** | 4F………………………1 2 8 |
| 4G. Thin porridge, for example made with maize, sorghum, millet, cassava or finger millet, CSB+/CSB++**THINPOR** | 4G………………………1 2 8 |
| 4H. Tea or coffee with milk**WHTEACOF** | 4H………………………1 2 8 |
| 4I. Any other water-based liquids, for example sodas **Azam Cola, Pepsi, Twist, Coca cola**, other sweet drinks, herbal infusion, gripe water, **clear tea with no milk, black coffee**, ritual fluids (**togwa**)**WATLQD** | 4I………………………...1 2 8 |
| **IF5** | Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?**FOOD** | Yes………………………………………….………....1No……………………………………………….….... 2Don’t know………………………………….….... 8 | |\_\_\_| |
| **SECTION IYCF3: Bottle Feeding for the Child 0-23 months** |
| **IF6** | Did [NAME OF CHILD] drink anything from a bottle with a nipple yesterday during the day or at night?**BOTTLE** | Yes………………………………………….………....1No……………………………………………….….... 2Don’t know………………………………….….... 8 | |\_\_\_| |
| **SECTION IYCF4: Iron-fortified or Iron-rich Foods for the Child 6-23 months** |
| **IF7** | Now I would like to ask you about some particular foods [NAME OF CHILD] 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?ASK ABOUT EVERY ITEM. EVERY QUESTION MUST HAVE AN ANSWER.IF ITEM WAS GIVEN, SELECT ‘YES’. IF ITEM WAS NOT GIVEN, SELECT ‘NO’. IF CAREGIVER DOES NOT KNOW, SELECT ‘DON’T KNOW’. Yes No DK |
|  | 7A. Any meat such as beef, pork, lamb, goat, chicken, liver, kidney, heart or other organ meats, fresh or dried fish, sardines, seafood, insects, etc.**FLESHFD** | 7A………………………………..1 2 8 |
| 7B. CSB+**FBF** | 7B…………………..…………….1 2 8 |
| 7C. CSB++SHOW CSB++ SACHET**FBFSUPER** | 7C………………..………………1 2 8 |
| 7D. Plumpy’Nut®SHOW SACHET.**RUTF** | 7D……………………………..…1 2 8 |
| 7E. Iron fortified infant formula, for example **Lactogen, NAN****INFORMFE** | 7E……...…………………….....1 2 8 |
| 7F. Iron fortified solid, semi-solid or soft foods designed specifically for infants and young children, for example **Cerelac, Weetabix****FOODFE** | 7F………………………………....1 2 8 |
| **IF8** | Yesterday, during the day or at night, did [NAME] consume any food to which you added a MNPs sachet like this?SHOW MICRONUTRIENT POWDER SACHET.**MNP** | Yes………………………………………….…………....1No………………………………………………….….... 2Don’t know…………………………………….….... 8 | |\_\_\_| |
| **ID9** | Please take a GPS readingAVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | Interviewer: I confirm that questionnaire is complete: yes/no |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. |

**WOMEN ANTHROPOMETRY, HEALTH & ANAEMIA**

**1 questionnaire per woman 15-49 years**

This questionnaire is to BE ADMINISTERED TO ALL ELIGIBLE WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD.

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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION IDENTIFICATION**THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE. |
| **ID1** | Camp Name**CAMPNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **ID3** | Zone Code / Number**ZONE** |  | |\_\_\_|\_\_\_| |
| **ID4** | Village Code / Number**VILLAGE** |  | |\_\_\_|\_\_\_| |
| **ID5** | Date of interview (dd/mm/yyyy)**SURVDAT** | Day/Month/Year…..|\_\_\_|\_\_\_| /|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_||\_\_\_|\_\_\_| |
| **ID6** | Cluster Number**CLUSTER** |  | |\_\_\_|\_\_\_| |
| **ID7** | Team Number**TEAM** |  | |\_\_\_| |
| **ID8** | Household Number**HH** |  | |\_\_\_|\_\_\_| |

|  |  |  |
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| **No** | **QUESTION** | **ANSWER CODES** |
| **SECTION WM1: Details of the Woman 15-49 years**THIS SECTION IS TO BE ADMINISTERED TO ALL ELIGIBLE WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLDS. |
| **Note** | THESE QUESTIONS NEED TO BE ASKED TO EACH ELIGIBLE WOMAN. |
| **WM1** | ID Number**WMID** |  | |\_\_\_| |
| **WM2** | Was consent given for conducting the interview and the measurements?ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW AND THE MEASUREMENTS.**WMCONST** | Yes 1No 2Absent 3 | |\_\_\_|**IF ANSWER IS 2 OR 3 STOP HERE** |
| **WM3** | Name of the womanONLY WRITE FIRST NAME.**WMNAME** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **WM4** | Age of [NAME OF WOMAN] in yearsONLY WOMEN BETWEEN 15 AND 49 ARE BEING INTERVIEWED.**Lower limit=15 years****Upper limit=49 years****WMAGE** |  | |\_\_\_|\_\_\_|years |
| **SECTION WM2: Anthropometry, Physiological and Anaemia Status of the Woman 15-49 years**THIS SECTION IS TO BE ADMINISTERED TO ALL ELIGIBLE WOMEN BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD. |
| **WM5** | Are you pregnant?**PREGNANT** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8 GO TO WM8** |
| **WM6** | Are you currently enrolled in the ANC programme?**ANC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM7** | Are you currently receiving iron-folate pills?SHOW PILL.**FEREC** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM8** | Are you currently breastfeeding?**LACTAT** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8 GO TO WM11** |
| **WM9** | Is the child you are breastfeeding younger than 6 months old?**LACTATU6** | Yes 1No 2Don’t know 8 | |\_\_\_|**IF ANSWER IS 2 OR 8 GO TO WM11** |
| **WM10** | In the first two months after delivery,did you receive a vitamin A supplementation?SHOW CAPSULE.**WMVITA** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM11** | Are you currently enrolled in the BSFP?SHOW CSB++ SACHET.**WMBSFP** | Yes 1No 2Don’t know 8 | |\_\_\_| |
| **WM12** | [NAME OF WOMAN]’s MUAC in cm (±0.1cm)MEASURE LEFT ARM. DON’T FORGET THE DECIMAL.**Lower limit=16.0 cm****Upper limit=50.0 cm****WMMUAC** |  | |\_\_\_|\_\_\_|. |\_\_\_| cm |
| **WM13** | Units of measurement of your HemoCue device (g/dL or g/L)**WMHBUNIT** | g/dL gdlg/L gl | |\_\_\_| |
| **WM14** | [NAME OF WOMAN]’s haemoglobin in g/dL (±0.1 g/dL) or in g/L (±1g/L) APPLICABLE ONLY IF HB MEASURED IN G/DL: DON’T FORGET THE DECIMAL. **Lower limit=2.0 g/gL****Upper limit=22.0 g/dL****WMHB** |  | |\_\_\_|\_\_\_|. |\_\_\_| g/dLOR|\_\_\_|\_\_\_|\_\_\_|g/L |
| **ID9** | Please take a GPS readingAVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER).**GPS** | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **WM15** | **Automatic referral for woman who has severe anaemia:*** Woman needs to be referred for severe anaemia (if Hb<8.0g/dL).

FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE WOMAN AND THE OTHER IS FOR THE HEALTH FACILITY.**WMREFAN** |
|  | Interviewer: I confirm that questionnaire is complete: yes/no |
|  | Supervisor: I confirm that questionnaire is complete.: yes/noMESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. |

1. Tanzania 2018 SENS Survey report [↑](#footnote-ref-1)
2. In ProGres v4, the Registration Group is used as a proxy for household definition. A Registration Group is one or more individuals who are registered together. For example, a Registration Group could be a family or it could be a household registered together for assistance purposes. An individual must always belong to a Registration Group. An individual can only belong to one Registration Group at any point in time. [↑](#footnote-ref-2)
3. SENS. Standardised Expanded Nutrition Survey for Refugee Populations Version 3 (2018). [↑](#footnote-ref-3)
4. SMART. Standardized Monitoring and Assessment of Relief and Transitions. Available at: <http://smartmethodology.org/> [↑](#footnote-ref-4)
5. An empty tent will be considered as an abandoned tent and excluded from the survey if no one was living in that tent during the last month. [↑](#footnote-ref-5)