



WEBINAR TRAINING ON SENS GUIDELINES
Updates in SENS Guidelines Version 3 & New MDC Tools
Oct.-Nov., 2020

Webinar Q&A Responses

10-11 November 2020

Module 1: Demography

What is the threshold for Age Dependency Ratio?

To calculate the age dependency ratio, data from the household members survey are used (Section DM3 of the Demography questionnaire). The age dependency ratio is the total number of people aged from 0 to 14 years and people over 64 years divided by the number of people aged from 15 to 64 years. This ratio is used to indicate the pressure on the working-age population owing to the share of children and elderly in a household. So, a higher age dependency ratio indicates greater pressure on the working members of a household, while a lower age dependency ratio represents less burden on the family's economic situation.

In the SENS report, the average age dependency ratio and the proportion of households classified in each age dependency ratio categories are reported.

There are 4 categories which have been defined by the United Nations Population Division and World Bank: Category 1: The ratio is less than 1, so we have 1 dependent or less per non-dependent member.

Category 2: The ratio is between 1.1 and 1.5, so we have up to 3 dependents per 2 non-dependent members.

Category 3: The ratio is between 1.6 and 2 meaning that we have up to 2 dependents per non-dependent members.

Category 4: The ratio is above 2 and we have more than 2 dependents per non-dependent members.

Ideally, most of the households should have an age dependency ratio close to 1, which means the majority of the households should be in categories 1 and 2, and a low proportion of households should be in categories 3 and 4.

The age dependency ratio can also be used as a criteria for targeting assistance, and usually the threshold of 1.5 is used.

Why the age for children are 15 not 16 which is normally the cut-off for education?

The age limit of 15 comes from the definition of the age dependency ratio which was developed by the United Nations Population Division and World Bank. So, for this indicator, a person under the age of 15 years will be classified as a child.

The percentage of pregnant women is specifically for those 15-49 years. In the event that you have pregnant women younger than 15, would you exclude them? In some scenarios, underage mothers have been identified.

In terms of representativeness of the survey sample, nobody from the surveyed population should be excluded from the survey. A pregnant woman under 15 years will be included in the Demography questionnaire, and will be included in the total number of children under 15. However, this woman won't be included in the woman questionnaire since it is intended specifically for women aged 15 to 49, which is the age group internationally used for women of childbearing age.

If in your survey area, you want to collect information on pregnant women under 15 years, it will be probably better to conduct an assessment only for those persons, maybe through the health services for example.

Why do you have included Section DM2 on mixed population for SENS surveys in out-of-camp settings? Does there is a link with Refugee Determination Status (RDS)?

Section DM2, in the Demography questionnaire, will be included only when conducting a SENS in mixed populations, so in out-of-camp settings (E.g. within the host community or in an urban context).

This section is composed of 3 questions that will allow us to categorize the surveyed population according to different population groups: host community, internally displaced people and refugees/asylum seekers. There is no link with the Refugee Determination Status. The aim of this section is to have a better understanding of the sample in terms of population groups, so an overview of the surveyed population composition.

Module 5: Food Security

What is the distribution for? in-kind or cash?

In the SENS questionnaire we use the term “distribution” only to refer to the in-kind food distribution. This term is used in Question FS5. This question is to be adapted for duration of the cycle and period/month of distribution.

What about a combined distribution in-kind/cash? How to address it?

The first primary objective in the Food Security Module is to determine the population’s overall ability to meet their food needs with assistance. And depending on the type of assistance that is provided in the survey context, this objective is divided into 3 sub-objectives :

- 1- To determine the duration of the general in-kind food distribution for recipient households. This indicator will be included only in contexts where in-kind food assistance is distributed.
- 2- To determine the coverage of cash grants and how recipient households spent the cash. These indicators will be included only in contexts where cash grants are provided.
- 3- To determine the coverage of food vouchers and how recipient households use the vouchers. This indicator will be included only in contexts where vouchers are in place.

In the case of a combined distribution: in-kind food distribution and cash grants, sub-objectives 1 and 2 will be included and we will have in the Food Security questionnaire Questions FS5, FS6 and FS7.

For Question FS5, duration of the cycle to cover only the period during which the in-kind food distribution is supposed to last, is to be adapted. For example, if for the last distribution cycle, 15 days should be covered by the in-kind food distribution, and the other 15 days should be covered by cash grants, we will have for question FS5: " How many days did the food from the general in-kind food distribution from the 15 days cycle of October last?"

In some operations refugees, we have in-kind food assistance in the GFD, e-vouchers, complementary food vouchers and unconditional cash. Will this be included in the standard questionnaire for adoption in the relevant context?

In this case, in the Food Security questionnaire we have Questions FS5, FS6 and FS7 to collect information about the duration of the in-kind food distribution (GFD), and about unrestricted cash transfers or multipurpose cash grants (MPGs), and we also keep Questions FS8 and FS9 to collect information on food vouchers to meet basic food needs.

Questions FS8 and FS9 relate to food vouchers including paper and electronic vouchers provided to the household, including SCOPE cards used at specific WFP traders. But this does not include food vouchers provided to special groups, for example for pregnant women, or for person suffering from chronic diseases etc. So we would need more details to know what exactly are the complementary food vouchers and who is targeted by these vouchers to determine whether they needs to be included in the questionnaire.

What category of assistance are we talking about?

In the Food Security Questionnaire we refer to assistance categories only for food assistance (in-kind food distribution and/or cash grants and/or food vouchers), where the food assistance is targeted. So the population has been divided and certain sub-populations receive a different amount of food assistance. Other targeted interventions should not be considered here if it is not related to food assistance.

For the response codes, categories A, B, C, etc. have to be replaced by the terms used locally for each category starting from the most vulnerable to least vulnerable. For example, “very poor” for answer option 1, “poor” for answer option 2, “medium” for answer option 3, “well-off” for answer option 4; or, “highly vulnerable” for answer option 1, “moderately vulnerable” for answer option 2 and “not vulnerable” for answer option 3.

Do we have a verification mean for the targeted assistance category? Where the assistance category for the household is registered? Does the interviewer can have access to this information while conducting the interview?

There is no need for the interviewer to verify the assistance category of the surveyed household.

In some contexts, the food assistance programmes for which the household is eligible are indicated on the ratio card of the household. This information could link to the assistance category the household is belonging.

Why is the question on sources for cooking fuel optional? There is a need to address the problem of access to cooking fuel.

In the secondary objectives of the Food Security Module, there is the objective “to determine the population's access and use of cooking fuel”. In the Food Security questionnaire, Questions FS11, FS12 and FS13 relate to cooking fuel use and access.

Question FS11 (“What cooking fuel does your household usually use?”) measures common practice in terms of cooking fuel use; cooking fuel used for cooking and not for other purposes like heating, lighting etc.

The SENS recommendation is to include this question only in contexts where there are multiple options available for cooking fuel. So, if all refugees use charcoal, or if all refugees use briquettes, it is not justified to keep this question as you already know the results.

Access to cooking fuel will demonstrate the extent to which refugee families are able to cook a meal without having to consider collecting or purchasing wood or charcoal for examples. If in a survey context, some households use briquettes from the cooking fuel assistance, others use charcoal that they buy, others use wood collected in the bush, it would be interesting to know the proportion of households spending money to buy charcoal, and the proportion of households collecting firewood in the bush (this practice can also be associated with protection issues for women).

Questions FS12 and FS13 are related to cooking fuel assistance. These questions should be excluded if there is no fuel being distributed and/or if there was no cooking fuel assistance during the last distribution cycle.

How is the recall period “the past 4 weeks” to be feasible as a refugee or IDP situation?

This question refers to the optional set of questions on the use of negative coping strategies by one or more members of the household in the past 4 weeks. This set of 10 questions/10 strategies will be included only where there has been a recent change in the amount of food assistance, or where food assistance is being targeted.

The recall period of 4 weeks is a standard recall period and comes from the international guidelines on how to assess the use of negative coping strategies. A one month recall period is used in order to capture as much as possible the different coping strategies the households engaged in.

If a refugee or an IDP can't answer to these questions there is the response option “Don't know”. Also, the list of the negative coping strategies should be adapted to the survey context and only strategies applicable to the survey area should be included in the questionnaire.

“In the past 4 weeks, have you or anyone in your household needed to move to a poorer quality shelter?”

How to set the standard quality of shelter?

With this strategy, we want to know if the household moved to a poorer quality shelter, or if the new shelter worse than the previous one. The answer is subjective; there is no need to define quality standard.

For refugee context, what are the thresholds for rCSI?

This question refers to the second set of questions on the use of negative coping strategies, which is mandatory. For this set, we have a 5 negative coping strategies which are:

- Rely on less preferred and/or less expensive food
- Borrow food, or rely on help from a friend or relative
- Reduce the number of meals eaten in a day
- Limit portion sizes at mealtime
- Reduce consumption by adults so children could eat

We want to know the frequency of households reporting to use these strategies over the past 7 days - during the week prior to the survey, by obtaining a number between 0 and 7 for each strategy. A weight factor is assigned to each strategy depending on its severity, and by multiplying this weight by the number of days the household used the strategy, a score is obtained. Then, all scores for the 5 strategies are summed up to produce the rCSI. The rCSI can range from 0 to a maximum of 56. A rCSI of 56 means that the 5 strategies are used every day.

In the final SENS report, the average rCSI is reported. For the interpretation of the result, there is no universal thresholds for the rCSI. But the higher the rCSI, the more severe the coping is applied by the households. The rCSI is more powerful if it is analyzed and interpreted over multiple time periods. For example, if in a survey area you had an average rCSI of 23 in 2019, then you have this year an average rCSI of 46, we could state unambiguously that the food security status of the households is getting worse.

Another example, if an intervention, such as emergency food assistance had begun in a camp and the households were receiving food aid, we would want to watch very carefully what happens to the average rCSI. If it improves, so if the rCSI decreases, and nothing else significant changes (no new harvest for example), it would be fairly good evidence of a positive impact of the emergency food assistance.

The rCSI can also be used to compare recipient and non-recipient groups.

If any child less than 2 years, eat any of these items with adequate quantity, will it be considered as we also consider these for child IDDS?

If a food item was consumed by the child and by other household members, in adequate quantity, it should be recorded in the questionnaire. But if a food item was only consumed by the child, it will not be recorded. In the Food Security questionnaire, Section FS3 aims to assess food consumption at the household level and not at the individual level. We cannot calculate the Children Dietary Diversity Score or the Women Dietary Diversity score.

If there is a real need to collect data on complementary feeding practices, one of the possibilities could be to modify the IYCF questionnaire to be able to calculate the core IYCF indicators related to complementary feeding practices which are the minimum meal frequency (MMF), the minimum dietary diversity (MDD) and the minimum acceptable diet (MAD). But important changes in the child questionnaire (XLS form) will have to be done as these IYCF indicators are not part of a standard SENS. Also, the analysis for those indicators can be complicated. If needed and justified, a technical support could be provided for the adaptation of the SENS questionnaire and/or analysis.

For the food consumption section, How do you consider a food which was served to all the household members but may some of them did not consume it due to dislikes, health concerns etc. while majority of the household consumed it? Would the food still be considered or not recorded?

If the food item was consumed by the majority of the household members, the consumption of this food item will be recorded in the questionnaire. For this section, the respondent is asked about all foods eaten

and beverages consumed inside the home during the past week, by all/most household members. If a food item is consumed at home by only one household member, it should not be recorded.

Module 7: WASH

What if the toilet which is shown in the picture below is used by more than one household?



In the response codes, there are two different types of toilet: a family latrine or a communal latrine. A household latrine is a latrine used by one household only, and a communal latrine is a latrine used by multiple households.

So if several households use this latrine, we will choose the answer “Communal latrine”. The aim of this question is simply to assess if the household uses a toilet, so in this example the household uses a toilet even if it is shared.

Module 3: Anemia

If we are going to collect the blood sample from half of the sampled children, can we use the results as the prevalence of anaemia in that given camp?

If the anaemia assessment for children is done in half of the surveyed households randomly selected, this means that data will normally be collected for at least 300 children in the case of a survey with using a cluster sampling; and normally for at least 200 children in the case of a survey using a simple or systematic random sampling.

These new sampling recommendations for anaemia assessment were developed thanks to the analysis of anaemia data from more than 150 SENS surveys by CDC. And, one of the conclusions was that the precision obtained for the prevalence of anemia with 200 or 300 children is sufficient for decision making and/or assessing of trends for the prevalence of anemia in children from 6 to 59 months.

Why are men aged 15-49 years not considered for anemia assessment?

It is possible to collect anaemia data for other age groups than children under 5 and women in childbearing age if it is justified and feasible. In any case it is recommended to contact UNHCR HQ/regional offices for further guidance on assessing other groups.

Usually, the other groups included for anaemia assessment are school-aged children, adolescents aged 13 to 18, and pregnant women. Men are not really part of the vulnerable groups for the assessment of anemia in the context of SENS surveys. But it is true that in Demographic and Health Surveys (DHS) the assessment of anaemia among men aged 15-49 years is carried out.

Is HemoCue only approved for the field? Are other Hb devices such as the mission Hb meter or Health Q meter approved?

Actually the HemoCue device is the only device approved for fieldwork for measuring Hb concentration. Because the standardization, stability, and reliability of using HemoCue in field context has been verified. And it provides consistency on comparing results over time, or between different locations. Also, all data collection tools, instructions, standard procedures to follow, how to clean the device, how to calibrate the device with the control solutions, etc. are developed using the HemoCue device.

But it is true that plenty of portable devices which measure the concentration of Hb exist (e.g. the “Mission Hb meter” or the “Hemo scan”), they can be used in the clinics/health centres or other setting but they are not suitable for SENS survey.

An exception is that we are piloting a non-invasive device in Ethiopia. It uses spectrophotometry to measure the concentration of Hb with no need to collect blood drops. In the future it is possible that this non-invasive device will be used for anemia but for now we keep the HemoCue.

Woman Questionnaire

If a woman is pregnant and lactating at the same time, which category should her be counted, pregnant or lactating?

It is recommended to include all pregnant women who are also lactating in the group of pregnant women. Usually the sample of pregnant women is very small, and if we want to increase the precision of the indicators relating to pregnant women, which are the enrollment in antenatal care programs and the coverage of iron-folic acid supplementation, it is therefore recommended to include all pregnant women who are also lactating in the group of pregnant women.

How do we interpret the outcome of MUAC PLW as we don't have standard cut-off point for analysis?

MUAC measurement in women is an optional SENS indicator. This indicator will be included only if results are needed for a baseline assessment or for programme monitoring purposes. MUAC in women is usually needed in contexts where there is a BSFP in place for women; usually such programmes are for pregnant and lactating women with an infant less than 6 months.

There is no internationally recognized cut-off values for MUAC malnutrition in women, but in most contexts the MUAC cut-off values of 210 mm or 230 mm are used. To determine a threshold value below which the woman is considered to be suffering from acute malnutrition, you should refer to the national CMAM protocol, if this document is available in your country and/or use the same values that the nutrition treatment programs for malnourished women, if this kind of programs exist in your survey area. If there is no CMAM protocol, or no cut-off values for MUAC in women, then you will decide with the technical team of the survey and technical partners which threshold to be used, 210 mm or 230 mm or another value. If it is for a baseline survey, the same cut-off point should be used for next survey to be able to do comparisons.

Child Questionnaire

How reliable is the age on government/UNHCR issued attestation documents?

To guarantee high quality data for age of children under 5, it is recommended to not use this kind of documents to estimate the age in months, or to record the birthdate. Usually, the age on these documents is wrong. Often, you find a date of birth on January 1st, which is most likely not correct. During registration there is no time to spend on verifying the date of birth of the child. In the SENS survey, if there is no official age documentation such as an EPI card, a child health card or a birth certificate, then the age will be estimated in months using a local events calendar. We should never rely on government or UNHCR issued attestation documents.

Can we take MUAC measurement on right arm if it is not possible to use left arm ?

If we refer to the SMART recommendations for MUAC measurement, it is recommended to always follow the standard protocol for MUAC measurement and to take this measurement only on left arm. If it is not possible to take the MUAC measurement on the left arm, that will be a missing data for this anthropometric measurement. The team leader will have to mention on the Participants and Measures Control Sheet for this household that the MUAC measurement was not possible to take due to a disability or due to another cause. So, when the survey manager and the supervisors will then review data from each SENS questionnaires they will know that there is a missing data for MUAC for one child in this household.

A child cannot be enrolled in both acute malnutrition treatment programs and BSFP. Why not add an automatic question skip so that in the event of enrollment in TSFP, OTP or SC the question on enrollment in BSFP is not asked?

It is not recommended to add an automatic question skip between the question about enrollment in nutrition treatment programs and the question about enrollment in BSFP.

Firstly because, the question on BSFP enrolment is optional and in some contexts where there is no BSFP in place for young children this question will be not included. Secondly because where there is a BSFP in place, if the answer is "Yes" for enrollment in TSFP or OTP, the answer for BSFP will be always "No". If the answer

is "No" for enrollment in TSFP or OTP, we should have a "Yes" for BSFP. So the supervisors and survey manager will be able to verify that there is no child with two "Yes" for these questions and check for the consistency of the questionnaires. And thirdly because to calculate the BSFP coverage we need the total number of children aged 6-23 (or 6-35 or other age group) as denominator and the total number of children enrolled in BSFP as numerator.

How to record the exact date of arrival of the child in the camp/country of asylum?

The question refers to Question CH8 on the time of arrival of the child in the camp or in the country of asylum. For this question it is not like for the Demography questionnaire, we do not need to collect the exact time period of arrival (e.g. " 1 month ago ", " 6 months ago " or " 2 years ago"). For children the response codes are different; we only have the choice between 2 options: Does the child arrive to the camp or to the country of asylum BEFORE the event responsible for the influx of refugees or Does the child arrive AFTER the event responsible for the influx of refugees

So there is no need to know the exact date of arrival here.

Pre-module

At the household level do family settle as per the registration group on ProGres? If not then the individual questionnaire cannot be restricted to this.

And

How people are registered and provided with addresses versus how they end up settling?

The registration group will be the basis for sampling and therefore the definition for the household ONLY IF accurate and updated population lists are available from ProGres.

If the population lists are accurate and up to date but the families have mostly not settled down according to the registration groups, and/or that very often members belonging to the same registration group are far from each other, it is not recommended to use the registration group as basis for sampling.

In that case it seems better to use the classic definition of the household ("a group of people who live together and routinely eat out of the same pot") and to conduct a census for all households in the survey area. The lists resulting from the census will be used to randomly select households to be surveyed, before the start of the survey.

Use of both definitions for a survey might be challenging:

Example 1: we usually come across people in different registration groups living in one house and eating together.

Example 2: some people in one registration group live separately and eat separately and do not neighbor each other.

Example 1: If sampling is based on the registration group, then randomly only one of the registration groups living in that house should have been selected. Therefore only children under 5 and women aged 15 to 49 belonging to the selected registration group will be surveyed. For all questions at the household level, all people who live together and eat together (across registration groups) will be included.

Example 2: For administration of the questionnaires at household level, if these people do not live together and do not eat together, then we will only ask questions (Demography, Food Security, Mosquito net and WASH questions) to people who live together and eat together. For administration of the questionnaires at the individual level (Child and Woman questionnaires) we couldn't have all members of the registration group. This is acceptable if this example is rare and does not repeat in all selected households. We always have a non-response rate applied to our sample size to precisely take into account refusals, absentees and particular situations like this one.

If this scenario is likely to be frequently encountered, then the question of choosing the registration group as the basis for your sampling must be asked. Perhaps it is better in this case to conduct a census of the households using the "classic" definition to define the household.

What should be the frequency to implement SENS surveys in a refugee camp in a protracted situation?

Step 6 of the Pre-module, “Deciding on the timing”, provides information on the frequency of implementation of SENS and on what key issues should be considered in determining the timing of the survey.

In stable situations, SENS surveys should be conducted once a year. Nutritional outcomes continue to be of concern in most refugee contexts. It is therefore recommended the measurement of Demographic indicators, anthropometric status, anaemia and possibly, depending on the context, of other related indicators such as infant and young child feeding, food security, WASH and mosquito net coverage, on an annual basis in order to monitor the situation, react in timely manner to nutritional problems, and complement the already existing assessments, monitoring or surveillance data.

Annual SENS surveys should be conducted at the same time each year, so that direct comparisons can be made. And ideally, SENS surveys should be conducted at periods of the highest nutrition and food security risk, for example during the lean season. It is also recommended that a SENS survey be carried out within two months of the start of a new operation or within two months after the arrival of new refugees. And also to carry out a SENS survey in the event of a change in the situation which might affect the nutritional situation like for example a mass influx of refugees, an alteration or reduction in food assistance, disease outbreak, etc.).

Which modules are mandatory to be included in SENS every year?

Two modules have to be systematically included in annual SENS surveys: Demography Module (Demography questionnaire) and Anthropometry and Health Module (Child questionnaire and Woman questionnaire).

The inclusion of other SENS Modules (Anaemia, IYCF, Food Security, Mosquito Net Coverage and WASH) will depends on data needs. For example, do we need data to evaluate the impact of an intervention aiming to reduce anaemia? If yes, the inclusion of the Anaemia Module seems appropriated. Other example, if a WASH KAP survey was conducted 3 months ago there is no need to include the WASH questionnaire in your survey. Usually, these decisions are taken jointly by all technical partners involved in the SENS survey.

MDC Tools

In some setting/camp, the Mosquito net coverage module is not included as malaria is not an issue or LLIN were not distributed. How to hide or remove those questions from the household questionnaire?

The full mosquito net coverage module can be hidden by setting an impossible condition (1=2) on the relevant column of your XLS form for two fields:

XIntroTN (note introducing Mosquito Net section) and **TNCONST (consent for Mosquito Net section)**. All other fields in the module depend on the TNCONST, the consent question, so if this one is not appearing, none of the other questions will appear.

This is how it would look like in the XLS form:

type	name	relevant
note	XIntroTN	1=2
select_one yesnoabs	TNCONST	1=2
integer	TNHHSIZE	\${TNCONST} = 1

How to adapt the identification section in the SENS questionnaire to the survey context?

It depends a little on what type of adaptation is necessary. A question can be hidden by using the impossible condition as described above (1=2), but you could also simply delete the variables SECTION, ZONE, BLOCK if they do not apply.

A change you do the identification section needs to be reflected also on the **SENS_UUID**, which is calculated on these identifiers to generate a unique number/code based on the identifiers for every household across all forms.

The **SENS_UUID** is composed as follows: `concat('D',{SURVDAT},' _C-',{CAMP_LABEL},' _S-',{SECTION},' _Z-',{ZONE},' _B-',{BLOCK},' _T',{TEAM},' _HH',{HH})`.

If you remove Block as not applicable in your setting, you need to remove it also from the formula of your calculation column and change it to `concat('D',{SURVDAT},' _C-',{CAMP_LABEL},' _S-',{SECTION},' _Z-',{ZONE},' _T',{TEAM},' _HH',{HH})`.

You can also adjust the type of the variable, for instance if SECTION can also contain letters you need to allow the field to hold letters and numbers. Change it from “integer” to “text”. Please remember also to adjust the constraint and the constraint message to be coherent, in this case to remove it.

type	name	label::English	constrain	constraint_message::English
text	SECTION	Section Code/Number:		
integer	ZONE	Zone Code/Number:	>=1 and <=4	The number you have typed is outside the expected range (1-4).

Last but not least, you could also be adjusting the constraints, for instance if the site consists of 8 Zones, you need to be adapting the XLS form by replacing the 4 with an 8, on the constraint column as well as on the constraint message.

type	name	label::English	constrain	constraint_message::English
integer	ZONE	Zone Code/Number:	>=1 and <=8	The number you have typed is outside the expected range (1-8).

More information on what can be changed and how can also be found in the Comments column at the end of the **survey tab** or in the **Instructions tab**.

How is it possible that Kobo ToolBox accepts duplicate data?

Whenever Kobo ToolBox receives finalized forms, the server checks whether there are already records with the same time stamp. It does not check the content of the full record.

So if the same record was already sent but then opened and seemingly re-edited, i.e. re-saved and sent again, it is possible for the server not to recognize that this record already exists and accept it. Having said that, several specific steps need to be executed before a record already sent is available for re-edit.

Meaning, this should be a rare event. However, there are a couple of recommendations that will minimize the risk further when followed:

- Phones to be used for one survey only at a time, forms to be set up on the same account.
- Clean the phones (delete both the surveys and submissions) once data collection is finalised and you have confirmation that all the data entries are on the server.
- To alert survey supervisors and coordinators if they are toggling the view (to see sent and unsent records) and try to resend already submitted records, it could lead to duplicates.
- Hiding the general menu or rather the server part of it so that one cannot easily switch the url and one needs to set an admin password. This can only be done if indeed one supervisor is aware of the password and if no changing of url becomes necessary during the run time of the survey.

It is recommended to verify the absence of duplicates in your final database before starting data analysis. You should ensure that there are no duplicates in the women database and also in all database at household level, using Epi Info 7. For the child questionnaire all duplicates will be automatically identified by ENA within the plausibility check report.

In Tool 15 of the SENS Pre-module “SOPs for SENS Survey Data Management using mobile data collection” you’ll find all instructions and steps to follow to verify the absence of duplicates using Epi Info 7.