SENS Version 3 - Webinar Updates on the SENS Guidelines

(Standardized Expanded Nutrition Survey)

Session 3
OCTOBER 21st 2020





Outlines

- 1. Background
- 2. Objectives of the series of webinars
- 3. Updates on SENS V3 Household Modules (Session 1)
- 4. Updates on SENS V3 Individual Modules (Session 2)
- 5. Updates on SENS V3 Pre-Module, New tools, Sampling strategies, Epi Info analysis, SENS website, etc. (Session 3)
- 6. Updates on SENS V3 MDC Tools, SENS Mapper (Sessions 4-6)
- 7. Q&A (Session 6)



CHILD QUESTIONNAIRE (0-59 MONTHS)



Child Questionnaire (1/8)

- Section CHILD1: Details of the Child 0-59 months
- □ ID # (1, 2, 3, etc.)
- Consent (1= Yes ; 2= No)
- Name of the child
- Sex of the child (m= Male; f= Female)
- Official Age Documentation (RCH card, birth certificate, passport, other relevant documentation)
- Birthdate (DD/MM/YYYY)
- Age in months → Only if no age documentation is available → estimate age using the calendar of local events



Child Questionnaire (2/8)

Section CHILD2: Time of arrival in country of asylum (optional/if applicable)

CH8	name / country of asylum] before or after	Arrived before [INSERT EVENT]1 Arrived after [INSERT EVENT] (new arrival)2 Don't know8	II
	CHARRIVE		

SENS recommendation: : only include this indicator if the survey is being carried out in settings with recent/new influxes of refugees and there is a suspicion of different nutritional status among these new refugees



Child Questionnaire (3/8)

- Section CHILD3: Nutrition, Health and Anaemia Status of the Child 6-59 months
- ☐ Child currently present (1= Yes; 2= No)
- Weight (**kg**) → |___| . |___
- Clothes (child dressed during weight measurement) (Y= Yes; N= No)
- Length/Height (cm) → |___| . |___|
- Measure (L= Lying down ; H= Standing up)
- Bilateral Pitting Edema (Y= Yes; N= No)
- \square MUAC (<u>cm</u>) \rightarrow | ___| . | ___| <u>Left arm</u>

- → If aberrant values (weight, height and/or age) or if SAM child
- → New measures + age assessment



Child Questionnaire (4/8)

CH16	Is [NAME OF CHILD] currently being treated in [NAME OF NUTRITION PROGRAMMES] for malnutrition? SHOW COMMODITY GIVEN IN TSFP AND TFP (OTP/SC).	Yes TSFP	II
CH17	Is [NAME OF CHILD] currently enrolled in the BSFP? (IF APPLICABLE) SHOW COMMODITY/PACKAGING GIVEN IN BSFP. BSFP	Yes	II







Child Questionnaire (5/8)

CH18	Has [NAME OF CHILD] been vaccinated against measles? CHECK VACCINATION CARD (ONLY FOR CHILDREN OLDER THAN 9 MONTHS).	Yes, card	II
	MEASLES		
CH19	Has [NAME OF CHILD] received a vitamin A capsule in the past six months? CHECK VACCINATION/HEALTH CARD AND SHOW CAPSULE.	Yes, card	II
	VITA		
CH20	Was [NAME OF CHILD] given any drug for intestinal worms in the last six months? (IF APPLICABLE)	Yes	II
	SHOW TABLET.		
	DEWORM		



Child Questionnaire (6/8)

CH21	Has [NAME OF CHILD] had diarrhoea in	Yes1				
	the past 2 weeks?	No2	II			
		Don't know8	IF ANSWER IS 2 OR 8			
	CASE DEFINITION: THREE OR MORE LOOSE		GO TO CH23			
	OR LIQUID STOOLS DURING 24 HOURS.					
	DIAR					
CH22	Did you give [INSERT LOCAL NAME FOR	Yes1				
	WHO ORS] to [NAME OF CHILD] when	No2	II			
	s/he had diarrhoea? (OPTIONAL)	Don't know8				
	-					
	SHOW ORS SACHET.					

		DIARORS		
	CH23	Did you give zinc tablets or syrup to [NAME OF CHILD] when s/he had diarrhoea? (OPTIONAL)	II	
_		SHOW ZINC TABLET OR SYRUP.		
		DIADZINIC		



Child Questionnaire (7/8)

CH24	Units of measurement of your HemoCue device (g/dL or g/L) (IF APPLICABLE)	g/dLgdl g/Lgl	
	HBUNIT		
CH25	[NAME OF CHILD]'s haemoglobin (Hb) in g/dL (±0.1 g/dL) or in g/L (±1g/L)		. g/dL
	APPLICABLE ONLY IF HB MEASURED IN G/DL:		OR
	Lower limit=2.0g/dL Upper limit=22.0g/dL		g/L
	СННВ		



Child Questionnaire (8/8)

Automatic Referral

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<125mm and MUAC≥115 mm 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<115mm 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			
SECTI	ON IYCF1: Breastfeeding Status of the Child 0-23 months (part 1)			



WOMAN QUESTIONNAIRE (15-49 YEARS)



Woman Questionnaire (1/5)

Section WM1: Details of the Woman 15-49 years

WM1	ID Number		
	WMID		
WM2	Was consent given for conducting the	Yes1	
	interview and the measurements?	No2	
	ENSURE THAT YOU HAVE INTRODUCED	Absent3	IF ANSWER IS 2 OR 3 STOP HERE
	THE TEAM AND INFORMED THEM ABOUT		STOP HERE
	THE TEAM AND IN COUNTED THEM ADOUT		
	THE INTERVIEW AND THE		
	MEASUREMENTS.		
	WMCONST		
WM3	Name of the woman		
	The state of the s		1
	ONLY WRITE FIRST NAME.		
	WMNAME		
WM4	Age of [NAME OF WOMAN] in years		
	CAND MONTH DETAILED IN AND 40 ADE		years
	ONLY WOMEN BETWEEN 15 AND 49 ARE BEING INTERVIEWED.		
	DEING INTERVIEWED.		
	Lower limit=15 years		
	Upper limit=49 years		
	14/0.44.05		



Woman Questionnaire (2/5)

 Section WM2: Anthropometry, Physiological and Anaemia Status of the Woman 15-49 years

WM5	Are you pregnant?	Yes1	
		No2	
		Don't know8	IF ANSWER IS 2 OR 8
	PREGNANT		GO TO WM8
WM6	Are you currently enrolled in the ANC	Yes1	
	programme?	No2	
		Don't know8	
	ANC		
WM7	Are you currently receiving iron-folate	Yes1	
	pills?	No2	
		Don't know8	
	SHOW PILL.		
	FEREC		



Woman Questionnaire (3/5)

 Section WM2: Anthropometry, Physiological and Anaemia Status of the Woman 15-49 years

WM8	Are you currently breastfeeding? (OPTIONAL) LACTAT	Yes	 IF ANSWER IS 2 OR 8 GO TO WM10
WM9	Is the child you are breastfeeding younger than 6 months old? (OPTIONAL) LACTATU6	Yes	II
WM10	Are you currently enrolled in the BSFP? (IF APPLICABLE) SHOW COMMODITY/PACKAGING GIVEN IN BSFP.	Yes	II

WMBSFP		
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Woman Questionnaire (4/5)

 Section WM2: Anthropometry, Physiological and Anaemia Status of the Woman 15-49 years

WM11	[NAME OF WOMAN]'s MUAC in mm		
	(±1mm) or cm (±0.1cm) (OPTIONAL)		mm
	MEASURE LEFT ARM.		OR
	APPLICABLE ONLY IF MUAC MEASURED IN		
	CM: DON'T FORGET THE DECIMAL.		. cm
	Lower limit=160 mm		
	Upper limit=500 mm		
	WMMUAC		
WM12	Units of measurement of your	g/dLgdl	
	HemoCue device (g/dL or g/L) (IF APPLICABLE)	g/Lgl	
	WMHBUNIT		
WM13	[NAME OF WOMAN]'s haemoglobin in		
	g/dL (±0.1 g/dL) or in g/L (±1g/L)		. g/dL
	APPLICABLE ONLY IF HB MEASURED IN		
	G/DL: DON'T FORGET THE DECIMAL.		OR
	Lower limit=2.0g/gL		
	Upper limit=22.0g/dL		g/L
	WMHB		



Woman Questionnaire (5/5)

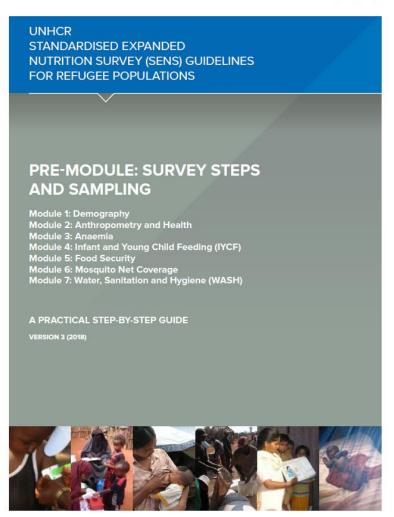
Automatic Referral

WM14	Automatic referral for woman with signs of acute malnutrition:		
	 Woman needs to be referred for acute malnutrition (if MUAC< [INSERT VALUE] mm) (TO BE 		
	INCLUDED ONLY IF MUAC IS MEASURED).		
	FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE WOMAN AND THE OTHER IS FOR THE HEALTH FACILITY.		
	WMREFMAL		
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		





PRE-MODULE: SURVEY STEPS AND SAMPLING





Pre-Module: Survey steps and sampling

- Quick reference guide, focusing on the practical steps for conducting a SENS survey
- Mostly based on **SMART**, partly expanded to the need of SENS
- Survey design and sampling based on SMART
 Derived from expected GAM and calculated in ENA for SMART

 - Number of HHs needed for GAM is the number of HHs included in survey
- Include practical tips countries need support on
 - Timing and planning of nutrition survey
 - Budget
 - Ordering Equipment, MDC Equipment
 - Training
 - Data review and data analysis
 - Etc.



- UNHCR ProGres (v4)
 - UNHCR's registration database for refugee population data
 - Registration Group: "A Registration Group is one or more individuals who are registered together".
 - E.g. a family or a household registered together for assistance purposes.
 - Case: A case is used to record and track information about individuals undergoing various processes. Depending on the process, a case can be composed of one or more individuals. Case membership is independent from Registration Group membership.
 - E.g. a resettlement case



- No universal definition of a HH to be used in a nutrition and health survey
- Classic definition: "A group of people who live together and routinely eat out of the same pot"
- Pre-module SENS:
 - If accurate and updated population lists are available from ProGres
 - → Use the Registration Group as a proxy for household.
- Case should not be used for sampling.



- Sampling using the <u>Registration Group</u>:
- Individual-Based Modules (Modules 2, 3 and 4)
 - Include only the <u>children and women from the households</u>
 <u>belonging to Registration Group</u> that was randomly selected from the ProGres list
- Household-Based Modules (Modules 1, 5, 6 and 7)
 - Include <u>all household members who live together and routinely eat</u> out of the same pot



- Why should different definitions for individual and HH modules be used?
 - To minimise the risk of major oversampling of children and women in the survey
 - If the classic definition is used for the individual modules and thus includes more than one Registration Group this will be very different from the data used to calculate the initial sample size for children and women (higher)
 - HH modules
 - → Information about how people actually live together and share their resources
 - → Use of the classic definition to better reflect reality



- HH sample size required for collecting the data from the different standard modules:
- HH-based modules
 - Module 1 Demography: With any survey design, assess all sampled households
 - Module 5 Food Security: With any survey design, half of the households (subsample) should be randomly sampled
 - Module 6 Mosquito Net Coverage: With any survey design, half of the households (sub-sample) should be randomly sampled
 - Module 7 WASH: With any survey design, half of the households (sub-sample) should be randomly sampled



Individual-based modules

1- Children 0-59 months

- Module 2 Anthropometry and Health (6-59 months): With any survey design, assess all eligible children within all of the sampled households
- Module 4 IYCF (0-23 months): With any survey design, assess all eligible children within all of the sampled households
- Module 3 Anaemia (6-59 months): Select one of the scenarios based on the survey design and the number of children aged 6-59 months calculated with ENA for SMART software



 Sample size requirements for SENS Anaemia assessment in children aged 6-59 months

Survey design	Children anaemia scenario	Module 2 (Anthropometry and Health) sample size children 6-59 months (calculated using ENA for SMART software)	Module 3 (Anaemia) sample size children 6-59 months
	1	≤600 children	Assess all eligible children found in all randomly selected households for anaemia.
Cluster sampling	2	>600 children	Half of the sampled households (sub-sample) should be randomly selected and all eligible children found in these households should be assessed for anaemia.
	3	≤400 children	Assess all eligible children found in all randomly selected households for anaemia.
Simple or systematic random sampling	4	>400 children	Half of the sampled households (sub-sample) should be randomly selected and all eligible children found in these households should be assessed for anaemia.



Individual-based modules

2- Women 15-49 years

- Module 2 Anthropometry and Health: Same sampling method that for Module 3 Women Anaemia
- Module 3 Anaemia:
- <u>Women anaemia scenario 1:</u> You need to measure the prevalence of anaemia in women of reproductive age (15-49 years) for surveillance purposes but you do not need to assess the impact of an intervention and are <u>not planning to intervene</u> with a direct anaemia intervention (e.g. blanket iron supplementation to all women) in the immediate future:
- → With any survey design, half of the sampled households (sub-sample) should be randomly selected and all eligible women found in these households should be assessed for anaemia.
- <u>Women anaemia scenario 2:</u> You are <u>planning to implement/have been implementing</u> a direct intervention (e.g. blanket iron supplementation to all women) to reduce anaemia in women of reproductive age (15-49 years) and you need to assess the baseline prevalence and impact of the intervention:
- → With any survey design, follow the same sampling scenario used in children for anaemia assessment



Exhaustive survey

- An exhaustive survey should be conducted when the following conditions are met:
 - The total size of surveyed population is < ~ 2,500 people (or < ~ 600 HHs)
 - All HHs within the survey area (e.g. camp, settlements or surrounding villages) can be surveyed
 - Follow the same recommendations for sub-sampling



Informed consent

- Purpose of the survey, how the person was selected to participate and how the results will be used in terms that the survey participant can understand
- Explanation about the right to refuse to participate
- Explanation of the procedure and risk involved (fears about taking blood)
- Explanation about confidentiality

Consent for the use of MDC methods NEW

Authorization to use a smartphone or tablet to record data

Consent for the use of GPS (optional) NEW

- GPS coordinates are recorded during the administration of the questionnaires at individual level (children and women)
- GPS coordinates are recorded during the administration of the questionnaires at HH level (FS, mosquito net coverage and WASH)
- An authorization of GPS coordinates of the HH will be requested at the end of the demography questionnaire



Consent for the use of MDC methods NEW

Authorization to use a smartphone or tablet to record data

DM1A	Was consent given for conducting the interview? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW. DMCONST	Yes	 IF ANSWER IS 2 or 3 STOP HERE
DM1B	Was consent given for conducting the interview using Mobile Data Collection (use of smartphone or tablet)? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW.	Yes	 IF ANSWER IS 2 or 3 STOP HERE



Consent for the use of GPS (optional) NEW

DM15	Was consent given for taking the GPS coordinates of the household? (OPTIONAL)	Yes	II
	GPSCONST		
ID9	Please take a GPS reading (OPTIONAL)		
	AVOID TAKING IT INSIDE THE HOUSE OR		
	UNDER TREES (TO MAKE IT FASTER).		
	GPS		



- Automatic referral of malnourished and anaemia children and women NEW
- All children with signs of acute malnutrition (SAM & MAM) will be given referral form to go to the nutrition programmes
 - → Based on WHZ-score, MUAC and edema
 - → Length/Height
- All women (pregnant or lactating) with signs of acute malnutrition (MUAC) will be given referral form to go to the nutrition programmes
- All children and women with signs of severe anaemia will be given referral form to go to the nearest health facility
 - → Child Hb <7.0 g/dL
 - → Woman Hb <8.0 g/dL



Public Health Significance Classification Cut-offs and Targets for Key SENS Indicators (1/3)

Indicator Name	Classification of public health significance	Target
Children 6-59 months		
	Very high/critical if ≥ 15%	
Global Acute Malnutrition (GAM)	(WHO-UNICEF	UNHCR Target of <10%
	Classification, 2018)	
Severe Acute Malnutrition (SAM)		UNHCR Target of <2%
	Critical if ≥ 30%	
Total Underweight	(WHO classification)	
	Very high/critical if ≥ 30%	
Total Stunting	(WHO-UNICEF	
	Classification, 2018)	
	Very high/critical if ≥ 15%	
Total overweight	(WHO-UNICEF	
	Classification, 2018)	
Measles vaccination (9-59 months)		Target of ≥ 95%
Vitamin A supplementation within past 6 months		Target of ≥ 90%
Supplementary feeding programme (TSFP) enrolment		Target of ≥ 90%
Therapeutic feeding programme (OTP/SC) enrolment		Target of ≥ 90%
	High if ≥ 40%	
Total Anaemia (Hb <11 g/dl)	(WHO Classification	UNHCR Target of <20%



Public Health Significance Classification Cut-offs and Targets for Key SENS Indicators (2/3)

Children 0-23 months		
Timely initiation of breastfeeding	UNHCR Target of ≥85%	
Exclusive breastfeeding under 6 months	UNHCR Target of ≥75%	
Predominant breastfeeding under 6 months	UNHCR Target of ≥90%	
Continued breastfeeding at 1 year	UNHCR Target of ≥90%	
Continued breastfeeding at 2 years	UNHCR Target of ≥60%	
Introduction of solid, semi-solid or soft foods	UNHCR Target of ≥60%	
Consumption of iron-rich or iron-fortified foods	UNHCR Target of ≥60%	
Bottle feeding	UNHCR Target of <5%	
Non-breastfed children under 6 months	UNHCR Target <2%	
Non-breastfed children under 12 months	UNHCR Target <5%	

Indicator Name	Classification of public health significance	Target	
Women 15-49 years			
Total Anaemia (Hb <12 g/dl)	High if ≥ 40% (WHO Classification)	UNHCR Target of <20%	



Public Health Significance Classification Cut-offs and Targets for Key SENS Indicators (3/3)

Total population		
Proportion of total households owning at least one LLIN	Target of >80%	
Average number of persons per LLIN	2 persons per LLIN	
Average liters per person per day of domestic	Emergency: ≥15 litres	
water collected from protected/treated sources at household level (average on persons surveyed)	Post-emergency: ≥20 litres	
% households with at least 10 L/p potable/	Emergency: ≥70%	
drinking water storage capacity	Post-emergency: ≥80%	
% households collecting drinking/potable water	Emergency: ≥70%	
from protected/treated sources	Post-emergency: ≥95%	
% households reporting defecating in a toilet/	Emergency: ≥60%	
latrine	Post-emergency: ≥85%	
	Emergency: ≥70%	
% households with access to soap	Post-emergency: ≥90%	





ADDENDUM OUT-OF-CAMP SETTINGS

UNHCR STANDARDISED EXPANDED NUTRITION SURVEY (SENS) GUIDELINES FOR REFUGEE POPULATIONS

ADDENDUM
FOR OUT-OF-CAMP SETTINGS

A PRACTICAL STEP-BY-STEP GUIDE VERSION 3 (2018)





Refugees or mixed populations living in Out-of-Camp Settings

- Refer to UNHCR SENS Addendum for out-of-camp settings
- Guidelines published in January 2015 and updated in 2019
 - How to define, locate and sample the refugee population in urban and rural areas
 - How to adapt the questionnaire to suit the urban and other out-of-camp settings
 - The addendum was developed based on experiences in Yemen



NEW TOOLS SENS VERSION 3



New Tools SENS Version 3 (1/3)

Update and improvement of existing tools (Pre-Module)

- Tool 1: Survey Budget
- Tool 2: Survey consultant ToR
- Tool 3: List of SENS Objectives
- Tool 4: List of SENS Indicators
- Tool 7: Sampling Decision Tree
- Tool 8: Data Collection Control Sheet
- Tool 9: Standard SENS protocol
- Tool 10: Survey Supplies Planning Sheet
- Tool 11: Full SENS Questionnaire
- Tool 12a: Full SENS Questionnaire with instructions
- Tool 12b: Full SENS Questionnaire + Mortality with instructions
- Tool 13: Survey team job description
- Tool 14: Participants and Measure Control Sheet



New Tools SENS Version 3 (2/3)

Update and improvement of existing tools (Pre-Module)

- Tool 16: Data Analysis Tips
- Tool 17a: Trends and Graphs One camp
- Tool 19: Final SENS Report Dollo Ado 2017 (final report ENG)
- Tool 20a: Final SENS Report Jordan 2016 (final report ENG)
- Tool 20b: Final SENS Report Burundi 2017 (final report FRA)
- Tool 21: Weighting Data tool (weighted means added)
- Tool 22a: Preliminary SENS Report template one camp
- Tool 23a: Full SENS Report template one camp
- Tool 24a: Preliminary SENS Report Malawi 2016 (ENG)
- Tool 24b: Preliminary SENS Report Niger 2016 (FRA)
- Tool 25: SENS Report Checklist



New Tools SENS Version 3 (3/3)

Addition of new tools (Pre-Module)

- Tool 5: Information letter (sensitization letter examples)
- Tool 6: SENS survey timeline
- Tool 15: SOPs SENS Data Management
- Tool 17b: Trends and Graphs Multiple camps
- Tool 22b: Preliminary SENS Report template multiple camps
- Tool 23b: Full SENS Report template multiple camps
- Tool 26a: Preliminary SENS Presentation Jordan 2016 (ENG)
- Tool 26b: Preliminary SENS Presentation Burundi 2017 (FRA)
- Update and improvement of existing tools in Modules #2 and #3
- Update and improvement of MDC tools
- All tools are available in English and in French



DATA ANALYSIS



Recommended Software

- ENA for SMART (version January 11th, 2020) and Epi Info 7 (version 7.2.4)
 - Freely available from internet
 - https://smartmethodology.org/survey-planning-tools/smart-emergencynutrition-assessment/
 - https://www.cdc.gov/epiinfo/index.html
 - Most commonly used software in nutrition surveys by different actors
 - Good guidance material on their use is freely available
 - Allow for data analysis and take into account the complex design of cluster surveys for analysis



- Free guidance on the use of Epi Info and training material on Epi Info can be found at the following site: https://www.cdc.gov/epiinfo/index.html
- Standard analysis guidance ready to use for each module

●epiinfo

 Analyze Data module in Epi Info 7 is used to analyse the survey data from each SENS module







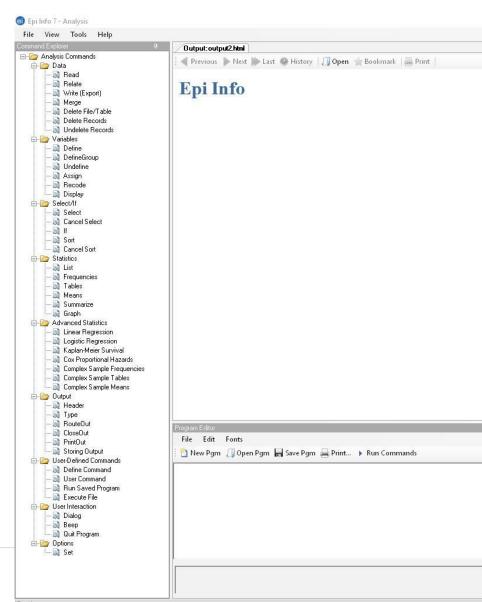




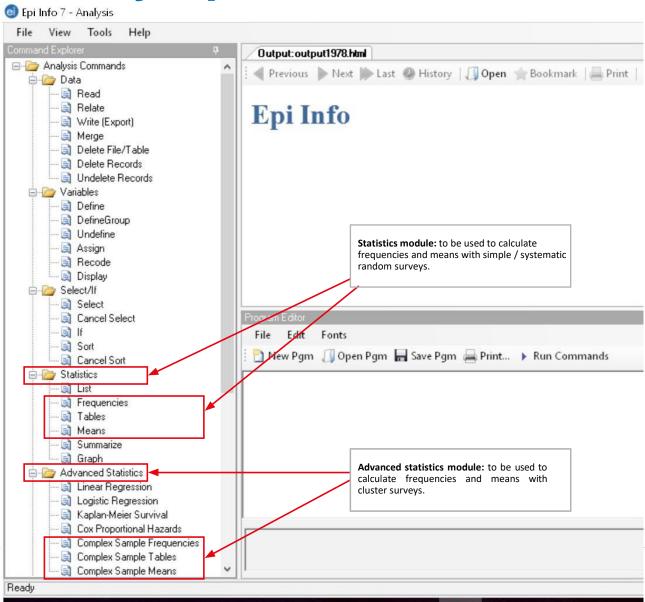




- The following analysis commands are needed to analyse a SENS Survey:
- Read (Import)
- 2. Write (Export)
- 3. Define
- 4. Assign
- 5. Recode
- 6. Select
- 7. Cancel Select
- 8. I
- Frequencies (with simple random sampling surveys)
- 10. Means (with simple random sampling surveys)
- 11. Complex Sample Frequencies (with cluster surveys)
- 12. Complex Sample Means (with cluster surveys)

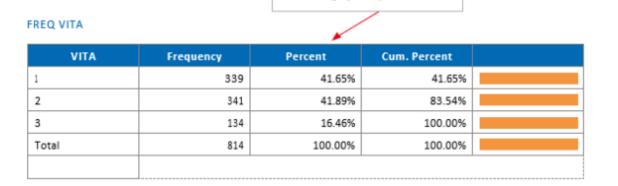








Examples of PGM codes and Epi Info outputs / results when using simple / systematic random sampling and the Statistics module



Main results (proportions) are shown here.

Wilson 95% Conf Limits

1	38.31%	45.06%	
2	38.55%	45.31% -	Confidence intervals are shown here.
3	14.07%	19.17%	

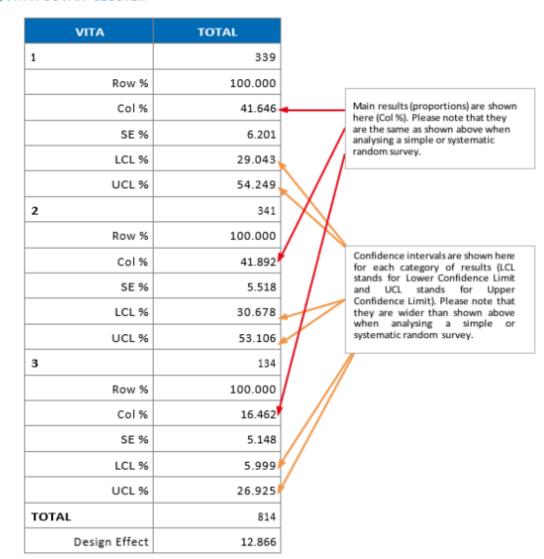
MEANS CHHB

Obs	Total	M	ean	Variance	Std Dev
502.0000	5635.0000	11.	2251	1.7512	1.3233
Minimum	25%	Median	75%	Maximum	Mode
7.4000	10.4000	11.3000	12.1000	15.4000	11.3000



FREQ VITA PSUVAR=CLUSTER

Examples of PGM codes and Epi Info outputs / results when using cluster sampling and the Advanced Statistics module





Examples of PGM codes and Epi Info outputs / results when using cluster sampling and the Advanced Statistics module

MEANS CHHB PSUVAR=CLUSTER

	СННВ							
	Count	Mean Std Error	Cad Fares	Confidence Limits		Minimum	Maximum	
	Count		Lower	Upper				
TOTAL	502	11.225	0.062	11.098	11.352	7.400	15.400	



NEW SENS WEBSITE



SENS Website

- SENS Website
 - http://sens.unhcr.org/
- Modules and Tools (ENG and FRA)
- MDC Tools (ENG and FRA)
- Standardization Test using MDC
- Training material
- Translations
- Data Dashboard



ABOUT SENS

Welcome to the UNHCR SENS website!





NEXT SESSION



Webinars Agenda

- Session 1 → Household modules (Module 1- Demography; Module 5- Food Security; Module 6- Mosquito Net Coverage; Module 7- WASH)
- Session 2 → Individual modules (Module 2- Anthropometry and Health; Module 3-Anaemia; Module 4- IYCF)
- Session 3 → Pre-Module, New tools, Sampling strategies, Epi Info analysis, SENS website, etc.
- Session 4 → MDC Tools (Update changes on SENS v3 in questionnaires)
- Session 5 → MDC Tools (Comparison and choice between different tools (ODK, KOBO, Aggregate, Raspberry Pi))
- Session 6 → MDC Tools (ODK set-up, SENS Mapper) and Q&A



SENS Version 3 - Webinar Updates on the SENS Guidelines

(Standardized Expanded Nutrition Survey)

Session 4
OCTOBER 28th 2020





THANK YOU FOR LISTENING!



