FINAL REPORT OF STANDARDIZED EXPANDED NUTRITION SURVEY (SENS) IN BENISHANGUL GUMUZ REGION, ASSOSA REFUGEE CAMPS

Bambasi, Sherkole, Tsore camps and Ura Refugee Site in Ethiopia

Survey conducted: 13 -24 Oct 2025

Prepared: By UNHCR Sub Office Assosa, Ethiopia

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Acronyms

RRS	Refugee & Returnee Service
BSFP	Blanket Supplementary Feeding Program
CI	Confidence Interval
CSB+	Corn-Soya-Blend plus
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HFA	Height-for-Age
HAZ	Height-for-Age Z-score
HH	Household
IP	Implementing Partner
IYCF	Infant and young children feeding
Kcal	Kilocalorie
Kg	Kilogram
MTI	Medical Team International
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
OTP	Outpatient program
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SFP	Supplementary Feeding Program
TFP	Therapeutic Feeding Program
TSFP	Targeted Supplementary Feeding Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Health
WFA	Weight-for-Age
WHZ	Weight-for-Height / Length Z-score
WFH	Weight-for-Height
WFP	World Food Programme
WHO	World Health Organization

Executive summary

A joint UNHCR, RRS, GOAL, WFP, and MTI Standardized Expanded Nutrition Survey (SENS) was conducted across all refugee camps under the Assosa Refugee Operation named Sherkole, Bambasi, Tsore camps and Ura refugee site, from 6 to 24 October 2025 (training and data collection). The main objective of the survey was to assess the general health and nutrition status of refugees and to develop recommendations based on the finding for appropriate nutritional and public health interventions.

The survey employed a cross-sectional study design using a simple random sampling technique to select households randomly for each refugee camps**.** The UNHCR SENS Guidelines (Version 3, 2022) and the SMART methodology were applied to ensure high-quality and standardized data collection.

The survey focused on six of the seven standard SENS modules. These included demography and mortality information, anthropometry and health assessments for children aged 6–59 months, and Infant and Young Child Feeding (IYCF) practices among children aged 0–23 months. In addition, the survey assessed household food security, water, sanitation, and hygiene (WASH) conditions, as well as mosquito net ownership and coverage. A mortality questionnaire was included to assess crude and under-five death rates among the refugee population.

Data was collected using electronic questionnaires on smartphones/tablets via the Kobo Toolbox application. Daily data quality checks were performed, and backup anthropometric data were recorded on paper. Data analysis was conducted using ENA for SMART (version Jan 11, 2020) and Epi Info (version 7.2.6.0).

The weighted global acute malnutrition (GAM) rate for the Assosa operation was 8.5% in 2025 compared to 8.1% in 2024, indicating that malnutrition prevalence has slightly increased, though it remains within the UNHCR acceptable threshold (<10%) for refugee camps.

However, the GAM prevalence in Ura refugee site was 11.4%**,** exceeding the UNHCR acceptable level (<10%)**,** and therefore require targeted nutrition interventions and strengthened monitoring**.**

Chronic malnutrition (stunting) ranged from 23.7% in Ura refugee site to 38.2% in Bambasi, indicating high public health concerns, impairs physical growth, cognitive and developmental delay, lower school performance, and long-term risks of chronic disease.

Food security remains a concern: while nearly all households receive general food assistance, rations often last only 13–17 days per month, leading to negative coping strategies such as reducing meals, selling assets, or borrowing. Food Consumption Scores indicate borderline dietary quality in many households, with limited intake of nutrient-rich foods.

A detailed summary table of findings from the SENS modules conducted in October 2025 across the Assosa Zone refugee camps is presented below.

Table 1 : Summary of results

Surveyed Area	Bambasi	Tsore	Sherkole	Ura	Classification of public health significance
Data collection period	**13 -17/10/2025**	**13 -17/10/2025**	**20 -24/10/2025**	**20 -24/10/2025**	
CHILDREN 6-59 months % [95% CI]					
Acute Malnutrition (WHO 2006 Growth Standards)	n=234	n = 290	n = 226	n = 201	
Global Acute Malnutrition (GAM)	(17) 7.3 % (4.6 - 11.3%)	(23) 7.9 % (5.3 - 11.6 %)	(12) 5.3 % (3.1 - 9.1 %)	(19) 9.5 % (6.1 - 14.3%)	Very high/critical if ≥ 15% (WHO) UNHCR Target of < 10%
Moderate Acute Malnutrition (MAM)	(17) 7.3 % (4.6 - 11.3%.)	(19) 6.6 % (4.2 - 10.0 %)	(10) 4.4 % (2.4 - 8.0 %)	(17) 8.5 % (5.3 - 13.1%)	
Severe Acute Malnutrition (SAM)	(0) 0.0 % (0.0 - 1.6%)	(4) 1.4 % (0.5 - 3.5 %)	(2) 0.9 % (0.2 - 3.2 %)	(2) 1.0 % (0.3 - 3.6%)	UNHCR Target of < 2%
Oedema	(0) 0.0 %	(0) 0.0 %	(0) 0.0 %	(0) 0.0 %	
Mid Upper Arm Circumference (MUAC)	n=235	n=294	n=227	n=202	
MUAC <125 mm and/or oedema	(10) 4.3 % (2.3 - 7.7 %)	(12) 4.1 % (2.4 - 7.0 %)	(4) 1.8 % (0.7 - 4.4 %)	(9) 4.5 % (2.4 - 8.2%)	
MUAC 115-124 mm	(9) 3.8 % (2.0 - 7.1 %)	(11) 3.7 % (2.1 - 6.6 %)	(3) 1.3 % (0.5 - 3.8 %)	(8) 4.0 % (2.0 - 7.6%.)	
MUAC <115 mm and/or oedema	(1) 0.4 % (0.1 - 2.4 %)	(1) 0.3 % (0.1 - 1.9 %)	(1) 0.4 % (0.1 - 2.5 %)	(1) 0.5 % (0.1 - 2.8%)	
Combined WHZ and MUAC (GAM and SAM and/or oedema)	**n=236**	**n=294**	**n=227**	**n=202**	
Prevalence of combined GAM (WHZ <-2 and/or MUAC < 125 mm and/or oedema)	(20) 8.5 % (5.6 - 12.8%)	(24) 8.2 % (5.5 - 11.9 %)	(15) 6.6 % (4.0 - 10.6 %)	(23) 11.4 % (7.7 - 16.5%)	
Prevalence of combined SAM (WHZ < -3 and/or MUAC < 115 mm and/or oedema	(1) 0.4 % (0.1 - 2.4%)	(5) 1.7 % (0.7 - 3.9 %)	(3) 1.3 % (0.5 - 3.8 %)	(3) 1.5 % (0.5 - 4.3%)	

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
Stunting (WHO 2006 Growth Standards)	n=233	n = 285	n = 221	n = 194	
Total Stunting	(89) 38.2 % (32.2 - 44.6%)	(70) 24.6 % (19.9 - 29.9 %)	(71) 32.1 % (26.3 - 38.5 %)	(46) 23.7 % (18.3 - 30.2%)	Critical if ≥ 40%
Severe Stunting	(34) 14.6 % (10.6 - 19.7%)	(21) 7.4 % (4.9 - 11.0 %)	(24) 10.9 % (7.4 - 15.6 %)	(11) 5.7 % (3.2 - 9.9%)	
Programme coverage					
Measles vaccination with card (9-59 months)	(140/211) 66.35% (59.54 -72.69)	(49/273) 17.95% (13.58-23.03%)	(107/223) 47.98% (41.27-54.75%)	(68/183) 37.16% (30.14-44.60%)	Target of ≥ 95%
Measles vaccination with card or recall (9-59 months)	(186/211) 88.15% (83.01- 92.18%)	(235/273) 86.08% (81.40-89.96%)	(198/223) 88.79% (83.90-92.61%)	(145/183) 79.23% (72.63-84.87%)	Target of ≥ 95%
	n=240	n=300	n=232	n=206	
Vitamin A supplementation within past the 6 months with card	(111) 46.25% (39.81 -52.78%)	(38) 12.67% (9.37-16.91%)	(99) 42.67% (36.22-49.31%)	(74) 35.92% (29.37-42.88%)	Target of ≥ 90%
Vitamin A supplementation within past the 6 months with card or recall	(162) 67.50% (61.18-73.38%)	(246) 82.00% (77.26 -85.93%)	(182) 78.45% (72.59-83.56%)	(131) 63.59% (56.62-70.17%)	Target of ≥ 90%
Diarrhoea	n=240	n=298	n=224	n=206	
Diarrhoea in the last 2 weeks	(13) 5.42% (2.92-9.08%)	(16) 5.37% (3.10-8.57%)	(6) 2.68% (0.99-5.74%)	(11) 5.34% (2.70-9.35%	
During Diarrhoea episode received WHO ORS	(9/13) 69.23% (38.57 – 90.91%)	(12/16) 80.00% (51.91-95.67%)	4/6) 66.67% (22.28-95.67%)	(10) 90.91% (58.72-99.77%)	
During Diarrhoea episode received Zinc	(7/13) 53.85% (25.13-80.78%)	(13/16) 81.25% (54.35-95.95%)	(3/6) 50.00% (11.81-88.19%)	(10) 90.91% (58.72-99.77%)	

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
Deworming	n=147	n=182	n=154	n=109	
Children age (24 to 59 months) deworming	(84) 57.14% (48.73-65.26%)	(125) 68.68% (61.40-75.34%)	(102) 66.23% (58.18-73.65%)	(47) 43.12% (33.67-52.95%)	
CHILDREN 0-23 months % [95% CI]					
IYCF indicators	n=105	n=142	n=74	n=112	
Timely initiation of breastfeeding	(92) 87.62% (79.76-93.24%)	(114) 80.28% (72.78-86.48%)	(55) 74.32% (62.84-83.78%)	(86) 76.79% (67.86-84.24%)	UNHCR Target of ≥ 85%
Exclusive breastfeeding under 6 months	(15) 88.24% (63.56-98.54%)	(20) 76.92% (56.35 -91.03%)	(17) 85.00% (62.11-96.79%)	(16) 88.89% (65.29-98.62%)	UNHCR Target of ≥ 75%
Predominantly breastfeeding under 6 months	(16) 94.12% (71.31-99.85%)	21) 80.77% (60.65 -93.45%)	(18) 90.00% (68.30-98.77%)	(16) 88.89% (65.29-98.62%)	
Continues breast feeding up to 1 year	(10) 100.00%	(17) 80.95% (58.09 -94.55%)	(6) 100.00%	(15) 83.33% (58.58-96.42%)	
Continues breast feeding up to 2 year	(12) 100.00%	(16) 72.73% (49.78-89.27%)	(8) 53.33% (26.59-78.73%)	(8) 57.14% (28.86-82.34%)	
Initiated Complementary feeding	(16) 55.17% (35.69 -73.55%)	(11) 40.74% (22.39-61.20%)	(2) 22.22% (2.81-60.01%)	(10) 43.48% (34.49-76.81%)	
Consumption of iron-rich or iron-fortified foods	(73) 90.12% (81.46 -95.64%)	(20) 74.07% (53.72-88.89%)	(42) 87.50% (74.75-95.27%)	(83) 91.21% (83.41-96.13%)	UNHCR Target of ≥ 60%
Bottle feeding	(20) 19.05% (72.13 -87.96%)	(22) 15.49% (9.97-22.51%)	(11) 15.28% (7.88-25.69%)	(18) 16.07% (10.1-21.3%)	UNHCR Target of < 5%
No breastfeeding under 6 months	(0) 0.0%	(5) 19.23% (6.55-39.35%)	(1) 5.00% (0.13-24.87%)	(2) 11.11% (1.38-34.71%)	
No breastfeeding under 12 months	(2) 2.99% (0.36-10.37%)	(8) 10.96% (4.85- 20.46%)	(4) 9.76% (2.72-23.13%)	(2) 3.51% (0.43-12.11%)	

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
DEMOGRAPHY % [95% CI]					
Household size and Composition					
Average household size (mean, SD / range)	5.6	5.7	5.74	4.7	
Percent of children U2	6.5%	6.9%	5.4%	8.7%	
Percent of children U5	16.9%	18.7%	18.1%	18.2%	
Percent of pregnant women	1.6%	1.8%	2.5%	2.6%	
Household Head Profile					
Female headed households	72.9% (67.3-77.9%)	67.9% (62.8-72.7%)	64.96% (58.75-70.82%)	58.17% (51.96-64.20%)	
Male headed households	24.6% (19.7-30.1%)	28.7% (24.2-33.8%)	33.86% (28.06-40.04%)	37.26% (31.40-43.41%)	
Children headed households	0.7% (0.1-2.6)	0.0%	0.0%	0.38% (0.01-2.10%)	
Elderly headed households (above 64 years)	1.8% (0.6-4.1%)	3.3% (1.9-5.8%)	1.18% (0.24-3.41%)	4.18% (2.11-7.36%)	
Age dependency ratio					
Average age dependency ratio (mean, SD / range)	1.27 (1.16) [0.0-7.0]	1.38 (1.22) [0.0-7.0]	1.30 (1.17) [0- 7]	1.37 (1.36) [0-6]	
CRUDE MORTALITY/DEATH RATE					
Crude mortality rate (CMR)	0.45 (0.21 -0.98%)	0.07 (0.01-0.40%)	0.08 (0.01-0.46%)	0.13 (0.02-0.73%)	
Under Five mortality rate (U5MR)	0.89 (0.24 -3.19%)	0.38 (0.07-2.1%)	0.0 (0.0-0.0)	0.00 (0.0-0.0)	
FOOD SECURITY % [95% CI]					

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
Proportion of households receiving a combine cash and food assistance (in-kind and/or cash)	99.3% (96.2-99.9)	100%	98.33% (94.11-99.80%)	98.44% (94.47-99.81%)	
Combine General Ration (In-kind food and Cash) distribution					
Average number of days general food and cash ration lasts out of [September 2025] days (mean, SD or range)	14.39 days out of 30 (5.3 SD) [3-26]	15.8 days out of 30 (5.1 SD) [3-30]	13.6 Days out of 30 (SD 6.3) [2 - 30]	17.0 Days out of 30 SD 4.44 [0-30]	
Negative household coping strategies					
Proportion of households reporting using one or more negative coping strategies over the past 4 weeks	87.3% (80.7-92.3%)	73.0% (65.5-79.7%)	17.50% (11.17-25.50%	42.97% (34.26-52.01%)	
Proportion of households reporting using the following coping strategies over the past 7 days:					
Rely on less preferred and/or less expensive foods	90.9% (84.9-95.1%)	88.9% (83.1-93.3%)	85.00% (77.33-90.86%)	67.97% (59.15-75.94%)	
Borrow food, or rely on help from a friend or relative	63.6% (55.2-71.5%)	47.9% (39.9-55.8%)	68.33% (59.22-76.52%)	43.75% (35.00-52.79%)	
Reduce the number of meals eaten in a day	86.7% (80.0-91.8%)	73.6% (66.2-80.2%)	80.83% (72.64-87.44%)	59.38% (50.34-67.96%)	
Limit portion sizes at mealtime	84.6% (77.6-90.1%)	80.4% (73.4-86.2%)	81.67% (73.57-88.14%)	63.28% (54.31-71.62%)	
Reduce consumption by adults so children could eat	75.5% (67.6-82.3%)	58.9% (50.9-66.5%)	74.17% (65.38-81.72%)	50.00% (41.04-58.96%)	
Average rCSI (mean, SD / range)	23.6	12.2	17.25	13.9531	

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
	(14.9 SD) [0-52]	(8.1 SD) [0-43]	11.4966 [0-9]	14.5526 [0-9]	
Food Consumption Score (FCS)					
Average FCS (mean, SD / range)	31.9 (SD 15.6) [1.5- 107.5]	25.8 (SD 13.3) [0.0-56.0]	33.1 (SD 12.9) [13.5-85.5]	25.3 (SD 14.2) [0-60.5]	
FCS profiles:					
Acceptable	32.9% (25.3-41.2%)	26.9% (20.4-34.5%)	34.17% (25.76-43.38%)	26.56% (19.15-35.09%)	
Borderline	40.6% (32.4-49.1%)	29.5% (22.6-37.1%)	51.67% (42.37-60.88%)	25.00% (17.77-33.42%)	
Poor	26.6% (19.5-34.6%)	43.6% (35.8-51.5%)	14.17% (8.47-21.71%)	48.44% (39.52-57.43%)	
MOSQUITO NET COVERAGE % [95% CI]					
Mosquito net ownership					
Proportion of households owning at least one LLIN	43.5% (35.1-52.2%)	34.4% (24.9-44.9%)	20.34% (13.49-28.73%)	48.15% (38.43-57.97%)	Target of > 80%
Average number of persons per LLIN (mean)	6.7 SD 0.8)	12.0 (SD 0.2)	22.6 (SD 0.6)	6.6 (SD 0.8)	2 persons per LLIN
Mosquito net utilisation					
Proportion of household members (all ages) who slept under an LLIN	10.1%	10.7%	7.9%	14.00%	
Proportion of children 0-59 months who slept under an LLIN	20.5%	12.3%	16.4%	17.60%	

Surveyed Area Data collection period	Bambasi 13 -17/10/2025	Tsore 13 -17/10/2025	Sherkole 20 -24/10/2025	Ura 20 -24/10/2025	Classification of public health significance
CHILDREN 6-59 months % [95% CI]					
Proportion of pregnant women who slept under an LLIN	43.5%	25%	15.0%	40.00%	
WASH % [95% CI]					
Water quality					
Proportion of households collecting drinking water from protected/treated sources	100%	100%	100.0%	100%	Emergency: ≥ 70% Post-emergency: ≥ 95%
Water quantity					
Proportion of households that use domestic water collected from protected/treated sources (with protected containers only): ≥ 20 lpppd	40.6% (32.4-49.1%)	33.7% (26.5-41.6%)	36.13% (27.53-45.45%)	22.66% (15.73-30.89%)	
Proportion of households that use domestic water collected from protected/treated sources (protected containers only): 15 - <20 lpppd	16.8% (11.1-23.9%)	11.7% (7.2-17.6%)	13.45% (7.88-20.91%)	7.03% (3.27-12.93%)	
Proportion of households that use domestic water collected from protected/treated sources (with protected containers only): <15 lpppd	42.7% (34.4-51.2%)	54.6% (46.6-62.4%)	50.42% (41.11-59.71%)	70.31% (61.60-78.06%)	
Toilet/Latrine use					
Proportion of households reporting defecating in a toilet	100%	88.3% (82.4-92.8%)	96.64% (91.62-99.08%)	99.22% (95.72-99.98%)	Emergency: ≥ 60% Post-emergency: ≥ 85%
Access to soap					
Proportion of households with access to soap	42.7% (34.4-51.2%)	60.7% (52.8-68.3%)	47.90% (38.66-57.25%)	29.69% (21.94-38.40%)	Emergency: ≥ 70% Post-emergency: ≥ 90%

1. Introduction

The Assosa Refugee Operation is located in Benishangul-Gumuz Regional State, western Ethiopia, near the Sudanese border. It hosts mainly Sudanese refugees followed by South Sudanese refugees across three Refugee Camps—Sherkole, Bambasi, Tsore, and Ura refugee site established at different times in response to successive refugee influxes driven by conflict and instability in Sudan and South Sudan.

Sherkole Camp, established in 1997, is the oldest and hosts both long-term residents and new arrivals from from Sudan. Bambasi Camp, opened in 2012 to mainly hosts Sudanese refugees and Tsore Camp, established in 2016, accommodates additional arrivals and remains a key site accommodating near half of refugees. Ura refugee site, the newest (2023) settlement hosting the Sudanese refugees.

As of November 2025, the total refugee population across the Four Refugee Camps was estimated at 93,625, of whom approximately 18% were children under Five (UNHCR ProGres, Novemeber 2025). The population is primarily composed of Blue Nile Sudanese ethnic groups, including Funju, funj, and Maban, Nuer, Uduk, Dinka tribes.

1.1 Description of the Population

As of September 2025, the population in the three Refugee Camps consists entirely of refugees, from Sudan followed by South Sudan and few from other countries. Sherkole Camp hosts approximately 16,948 people, including 2,691 children under five, with residents having lived in the camp for more than 27 years. Bambasi Camp accommodates about 21,957 residents, including 3,725 children under five, with an average residency of thirteen years. Tsore Camp hosts roughly 40,051 people, including 5,607 children under five, with an average residency of about twelve years. Ura Camp accommodates 14,581 residents, including 2,712 children under five. Refugees across all camps continue to rely heavily on humanitarian assistance to meet basic needs such as food, water, health, nutrition, and sanitation services. Some households engage in limited livelihood activities, including small-scale trading, subsistence agriculture around their shelters, and casual labor such as gold mining, to supplement their needs

1.2 Food Security Situation

Food ration in the camps is supported through general food distributions coordinated by WFP, UNHCR, RRS and cooperating partner (ANE). Each camp receives a monthly food ration consisting of cereals, pulses, oil, sugar, and fortified blended foods. The survey was conducted during harvesting during (October), a relatively food-secure period, which may influence household food security indicators.

1.3 Health Situation

Health services in the camps are provided primarily by MTI and other partner organizations. Health centres provide primary healthcare, maternal and child health services, immunizations, and emergency care. Deworming campaigns target children aged 24 to 59 months, with the last campaign conducted and weighted coverage 65.7%. Based on UNHCR SENS data from the year 2024 survey, the total mortality and under-Five mortality rates were 0.32 and 1.24 respectively.

1.4 Nutrition Situation

During the 2025 SENS assessment, nutrition interventions in the Assosa refugee camps and Ura refugee site focused on preventing and managing malnutrition through targeted programs. The Outpatient Therapeutic Programme (OTP) provided treatment for children aged 6–59 months with Severe Acute Malnutrition (SAM) without medical complications. Children requiring intensive care received inpatient treatment at the Stabilization Centre (SC). The Targeted Supplementary Feeding Programme (TSFP) served children aged 6–59 months with Moderate Acute Malnutrition (MAM), as well as pregnant and lactating women (PLW).

Nutrition services also included Infant and Young Child Feeding (IYCF) activities, comprising individual and group counseling, awareness sessions on how to keep personal and environmental hygiene, and practical cooking and feeding demonstrations for caregivers. Periodic mass screenings employed at house-to-house Mid-Upper Arm Circumference (MUAC) measurements and a two-step approach incorporating Weight-for-Height (WHZ) assessments at facility level to identify and link children with acute malnutrition nutrition program.

Despite these interventions, refugees' substantial dependence on humanitarian food assistance, limited livelihood opportunities, and restricted access to diverse diets continue to challenge food and nutrition security in the camps. Findings from the 2025 SENS assessment highlight the need for sustained support of ongoing nutrition programs and the strengthening of multi-sectoral interventions to ensure that all refugees have access to sufficient, safe, and nutritious food to meet their daily dietary requirements.

2 Survey Objectives

2.1 Primary objectives:

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 received during the last 6 months among children aged 6-59 months;
7. To determine the two-week period prevalence of diarrhoea among children aged 6-59 months;
8. To investigate IYCF practices among children aged 0-23 months;
9. To determine the populations overall ability to meet their food needs with assistance: i) to determine the coverage of in-kind /cash food assistance and the duration the general in-kind /cash food distribution for recipient households;
10. To determine the extent to which negative coping strategies are used by households;
11. To assess household food consumption (quantity and quality);
12. To determine the population's access to, and use of, improved water, sanitation and hygiene facilities;
13. To determine the population's access to soap;
14. To determine the ownership of mosquito nets (all types and LLINs) in households;
15. To determine the utilisation of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women;
16. To establish recommendations on actions to be taken to address the situation in four Refugee Camps;

2.2. Secondary objectives:

1. To determine the enrolment into the targeted supplementary (TSFP) and therapeutic (OTP/SC) nutrition programmes for children 6-59 months;
2. To determine the coverage of deworming (soil-transmitted helminth control) with mebendazole and/or albendazole in the last six months among young children (include context specific target age group);
3. To determine the population's access to and use of cooking fuel;

3 Methodology

3.1 Sample size calculation

A cross-sectional survey was conducted in the three refugee camps and Ura refugee site in accordance with the UNHCR Standardized Expanded Nutrition Survey (SENS) guidelines (Version 2, 2013) and the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. A simple

random sampling technique was applied to select households for inclusion. Sampling was generated using ENA for SMART software (version July 9, 2015), based on the upper confidence limit of GAM prevalence from the 2016 survey, average household size, and under-Five population data from the UNHCR ProGres database, with an additional 10% allowance for non-response and refusals.

Before data collection, all shelters were verified, labeled, and assigned unique identification numbers, and vacant houses were excluded from the sampling frame. The final list of sampled households was randomly generated by the ENA software and exported to Excel, where the list was organized and distributed among data collection teams for field implementation.

Table 2: Sample size from ENA for SMART output

Parameters	Bambasi	Sherkole	Tsore	Ura
Estimated prevalence of GAM	7.3	11.7	11.7	17.4
Desired precision	3	4	3.5	5
Average household size	5.8	5.33	6.26	6.3
% U5 years	17.8	18.3	17.1	17.1
% none response households	10	10	10	10
Households to be included for Anthropometry and Mortality	319	288	380	292
Number of children to be included in the assessment	267	228	308	201

@ All sample calculation, we use "correction small population size"

3.2. Training, and Supervision

Training sessions were conducted in Assosa (Bens ICON Hotel) for the main survey team (32 participants from GOAL and MTI, which included team leaders, interviewers, and the primary anthropometric measurers. Training lasted Five days and was facilitated by the SENS consultant, with support from UNHCR Sub office Assosa and partner organizations.

The training covered the background, purpose, objectives, and methodology of the SENS survey, along with the roles and responsibilities of team members. Participants were trained in interviewing and communication techniques, sampling procedures and household selection, age estimation using a local events calendar, and the use of Mobile Data Collection (MDC) tools. The training also emphasized accurate anthropometric measurements, identification of bilateral oedema, and referral of malnourished children, complemented by role-playing exercises, pilot testing procedures, and discussions on ethical considerations and community consent. Practical sessions included standardization tests to ensure accuracy and consistency in anthropometric measurements.

3.3. Standardization of Tools and Enumerators

Before data collection, all anthropometric tools were calibrated and verified to be accurate, with daily checks conducted and recorded throughout fieldwork. Enumerators' skills were assessed through standardization exercises, and roles were assigned based on performance. Measurements of children were repeated to test accuracy, and results were reviewed immediately, with feedback provided to ensure consistent and high-quality data collection.

3.4. Pilot Test

A pilot test was conducted in Tsore Camp to assess the survey tools and methodology. Enumerators practiced household interviews and measurements in non-sampled households from two zones and blocks. The exercise helped familiarize the team with the questionnaire, reinforced individual roles, built confidence, and finalized field procedures before the main data collection

3.5. Ethical Considerations and Community Consent

Individual and community consent were obtained through consultations with community leaders and verbal agreement from household heads or caregivers after explaining the survey objectives, confidentiality, and participants' rights. Ethical safeguards included referring children aged 6–59 months identified with moderate or severe malnutrition to appropriate nutrition or health services for care.

3.6. Data Collection

Data collection occurred from 13–24 October 2025, with teams spending 4–5 days per camp. Children aged 0–59 months were assessed for anthropometry, vaccination, vitamin A supplementation, participation in nutrition programs, demography/morbidity, and IYCF indicators. Half of the households were also assessed for food security, WASH, and mosquito net use. Recall periods were based on 20 June 2025, ranging from 120–125 days depending on the camp. Daily data reviews and checks ensured accuracy and reliability.

3.7. Data Entry and Data Checks and Analysis

Data were collected using Android tablets with Kobo Collect and reviewed daily for completeness, consistency, and accuracy. Children's anthropometric data were analyzed daily using ENA for SMART (2020) with plausibility checks and ±3 SD cleaning. Data quality was ensured through daily cross-checks, team performance reviews, tool calibration, and continuous monitoring. Anthropometric results—GAM, SAM, stunting, underweight, and overweight with 95% CIs—were based on WHO 2006 standards. Other data (IYCF, nutrition program enrolment, vaccination, vitamin A, demography, food security, WASH, mosquito net use) were analyzed using Epi Info 7.2.6, incorporating both primary interviews and secondary UNHCR survey data.

4 Results

4.1 Demography indicators

4.1.1 Sample size and clusters

Table 3 : Sampling Information By Camp

Survey Area	Sampling Information	Total planned	Total surveyed	% of target	Non-response rate (%)
Bambasi	**Number of households**	319	281	88.1%	11.9%
	Number of children 6-59 months	267	270	101.1%	0
Tsore	**Number of households**	380	334	87.9%	12.1%
	Number of children 6-59 months	308	353	114.6%	0
Sherkole	**Number of households**	288	254	88.2%	11.8%
	Number of children 6-59 months	228	264	115.8%	0
Ura	**Number of households**	292	263	90.1%	9.9%
	Number of children 6-59 months	201	225	111.9%	0

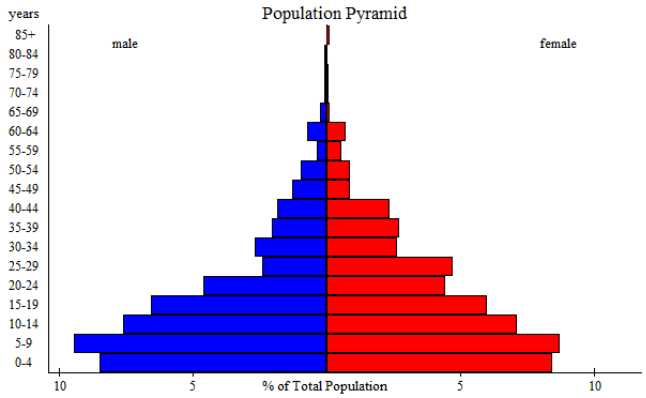
4.2 Household size and composition

Table 4 : HOUSEHOLD SIZE AND COMPOSITION, BY CAMP

Household size and composition		Bambasi	Tsore	Sherkole	**Ura**
Population size – Total persons		*21,912*	*40,051*	*16,819*	*14,581*
Total population surveyed – Total persons (all ages)		1594	1890	1457	1233
Total U2 surveyed		104	132	78	107
Total U5 surveyed		270	353	264	225
Average household size		5.6	5.7	5.74	4.7
Household size categories	1-4 person(s)	37.5%	43.1%	36.22%	58.17%
	5-6 persons	27.1%	26.7%	26.38%	27.38%
	7-9 persons	25.7%	20.1%	27.95%	11.79%
	≥ 10 persons	9.6%	10.2%	9.45%	2.66%
Household composition	Children under two	0.37	0.39	0.3071	0.4068
	Children under five	0.96	1.05	1.0394	0.8555
	Children aged 5-14 years	1.84	1.8	1.8780	1.3536
	Members aged 15-64 years	2.75	2.45	2.7795	2.0951
	Members aged 65 years and above	0.04	0.04	0.0197	0.0722

Household size and composition	Bambasi	Tsore	Sherkole	**Ura**
Percent of children U2	6.5%	6.9%	5.4%	8.7%
Percent of children U5	16.9%	18.7%	18.1%	18.2%
Percent pregnant women (15-49 years)	1.6%	1.8%	2.5%	2.6%
Percent of elders (65 years and above)	0.8%	0.84%	0.3%	1.5%
Sex ratio (M/F)	1.0	1.0	0.9:1.0	1.0

Figure 1 : POPULATION PYRAMID IN Bambasi and Tsore Camps



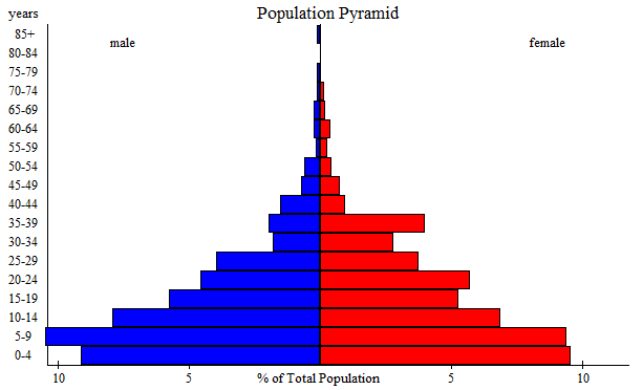
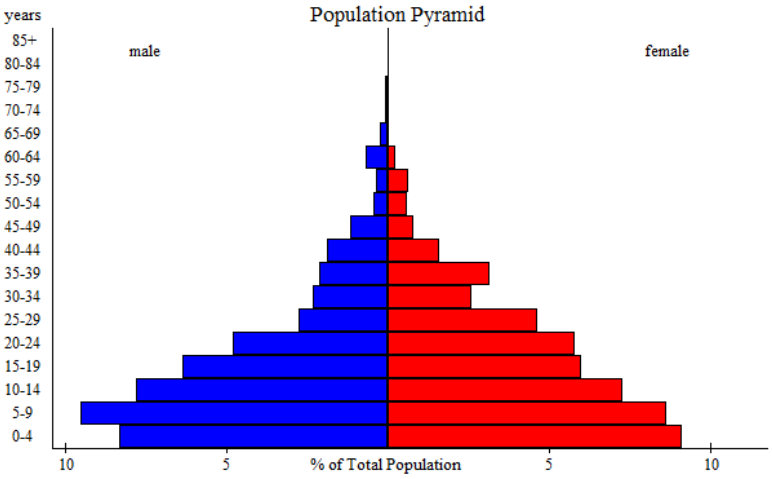
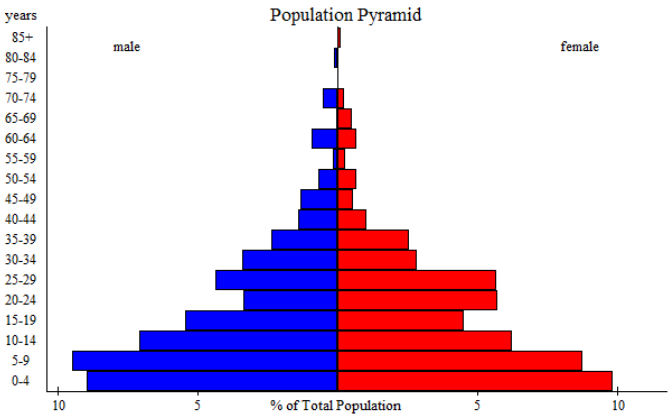


Figure 2 : POPULATION PYRAMID IN Sherkole and Ura Camps





4.3 Household Head Profile

Table 5: HOUSEHOLD HEAD PROFILE, BY CAMP(BAMBASI, TSORE)

Survey Area	N	Bambasi		N	Tsore	
		N	% & (95% CI)		n	% & (95% CI)
Female headed households (working age 15-64 years)	208	204	72.9% (67.3-77.9)	334	227	67.9% (62.8-72.7)
Male headed households (working age 15-64 years)	208	69	24.6% (19.7-30.1)	334	96	28.7% (24.2-33.8)
Children headed households (under 15 years)	208	2	0.7% (0.1-2.6)	334	0	0.0%
Elderly headed households (65 years and above)	208	5	1.8% (0.6-4.1)	334	11	3.3% (1.9-5.8)
Mean age of household head in years	36.1 years [3-89]			33.8 years [15-98]		

Table 6: HOUSEHOLD HEAD PROFILE, BY CAMP(SHERKOLE, URA)

Survey Area	N	Sherkole		N	Ura	
		N	% & (95% CI)		n	% & (95% CI)
Female headed households (working age 15-64 years)	254	165	64.96% (58.75-70.82%)	263	153	58.17% (51.96-64.20%)
Male headed households (working age 15-64 years)	254	86	33.86% (28.06-40.04%)	263	98	37.26% (31.40-43.41%)
Children headed households (under 15 years)	254	0	0.0%	263	1	0.38% (0.01-2.10%)
Elderly headed households (65 years and above)	254	3	1.18% (0.24-3.41%)	263	11	4.18% (2.11-7.36%)
Mean age of household head in years	35.0079 SD 11.01 [18-75]			33.07 SD 12.9 [3 -90]		

4.4 Age dependency ratio

Table 7: AGE DEPENDENCY RATIO*, BY CAMP

Age dependency ratio		Bambasi N = 280	Tsore N=334	Sherkole N=254	Ura N=263
Mean (SD) [range]	**SRS design****	1.27 (1.16) [0.0-7.0]	1.38 (1.22) [0.0-7.0]	1.30 1.171 [0- 7]	1.3713 1.3616 [0-6]

***Age dependency ratio** = $\frac{\text{Number of people aged 0 -14 years and those aged} \geq 65 \text{ years}}{\text{Number of people aged 15 – 64 years}}$

Table 8. AGE DEPENDENCY RATIO CATEGORIES BY HOUSEHOLD, BY CAMP

Survey Area	Age dependency categories		Age dependency ratio	Number / Total	% (95% CI)
Bambasi	Category I	1 dependent or less per non-dependent member	≤ 1	162/280	57.9% (51.8-63.7)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	31/280	11.1% (7.7-15.4)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	41/280	14.6% (10.7-19.3)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	46/280	16.4% (12.3-21.3)
Tsore	Category I	1 dependent or less per non-dependent member	≤ 1	172/334	51.5% (46.2-56.8)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	50/334	14.9% (11.5-19.2)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	58/334	17.4% (13.7-21.8)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	54/334	16.2% (12.6-20.5)
Sherkole	Category I	1 dependent or less per non-dependent member	≤ 1	143/254	56.30% (49.96-62.49%)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	43/254	16.93% (12.53-22.12%)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	34/254	13.39% (9.45-18.20%)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	34/254	13.39% (9.45-18.20%)
Ura	Category I	1 dependent or less per non-dependent member	≤ 1	152/263	57.79% (51.58-63.84%)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	43/263	16.35% (12.09-21.38%)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	31/263	`11.79% (8.15-16.31%)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	37/263	14.07% (10.10-18.87%)

5 Children 6-59 months

5.1 Age and Sex Distribution

Table 9: CHILDREN 6-59 MONTHS - DISTRIBUTION OF AGE AND SEX OF SAMPLE **IN BAMABASI AND TSORE CAMPS**

	Bambasi							Tsore						
Age (months)	**Boys**		**Girls**		**Total**		**Ratio**	**Boys**		**Girls**		**Total**		**Ratio**
	no.	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**	**no.**	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**
6-11	36	55.4	29	44.6	65	27.1	1.2	35	46.7	40	53.3	75	25.0	0.9
12-23	26	54.2	22	45.8	48	20.0	1.2	36	43.4	47	56.6	83	27.7	0.8
24-35	28	45.2	34	54.8	62	25.8	0.8	39	53.4	34	46.6	73	24.3	1.1
36-47	24	44.4	30	55.6	54	22.5	0.8	36	61.0	23	39.0	59	19.7	1.6
48-59	9	81.8	2	18.2	11	4.6	4.5	4	40.0	6	60.0	10	3.3	0.7
Total	123	51.3	117	48.8	240	100.0	1.1	150	50.0	150	50.0	300	100.0	1.0

Table 10: CHILDREN 6-59 MONTHS - DISTRIBUTION OF AGE AND SEX OF SAMPLE **IN SHERKOLE AND URA CAMPS**

	Sherkole							Ura						
Age (months)	**Boys**		**Girls**		**Total**		**Ratio**	**Boys**		**Girls**		**Total**		**Ratio**
	no.	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**	**no.**	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**
6-11	17	53.1	15	46.9	32	13.8	1.1	28	44.4	35	55.6	63	30.6	0.8
12-23	31	53.4	27	46.6	58	25.0	1.1	22	40.0	33	60.0	55	26.7	0.7
24-35	24	44.4	30	55.6	54	23.3	0.8	32	58.2	23	41.8	55	26.7	1.4
36-47	26	43.3	34	56.7	60	25.9	0.8	11	44.0	14	56.0	25	12.1	0.8
48-59	13	46.4	15	53.6	28	12.1	0.9	4	50.0	4	50.0	8	3.9	1.0
Total	111	47.8	121	52.2	232	100.0	0.9	97	47.1	109	52.9	206	100.0	0.9

- The percentage of children recruited on the basis of height (where applicable) should also be reported in the final survey report at the bottom of **Tables 10-10.1.**

5.2 Anthropometric results (based on WHO Growth Standards 2006)

Exclude z-scores from Observed mean or SMART flags: WHZ -3 to 3; HAZ -3 to 3; WAZ -3 to 3.

Table 112: PREVALENCE OF ACUTE MALNUTRITION BASED ON WEIGHT-FOR-HEIGHT Z-SCORES (AND/OR OEDEMA) AND BY SEX, BY CAMP

Survey Area	**N**	**Global Acute Malnutrition** (WHZ <-2 z-score and/or oedema)						**Moderate Acute Malnutrition** (WHZ <-2 and ≥-3 z-score)		**Severe Acute Malnutrition** (WHZ <-3 z-score and/or oedema)	
		All		**Boys**		**Girls**		**All**		**All**	
		n	**% (95% CI)**	**n**	**% (95% CI)**	**n**	**% (95% CI)**	**n**	**% (95% CI)**	**n**	**% (95% CI)**
Bambasi	234	17	7.3 % (4.6 - 11.3)	01	8.3 % (4.6 - 14.7)	7	6.1 % (3.0 - 12.1)	17	7.3 % (4.6 - 11.3)	0	0%
Tsore	290	23	7.9% (5.3 - 11.6)	14	9.7 % (5.8 - 15.6)	9	6.2 % (3.3 - 11.4)	19	6.6% (4.2 - 10.0)	4	1.4% (0.5 - 3.5)
Sherkole	226	12	5.3% (3.1 - 9.1)	6	5.5% (2.5 - 11.5)	6	5.1% (2.4 - 10.7)	10	4.4% (2.4 - 8.0)	2	0.9% (0.2 - 3.2)
Ura	201	19	9.5 % (6.1 - 14.3)	10	10.6 % (5.9 - 18.5)	9	8.4 % (4.5 - 15.2)	17	8.5 % (5.3 - 13.1)	2	1.0 % (0.3 - 3.6)

Figure 3 :Prévalence Of Global And Severe Acute Malnutrition Based On Who Growth Standards In Children 6-59 Months From 2023-2025, By Camps.

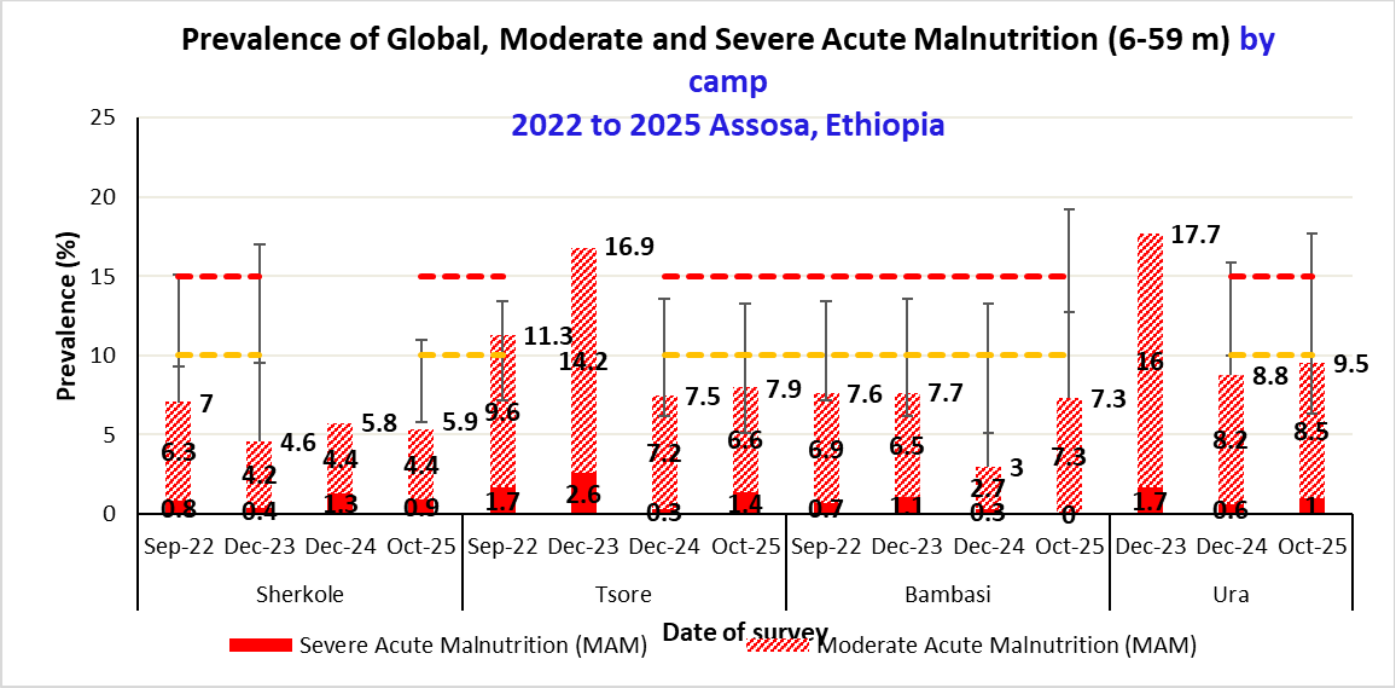


Table 12: PREVALENCE OF ACUTE MALNUTRITION BY AGE, BASED ON WEIGHT-FOR-HEIGHT Z-SCORES AND/OR OEDEMA, **IN BAMBASI AND TSORE**

Age (mo)	Total no.	Bambasi								Total no.	Tsore							
		Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 & <-2 z-score)		Normal (≥ -2 z score)		Oedema			Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 & <-2 z-score)		Normal (≥ -2 z score)		Oedema	
		N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%
6-11	63	0	0.0	8	12.7	55	87.3	0	0.0	73	2	2.7	8	11.0	63	86.3	0	0.0
12-23	48	0	0.0	4	8.3	44	91.7	0	0.0	80	1	1.3	6	7.5	73	91.3	0	0.0
24-35	59	0	0.0	1	1.7	58	98.3	0	0.0	71	0	0.0	2	2.8	69	97.2	0	0.0
36-47	53	0	0.0	3	5.7	50	94.3	0	0.0	56	1	1.8	3	5.4	52	92.9	0	0.0
48-59	11	0	0.0	1	9.1	10	90.9	0	0.0	10	0	0.0	0	0.0	10	100	0	0.0
Total	234	0	0.0	17	7.3	217	92.7	0	0.0	290	4	1.4	19	6.6	267	92.1	0	0.0

Table 13: PREVALENCE OF ACUTE MALNUTRITION BY AGE, BASED ON WEIGHT-FOR-HEIGHT Z-SCORES AND/OR OEDEMA, **IN SHERKOLE AND URA**

Age (mo)	Total no.	Sherkole								Total no.	Ura							
		Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 & <-2 z-score)		Normal (≥ -2 z score)		Oedema			Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 & <-2 z-score)		Normal (≥ -2 z score)		Oedema	
		N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%
6-11	31	0	0.0	2	6.5	29	93.5	0	0.0	62	2	3.2	6	9.7	54	87.1	0	0.0
12-23	57	1	1.8	1	1.8	55	96.5	0	0.0	53	0	0.0	8	15.1	45	84.9	0	0.0
24-35	53	1	1.9	4	7.5	48	90.6	0	0.0	53	0	0.0	2	3.8	51	96.2	0	0.0
36-47	59	0	0.0	3	5.1	56	94.9	0	0.0	25	0	0.0	1	4.0	24	96.0	0	0.0
48-59	26	0	0.0	0	0.0	26	100.0	0	0.0	8	0	0.0	0	0.0	8	100.0	0	0.0
Total	226	2	0.9	10	4.4	214	94.7	0	0.0	201	2	1.0	17	8.5	182	90.5	0	0.0

Figure 4 : Distribution Of Weight-For-Height Z-Scores The Reference Population Is Shown In Green And The Surveyed Population Is Shown In Red) Of Survey Population **<u>In Four Refugee Camps,</u>** Compared To Reference Population

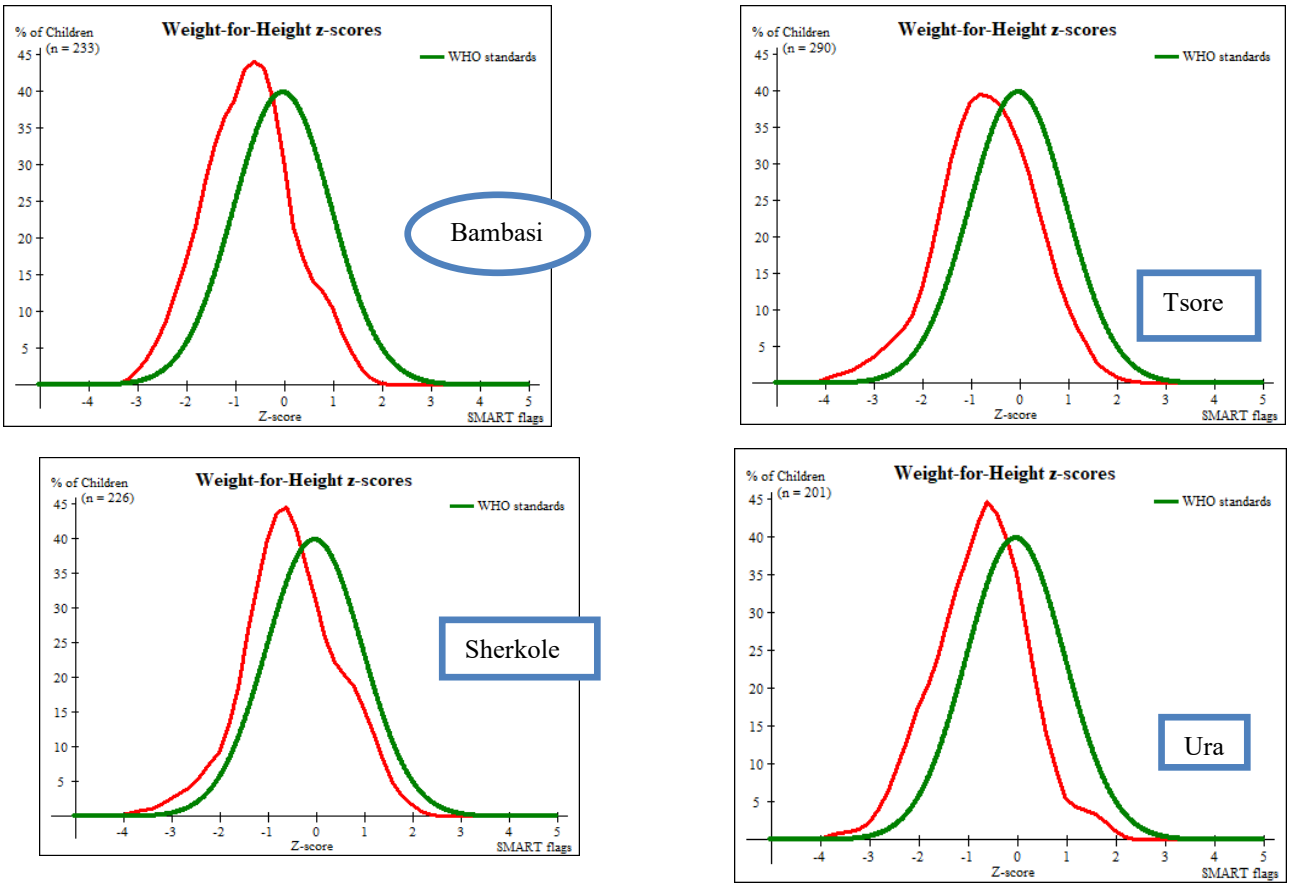


Table 143: PREVALENCE OF MUAC MALNUTRITION, BY CAMP

Survey Area	N	Prevalence of MUAC < 125 mm and/or oedema						Prevalence of MUAC < 125 mm and >= 115 mm, no oedema		Prevalence MUAC < 115 mm and/or oedema	
		All		Boys		Girls		All		All	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Bambasi	235	10	4.3 % (2.3 - 7.7)	2	1.7 % (0.5 - 5.8)	8	7.0 % (3.6 - 13.2)	9	3.8% (2.0 - 7.1)	1	0.4% (0.1 - 2.4)
Tsore	294	12	4.1% (2.4 - 7.0)	8	5.4% (2.8 - 10.4)	4	2.7% (1.1 - 6.8)	11	3.7% (2.1 - 6.6)	1	0.3% (0.1 - 1.9)
Sherkole	227	4	1.8% (0.7 - 4.4)	2	1.8% (0.5 - 6.4)	2	1.7% (0.5 - 6.0)	3	1.3% (0.5 - 3.8)	1	0.4% (0.1 - 2.5)
Ura	202	9	4.5 % (2.4 - 8.2)	3	3.2 % (1.1 - 9.0)	6	5.6 % (2.6 - 11.6)	8	4.0 % (2.0 - 7.6)	1	0.5 % (0.1 - 2.8)

Table 15: PREVALENCE OF MUAC MALNUTRITION BY AGE, BASED ON MUAC CUT OFF'S AND/OR OEDEMA, **IN BAMBASI**

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-11	63	0	0.0	8	12.7	55	87.3	0	0.0
12-23	48	1	2.1	0	0.0	47	97.9	0	0.0
24-35	60	0	0.0	0	0.0	60	100.0	0	0.0
36-47	53	0	0.0	1	1.9	52	98.1	0	0.0
48-59	11	0	0.0	0	0.0	11	100.0	0	0.0
Total	235	1	0.4	9	3.8	225	95.7	0	0.0

Table 16: PREVALENCE OF MUAC MALNUTRITION BY AGE, BASED ON MUAC CUT OFF'S AND/OR OEDEMA, **IN TSORE**

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-11	74	1	1.4	7	9.5	66	89.2	0	0.0
12-23	83	0	0.0	4	4.8	79	95.2	0	0.0
24-35	71	0	0.0	0	0.0	71	100.0	0	0.0
36-47	56	0	0.0	0	0.0	56	100.0	0	0.0
48-59	10	0	0.0	0	0.0	10	100.0	0	0.0
Total	294	1	0.3	11	3.7	282	95.9	0	0.0

Table 17 PREVALENCE OF MUAC MALNUTRITION BY AGE, BASED ON MUAC CUT OFF'S AND/OR OEDEMA, **IN SHERKOLE**

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-11	31	1	3.2	2	6.5	28	90.3	0	0.0
12-23	57	0	0.0	1	1.8	56	98.2	0	0.0
24-35	53	0	0.0	0	0.0	53	100.0	0	0.0
36-47	59	0	0.0	0	0.0	59	100.0	0	0.0
48-59	27	0	0.0	0	0.0	27	100.0	0	0.0
Total	227	1	0.4	3	1.3	223	98.2	0	0.0

Table 18: PREVALENCE OF MUAC MALNUTRITION BY AGE, BASED ON **MUAC CUT OFF'S** AND/OR OEDEMA, **IN URA**

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-11	62	1	1.6	4	6.5	57	91.9	0	0.0
12-23	54	0	0.0	4	7.4	50	92.6	0	0.0
24-35	53	0	0.0	0	0.0	53	100.0	0	0.0
36-47	25	0	0.0	0	0.0	25	100.0	0	0.0
48-59	8	0	0.0	0	0.0	8	100.0	0	0.0
Total	202	1	0.5	8	4.0	193	95.5	0	0.0

Table 19: PREVALENCE OF UNDERWEIGHT BASED ON WEIGHT-FOR-AGE Z-SCORES AND BY SEX, BY CAMP

Survey Area	N	Prevalence of underweight (<-2 z-score)						Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)		Prevalence of severe underweight (<-3 z-score)	
		All		Boys		Girls		All		All	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Bambasi	234	65	27.8 % (22.4 - 33.8)	36	30.0 % (22.5 - 38.7)	29	25.4 % (18.3 - 34.1)	55	23.5 % (18.5 - 29.3)	10	4.3 % (2.3 - 7.7)
Tsore	292	60	(20.5 % (16.3 - 25.6)	29	19.9 % (14.2 - 27.1)	31	21.2 % (15.4 - 28.6)	42	14.4 % (10.8 - 18.9)	18	6.2 % (3.9 - 9.5)
Sherkole	224	38	17.0 % (12.6 - 22.4)	18	16.8 % (10.9 - 25.0)	20	17.1 % (11.3 - 24.9)	28	12.5 % (8.8 - 17.5)	10	4.5 % (2.4 - 8.0)
Ura	198	31	15.7 % (11.3 - 21.4)	21	22.6 % (15.3 - 32.1)	10	9.5 % (5.3 - 16.6)	27	13.6 % (9.5 - 19.1)	4	2.0 % (0.8 - 5.1)

Table 20: PREVALENCE OF UNDERWEIGHT BY AGE BASED ON WEIGHT-FOR-AGE Z-SCORES, AND OEDEMA **IN BAMBASI**

		Severe underweight (<-3 z-score)		Moderate underweight (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)		Oedema	
Age (mo)	Total no.	No.	%	No.	%	No.	%	No.	%
6-11	63	2	3.2	14	22.2	47	74.6	0	0.0
12-23	48	3	6.3	12	25.0	33	68.8	0	0.0
24-35	60	3	5.0	12	20.0	45	75.0	0	0.0
36-47	52	1	1.9	14	26.9	37	71.2	0	0.0
48-59	11	1	9.1	3	27.3	7	63.6	0	0.0
Total	234	10	4.3	55	23.5	169	72.2	0	0.0

Table 214: PREVALENCE OF UNDERWEIGHT BY AGE BASED ON WEIGHT-FOR-AGE Z-SCORES, AND OEDEMA **IN TSORE**

		Severe underweight (<-3 z-score)		Moderate underweight (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)		Oedema	
Age (mo)	**Total no.**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	73	4	5.5	7	9.6	62	84.9	0	0.0
12-23	82	8	9.8	9	11.0	65	79.3	0	0.0
24-35	71	2	2.8	14	19.7	55	77.5	0	0.0
36-47	56	3	5.4	9	16.1	44	78.6	0	0.0
48-59	10	1	10.0	3	30.0	6	60.0	0	0.0
Total	292	18	6.2	42	14.4	232	79.5	0	0.0

Table 22: PREVALENCE OF UNDERWEIGHT BY AGE BASED ON WEIGHT-FOR-AGE Z-SCORES, AND OEDEMA **IN SHERKOLE**

Age (mo)	**Total no.**	**Severe underweight (<-3 z-score)**		**Moderate underweight (≥ -3 and <-2 z-score)**		**Normal (≥ -2 z score)**		**Oedema**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	30	0	0.0	6	20.0	24	80.0	0	0.0
12-23	57	3	5.3	8	14.0	46	80.7	0	0.0
24-35	51	3	5.9	6	11.8	42	82.4	0	0.0
36-47	59	3	5.1	7	11.9	49	83.1	0	0.0
48-59	27	1	3.7	1	3.7	25	92.6	0	0.0
Total	224	10	4.5	28	12.5	186	83.0	0	0.0

Table 23: PREVALENCE OF UNDERWEIGHT BY AGE BASED ON WEIGHT-FOR-AGE Z-SCORES, AND OEDEMA **IN URA**

Age (mo)	**Total no.**	**Severe underweight (<-3 z-score)**		**Moderate underweight (≥ -3 and <-2 z-score)**		**Normal (≥ -2 z score)**		**Oedema**	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	61	3	4.9	4	6.6	54	88.5	0	0.0
12-23	52	1	1.9	7	13.5	44	84.6	0	0.0
24-35	53	0	0.0	11	20.8	42	79.2	0	0.0
36-47	24	0	0.0	4	16.7	20	83.3	0	0.0
48-59	8	0	0.0	1	12.5	7	87.5	0	0.0
Total	198	4	2.0	27	13.6	167	84.3	0	0.0

Table 24: PREVALENCE OF STUNTING BASED ON HEIGHT-FOR-AGE Z-SCORES AND BY SEX, BY CAMP

Survey Area	N	Prevalence of stunting (<-2 z-score)						Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)		Prevalence of severe stunting (<-3 z-score)	
		All		Boys		Girls		All		All	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Bambasi	232	89	38.2 % (32.2 - 44.6)	52	43.7 % (35.1 - 52.7)	37	32.5 % (24.6 - 41.5)	55	23.6 % (18.6 - 29.5%)	34	14.6 % (10.6 - 19.7)
Tsore	285	70	24.6 % (19.9 - 29.9)	35	24.5 % (18.2 - 32.1)	35	24.6 % (18.3 - 32.3)	49	17.2 % (13.3 - 22.0)	21	7.4 % (4.9 - 11.0)
Sherkole	221	71	32.1 % (26.3 - 38.5)	37	35.6 % (27.0 - 45.1)	34	29.1 % (21.6 - 37.8)	47	21.3 % (16.4 - 27.1)	24	10.9 % (7.4 - 15.6)
Ura	194	46	23.7 % (18.3 - 30.2)	25	27.2 % (19.1 - 37.0)	21	20.6 % (13.9 - 29.4)	35	18.0 % (13.3 - 24.1)	11	5.7 % (3.2 - 9.9)

The prevalence threshold of stunting is indicative of a high public health importance (20-38.2%) for all camps and site according to WHO/UNICEF prevalence labels.

Figure 5 :*PREVALENCE OF GLOBAL AND SEVERE STUNTING BASED ON WHO GROWTH STANDARDS IN CHILDREN 6-59 MONTHS FROM 2022-2025, BY CAMP.*

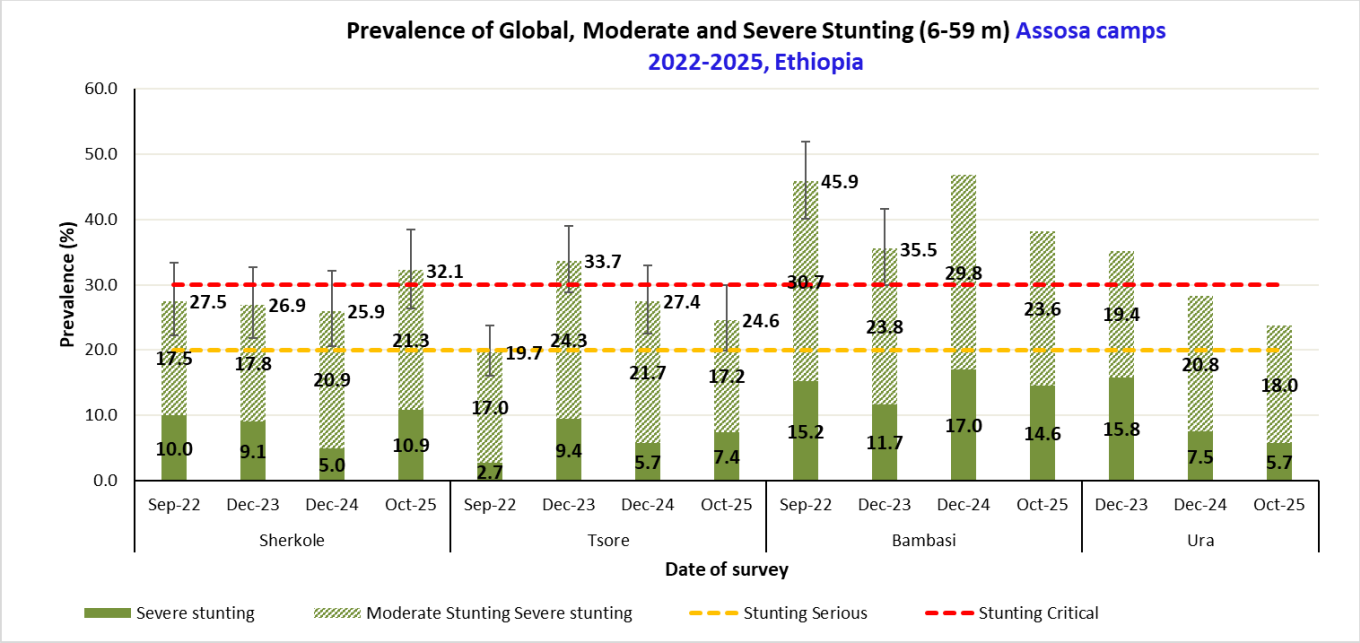


Table 25 :PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, **IN BAMBASI**

		Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
Age (mo)	**Total no.**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	62	7	11.3	12	19.4	43	69.4
12-23	48	8	16.7	21	43.8	19	39.6
24-35	60	11	18.3	13	21.7	36	60.0
36-47	52	5	9.6	8	15.4	39	75.0
48-59	11	3	27.3	1	9.1	7	63.6
Total	233	34	14.6	55	23.6	144	61.8

Table 26:PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, **IN TSORE**

		Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
Age (mo)	**Total no.**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	71	2	2.8	7	9.9	62	87.3
12-23	79	8	10.1	14	17.7	57	72.2
24-35	69	4	5.8	17	24.6	48	69.6
36-47	56	4	7.1	10	17.9	42	75.0
48-59	10	3	30.0	1	10.0	6	60.0
Total	285	21	7.4	49	17.2	215	75.4

Table 27: PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, **IN SHERKOLE**

		Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
Age (mo)	**Total no.**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	29	2	6.9	3	10.3	24	82.8
12-23	57	10	17.5	14	24.6	33	57.9
24-35	50	6	12.0	9	18.0	35	70.0
36-47	58	4	6.9	16	27.6	38	65.5
48-59	27	2	7.4	5	18.5	20	74.1
Total	221	24	10.9	47	21.3	150	67.9

Table 28: PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, **IN URA**

		Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
Age (mo)	**Total no.**	**No.**	**%**	**No.**	**%**	**No.**	**%**
6-11	60	2	3.3	5	8.3	53	88.3
12-23	50	3	6.0	11	22.0	36	72.0
24-35	52	3	5.8	14	26.9	35	67.3
36-47	24	3	12.5	5	20.8	16	66.7
48-59	8	0	0.0	0	0.0	8	100.0
Total	194	11	5.7	35	18.0	148	76.3

Figure 6 : PREVALENCE OF STUNTING BY AGE IN CHILDREN 6-59 MONTHS IN BAMBASI

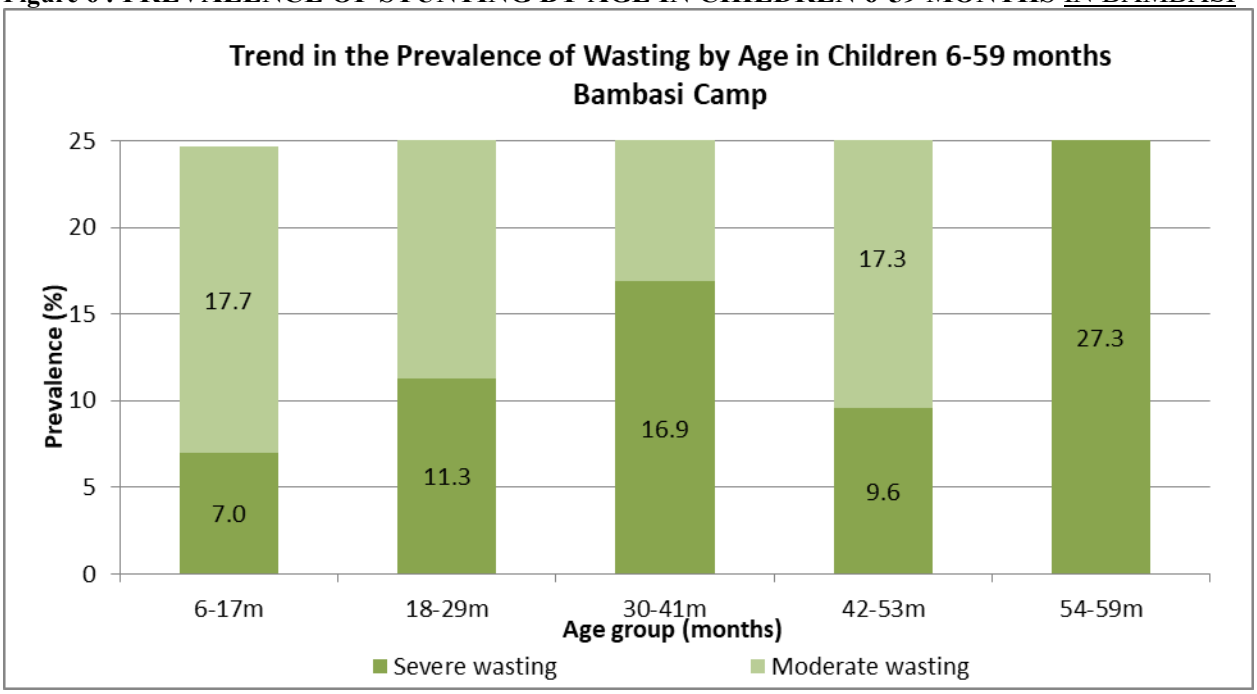


Figure 7 : PREVALENCE OF STUNTING BY AGE IN CHILDREN 6-59 MONTHS IN TSORE

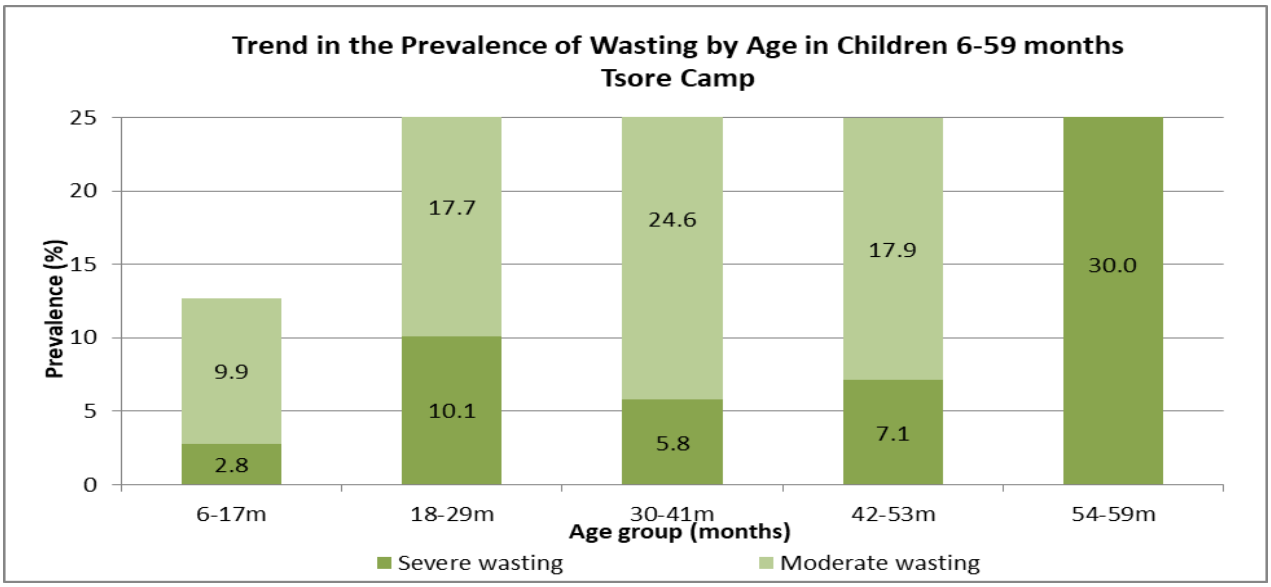


Figure 8 : PREVALENCE OF STUNTING BY AGE IN CHILDREN 6-59 MONTHS IN SHERKOLE

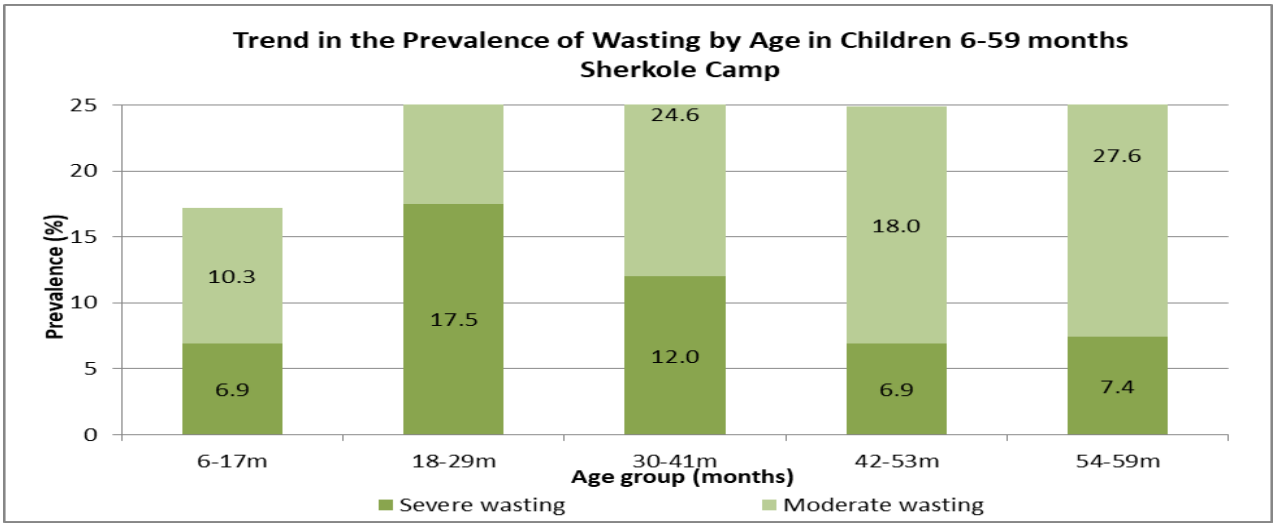


Figure 9 : PREVALENCE OF STUNTING BY AGE IN CHILDREN 6-59 MONTHS IN URA

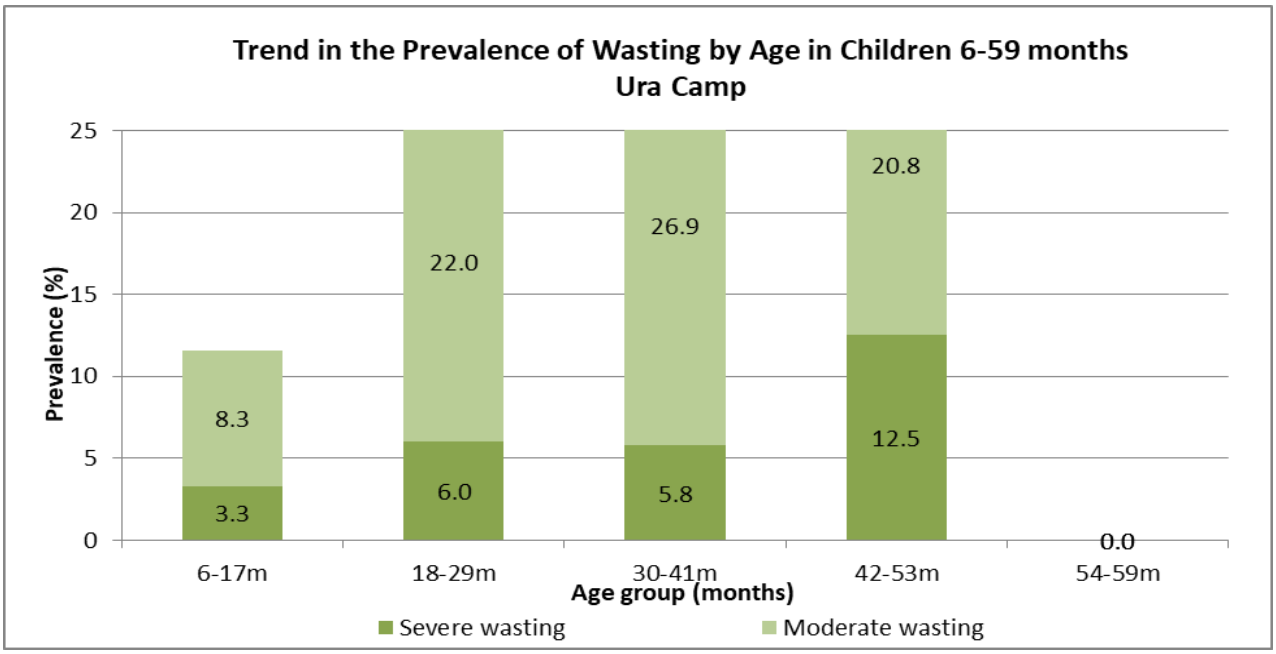
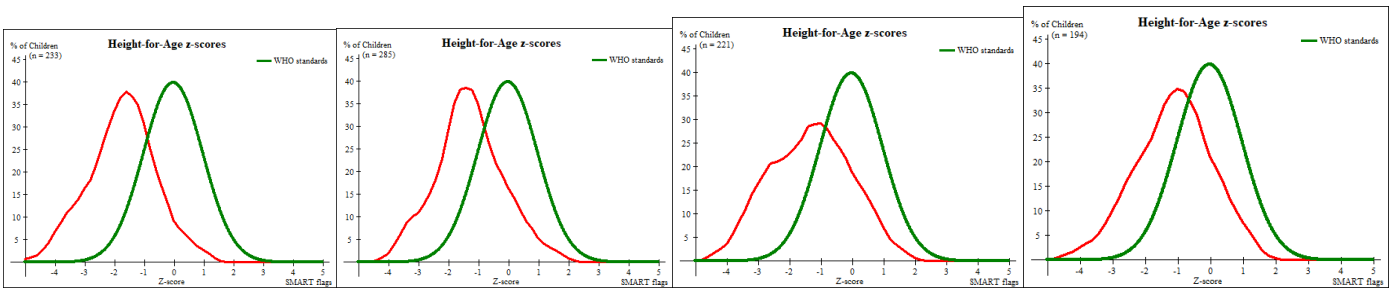


Figure 10 : DISTRIBUTION OF HEIGHT-FOR-AGE Z-SCORES (BASED ON WHO GROWTH STANDARDS; THE REFERENCE POPULATION IS SHOWN IN GREEN AND THE SURVEYED POPULATION IS SHOWN IN RED) OF SURVEY POPULATION **IN BAMBAS, TSOREA, SHERKOLEA AND URA** COMPARED TO REFERENCE POPULATION



Bambasi | Tsore | Sherkole | Ura

Table 29:MEAN Z-SCORES, DESIGN EFFECTS AND EXCLUDED SUBJECTS, BY CAMP

Indicator	n	Mean z-scores ± SD	Design Effect (z-score < -2)	z-scores not available*	z-scores out of range
Bambasi					
Weight-for-Height	234	-0.72±0.90	1.00	4	2
Weight-for-Age	234	-1.46±0.90	1.00	4	2
Height-for-Age	233	-1.73±1.11	1.00	4	3
Tsore					
Weight-for-Height	290	-0.66±0.98	1.00	6	4
Weight-for-Age	292	-1.16±1.07	1.00	6	2
Height-for-Age	285	-1.28±1.11	1.00	6	9
Sherkole					
Weight-for-Height	226	-0.50±0.96	1.00	5	1
Weight-for-Age	224	-1.10±1.01	1.00	5	3
Height-for-Age	221	-1.32±1.25	1.00	5	6
Ura					
Weight-for-Height	201	-0.72±0.92	1.00	4	1
Weight-for-Age	198	-1.11±0.92	1.00	4	4
Height-for-Age	194	-1.12±1.14	1.00	4	8

* contains for WHZ and WAZ the children with oedema.

5.3 Enrolment into nutrition programmes results

Table 30:PROGRAMME ENROLMENT FOR ACUTELY MALNOURISHED CHILDREN, BY CAMP

Survey Area	Programme (Based WHZ and MUAC)	Number/total	% (95% CI)
Bambasi	**Supplementary feeding programme (TSFP) enrolment**	6/19	31.58% (12.58% -56.55)
	Therapeutic (OTP/SC) feeding programme enrolment	1/1	100.00%
Tsore	**Supplementary feeding programme (TSFP) enrolment**	10/21	47.62% (25.71-70.22%)
	Therapeutic (OTP/SC) feeding programme enrolment	1/2	50.00% (1.26-98.74%)
Sherkole	**Supplementary feeding programme (TSFP) enrolment**	3/13	23.08% (5.04-53.81%)
	Therapeutic (OTP/SC) feeding programme enrolment	3/4	75.00% (19.41-99.37%)
Ura	**Supplementary feeding programme (TSFP) enrolment**	8/21	38.10% (18.11-61.56%)
	Therapeutic (OTP/SC) feeding programme enrolment	2/4	50.00% (6.76-93.24%)

Table 315 : PROGRAMME ENROLMENTS FOR ACUTELY MALNOURISHED CHILDREN, BY CAMP

Survey Area	Programme	Number/total	% (95% CI)
Bambasi	**Total nutrition enrolment any feeding programme**	9/19	47.37% (24.45-71.14%)
Tsore	**Total nutrition enrolment any feeding programme**	15/27	55.56% (35.33-74.52%)
Sherkole	**Total nutrition enrolment any feeding programme**	7/16	43.75% (19.75-70.12%
Ura	**Total nutrition enrolment any feeding programme**	12/24	50.00% (29.12-70.88%)

It is calculated based on the admission criteria used in the survey setting. Where admission is based on MUAC, WHZ and oedema, you may show two tables of results, one table showing the programme coverage based on MUAC and oedema only, and one table showing the programme coverage based on all three admission criteria.

5.4 Measles vaccination coverage results

Table 32:MEASLES VACCINATION COVERAGE FOR CHILDREN AGED 9-59 MONTHS, BY CAMP

Survey Area	N	Measles vaccination with card		Measles vaccination with card or confirmation from mother	
		n	% (95% CI)	n	% (95% CI)
Bambasi	211	140	66.35% (59.54 -72.69%)	186	88.15% (83.01- 92.18%)
Tsore	273	49	17.95% (13.58-23.03%)	235	86.08% (81.40-89.96%)
Sherkole	223	107	47.98% (41.27-54.75%)	198	88.79% (83.90-92.61%)
Ura	183	68	37.16% (30.14-44.60%)	145	79.23% (72.63-84.87%)

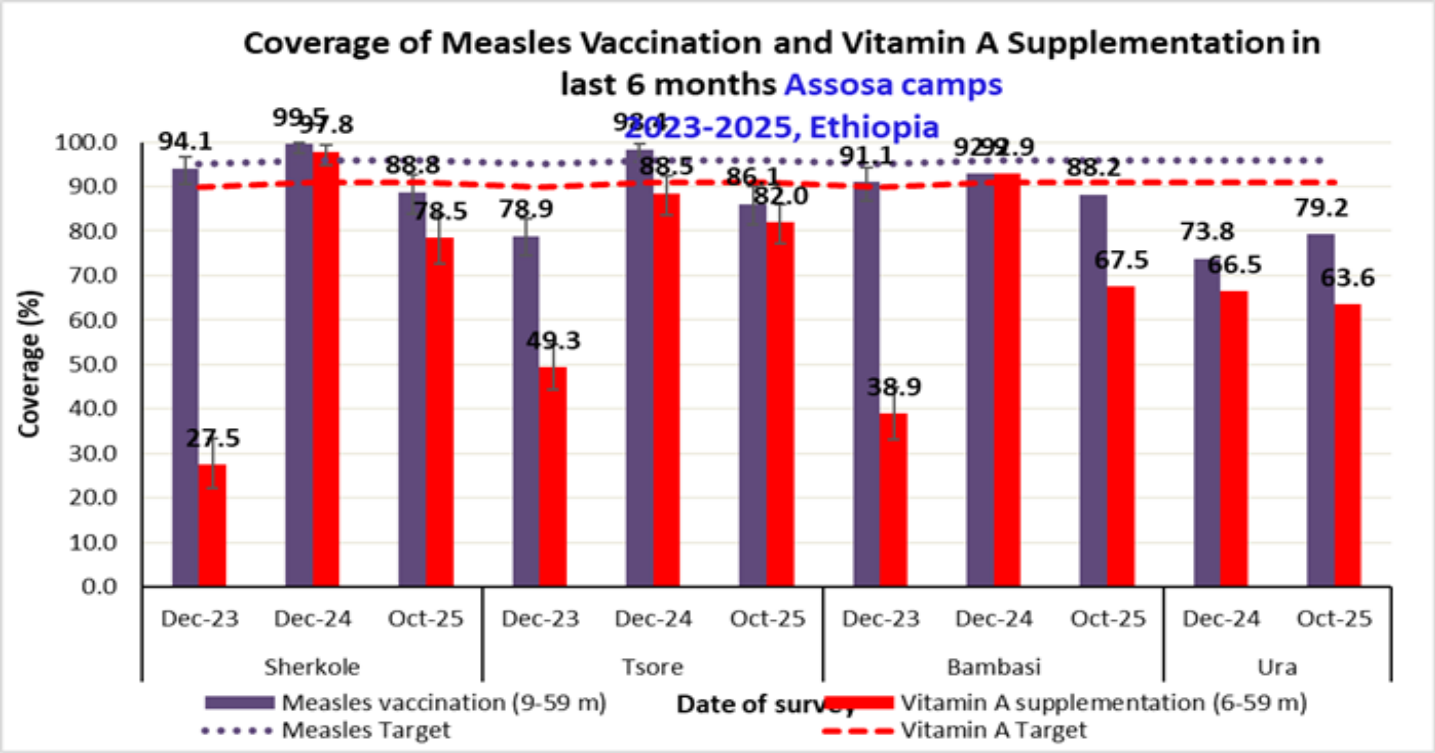
Measles vaccination coverage is below the UNHCR target (>95%) in all four locations. Implementation of targeted catch-up measles vaccination and strengthen routine EPI and outreach services to achieve the UNHCR coverage target (>95%) and prevent measles outbreaks is recommended.

5.5 Vitamin A supplementation coverage results

Table 33: VITAMIN A SUPPLEMENTATION COVERAGE FOR CHILDREN AGED 6-59 MONTHS WITHIN THE PAST 6 MONTHS, BY CAMP

Survey Area	N	Vitamin A supplementation in last 6 months with card		Vitamin A supplementation in last 6 months with card or confirmation from mother	
		n	% (95% CI)	n	% (95% CI)
Bambasi	240	111	46.25% (39.81 -52.78%)	162	67.50% (61.18-73.38%)
Tsore	300	38	12.67% (9.37-16.91%)	246	82.00% (77.26 -85.93%)
Sherkole	232	99	42.67% (36.22-49.31%)	182	78.45% (72.59-83.56%)
Ura	206	74	35.92% (29.37-42.88%)	131	63.59% (56.62-70.17%)

Figure 11 : COVERAGE OF MEASLES VACCINATION, AND VITAMIN A SUPPLEMENTATION IN LAST 6 MONTHS IN CHILDREN 6-59 MONTHS FROM 2023-2025, BY CAMP. NOTE THAT A TREND CAN ONLY BE IDENTIFIED WHEN THERE ARE AT LEAST THREE TIME POINTS



5.6 Deworming coverage results (if applicable)

Table 34: DEWORMING COVERAGE FOR CHILDREN AGED 12-59/24-59 MONTHS WITHIN THE PAST 6 MONTHS, BY CAMP *(OR OTHER CONTEXT-SPECIFIC TARGET GROUP)**

Survey Area	Deworming within the past 6 months	
	n	% (95% CI)
Bambasi	101/183	55.19% (47.68-62.53%)
Tsore	145/249	58.23% (51.84-64.43%)
Sherkole	102/154	66.23% (58.18-73.65%)
Ura	47/109	43.12% (33.67-52.95%)

*Note that this refers to large-scale campaigns done with mebendazole and/or albendazole. To be included only if deworming campaign done alongside a vaccination or vitamin A campaign in the last six months.

Coverage results for measles, vitamin A supplementation in last 6 months and deworming in last 6 months from year to year should be presented as shown in the example figures below.

5.7 Diarrhoea results

Table 35: PERIOD PREVALENCE OF DIARRHOEA, BY CAMP

Survey Area	Diarrhoea in the last two weeks	
	n	% (95% CI)
Bambasi	13/240	5.42% (2.92-9.08%)

Tsore	16/298	5.37% (3.10-8.57%)
Sherkole	6/224	2.68% (0.99-5.74%)
Ura	11/206	5.34% (2.70-9.35%

Table 36: ORS AND ZINC USE DURING DIARROEA EPISODE, BY CAMP (OPTIONAL)

Survey Area	N	ORS use during diarrhoea episode		Zinc tablet or syrup use during diarrhoea episode	
		n	% (95% CI)	n	% (95% CI)
Bambasi	13	9	69.23% (38.57 – 90.91%)	7	53.85% (25.13-80.78%)
Tsore	15	12	80.00% (51.91-95.67%)	13	81.25% 54.35-95.95%)
Sherkole	6	4	66.67% (22.28-95.67%)	3	50.00% (11.81-88.19%)
Ura	11	10	90.91% (58.72-99.77%)	10	90.91% (58.72-99.77%)

6. Children 0-23 months

Table 37: PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS, BY CAMP

Survey Area	N	Bambasi		N	Tsore	
		n	% (95% CI)		n	% (95% CI)
WHO INDICATORS						
Timely initiation of breastfeeding (0-23 mo)	105	92	87.62% (79.76-93.24%)	142	114	80.28% (72.78-86.48%)
Exclusive breastfeeding under 6 months (0-5 mo)	17	15	88.24% (63.56-98.54%)	26	20	76.92% (56.35 -91.03%)
Predominant breastfeeding under 6 months (0-5 mo)	17	16	94.12% (71.31-99.85%)	26	21	80.77% (60.65 -93.45%)
Continued breastfeeding at 1 year (12-15 mo)	10	10	100.00%	21	17	80.95% (58.09 -94.55%)
Continued breastfeeding at 2 years (20-23 mo)	12	12	100.00%	22	16	72.73% (49.78-89.27%)
Introduction of solid, semi-solid or soft foods (6-8 mo)	29	16	55.17% (35.69 -73.55%)	27	11	40.74% (22.39-61.20%)
Consumption of iron-rich or iron-fortified foods (6-23 mo)	81	73	(73) 90.12% (81.46 -95.64%)	27		(20) 74.07% (53.72-88.89%)
Bottle feeding (0-23 mo)	105	20	19.05% (72.13 -87.96%)	142	22	15.49% (9.97-22.51%)
UNHCR INDICATORS						
No breastfeeding under 6 months (0-5 mo)	18	0	0.0%	26	5	19.23% (6.55-39.35%)
No breastfeeding under 12 months (0-11 mo)	67	2	2.99% (0.36-10.37%)	73	8	10.96% (4.85- 20.46%)

Table 38:PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS, BY CAMP

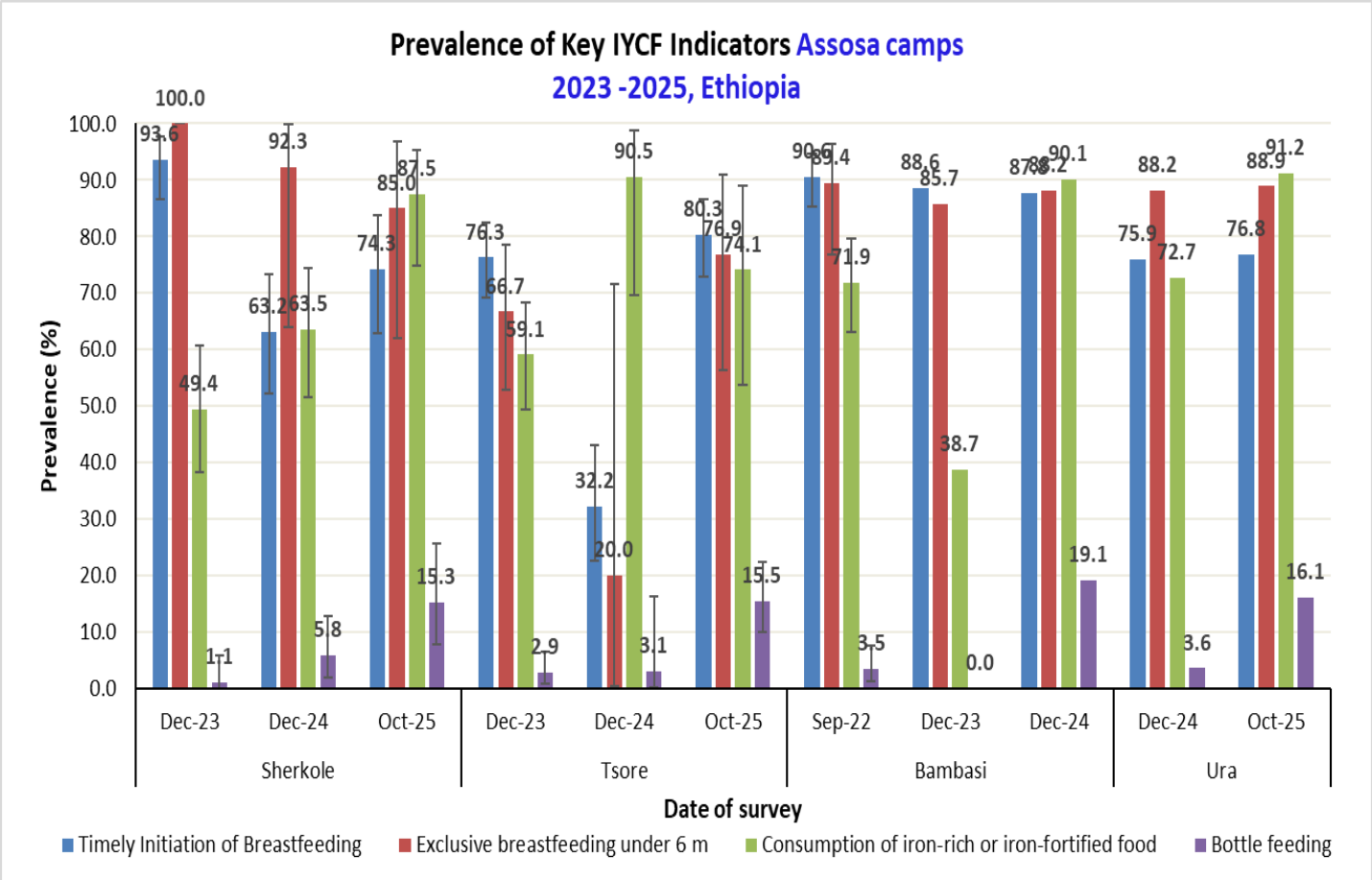
Survey Area	N	Sherkole		N	Ura	
		n	% (95% CI)		n	% (95% CI)

WHO INDICATORS						
Timely initiation of breastfeeding (0-23 mo)	74	55	74.32% (62.84-83.78%)	112	86	76.79% (67.86-84.24%)
Exclusive breastfeeding under 6 months (0-5 mo)	20	17	85.00% (62.11-96.79%)	18	16	88.89% (65.29-98.62%)
Predominant breastfeeding under 6 months (0-5 mo)	20	18	90.00% (68.30-98.77%)	18	16	88.89% (65.29-98.62%)
Continued breastfeeding at 1 year (12-15 mo)	6	6	100.00%	18	15	83.33% (58.58-96.42%)
Continued breastfeeding at 2 years (20-23 mo)	15	8	53.33% (26.59-78.73%)	14	8	57.14% (28.86-82.34%)
Introduction of solid, semi-solid or soft foods (6-8 mo)	9	2	22.22% (2.81-60.01%)	23	10	43.48% (34.49-76.81%)
Consumption of iron-rich or iron-fortified foods (6-23 mo)	48	42	87.50% (74.75-95.27%)	91	83	(83) 91.21% (83.41-96.13%)
Bottle feeding (0-23 mo)	72	11	15.28% (7.88-25.69%)	112	18	16.07% (10.1-21.3%)
UNHCR INDICATORS						
No breastfeeding under 6 months (0-5 mo)	20	1	5.00% (0.13-24.87%)	18	2	11.11% (1.38-34.71%)
No breastfeeding under 12 months (0-11 mo)	41	4	9.76% (2.72-23.13%)	57	2	3.51% (0.43-12.11%)

The prevalence of a few IYCF indicators should be presented from year to year as shown in the example figure below.

When IYCF indicators are collected in nutritional surveys based on GAM in children aged 6-59 months, it is not feasible to achieve a large enough sample size for some of the indicators to be estimated as precisely as desired, especially for indicators covering a very narrow age range (e.g. 12-15 months, 6-8 months). Hence, trend analyses need to be interpreted with caution. Nevertheless, trend analyses are useful for assessing the situation and major differences seen from year to year should further investigation.

Figure 12 : KEY IYCF INDICATORS FROM 2023-2025, BY CAMP



7. *Prevalence of intake*

a. *Infant formula*

Table 39: INFANT FORMULA INTAKE IN CHILDREN AGED 0-23 MONTHS, BY CAMP

Survey Area	N	Proportion of children aged 0-23 months who receive infant formula (fortified or non-fortified)	
		n	% (95% CI)
Bambasi	105	0	0.0%
Tsore	142	26	18.31% (12.32-25.67%)
Sherkole	73	7	9.59% (3.94-18.76%)
Ura	112	30	26.79% (18.86-35.98%)

8. Food security

Table 40: FOOD SECURITY SAMPLING INFORMATION, BY CAMP

Total households surveyed for Food Security	Planned	Actual	% of target
Bambasi	159	143	90.0
Tsore	190	163	85.8
Sherkole	144	*121*	84.0%
Ura	146	128	87.7%

Table 41: FOOD ASSISTANCE COVERAGE

Survey Area	N	Proportion of households receiving a food assistance including in-kind and/or cash	
		n	% (95% CI)
Bambasi	143	142	99.3% (96.2-99.9)
Tsore	163	163	100%
Sherkole	120	118	98.33% (94.11-99.80%)
Ura	128	126	98.44% (94.47-99.81%)

8.1.In-kind food and Cash distribution

Table 42:REPORTED DURATION OF GENERAL FOOD DISTRIBUTION, BY CAMP

Average number of days the general food distribution lasts		Bambasi N=141	Tsore N=162	Sherkole N=116	Ura N=128
Mean (Days) (SD) [range]	**SRS design***	14.4 days out of 30 (5.3 SD) [3-26]	15.8 days out of 30 (5.1 SD) [3-30]	13.6 Days out of 30 (SD 6.3) [2 - 30]	17.0 Days out of 30 SD 4.44 [0-30]

8.2. Coverage of basic needs

Table 43:DESCRIPTIONS OF BASIC NEEDS **NOT** MET BY THE HOUSEHOLDS

	Bambasi		Tsore	
Basic needs not met by the households:	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**
Food	108/143	75.5% (67.6-82.3)	118/163	72.4% (64.9-79.1)
Water	2/143	1.4% (0.2-4.9)	25/163	15.3% (10.2 -21.8)
Hygiene items, clothes, shoes	72/143	50.4% (41.9-58.8)	130/163	79.8% (72.8-85.6)
Health costs (including medicines)	1/143	0.7% (0.0-3.8)	24/163	14.7% (9.7-21.1)
Shelter repair, household items (e.g. mattress, blankets, jerrycan), utilities and bills	23/143	16.1% (10.5-23.2)	29/163	17.8% (12.3-24.5)
Firewood / fuel for cooking or heating	25/143	17.5% (11.6-24.7)	36/163	22.1% (15.9-29.2)
Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.)	17/143	11.9% (7.1-18.4)	19/163	11.7% (7.2-17.6)
Debts repayment	23/143	16.1% (10.5-23.2)	31/163	19.0% (13.3-25.9)

Table 44: DESCRIPTIONS OF BASIC NEEDS **NOT** MET BY THE HOUSEHOLDS

	Sherkole		Ura	
Basic needs not met by the households:	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**
Food	83/120	69.17% (60.09-77.27%)	38/128	29.69% (21.94-38.40%)
Water	19/120	15.83% (9.81-23.62%)	0/128	0.0%
Hygiene items, clothes, shoes	59/120	49.17% (39.93-58.45%)	80/128	62.50% (53.51-70.90%)
Health costs (including medicines)	36/120	30.00% (21.98-39.04%)	7/128	5.47% (2.23-10.94%
Shelter repair, household items (e.g. mattress, blankets, jerrycan), utilities and bills	52/120	43.33% (34.32-52.69%)	32/128	25.00% (17.77-33.42%)
Firewood / fuel for cooking or heating	62/120	51.67% (42.37-60.88%)	9/128	7.03% (3.27-12.93%)
Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.)	42/120	35.00% (26.52-44.24%)	11/128	8.59% (4.37-14.86%)
Debts repayment	4/120	3.33% (0.92-8.31%)	8/128	6.25% (2.74-11.94%)

8.3. Access to cooking fuel (if applicable)

Table 45: COOKING FUEL USE **IN ALL CAMPS** (ADAPT LIST TO COOKING FUEL SOURCES AVAILABLE IN THE LOCAL SETTING)

Proportion of households using the following cooking fuel:	**Bambasi**		**Tsore**		**Sherkole**		**Ura**	
	No. /total	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**
Wood	143/143	100.00%	163	100.00%	119/119	100.00%	124/128	96.88% (92.19-99.14)
Charcoal	0/143	0.0%	0/163	0.0%	0/119	0.0%	2/128	1.56% (0.19-5.53)
Kerosene	0/143	0.0%	0/163	0.0%	0/119	0.0%	1/128	0.78% (0.02-4.28)
Briquettes	0/143	0.0%	0/163	0.0%	0/119	0.0%	1/128	0.78% (0.02-4.28)

8.4. Negative coping strategies results

Table 46:NEGATIVE COPING STRATEGIES USED BY THE SURVEYED POPULATION **IN CAMP** OVER THE PAST 4 WEEKS

Proportion of households reporting using the following negative coping strategies over the past 4 weeks*:	**Bambasi**		**Tsore**		**Sherkole**		**Ura**	
	No. /total	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**
Stop a child from attending school	7/143	4.9% (1.9-9.8)	22/163	13.5% (8.7-19.7)	13/120	10.83% (5.90-17.81)	3/128	2.34% (0.49-6.70)
Sold any assets that would not have normally sold	42/143	29.4% (22.1-37.6)	25/163	15.3% (10.2-21.8)	20/120	16.67% (10.49-24.56)	2/128	1.56% (0.19-5.53 %)
Ask for money from strangers (begging)	5/143	3.5% (1.1-7.9)	5/163	3.1% (1.0-7.0)	6/120	5.00% (1.86-10.57)	4/128	3.13% (0.86-7.81)
Send household members under the age of 16 to work	17/143	11.9% (7.1-18.4)	15/163	9.2% (5.2-14.7)	11/120	9.17% (4.67-15.81)	1/128	0.78% (0.02-4.28)
Send a member of the household to work far away	86/143	60.1% (51.6-68.2)	84/163	51.5% (43.6-59.4)	50/120	41.67% (32.74-51.02)	12/128	9.38% (4.94-15.80)
Engage in potentially risky or harmful activities	2/143	1.4% (0.2-4.9)	30/163	18.4% (12.8-25.5)	16/120	13.33% (7.82-20.75)	1/128	0.78% (0.02-4.28)
Skip paying rent /debt repayments to meet other needs	56/142	39.4% (31.4-47.9)	37/163	22.7% (16.5-29.9)	23/120	19.17% (12.56-27.36)	5/128	3.91% (1.28-8.88)
Take out new loans or	67/142	47.2%	14/163	8.6%	51/120	42.50%	14/128	10.94%

borrowed money		(38.8-55.7)		(4.8-13.9)		(33.53-51.85)		(6.11-17.67)
Reduce expenditure on hygiene items, water, baby items, health or education in order to meet household food needs	90/142	63.4% (54.9-71.3)	69/163	42.3% (34.6-50.3)	64/120	53.33% (44.01-62.49)	46/128	35.94% (27.65-44.89)
Proportion of households reporting using one or more negative coping strategies over the past 4 weeks	124/142	87.3% (80.7-92.3)	119/163	73.0% (65.5-79.7)	21/120	17.50% (11.17-25.50	55/128	42.97% (34.26-52.01)

* The total was over 100% as households may use several negative coping strategies.

Table 47: NEGATIVE COPING STRATEGIES USED BY THE SURVEYED POPULATION **IN CAMP** OVER THE PAST 7 DAYS

Proportion of households reporting using the following negative coping strategies over the past 7 days*:	**Bambasi**		**Tsore**		**Sherkole**		**Ura**	
	No. /total	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**	**No. /total**	**% (95% CI)**
Rely on less preferred and/or less expensive foods	130/143	90.9% (84.9-95.1)	145/163	88.9% (83.1-93.3)	102/120	85.00% (77.33-90.86)	87/128	67.97% (59.15-75.94)
Borrow food, or rely on help from a friend or relative	91/143	63.6% (55.2-71.5)	78/163	47.9% (39.9-55.8)	82/120	68.33% (59.22-76.52)	56/128	43.75% (35.00-52.79)
Reduce the number of meals eaten in a day	124/143	86.7% (80.0-91.8)	120/163	73.6% (66.2-80.2)	97/120	80.83% (72.64-87.44)	76/128	59.38% (50.34-67.96)
Limit portion sizes at mealtime	121/143	84.6% (77.6-90.1)	131/163	80.4% (73.4-86.2)	98/120	81.67% (73.57-88.14)	81/128	63.28% (54.31-71.62)
Reduce consumption by adults so children could eat	108/143	75.5% (67.6-82.3)	96/163	58.9% (50.9-66.5)	89/120	74.17% (65.38-81.72)	64/128	50.00% (41.04-58.96)

* The total was over 100% as households may use several negative coping strategies.

Table 48: AVERAGE RCSI*, BY CAMP

Average rCSI		**Bambasi N=143**	**Tsore N=163**	**Sherkole N=120**	**Ura N=**
Mean (SD) [range]	**SRS design****	23.6 (14.9 SD) [0-52]	12.2 (8.1 SD) [0-43]	17.25 SD 11.5 [0-9]	13.95 14.55 [0-9]

*Maximum rCSI is 56.
**When using the Means commands in Epi Info, it will provide the standard deviation (SD) when using the Statistics module and the 95% Confidence Interval when using the Advanced Statistics module.

8.5. Food Consumption Score (FCS) and FSC-Nutrition (FCS-N) results

Table 49: AVERAGE FCS* BY CAMP

Average FCS					
		Bambasi N=143	**Tsore N=163**	**Sherkole N=120**	**Ura N=128**
Mean (SD) [range]	**SRS design****	31.9 (15.6 SD) [1.5- 107.5]	25.8 (13.3 SD) [0.0-56.0]	33.05 12.88 [13.5-85.5]	25.2461 14.1959 [0-60.5]

*Maximum FCS is 112 (129.5 if specialized nutritious foods are included).
**When using the Means commands in Epi Info, it will provide the standard deviation (SD) when using the Statistics module and the 95% Confidence Interval when using the Advanced Statistics module.

Table 50: FOOD CONSUMPTION SCORE BY CATEGORY, BY CAMP

Survey Area	FCS profiles*	Number/total	% (95% CI)
Bambasi	Acceptable FCS > 35	47/143	32.9% (25.3-41.2)
	Borderline 21.5≤FCS≤35	58/143	40.6% (32.4-49.1)
	Poor FCS≤21	38/143	26.6% (19.5-34.6)
Tsore	Acceptable FCS > 35	44/163	26.9% (20.4-34.5)
	Borderline 21.5≤FCS≤35	48/163	29.5% (22.6-37.1)
	Poor FCS≤21	71/163	43.6% (35.8-51.5)
Sherkole	Acceptable FCS > 35	41/120	34.17% (25.76-43.38%)
	Borderline 21.5≤FCS≤35	62/120	51.67% (42.37-60.88%)
	Poor FCS≤21	17/120	14.17% (8.47-21.71%)
Ura	Acceptable FCS > 35	34/128	26.56% (19.15-35.09%)
	Borderline 21.5≤FCS≤35	32/128	25.00% (17.77-33.42%)
	Poor FCS≤21	62/128	48.44% (39.52-57.43%)

*In countries where households have a high sugar and oil consumption (oil and sugar eaten on a daily basis - ~7 days per week), cut-off points of 28 (poor/borderline) and 42 (borderline/acceptable) are usually recommended.

Figure 13 : TRENDS OF FOOD CONSUMPTION PROFILES AND RCSI 2023-25, BY CAMP

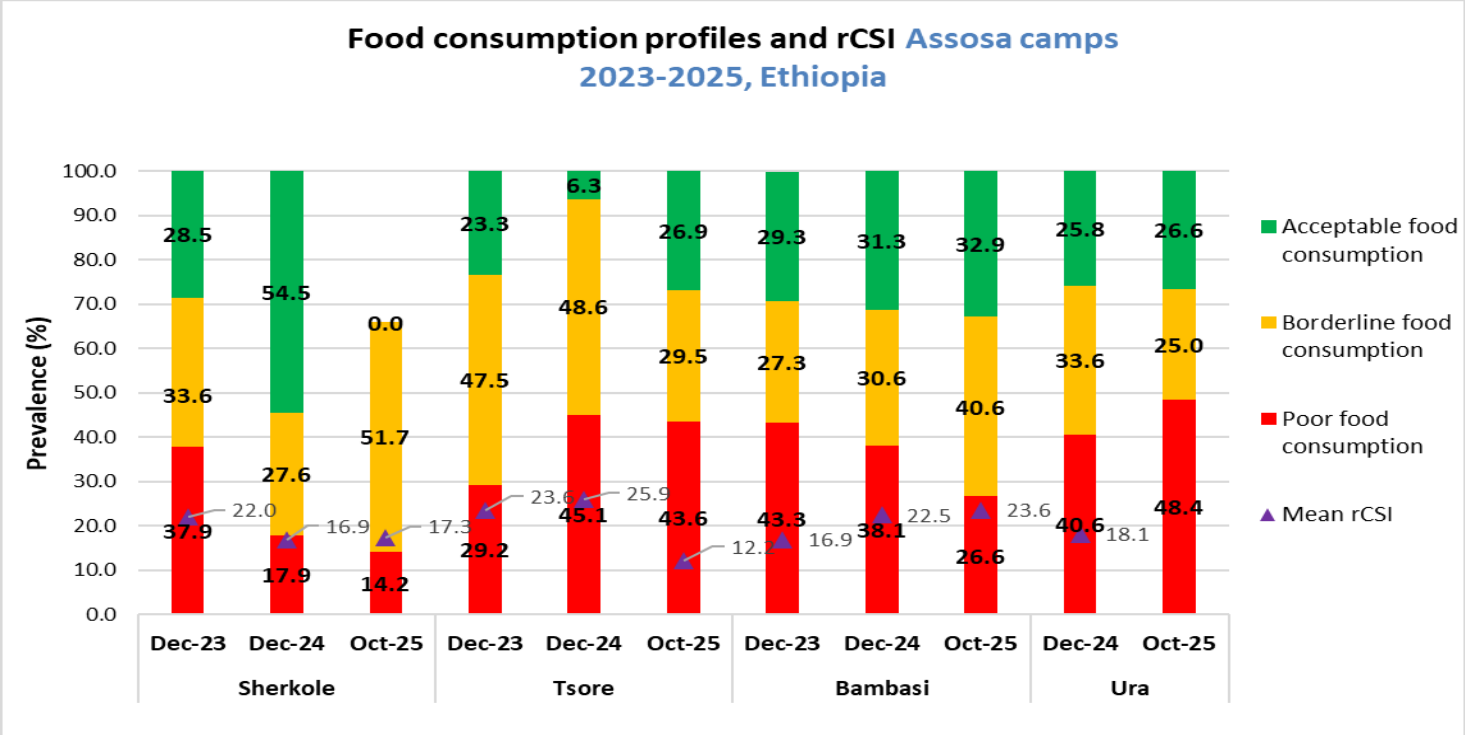


Table 51: CONSUMPTION FREQUENCY CATEGORIES OF EACH NUTRIENT RICH FOOD GROUPS (FCS-N) **IN ALL CAMPS**

Nutrient rich food groups	Consumption frequency categories	Bambasi		Tsore		Sherkole		Ura	
		No. /total	% (95% CI)	No. /total	% (95% CI)	No. /total	% (95% CI)	No. /total	% (95% CI)
Vitamin A rich foods	Never	25/143	17.5% (11.6-24.7)	54/163	33.1% (25.9-40.9)	44/120	36.67% (28.06-45.95)	10/128	7.81% (3.81-13.90)
	Sometimes	85/143	59.4% (50.9-67.6)	85/163	52.2% (44.2-60.0)	50/120	41.67% (32.74-51.02)	99/128	77.34% 69.11-84.27)
	At least daily	33/143	23.1% (16.5-30.9)	24/163	14.7% (9.7-21.1)	26/120	21.67% (14.67-30.11)	19/128	14.84% (9.18-22.21)
Protein rich foods	Never	8/143	5.6% (2.5-10.7)	35/163	21.5% (15.4-28.6)	24/120	20.00% (13.25-28.28)	42/128	32.81% (24.78-41.67)
	Sometimes	96/143	67.1% (58.8-74.8)	105/163	64.4% (56.6-71.8)	74/120	61.67% (52.35-70.39)	65/128	50.78% (41.80-59.72)
	At least daily	39/143	27.3% (20.2-35.4)	35/163	21.5% (15.4-28.6)	22/120	18.33% (11.86-26.43)	21/128	16.41% (10.45-23.98)
Haem iron rich foods	Never	88/143	61.5% (53.0-69.6)	140/163	85.9% (79.6-90.8)	99/120	82.50% (74.50-88.83)	96/128	75.00% (66.58-82.23)
	Sometimes	51/143	35.7% (27.8-44.1)	22/163	13.5% (8.7-19.7)	19/120	15.83% (9.81-23.62)	32/128	25.00% (17.77-33.42)
	At least daily	4/143	2.8% (0.8-7.0)	1/163	0.6% (0.0-3.4)	2/120	1.67% (0.20-5.89)	0/128	0.0%

Figure 14 :TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS 2023-25, IN SHERKOLE.

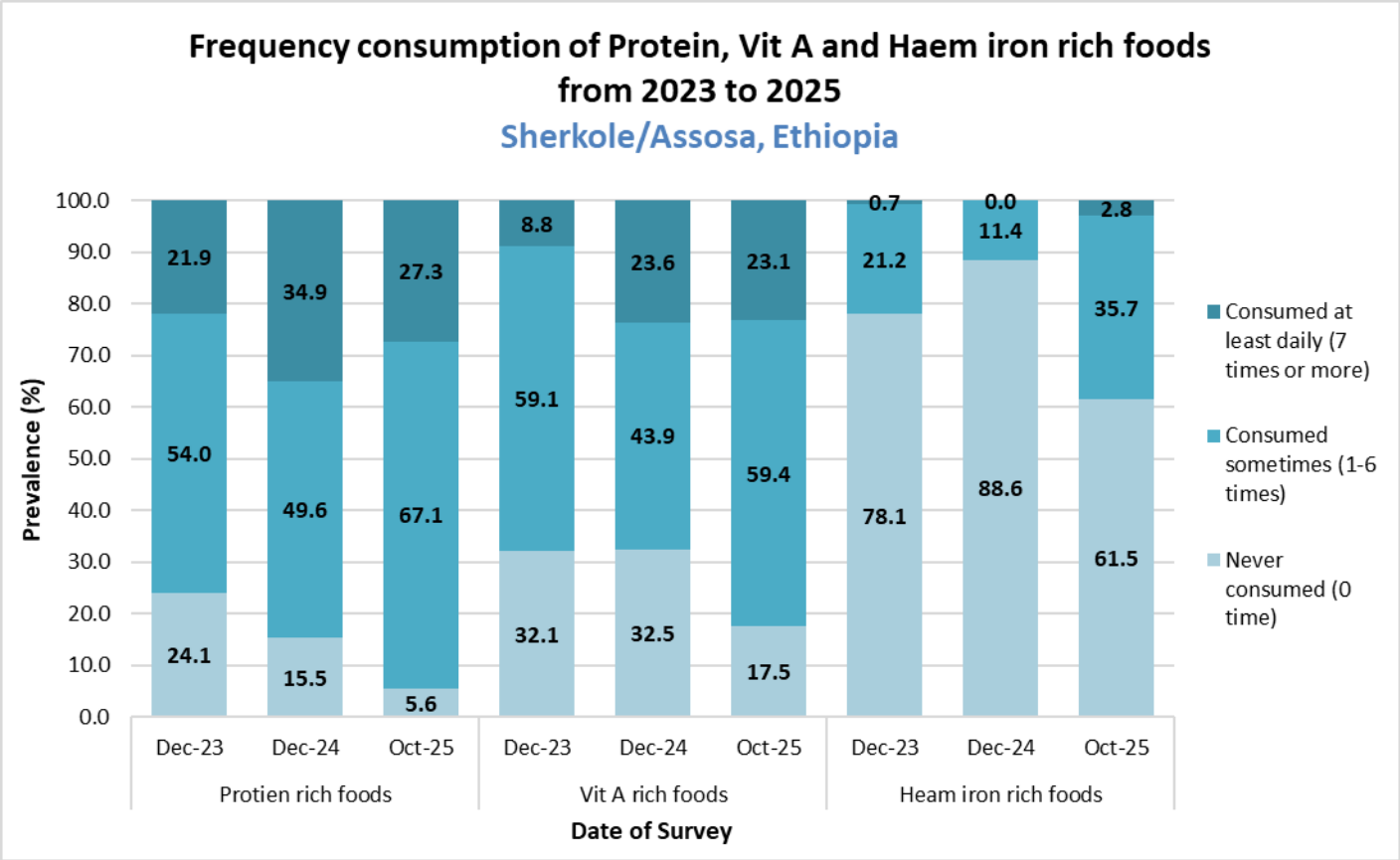


Figure 15 :TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS 2023-25, IN TSORE.

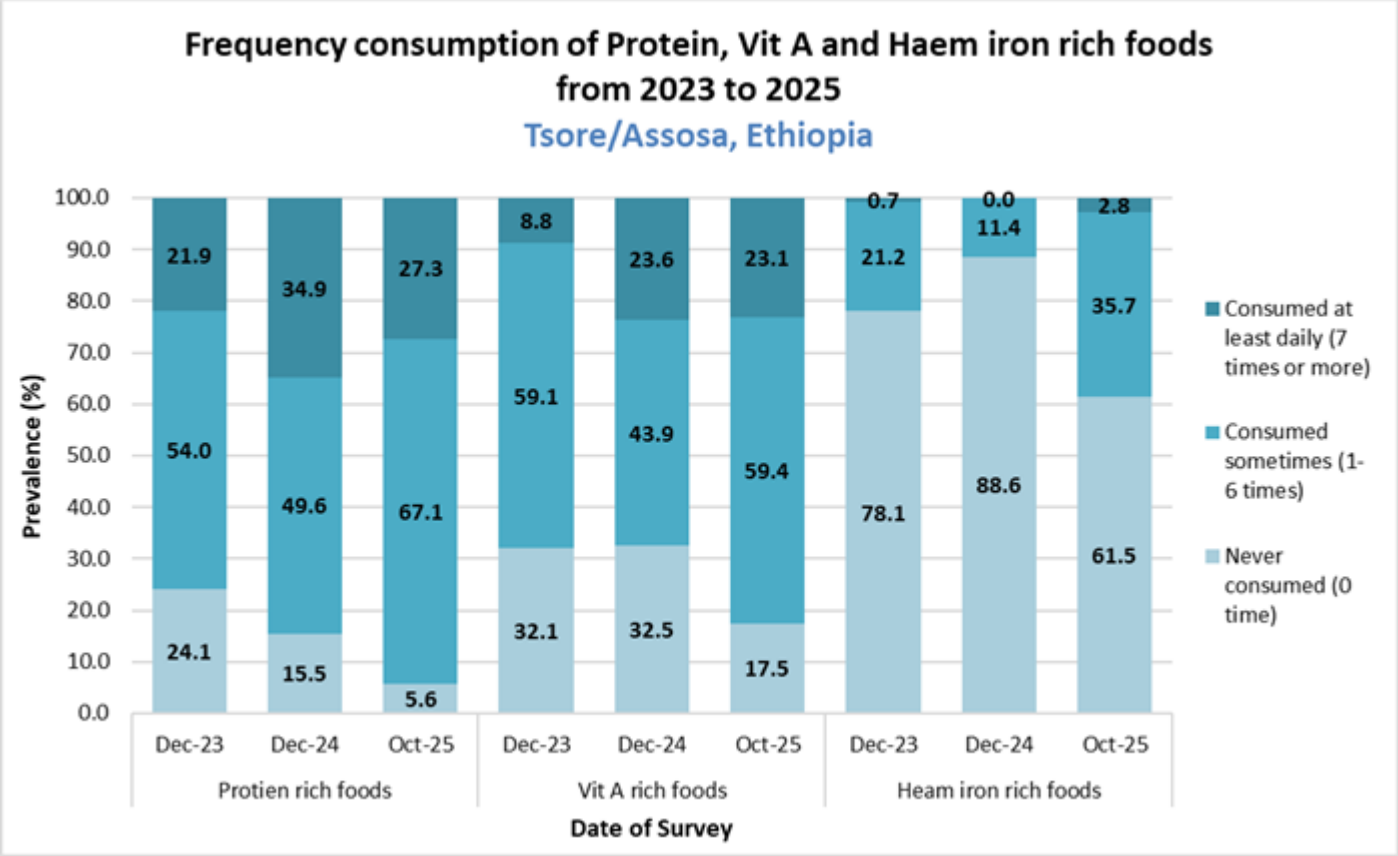


Figure 16 :TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS 2023-25, IN BAMBASI.

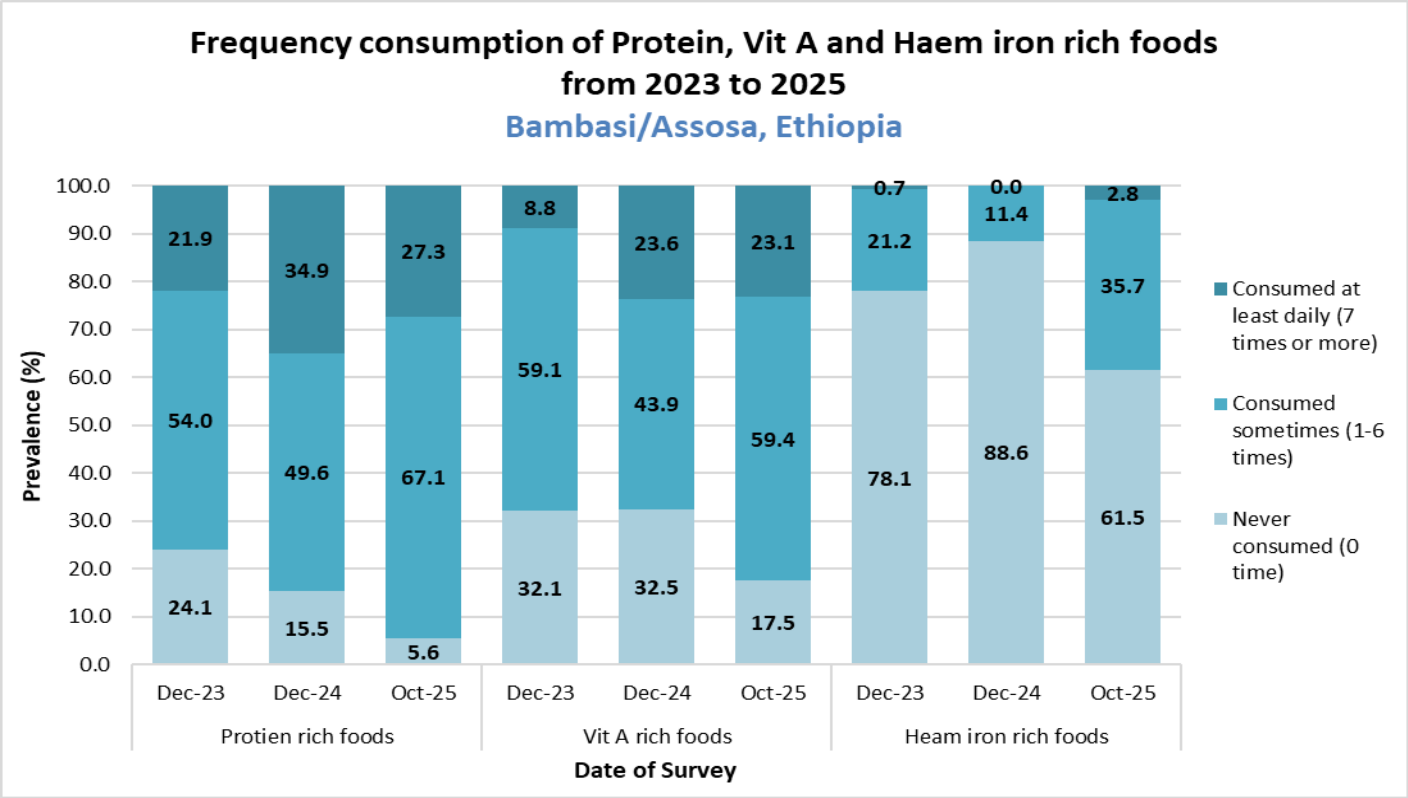


Figure 17 :*TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS 2024-25, IN URA*

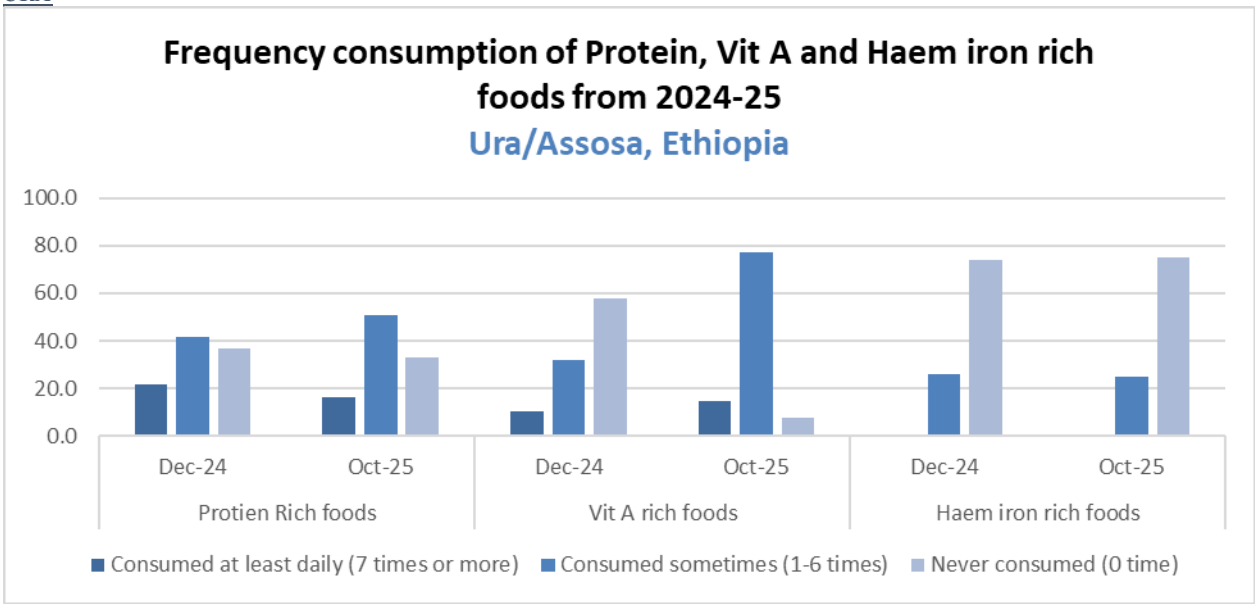


Table 52: FOOD ACQUISITION SOURCES, BY CAMP

Survey Area	Food acquisition sources	Number/total	% (95% CI)
BAMBASI	Purchase (using cash grants and/or with their own cash)	38/144	26.39% (19.40-34.38%)
	Own production (crops, livestock, fishing/hunting, gathering)	0/144	0.0%
	Traded goods/services, barter	0/144	0.0%
	Borrowed (loan/credit from traders)	0/144	0.0%
	Received as gift (from family relatives or friends/neighbour)	0/144	0.0%
	In-kind or voucher based food assistance	106/144	73.61% (65.62-80.60%)
	Other	0/144	0.0%
TSORE	Purchase (using cash grants and/or with their own cash)	45/163	27.61% (20.90-35.14%)
	Own production (crops, livestock, fishing/hunting, gathering)	1/163	0.61% (0.02-3.37%)
	Traded goods/services, barter	0/163	0.0%
	Borrowed (loan/credit from traders)	0/163	0.0%
	Received as gift (from family relatives or friends/neighbour)	0/163	0.0%
	In-kind or voucher based food assistance	117/163	71.78% (64.21-78.54%)
	Other	0/163	0.0%
SHERKOLE	Purchase (using cash grants and/or with their own cash)	38/120	31.67% (23.48-40.78%)
	Own production (crops, livestock, fishing/hunting, gathering)	0/120	0.0%
	Traded goods/services, barter	0/120	0.0%
	Borrowed (loan/credit from traders)	0/120	0.0%
	Received as gift (from family relatives or friends/neighbour)	1/120	0.83% (0.02-4.56%)
	In-kind or voucher based food assistance	81/120	67.50%

			(58.35-75.77%)
	Other	0/120	0.0%
URA	Purchase (using cash grants and/or with their own cash)	74/128	57.81% (48.77-66.49%)
	Own production (crops, livestock, fishing/hunting, gathering)	0/128	0.0%
	Traded goods/services, barter	0/128	0.0%
	Borrowed (loan/credit from traders)	0/128	0.0%
	Received as gift (from family relatives or friends/neighbour)	0/128	0.0%
	In-kind or voucher based food assistance	53/128	41.41% (32.77-50.45%)
	Other	1/128	0.78% (0.02-4.28%)

9. Mosquito Net Coverage

Table 53: MOSQUITO NET COVERAGE SAMPLING INFORMATION BY CAMP

Total households surveyed for Mosquito net coverage	Planned	Actual	% of target
BAMBASI	159	*138*	86.8%
TSORE	190	*163*	85.8%
SHERKOLE	144	121	84.0%
URA	146	*128*	87.7%

Table 54: HOUSEHOLD MOSQUITO NET OWNERSHIP BY CAMP

Survey Area	N	Proportion of total households owning at least one mosquito net of any type		Proportion of total households owning at least one LLIN	
		n	% (95% CI)	n	% (95% CI)
BAMBASI	138	60	43.5% (35.1-52.2)	59/138	42.8% (34.4-51.5)
TSORE	93	32	34.4% (24.9-44.9)	31	33.3% (23.9-43.9)
SHERKOLE	118	26	22.03% (14.93-30.59%)	24	20.34% (13.49-28.73%)
URA	108	55	50.93% (41.13-60.67%)	52	48.15% (38.43-57.97%)

Figure 18 : HOUSEHOLD OWNERSHIP OF AT LEAST ONE LLIN FROM 2022 TO 2025, BY CAMP

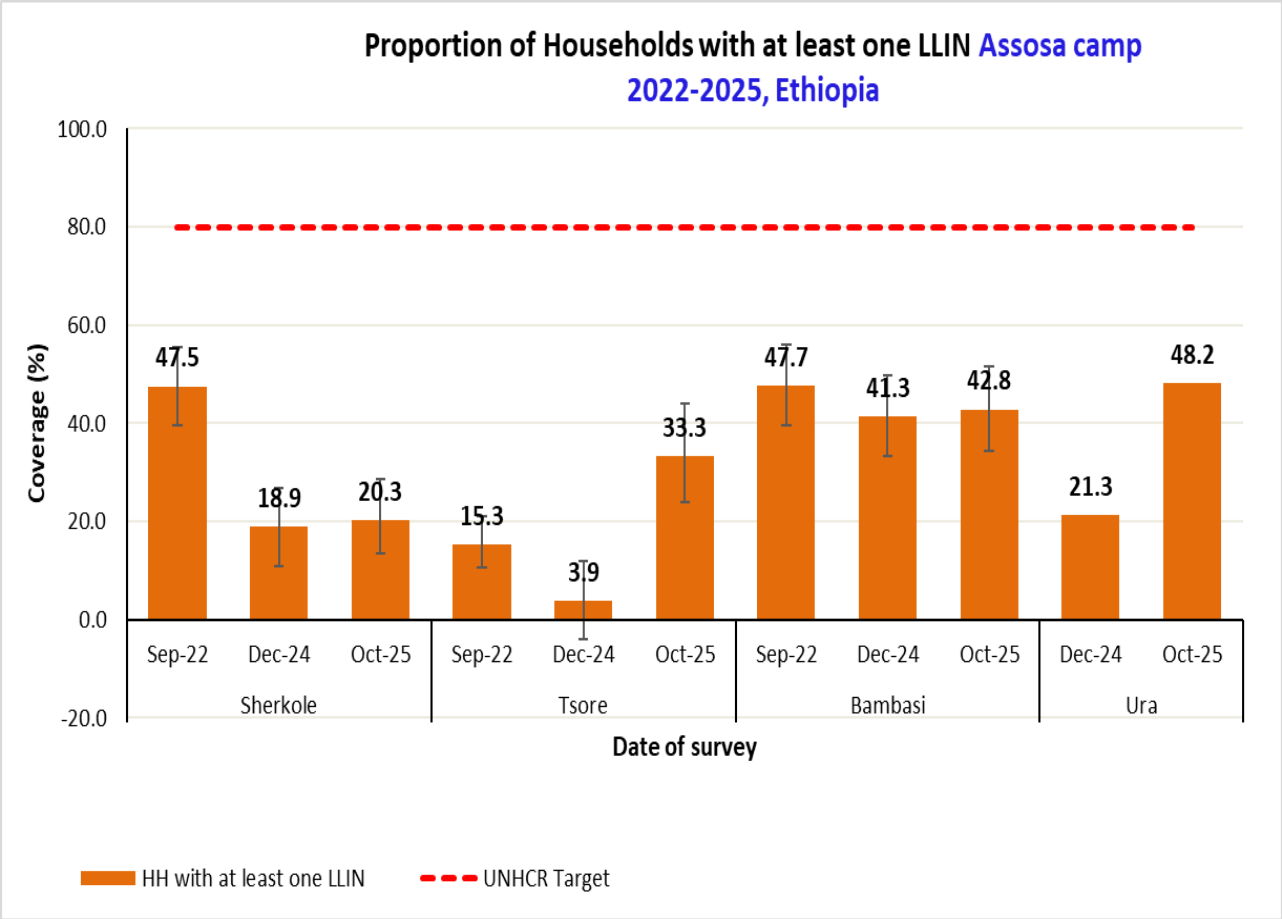


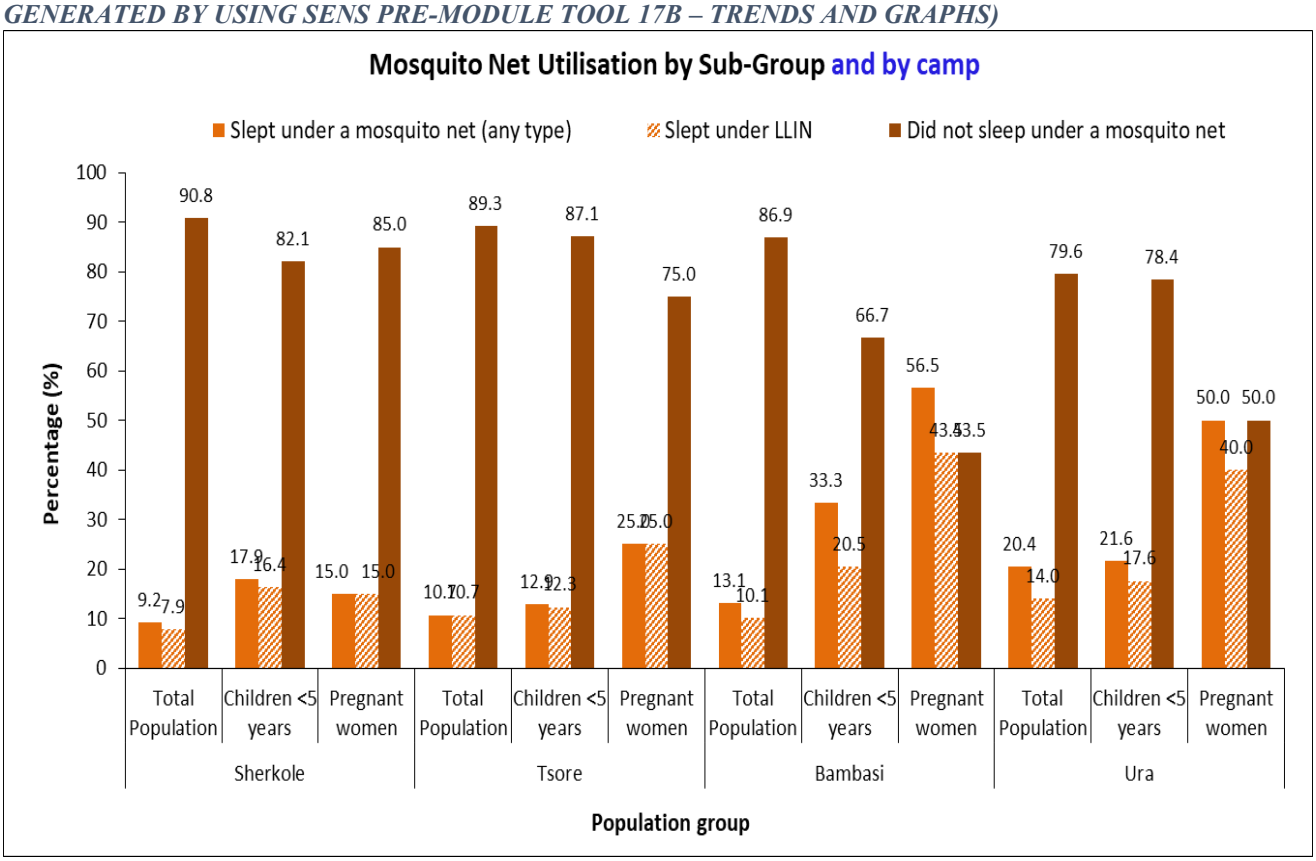
Table 55: NUMBER OF NETS BY CAMP

Survey Area	N	Average number of LLINs per household	Average number of persons per LLIN
		Mean	Mean
BAMBASI	60	1.6	6.7
TSORE	32	0.9	12.0
SHERKOLE	29	1.12	22.6
URA	71	1.291	6.6

Table 56: MOSQUITO NET UTILISATION BY CAMP. **NOTE THAT IT IS NOT REQUIRED TO INCLUDE CONFIDENCE INTERVALS FOR THESE INDICATORS AS THEY ARE COMPLEX TO CALCULATE**

	Camp	Proportion of total population (all ages)		Proportion of 0-59 months		Proportion of pregnant women	
		N=673	%	N=132	%	N=23	%
Slept under net of any type	BAMBASI	88	13.1	44	33.3	13	56.5
Slept under LLIN		68	10.1	27	20.5	10	43.5
		N=373	%	N=108	%	N=8	%
Slept under net of any type	TSORE	40	10.7	14	12.9	2	25
Slept under LLIN		40	10.7	13	12.3	2	25
		N=655	%	N=140	%	N=20	%
Slept under net of any type	SHERKOLE	60	9.2%	25	17.9%	3	15.0%
Slept under LLIN		52	7.9%	23	16.4%	3	15.0%
		N=470	%	N=102	%	N=20	%
Slept under net of any type	URA	96	20.4%	22	21.6%	10	50.0%
Slept under LLIN		66	14.0%	18	17.6%	8	40.0%

Figure 19 : ***MOSQUITO NET UTILISATION BY SUB-GROUP, BY CAMP (THIS FIGURE CAN BE AUTOMATICALLY GENERATED BY USING SENS PRE-MODULE TOOL 17B – TRENDS AND GRAPHS)***



10. WASH

Table 57: WASH SAMPLING INFORMATION BY CAMP

Total households surveyed for WASH	Planned	Actual	% of target
BAMBASI	159	*138*	86.8%
TSORE	190	*163*	85.8%
SHERKOLE	144	121	84.0%
URA	146	*128*	87.7%

Table 58: WATER QUALITY BY CAMP

Survey Area	N	Proportion of households collecting drinking water from protected/treated sources		Proportion of households with at least 10 litres/person drinking water storage	
		n	% (95% CI)	n	% (95% CI)
BAMBASI	143	143	100.0%	84	58.7% (50.2– 66.9)
TSORE	163	163	100%	54	33.1% (25.9-40.9)
SHERKOLE	119	119	100.0%	55	46.22% (37.04-55.59%)
URA	128	128	100.0%	42	32.81% (24.78-41.67%)

Table 59: Water Quantity 1: Amount Of Litres Of Water Used Per Person Per Day, By Camp

Survey Area	N	Average # L/p/d of domestic water collected at household level, from protected/treated sources with containers of any type	Average # L/p/d of domestic water collected at household level, from protected/treated sources with protected containers only
		Mean (SD, or 95% CI)	Mean (SD, or 95% CI)
BAMBASI	143	22.1 [SD 16.28]	19.04 [SD 16.56]
TSORE	163	21.4 [SD 13.7]	17.1 [SD 14.3]
SHERKOLE	119	21.91 [SD 14.47]	16.97 [SD 14.69}
URA	128	19.83 [SD 11.32]	10.8398 11.3798

Table 60: Water Quantity 2: Amount Of Litres Of Water Used Per Person Per Day By Category, By Camp

Survey Area	N	Proportion of households that use domestic water collected from protected/treated sources with protected containers only: ≥ 20 lpppd	Proportion of households that use domestic water collected from protected/treated sources with protected containers only: 15-<20 lpppd	Proportion of households that use domestic water collected from protected/treated sources with protected containers only: <15 lpppd
		Mean (SD, or 95% CI)	Mean (SD, or 95% CI)	Mean (SD, or 95% CI)
BAMBASI	143	(58) 40.6% (32.4-49.1%)	(24) 16.8% (11.1-23.9%)	(61) 42.7% (34.4-51.2%)
TSORE	163	(55) 33.7% (26.5-41.6%)	(19) 11.7% (7.2-17.6%)	(89) 54.6% (46.6-62.4%)
SHERKOLE	119	(43) 36.13% (27.53-45.45%)	(16) 13.45% (7.88-20.91%)	(60 50.42% (41.11-59.71%)
URA	128	(29) 22.66% (15.73-30.89%)	(9) 7.03% (3.27-12.93%)	(90) 70.31% (61.60-78.06%)

Table 61: Access To Soap By Camp

Survey Area	N	Proportion of households with access to soap	
		n	% (95% CI)
BAMBASI	143	61	42.7% (34.4-51.2)
TSORE	163	99	60.7% (52.8-68.3)
SHERKOLE	119	57	47.90% (38.66-57.25%)
URA	128	38	29.69% (21.94-38.40%)

Table 62: TOILET/LATRINE USE BY CAMP

Survey Area	N	Proportion of households reporting defecating in a toilet	
		n	% (95% CI)
BAMBASI	143	143	100.0%
TSORE	163	144	88.3% (82.4-92.8)
SHERKOLE	119	115	96.64% (91.62-99.08%)
URA	128	127	99.22% (95.72-99.98%)

11. Interpretation of Results

11.1. Sex Ratio

The sex ratio of sampled children across the Four Refugee Camps was close to parity, indicating no major selection bias. Overall, the ratios were Bambasi 1.1, Tsore 1.0, Sherkole 0.9, and Ura 0.9, meaning approximately equal numbers of boys and girls were included in the sample. According to SMART survey standards, a balanced sex ratio between 0.8 and 1.2 indicates no sex-related sampling bias, and all camps fall within this acceptable range. Minor variations observed in certain age groups (e.g. Bambasi 48–59 months, ratio 4.5) are likely due to small cell sizes rather than systematic errors. Hence, the sex distribution is considered representative and unbiased.

11.2 Prevalence of Acute Malnutrition

The survey results show that the prevalence of Global Acute Malnutrition (GAM) among children aged 6–59 months was 8.5% (95% CI: 5.6–12.8) in Bambasi, 8.2% (95% CI: 5.5–11.9) in Tsore, 6.6% (95% CI: 4.0–10.6) in Sherkole, and 11.4% (95% CI: 7.7–16.5) in Ura. GAM levels in all camps remained below the WHO critical threshold of 15%. However, while Bambasi, Tsore, and Sherkole fall within the UNHCR acceptable range (<10%), Ura slightly exceeded this benchmark, indicating a comparatively higher nutritional risk and underscoring the need for closer monitoring and targeted nutrition interventions.

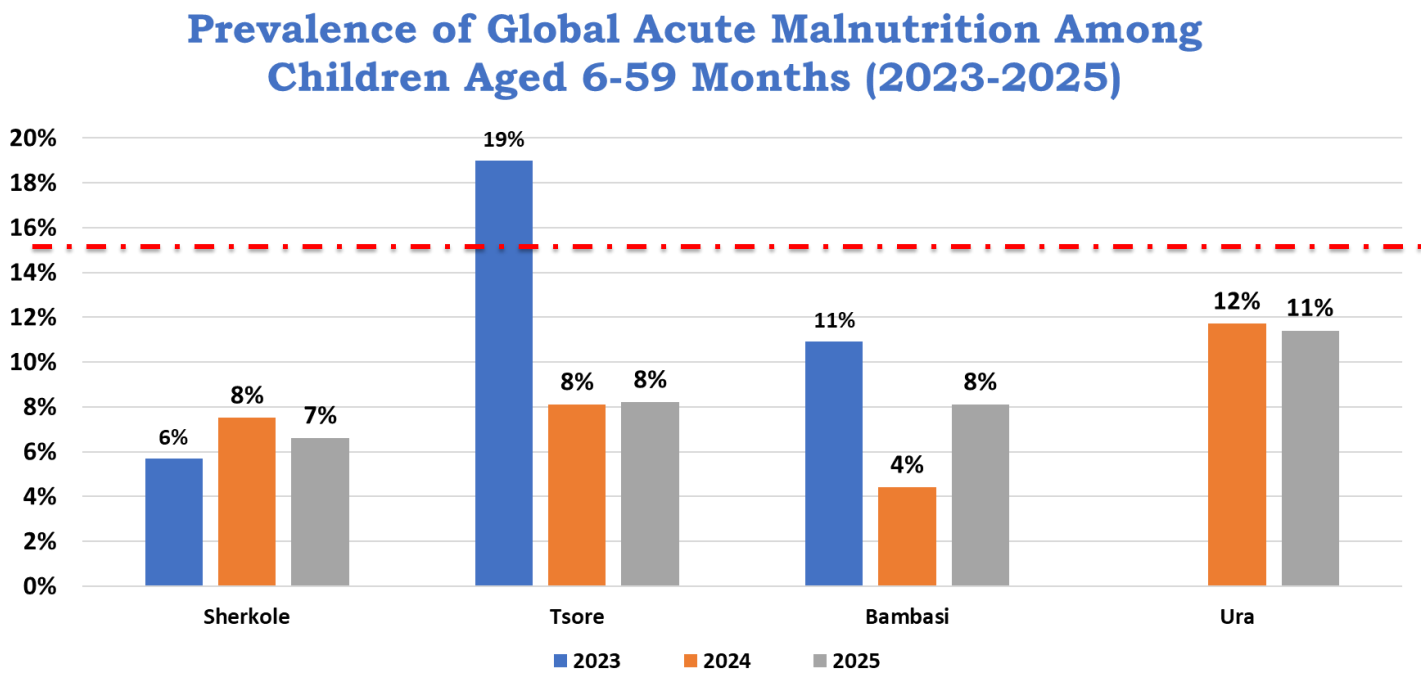
Moderate Acute Malnutrition (MAM) prevalence ranged from 4.4% in Sherkole to 8.5% in Ura, reflecting moderate levels of wasting across the camps. Severe Acute Malnutrition (SAM) prevalence remained low in all locations: 0.4% in Bambasi, 1.7% in Tsore, 1.3% in Sherkole, and 1.5% in Ura, all well within the UNHCR target of less than 2%. No cases of nutritional oedema were reported, suggesting that severe forms of acute malnutrition are limited and that existing screening and treatment services are functioning effectively.

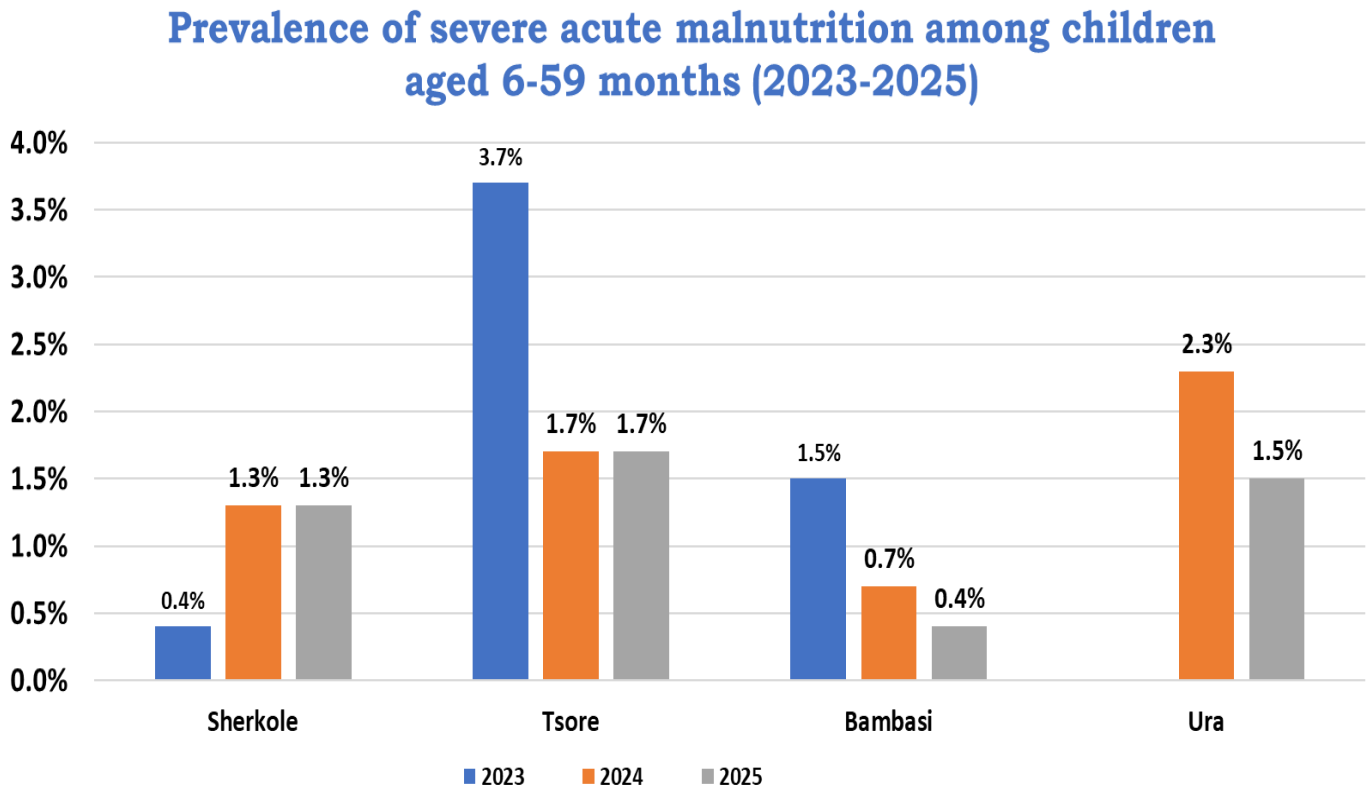
At the operational level, the weighted GAM rate for the Assosa operation was 8.5% in 2025, compared to 8.1% in 2024, indicating a slight increase in malnutrition prevalence. Nevertheless, the overall rate remains within the UNHCR acceptable threshold (<10%) for refugee camps.

11.3 Comparison with Previous Surveys (2023 to 2025)

Between 2024 and 2025, GAM prevalence in Bambasi camp increased from 4% to 8%, while it remained stable in Tsore (8%) and Ura (11.4%). In Sherkole, GAM slightly declined from 8% in 2024 to 7% in 2025. Overall, GAM levels in the protracted refugee camps remain below the UNHCR acceptable threshold, except in Ura, where the rate continues to exceed 10%, highlighting the need for intensified nutrition monitoring and targeted preventive and curative interventions. SAM prevalence remained consistently below 2% across all camps, indicating effective management of severe cases. Observed variations may be influenced by seasonal factors, food security conditions, morbidity patterns, and program coverage, underscoring the importance of sustained surveillance.

Figure 20 : Trends Of Global And Severe Acute Malnutrition In Children 6-59 Months, Combined WHZ and MUAC (GAM and SAM and/or oedema) From 2023-2025, By Camps.





Overall, the findings suggest that while the nutritional status of children remains below emergency thresholds, acute malnutrition continues to pose a public health concern, particularly in Ura camp. Immediate and underlying causes likely include food insecurity, inadequate WASH conditions, limited access to health services and routine immunization, and constraints in caregiver capacity. Basic causes include limited livelihood opportunities and weak social safety nets inherent to protracted camp settings. Gaps in feeding programs, vaccination coverage, other nutrition sensitive services may further elevate the

risk of malnutrition.

Sex- and age-related disparities were also observed, with higher GAM prevalence among boys in Tsore and Ura. Other high-risk groups include younger children aged 6–23 months, households with poor food or water access, and households headed by single caregivers.

Chronic malnutrition remains driven by long-standing factors such as poor maternal nutrition, low dietary diversity among infants and young children, recurrent infections, inadequate sanitation, and suboptimal caregiving practices. These structural and contextual factors increase children's vulnerability to acute malnutrition, particularly during seasonal food shortages or disease outbreaks.

Community members commonly recommended improvements in food ration adequacy and diversification, enhanced WASH infrastructure, expanded health and vaccination outreach, strengthened nutrition education and IYCF promotion, and increased livelihood support to improve household resilience and child nutrition outcomes.

11.4 Programme coverage

11.1.1. Enrolment into Nutrition Programmes

The enrolment of acutely malnourished children into nutrition programmes was assessed across the four surveyed camps (Bambasi, Tsore, Sherkole, Ura) based on WHZ and MUAC criteria. Coverage of Supplementary Feeding Programmes (TSFP) varied between 23.1% and 47.6%**,** with Bambasi at 31.6%**,** Tsore 47.6%**,** Sherkole 23.1%**,** and Ura 38.1%**.** Enrolment into Therapeutic Feeding Programmes (OTP/SC) was higher but based on smaller numbers, ranging from **50% to 100%**, reflecting both treatment access and small sample sizes in some camps.

These figures represent point-in-time coverage**,** reflecting the proportion of identified acutely malnourished children currently receiving services. While therapeutic programme enrolment is relatively high, coverage of TSFP remains suboptimal**,** particularly in Sherkole (23.1%) and Bambasi (31.6%). This indicates that current outreach activities are partially effective, but there is room to strengthen identification, referral, and enrolment, especially for children eligible for supplementary feeding.

Overall, the data highlight the need to enhance programme reach and continuity, ensure timely follow-up of identified children, and monitor programme coverage regularly to improve effectiveness in managing acute malnutrition in these camps.

11.1.2. Programme and Health Service Coverage

Coverage of essential child health interventions varied across the surveyed camps. Measles vaccination (card or recall from caregiver confirmation) ranged from 79.2% in Ura **to** 88.8% in Sherkole**,** Similarly, Bambasi and Tsore reported coverage levels of 88.2% (83.0–92.2%; 95% CI) and 86.1% (81.4–90.0%; 95% CI), respectively. Although these findings reflect generally high vaccination coverage, none of the camps met the UNHCR target of ≥95%**,** indicating that a small proportion of children remain unvaccinated or unverified.

Vitamin A supplementation within the past six months: Vitamin A coverage verified by card was very low in all camps, with Bambasi at 46.3%, Sherkole at 42.7%, Ura at 35.9%, and Tsore extremely low at 12.7%, all far below the ≥90% target. Whe including recall, Vitamin A coverage improved across all sites—67.5% in Bambasi, 82.0% in Tsore, 78.5% in Sherkole, and 63.6% in Ura—but still failed to meet the ≥90% target, showing that supplementation is ongoing, but coverage remains WHO and UNHCR target of ≥90%**.**

Diarrhoea: The prevalence of diarrhoea among children in the two weeks preceding the survey was low across all camps—5.4% (2.9–9.1%; 95% CI) in Bambasi, 5.4% (3.1–8.6%; 95% CI) in Tsore, 2.7% (1.0–

5.7%; 95% CI) in Sherkole, and 5.3% (2.7–9.4%; 95% CI) in Ura. These findings indicate a generally stable public health and WASH situation in the refugee camps during the survey period.

Deworming: Deworming among children aged 24–59 months, coverage was moderate in all sites, with the highest proportions observed in Tsore at 68.7% (61.4–75.3%; 95% CI) and Sherkole at 66.2% (58.2–73.7%; 95% CI), followed by Bambasi at 57.1% (48.7–65.3%; 95% CI) and the lowest in Ura at 43.1% (33.7–53.0%; 95% CI). Although progress has been made, all camps remain below the ≥90% coverage target, underscoring the need for more consistent and widespread deworming interventions.

11.1.3. Infant and Young Child Feeding (IYCF) Practices

The survey assessed key IYCF indicators across the Four Refugee Camps. Timely initiation of breastfeeding (within 1 hour of birth) was high, ranging from 74–88% across the camps, exceeding the UNHCR target of ≥85%. Exclusive breastfeeding under 6 months was also high, between 77–89%, demonstrating generally good adherence to infant feeding recommendations. Predominant breastfeeding under 6 months ranged from 80–94%, further indicating that most infants were primarily breastfed during the first 6 months.

Continued breastfeeding at 1 year ranged from 81–100%, while continued breastfeeding at 2 years was lower, between 53–100%, showing a decline in long-term breastfeeding adherence, particularly in Sherkole (53%) and Ura (57%). Introduction of solid, semi-solid, or soft foods at 6–8 months was suboptimal, ranging from 22–55%, which is below the WHO standard of 80% for timely complementary feeding.

Consumption of iron-rich or fortified foods (6–23 months) was relatively high, ranging from 74–91%, suggesting reasonable micronutrient intake. Bottle feeding prevalence was low across camps (15–19%), indicating that harmful feeding practices are limited.

According to UNHCR indicators, the proportion of children not breastfed under 6 months was very low (0–11%) and not breastfed under 12 months ranged from 3–11%, indicating good overall breastfeeding coverage.

11.5. Food Security, Assistance, and Coping Strategies

Food assistance coverage is near-universal across all camps, with 98–100% of households receiving in-kind or cash support. Despite this, the average duration of general food distribution per month ranged from 13.6 days in Sherkole to 17 days in Ura, highlighting gaps in continuous coverage.

Households reported unmet basic needs, particularly for food, hygiene items, and shelter-related items. Food shortages affected 30–76% of households, with Bambasi, Tsore, and Sherkole reporting higher proportions than Ura. Access to cooking fuel is largely dependent on wood (>96%), with minimal use of alternative fuels.

Negative Coping Strategies:
High proportions of households employ negative coping mechanisms due to food insecurity. Over the past 4 weeks, 87% in Bambasi and 73% in Tsore reported using one or more coping strategies, compared to 43% in Ura and 18% in Sherkole. Common strategies include:

- Reducing adult consumption so children can eat (50–76%)
- Limiting meal portions (63–82%)
- Reducing the number of meals per day (59–87%)
- Selling assets or taking loans (up to 47%)
- Sending household members to work far away (up to 60%)

Short-term coping (7 days) shows reliance on less preferred foods (68–91%), meal reduction, and borrowing food. The reduced Coping Strategy Index (rCSI) was highest in Bambasi (23.6), reflecting more severe food

stress compared to other camps.
Food Consumption Score (FCS) and FCS-Nutrient Rich Foods (FCS-N):

- FCS: Acceptable diets (>35) ranged from 27–34%, borderline (21.5–35) from 26–52%, and poor (≤21) from 14–49%. Tsore and Ura had the highest proportions of poor FCS, indicating inadequate dietary diversity.
- FCS-N: Vitamin A-rich foods are consumed at least daily by 15–23% of households in Bambasi and Sherkole, but less in Tsore (15%) and Ura (15%). Consumption of protein-rich and haem iron-rich foods is low, with haem iron-rich foods never consumed by 62–86% of households, reflecting micronutrient gaps.

11.6. Mosquito net coverage

Ownership of mosquito nets varied significantly across the four Refugee Camps. Long-Lasting Insecticidal Net (LLIN) ownership remains low across all camps Ura (48%), Bambasi (43%), Tsore (33%), and Sherkole (20%). All are below the 80% UNHCR/Sphere benchmark, indicating insufficient coverage.

Compared with the 2022-2024 SENS results, LLIN ownership has shown a slight improvement in Ura but stagnation or decline in Sherkole and Tsore. Bambasi maintained relatively stable coverage levels. When compared to national and UNHCR benchmarks, which target at least 80% of households owning one or more LLINs, the coverage in all camps remains well below the minimum standard, indicating an urgent need for replenishment and targeted distribution campaigns.

The average number of LLINs per household ranged from 0.9 in Tsore to 1.6 in Bambasi, suggesting insufficient net-to-person ratios. The average number of persons per LLIN was particularly high in Sherkole (22.6 persons per net) and Tsore (12.0 persons per net), far from the recommended standard of two persons per LLIN. This reflects a critical shortage of functional nets and underscores a gap in equitable distribution and replacement of worn-out nets.

Net utilisation among the total population was generally low across all camps. The proportion of the total population sleeping under any type of net ranged from 9.2% in Sherkole to 20.4% in Ura, while LLIN use ranged from 7.9% in Sherkole to 14.0% in Ura. Utilisation was higher among pregnant women and children under five, particularly in Bambasi and Ura, where 56.5% and 50.0% of pregnant women respectively reported sleeping under a mosquito net. However, coverage among under-five children was lower, especially in Tsore (12.9%) and Sherkole (17.9%).

The survey results indicate significant gaps in malaria prevention across the camps. Mosquito net ownership and utilisation remain low, with insufficient nets per household and poor coverage among vulnerable groups, falling well below standard benchmarks. Overall, these findings highlight the need for targeted interventions to improve LLIN distribution for better health and nutrition outcomes

11.7. WASH

- Household survey coverage ranged from 84–88% of planned WASH sample targets across the camps**.**
- Water source protection is high: 100% of households in all camps collect drinking water from protected or treated sources.
- Water quantity is a concern: average household water use per person per day (l/p/d) ranges from 19.8 L (Ura) to 22.1 L (Bambasi); however, only 22–41% of households meet the recommended ≥20 l/p/d from protected containers. Most households in Tsore, Sherkole, and Ura use <15 l/p/d (43–70%).
- Sanitation and hygiene**:** toilet/latrine use is high (88–100%), but access to soap is limited, ranging from 30% (Ura) to 61% (Tsore)**.**

Overall Interpretation: WASH infrastructure and source protection are strong, but adequate water quantity and hygiene access are critical gaps**,** requiring targeted interventions to support household health and reduce malnutrition risk.

12. Conclusions

The 2025 survey indicates that the nutritional status of children aged 6–59 months across the three refugee camps remains generally within acceptable limits. Global Acute Malnutrition (GAM) ranged from 6.6% in Sherkole to 11.4% in Ura Refugee site, with all camps except Ura remaining within acceptable UNHCR target of <10%. Severe Acute Malnutrition (SAM) remained low (<2%) across all camps, reflecting effective screening and treatment programs.

Although the overall nutritional situation is stable, Ura camp slightly exceeds the UNHCR threshold, indicating a higher risk of malnutrition. It is recommended to strengthen targeted monitoring, preventive nutrition interventions, and timely treatment programs in Ura, while maintaining routine nutrition services across all camps to sustain gains and prevent deterioration.

Infant and Young Child Feeding (IYCF) practices are generally positive, with high rates of timely initiation and continued breastfeeding, although complementary feeding and dietary diversity remain limited in some camps.

Coverage of preventive health interventions is high for measles vaccination (79–88%) and vitamin A supplementation in the past six months (64–82%), reflecting functioning outreach services, though some gaps remain in specific camps.

Nutrition program coverage (TSFP/OTP) is low, with some children not enrolled, indicating the need for strengthening of outreach activities to detect and enroll malnutrition children to nutrition program as early as possible.

Food security remains a concern: while nearly all households receive general food assistance, rations often last only 13–17 days per month, leading to negative coping strategies such as reducing meals, selling assets, or borrowing. Food Consumption Scores indicate borderline dietary quality in many households, with limited intake of nutrient-rich foods.

WASH services show universal access to protected water sources, but safe storage, per capita water availability, access to soap, and hygiene infrastructure are inadequate in some camps. Latrine use is high, reducing open defecation risks.

Malaria prevention is insufficient, with LLIN ownership and utilisation low across all camps and falling well below benchmarks. Nets per household are inadequate, and vulnerable groups such as children under five and pregnant women are not consistently protected. WASH infrastructure is strong in terms of source protection and latrine use, but water quantity and soap access remain critical gaps, contributing to malnutrition risk.

Overall, the findings highlight that while acute malnutrition is not at emergency levels, persistent food insecurity, low LLIN coverage, suboptimal complementary feeding, and WASH gaps maintain children's vulnerability. Targeted interventions are needed to strengthen nutrition programme reach, improve malaria prevention, ensure adequate water and hygiene, and support food and livelihood security, particularly in high-risk camps such as Ura.

13. Recommendations and Priorities

13.1 Program coverage

- Strengthen screening, referral, and treatment for SAM and MAM cases, particularly in high-risk location like Ura Refugee site.
- Provide blanket nutrition support for vulnerable groups, for children 6–23 months and pregnant/lactating women regardless of nutritional status prevent chronic malnutrition.
- Ensure routine child health interventions, including measles vaccination and Vitamin A supplementation at least twice a year.
- Scale up IYCF counselling, emphasizing timely initiate complementary feeding (6–8 months) and continued breastfeeding up to 24 months link with maternal child health (MCH) services.
- Strengthen preventive interventions of deworming, and regular immunization (with the vitamin A supplementation and measles vaccination) campaigns.
- Establish community-based monitoring systems for nutrition trends, to maxims nutrition program coverage

13.2 Food Security

- Ensure uninterrupted general food distributions meeting 2100 kcal/person/day.
- Support sustainable livelihoods and income-generating activities for support for households most at risk of negative coping strategies and bring the nutrition-sensitive food diversification, including micronutrient-rich and protein-rich foods.
- Conduct household education on optimal food use and coping strategies.

13.3Mosquito Nets

- Continue to distribute LLINs to households with children under five and pregnant women and monitor LLIN use and effectiveness and replacing nets as needed.
- Promote consistent net use through behaviour change communication campaigns.
- Establish sustainable LLIN replenishment mechanisms and community awareness initiatives.

13.4WASH

- Improve household access to soap and hygiene supplies and Expand hygiene education on hand washing, safe water handling, and sanitation.
- Promote safe water storage to ensure ≥20 L/p/d from protected sources and Address water quantity gaps with additional protected water points and water-saving practices.
- Integrate WASH improvements into nutrition and health programmes to reduce malnutrition and disease risk.

14 Limitations

Like any field studies, this assessment had certain limitations that should be considered when interpreting the results. First, the quality of data in this survey had some limitations. Age data were occasionally inaccurate, which could affect stunting and underweight estimates Supervision of data collectors was limited in some areas due to computing priority/activities, which could have affected some of quality of data. The overall quality of anthropometric measurements, as indicated by the SMART plausibility checks, showed some excellent and good reliability though minor measurement errors may have occurred**.**

15. References

1. UNHCR. *Standardized Expanded Nutrition Survey (SENS) Guidelines, Version 3.* Geneva: UNHCR, 2022.
2. WHO. *WHO Child Growth Standards: Methods and Development in* 2006.
3. SMART. *SMART Methodology: Measuring Mortality, Nutritional Status, and Food Security in Crisis Situations.* 2020.
4. UNHCR & WFP. *Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies.* Geneva: UNHCR/WFP, 2011.
5. UNHCR. *WASH Manual for Refugee Operations: Standards and Indicators.* Geneva: UNHCR, 2019.
6. SPHERE Association. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response.* Geneva: Sphere Association, 2018.

16 Appendices

16.1 Appendix 1: SMART Plausibility Check (PC) Report

A. Bambasi Refugee camp:

Plausibility check for: BAMBASI-2025.as

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

Criteria	Flags*	Unit	Excel. Good	Accept	Problematic	**Score**
Flagged data	Incl	%	0-2.5	>2.5-5.0	>5.0-7.5	>7.5
(% of out of range subjects)			0	5	10	20	**0** (0.9 %)
Overall Sex ratio	Incl	p	>0.1	>0.05	>0.001	<=0.001
(Significant chi square)			0	2	4	10	**0** (p=0.699)
Age ratio(6-29 vs 30-59)	Incl	p	>0.1	>0.05	>0.001	<=0.001
(Significant chi square)			0	2	4	10	**0** (p=0.724)
Dig pref score - weight	Incl	#	0-7	8-12	13-20	> 20
			0	2	4	10	**0** (5)
Dig pref score - height	Incl	#	0-7	8-12	13-20	> 20
			0	2	4	10	**2** (9)
Dig pref score - MUAC	Incl	#	0-7	8-12	13-20	> 20
			0	2	4	10	**2** (12)
Standard Dev WHZ	Excl	SD	<1.1	<1.15	<1.20	>=1.20
.			and	and	and	or
.	Excl	SD	>0.9	>0.85	>0.80	<=0.80
			0	5	10	20	**5** (0.89)
Skewness WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6
			0	1	3	5	**0** (0.08)
Kurtosis WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6
			0	1	3	5	**1** (-0.25)
Poisson dist WHZ-2	Excl	p	>0.05	>0.01	>0.001	<=0.001
			0	1	3	5	**0** (p=)
OVERALL SCORE WHZ =			0-9	10-14	15-24	>25	**10** %

The overall score of this survey is 10 %, this is good.

There were no duplicate entries detected.

Missing or wrong data:

WEIGHT: Line=12/ID=1, Line=13/ID=2, Line=185/ID=1, Line=239/ID=2
HEIGHT: Line=12/ID=1, Line=13/ID=2, Line=185/ID=1, Line=236/ID=2, Line=239/ID=2

Percentage of children with no exact birthday: 23 %

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values was flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure

e.g. when the percentage of overweight children has to be calculated):

Line=7/ID=2: HAZ (1.519), Height may be incorrect
Line=72/ID=1: **WHZ (2.712)**, Weight may be incorrect
Line=91/ID=1: **WHZ (2.354)**, HAZ (1.395), WAZ (2.522)
Line=101/ID=1: HAZ (-5.882), WAZ (-5.165), Age may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.9 %, HAZ: 1.3 %, WAZ: 0.8 %

Age ratio of 6-29 months to 30-59 months: 0.89 (The value should be around 0.85).:
p-value = 0.724 (as expected)

B. Tsore Refugee camp:

Plausibility check for: TSORE_@2025.as

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

Criteria	Flags*	Unit	Excel.	Good	Accept	Problematic	**Score**
Flagged data	Incl	%	0-2.5	>2.5-5.0	>5.0-7.5	>7.5	
(% of out of range subjects)			0	5	10	20	**0** (1.4 %)
Overall Sex ratio	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**0** (p=1.000)
Age ratio(6-29 vs 30-59)	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**4** (p=0.020)
Dig pref score - weight	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**0** (6)
Dig pref score - height	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**2** (9)
Dig pref score - MUAC	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**2** (9)
Standard Dev WHZ	Excl	SD	<1.1	<1.15	<1.20	>=1.20	
.			and	and	and	or	
.	Excl	SD	>0.9	>0.85	>0.80	<=0.80	
			0	5	10	20	**0** (0.98)
Skewness WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**1** (-0.23)
Kurtosis WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**1** (0.21)
Poisson dist WHZ-2	Excl	p	>0.05	>0.01	>0.001	<=0.001	
			0	1	3	5	**0** (p=)
OVERALL SCORE WHZ =			0-9	10-14	15-24	>25	**10** %

The overall score of this survey is 10 %, this is good.

There were no duplicate entries detected.

Missing or wrong data:

WEIGHT: Line=104/ID=2, Line=185/ID=2, Line=186/ID=3, Line=190/ID=1, Line=223/ID=2, Line=279/ID=2
HEIGHT: Line=104/ID=2, Line=185/ID=2, Line=186/ID=3, Line=190/ID=1, Line=223/ID=2, Line=279/ID=2

Percentage of children with no exact birthday: 39 %

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values was flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

Line=62/ID=1: **WHZ (2.563)**, WAZ (2.248), Weight may be incorrect
Line=160/ID=1: HAZ (-4.888), Age may be incorrect
Line=162/ID=1: HAZ (2.011), Age may be incorrect
Line=167/ID=2: HAZ (7.854), Age may be incorrect
Line=168/ID=1: **WHZ (-4.113)**, HAZ (2.525), Height may be incorrect
Line=173/ID=2: HAZ (-5.631), Age may be incorrect
Line=250/ID=1: **WHZ (-5.175)**, WAZ (-4.463), Weight may be incorrect
Line=252/ID=1: HAZ (1.885), Age may be incorrect
Line=271/ID=1: HAZ (3.469), Age may be incorrect
Line=299/ID=1: HAZ (-4.499), Age may be incorrect
Line=314/ID=2: **WHZ (-4.240)**, Weight may be incorrect

Percentage of values flagged with SMART flags:WHZ: 1.4 %, HAZ: 2.7 %, WAZ: 0.7 %

Age ratio of 6-29 months to 30-59 months: 1.11 (The value should be around 0.85).:
p-value = 0.020 (significant difference)

C. Sherkole Refugee camp:

Plausibility check for: SHERKOLE_2025_10.as

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

Criteria	Flags*	Unit	Excel.	Good	Accept	Problematic	**Score**
Flagged data	Incl	%	0-2.5	>2.5-5.0	>5.0-7.5	>7.5	
(% of out of range subjects)			0	5	10	20	**0** (0.4 %)
Overall Sex ratio	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**0** (p=0.511)
Age ratio(6-29 vs 30-59)	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**4** (p=0.029)
Dig pref score - weight	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**0** (6)
Dig pref score - height	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**4** (16)
Dig pref score - MUAC	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**4** (14)
Standard Dev WHZ	Excl	SD	<1.1	<1.15	<1.20	>=1.20	
.			and	and	and	or	
.	Excl	SD	>0.9	>0.85	>0.80	<=0.80	
			0	5	10	20	**0** (0.97)
Skewness WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**0** (-0.09)
Kurtosis WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**0** (0.19)
Poisson dist WHZ-2	Excl	p	>0.05	>0.01	>0.001	<=0.001	
			0	1	3	5	**0** (p=)
OVERALL SCORE WHZ =			0-9	10-14	15-24	>25	**12** %

The overall score of this survey is 12 %, this is good.

There were no duplicate entries detected.

Missing or wrong data:

WEIGHT: Line=94/ID=2, Line=118/ID=1, Line=191/ID=1, Line=192/ID=2, Line=209/ID=1
HEIGHT: Line=94/ID=2, Line=118/ID=1, Line=191/ID=1, Line=192/ID=2, Line=209/ID=1

Percentage of children with no exact birthday: 12 %

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values was flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

Line=36/ID=2: HAZ (2.060), Height may be incorrect
Line=140/ID=1: HAZ (-4.708), WAZ (-4.210), Age may be incorrect

Line=160/ID=1: HAZ (-4.721), Age may be incorrect
Line=168/ID=1: HAZ (-7.417), WAZ (-4.847), Age may be incorrect
Line=183/ID=1: HAZ (-5.694), WAZ (-4.240), Age may be incorrect
Line=220/ID=2: **WHZ (-4.262)**, Weight may be incorrect
Line=241/ID=1: HAZ (-5.435), Age may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.4 %, HAZ: 2.6 %, WAZ: 1.3 %

Age ratio of 6-29 months to 30-59 months: 0.63 (The value should be around 0.85).:
p-value = 0.029 (significant difference)

D. Ura Refugee camp:

Plausibility check for: URA-2025_10.as

Standard/Reference used for z-score calculation: WHO standards 2006
(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

Criteria	Flags*	Unit	Excel.	Good	Accept	Problematic	**Score**
Flagged data	Incl	%	0-2.5	>2.5-5.0	>5.0-7.5	>7.5	
(% of out of range subjects)			0	5	10	20	**0** (0.5 %)
Overall Sex ratio	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**0** (p=0.403)
Age ratio(6-29 vs 30-59)	Incl	p	>0.1	>0.05	>0.001	<=0.001	
(Significant chi square)			0	2	4	10	**4** (p=0.001)
Dig pref score - weight	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**0** (5)
Dig pref score - height	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**2** (11)
Dig pref score - MUAC	Incl	#	0-7	8-12	13-20	> 20	
			0	2	4	10	**2** (9)
Standard Dev WHZ	Excl	SD	<1.1	<1.15	<1.20	>=1.20	
.			and	and	and	or	
.	Excl	SD	>0.9	>0.85	>0.80	<=0.80	
			0	5	10	20	**0** (0.92)
Skewness WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**0** (-0.08)
Kurtosis WHZ	Excl	#	<±0.2	<±0.4	<±0.6	>=±0.6	
			0	1	3	5	**0** (0.18)
Poisson dist WHZ-2	Excl	p	>0.05	>0.01	>0.001	<=0.001	
			0	1	3	5	**0** (p=)
OVERALL SCORE WHZ =			0-9	10-14	15-24	>25	**8** %

The overall score of this survey is 8 %, this is excellent.

There were no duplicate entries detected.

Missing or wrong data:

WEIGHT: Line=105/ID=2, Line=143/ID=1, Line=186/ID=1, Line=214/ID=2
HEIGHT: Line=105/ID=2, Line=143/ID=1, Line=186/ID=1, Line=214/ID=2

Percentage of children with no exact birthday: 53 %

Anthropometric Indices likely to be in error (-3 to 3 for WHZ, -3 to 3 for HAZ, -3 to 3 for WAZ, from observed mean - chosen in Options panel - these values was flagged and should be excluded from analysis for a nutrition survey in emergencies. For other surveys this might not be the best procedure e.g. when the percentage of overweight children has to be calculated):

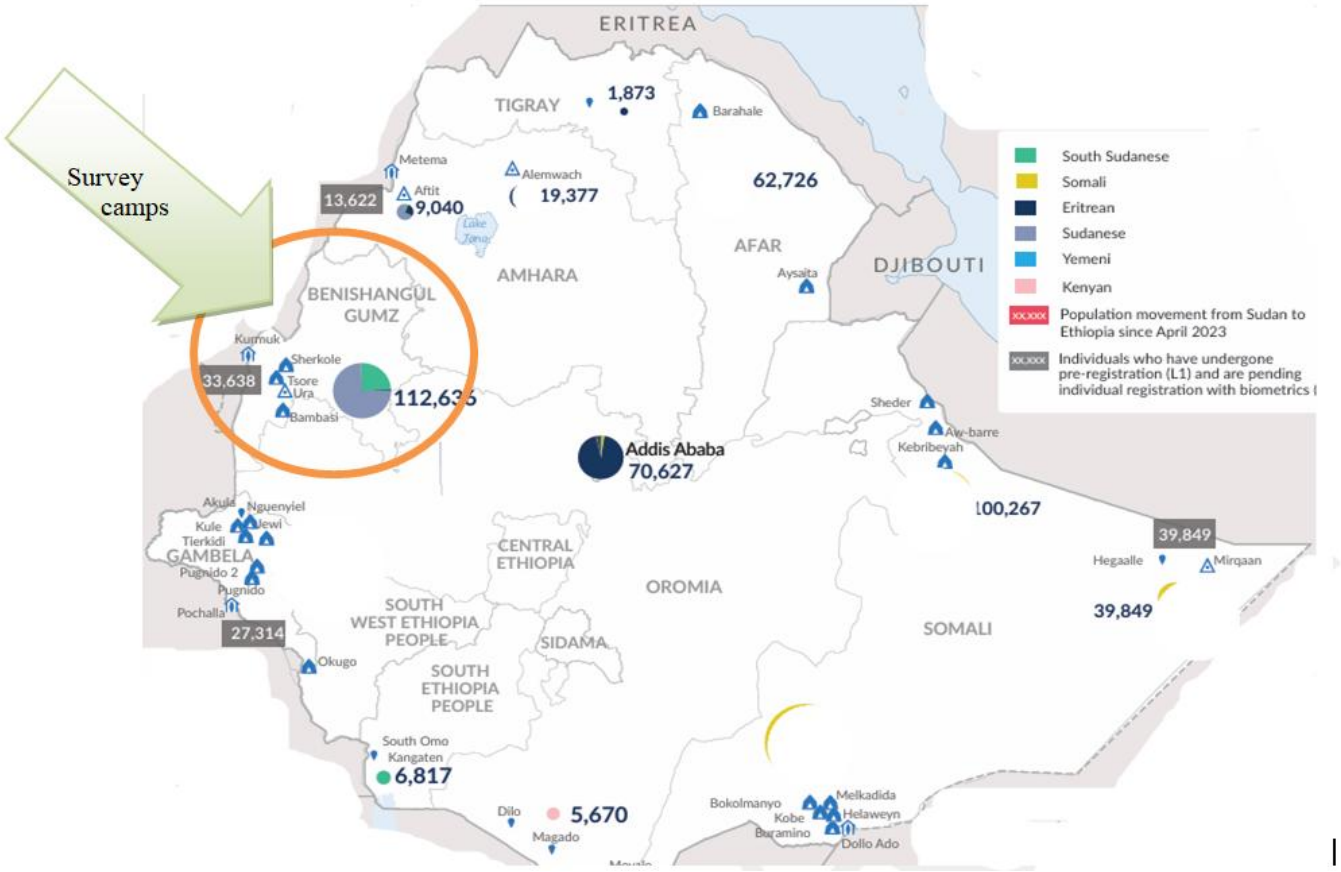
Line=28/ID=1:	HAZ (2.324), Age may be incorrect
Line=42/ID=1:	HAZ (-4.356), Age may be incorrect
Line=73/ID=1:	HAZ (-4.775), WAZ (-4.377), Age may be incorrect
Line=83/ID=1:	HAZ (-5.677), Age may be incorrect
Line=123/ID=1:	HAZ (3.992), Age may be incorrect
Line=132/ID=2:	**WHZ (-3.840)**, HAZ (3.617), Height may be incorrect
Line=135/ID=1:	HAZ (-4.289), WAZ (-4.193), Age may be incorrect
Line=140/ID=2:	HAZ (-5.413), WAZ (-4.409), Age may be incorrect
Line=173/ID=2:	WAZ (1.905), Age may be incorrect

Percentage of values flagged with SMART flags:WHZ: 0.5 %, HAZ: 4.0 %, WAZ: 2.0 %

Age ratio of 6-29 months to 30-59 months: 1.34 (The value should be around 0.85).:
p-value = 0.001 (significant difference)

16.2 Appendix 2

Maps of area/ Refugee sites in Assosa Zone Benishangul Gumuz



16.3 Appendix 3

a. Questionnaires: Standardized 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 *[organisation/institution]*. We would like to invite your household to participate in a survey that is looking at the nutrition and health status of people living in this [*camp / survey area*].
- UNHCR is sponsoring this nutrition survey.
- 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/or women]*. 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 was 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.

STANDARD SENS VARIABLE NAMES SHOWN IN RED.

IDENTIFICATION VARIABLES SHOWN IN BLUE TO BE ADAPTED DEPENDING ON CONTEXT (E.G. SURVEY DESIGN, MULTIPLE CAMPS, CAMP LAYOUT). Note that in some camps, the words 'block' and 'section' may not be used and other words may be used for these (e.g. zone, quarter). Adapt the wording accordingly.

OPTIONAL SENS VARIABLE NAMES SHOWN IN GREEN.

CAPITAL LETTERS refer to instructions for the surveyors. They should not be deleted from the questionnaire and should not be read to the respondent during the interview.

Grey boxes in CAPITAL LETTERS refer to instructions for survey managers. They should be deleted from the final survey questionnaire. More instructions can be found in the respective SENS modules.

i. DEMOGRAPHY

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	**CAMPNAME**	|_____	
ID2	Section Code / Number **SECTION**		|___|___|___|
ID3	Zone Code / Number **ZONE**		|___|___|___|
ID4	Block Code / Number **BLOCK**		|___|___|___|
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year…..|___|___| /|___|___|	
ID6	Cluster Number CLUSTER SURVEYS ONLY. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **HH**		|___|___|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **GPS**	|_____ _____|	

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.		
DM 1	Was consent given for conducting the interview? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW. **DMCONST**	Yes.....1 No.....2 Absent.....3	|___| **IF ANSWER IS 2 or 3 STOP HERE**
DM 2	What is the sex of the household head? **HHHSEX**	Male.....m Female ..... f	|___|

DM 3	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
DM 4	What is the country of origin of the household head? (OPTIONAL). **HHHCTRY**	Country A .....1 Country B .....2 Country C .....3 Country D .....4 Country E.....5 Other.....6 Don't know 8	|___|
SECTION DM2: Mixed populations SENS (out-of-camp settings) (if applicable)			
Note	THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD. EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WAS KEPT CONFIDENTIAL.		
DM5	Is the household head a national of this country [INSERT COUNTRY]? (IF APPLICABLE) **HHHHOST**	Yes.....1 No.....2 Don't know 8	|___| **IF ANSWER IS 2 OR 8 GO TO DM7**
DM6	Has the household head been forced to move from his/her place of origin? (IF APPLICABLE) **HHHIDP**	Yes.....1 No.....2 Don't know 8	|___| **GO TO DM8**
DM7	Has the household head been forced to move from his/her country of origin to this country [INSERT COUNTRY]? (IF APPLICABLE) **HHHREFUG**	Yes.....1 No.....2 Don't know 8	|___|
SECTION DM3: Respondent Information			
DM8	What is the relationship of the respondent with the head of the household (HHH)? **RESPOND**	Head of household .....1 HHH wife, husband (spouse/partner).....2 Other.....6 Don't know 8	|___|
SECTION DM4: Survey of Household Members			
DM9	What is the total number of household members? **Lower limit=1** **Upper limit=30** **HHSIZE**	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.		
DM10	Name of household member **NAME**	|_____|	
DM11	What is the sex of the household member? **HHMSEX**	Male .....m Female.....f	|___|

DM12	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
DM13	Is the household member currently pregnant? **HHMPREG**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
SECTION DM5: Time of Arrival in Country of Asylum (optional/if applicable)			
Note	EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WAS KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO.		
DM14	Did all household members arrive to [*camp name / country of asylum*] at the same time? (OPTIONAL/IF APPLICABLE) **ARRIVE**	Yes ..... 1 No ..... 2 Don't know..... 8	|___| **IF ANSWER IS 2 GO TO SUMMARY MESSAGES**
DM15	When did the household arrive to [*camp name / country of asylum*]? (OPTIONAL/IF APPLICABLE) IF LESS THAN ONE YEAR, THEN RECORD THE EXACT MONTH; IF MORE THAN ONE YEAR, THEN RECORD THE YEARS. ADAPT THE ANSWER "OTHER" (16) TO THE LOCAL SETTING (E.G. BEFORE THE CONFLICT STARTED) **ARRIDATE**	1 month ago [*INSERT MONTH*] ..... 01 2 months ago [*INSERT MONTH*]..... 02 3 months ago [*INSERT MONTH*]..... 03 4 months ago *[INSERT MONTH*]..... 04 5 months ago [*INSERT MONTH*]..... 05 6 months ago [*INSERT MONTH*]..... 06 7 months ago [*INSERT MONTH*]..... 07 8 months ago [*INSERT MONTH*]..... 08 9 months ago [*INSERT MONTH*]..... 09 10 months ago [*INSERT MONTH*]..... 10 11 months ago [*INSERT MONTH*]..... 11 12 months ago [*INSERT MONTH]*..... 12 1-2 years ago ..... 13 2-3 years ago ..... 14 >3 years ago ..... 15 Other *[TO BE ADAPTED]*..... 16 Don't know..... 98	|___|___|
Note	Summary messages WRITE DOWN THE SUMMARY DATA PROVIDED BELOW ON THE PARTICIPANTS AND MEASURES CONTROL SHEET.		
DM16	**Total number of children under 5 (0-4 years)** |___|___| **children under-5** **TOTU5**		
DM17	**Total number of women aged 15-49 years** |___|___| **women** **TOTWM**		
DM18	**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/no MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.		

ii. FOOD SECURITY

1 questionnaire per household

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MAIN CARETAKER WHO IS RESPONSIBLE FOR COOKING THE MEALS.

No	QUESTION	ANSWER CODES	
SECTION IDENTIFICATION THIS SECTION IS TO BE COMPLETED IN HALF OF THE SELECTED HOUSEHOLDS.			
ID1	Camp Name **CAMPNAME**	|_____ _____|	
ID2	Section Code / Number **SECTION**		|___|___|___|
ID3	Zone Code / Number **ZONE**		|___|___|___|
ID4	Block Code / Number **BLOCK**		|___|___|___|
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year…..|___|___| /|___|___| / |___|___||___|___|	
ID6	Cluster Number CLUSTER SURVEYS ONLY. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **HH**		|___|___|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **GPS**	|_____ _____|	

No	QUESTION		ANSWER CODES
SECTION FS1: food assistance and cooking fuel (if applicable)			
Note	THESE QUESTIONNAIRES 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 ..... 1 No ..... 2 Absent 3	|___| **IF ANSWER IS 2 or 3 STOP HERE**
FS2	What is your household's assistance category? (IF APPLICABLE)	Category A ..... 1 Category B..... 2 Category C..... 3	|___|

	HHASSIST	Category D ..... 4 Not applicable..... 5 Other ..... 6 Don't know..... 8	
FS3	Does your household have a ration card? (IF APPLICABLE) **RCARD**	Yes ..... 1 No ..... 2 Don't know..... 8	|___| **IF ANSWER IS 1 OR 8 GO TO FS6**
FS4	Why do you not have a ration card? (IF APPLICABLE) **YNORCARD**	Not given one at registration even if eligible .. 1 Lost card..... 2 Traded/sold card ..... 3 Not registered ..... 4 Registered but determined not eligible ..... 5 Other ..... 6 Don't know..... 8	|___| **GO TO FS6**
FS5	How many days did the food from the general food distribution from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE) **Lower limit=1** **Upper limit=98** **GFDLAST**	RECORD THE NUMBER OF DAYS IF KNOWN. RECORD 98 IF UNKNOWN.	|___|___|
FS6	Does your household receive cash-for-food [INSERT LOCAL NAME FOR CASH-FOR-FOOD]? (IF APPLICABLE) **CASH**	Yes ..... 1 No ..... 2 Don't know..... 8	|___| **IF ANSWER IS 2 OR 8 GO TO FS8**
FS7	How did you spend the cash you received in [INSERT LAST CYCLE MONTH]? (IF APPLICABLE) SELECT ALL THAT APPLY. **CASHSPNT: FOOD/NONFOOD/DEBTS/OTHER/DKN**	Bought food..... 1 Bought non-food items ..... 2 Paid off debts..... 3 Other ..... 6 Don't know..... 8	|___|
FS8	Does your household receive a food voucher [INSERT LOCAL NAME OF FOOD VOUCHER] for general food needs? (IF APPLICABLE) **VOUCHER**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS9	What cooking fuel does your household usually use? (IF APPLICABLE) **HHFUEL**	Wood..... 01 Charcoal ..... 02 Kerosene..... 03 Biogas ..... 04 Liquid petroleum gas (LPG) ..... 05 Ethanol ..... 06 Briquettes ..... 07 Other ..... 96 Don't know..... 98	|___|___|
FS10	Does your household receive cooking fuel assistance? (IF APPLICABLE)	Yes ..... 1 No ..... 2 Don't know..... 8	|___| **IF**

	FUEL		**ANSWER IS 2 or 8 GO TO FS12**
FS11	How many days did the fuel from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE) **Lower limit=1** **Upper limit=98** **FUELLAST**	RECORD THE NUMBER OF DAYS IF KNOWN (RECORD 98 IF UNKNOWN)	|___|___|
SECTION FS2: Coping Strategies			
Note	EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER.		
FS12	In the last month, have you or anyone in your household borrowed cash, food or other items with or without interest? **BRW**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS13	In the last month, have you or anyone in your household sold any assets that you would not have normally sold (furniture, seed stocks, tools, other NFI, livestock etc.)? **SOLD**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS14	In the last month, have you or anyone in your household requested increased remittances or gifts as compared to normal? **ASKMORE**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS15	In the last month, have you or anyone in your household reduced the quantity and / or frequency of meals and snacks? **LESSMEAL**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS16	In the last month, have you or anyone in your household begged? **BEG**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS17	In the last month, have you or anyone in your household engaged in: [ADD LIST OF POTENTIALLY RISKY OR HARMFUL ACTIVITIES SUCH AS LOCAL ILLEGAL ACTIVITIES] or any other risky or harmful activities? (e.g.: *hunting, fishing or wage labour outside the camp if these are prohibited or commercial sex work or any other risky or harmful activities?)* **RISKYACT**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
SECTION FS3 : HDDS			
FS18	Was yesterday a celebration or a feast day where you and your family members ate special foods or ate more, or less than usual? **CELEB**	Yes ..... 1 No ..... 2 Don't know..... 8	|___|
FS1	Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the		

9	day and at night. I am interested in whether you or anyone else in your household had the item even if it was combined with other foods. I am interested in knowing about meals, beverages and snacks eaten or drank inside or outside the home. READ THE LIST OF FOODS AND DO NOT PROBE. SELECT 'YES' IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION, SELECT 'NO' IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.	Yes No
	1. Any [INSERT CEREALS LOCALLY AVAILABLE] (*e.g. wheat, corn/maize, corn soy blend, barley, buckwheat, millet, oats, rice, rye, sorghum, teff*) or any foods made from these such as [INSERT LOCAL FOODS] (*e.g. bread, porridge, noodles, ugali, nshima, pasta*) **CRL**	1……..….. 1 0
	2. Any [INSERT WHITE ROOTS AND TUBERS LOCALLY AVAILABLE] *(e.g. green bananas, lotus root, parsnip, taro, plantains, white potatoes, white yam, white cassava, white sweet potato)* or any foods made from roots such as [INSERT LOCAL FOODS] **WHTRT**	2……..….. 1 0
	3A. Any [INSERT VITAMIN A RICH VEGETABLES AND TUBERS LOCALLY AVAILABLE] *(e.g. carrot, pumpkin, squash, or sweet potato that are orange inside, red sweet pepper)* **VITAVEG**	3A……..….. 1 0
	3B. Any [INSERT DARK GREEN LEAFY VEGETABLES LOCALLY AVAILABLE INLCUDING WILD FORMS AND VITAMIN A RICH LEAVES] (*e.g. amaranth, arugula, cassava leaves, kale, spinach*) **GREENVEG**	3B……..….. 1 0
	3C. Any [INSERT ANY OTHER VEGETABLES LOCALLY AVAILABLE] *(e.g. bamboo shoots, cabbage, green pepper, tomato, onion, eggplant, zucchini)* **OTHVEG**	3C……..….. 1 0
	4A. Any [INSERT VITAMIN A RICH FRUITS LOCALLY AVAILABLE], and 100% fruit juice made from these *(e.g. mango (ripe, fresh and dried), cantaloupe melon (ripe), apricot (fresh or dried), ripe papaya, passion fruit (ripe), dried peach)* **VITAFRT**	4A……..….. 1 0
	4B. Any [INSERT ANY OTHER FRUITS LOCALLY AVAILABLE INCLUDING WILD FRUITS], and 100% fruit juice made from these *(e.g. apple, avocados, banana, coconut flesh, lemon, orange)* **OTHFRT**	4B……..….. 1 0
	5A. Any [INSERT ORGAN MEAT OR BLOOD-BASED FOODS LOCALLY AVAILABLE] *(e.g. liver, kidney, heart)* **ORGMT**	5A……..….. 1 0
	5B. Any [INSERT FLESH MEAT LOCALLY AVAILABLE] *(e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, cane rat, guinea pig, rat, agouti frogs, snakes, insects)* **FLSHMT**	5B……..….. 1 0
	6. Any eggs from [INSERT EGGS LOCALLY AVAILABLE] *(e.g. eggs from chicken, duck, guinea fowl)* **EGGS**	6……..….. 1 0
	7. Any [INSERT FRESH, DRIED OR CANNED FISH OR SHELLFISH LOCALLY AVAILABLE] *(e.g. anchovies, tuna, sardines, shark, whale, roe/fish eggs, clam, crab, lobster, crayfish, mussels, shrimp, octopus, squid, sea snails)* **FISHSF**	7……..….. 1 0

	8. Any [INSERT LEGUMES, NUTS AND SEEDS LOCALLY AVAILABLE] *(e.g. dried peas, dried beans, lentils, nuts, seeds)* or any foods made from these such as [INSERT LOCAL FOODS] *(e.g. hummus, peanut butter)* **PULSE**	8……..….. 1 0
	9. Any [INSERT MILK AND MILK PRODUCTS LOCALLY AVAILABLE] *(e.g. milk, infant formula, cheese, kefir, yogurt)* **MILK**	9……..….. 1 0
	10. Any [INSERT OILS AND FATS LOCALLY AVAILABLE] added to food or used for cooking *(e.g. vegetable / nut oil made from almond / avocado/ canola/ coconut/ cottonseed/ groundnut/ maize/ olive/ rapeseed/ safflower/ sesame/ soybean/ sunflower/walnut, ghee, butter, margarine, mayonnaise, palm oil* ***-not*** *red palm oil, shortenings, sour cream)* **FATS**	10……..….. 1 0
	11. Any [INSERT SWEETS, SWEETENED SODA OR JUICE DRINKS AND SUGARY FOODS LOCALLY AVAILABLE] *(e.g. sugar, honey, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes)* **SWTS**	11……..….. 1 0
	12. Any [INSERT SPICES, CONDIMENTS AND BEVERAGES LOCALLY AVAILABLE] *(e.g. black pepper, salt, chillies, soy sauce, hot sauce, fish powder, fish sauce, ginger, herbs, magi cubes, ketchup, mustard, coffee, tea, beer, alcoholic beverages like wine, hard spirits)* **SPICE**	12……..….. 1 0
	Interviewer: I confirm that questionnaire is complete: yes/no	
	Supervisor: I confirm that questionnaire is complete.: yes/no MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.	

iii. MOSQUITO NET COVERAGE

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 HALF OF THE SELECTED HOUSEHOLDS.			
ID1	Camp Name **CAMPNAME**		_____|
ID2	Section Code / Number **SECTION**		|___|___|___|
ID3	Zone Code / Number **ZONE**		|___|___|___|
ID4	Block Code / Number **BLOCK**		|___|___|___|
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year…..|___|	
ID6	Cluster Number CLUSTER SURVEYS ONLY. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **HH**		|___|___|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **GPS**	|_____ _____|	

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 ..... 1 No..... 2 Absent 3	|___| **IF ANSWER IS 2 or 3 STOP HERE**
TN2	How many people live in this household and slept here last night? RECORD NUMBER.		|___|___|

	TOTHH		
TN3	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**		|___|___|
TN4	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**		|___|___|
TN5	Did you have your house sprayed with insecticide in an indoor residual spray campaign in the past 6/12 months? (IF APPLICABLE) EXPLAIN THAT THIS IS NOT THE CAN OF INSECTICIDE THAT CAN BE SPRAYED IN THE HOUSE. **HHIRS**	Yes ..... 1 No..... 2 Don't know 8	|___|
TN6	Do you have mosquito bed nets in this household that can be used while sleeping? **MOSNETS**	Yes ..... 1 No..... 2 Don'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 ..... 1 No..... 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	DAWAPLUS ..... 01 DURANET ..... 02 INTERCEPTOR ..... 03 LIFENET..... 04	|___|___| **IF ANSW**

	'UNIDENTIFIABLE'/'DON'T KNOW. **SURVEY MANAGER INSTRUCTIONS:** ADAPT LIST TO LOCAL SETTING BEFORE SURVEY. WHEN DELETING OPTIONS, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE. SOME LLINS ARE OVER BRANDED (I.E. GIVEN NEW BRAND NAMES FOR MARKETING PURPOSES) BY NGOS, AND THESE BRAND NAMES NEED TO BE ASSESSED PRIOR TO THE START OF THE SURVEY. THE BRAND NAMES OF WHOPES APPROVED LLINS CAN BE FOUND AT http://www.who.int/whopes/en/[1] GUIDELINES FOR READING TAGS CAN BE FOUND IN SENS MODULE 7 **ANNEX 2.** **NETBRAND**	MAGNET ..... 05 MIRANET ..... 06 OLYSET ..... 07 PANDANET ..... 08 PERMANET ..... 09 ROYALSENTRY ..... 10 SAFENET ..... 11 VEERALIN ..... 12 YALE ..... 13 YORKOOL ..... 14 **Insecticide treated net (ITN)** NAME #1..... 15 **ITN** NAME #2 ..... 16 **ITN** NAME #3 ..... 17 Other (please specify) ..... 96 Unidentifiable/Don't know..... 98	**ER IS 96 GO TO TN10**
TN10	If other, please specify the brand name of net **BRANDOTH**	|_____|	
	SURVEY MANAGER INSTRUCTIONS: THE TOTAL NUMBER OF LONG-LASTING INSECTICIDAL NETS (LLINS) IN THE HOUSEHOLD IS AUTOMATICALLY CALCULATED IN MDC SURVEYS. **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 ..... m Female ..... f	|__|
TN13	How old is the household member? **HHMAGE**	<5 years ..... 1 ≥5 years 2	|__|
TN14	Is the household member currently pregnant? **HHMPREG**	Yes ..... 1 No..... 2 Don't know..... 8	|__|
TN15	Did the household member sleep under a net last night? **SLPNET**	Yes ..... 1 No..... 2 Don't know..... 8	|__|
TN16	Select the brand of the net under which the household member slept ASK THE RESPONDENT TO PHYSICALLY IDENTIFY	RESPONSES FROM TN9 SHOWN HERE. EXAMPLE: NETBRAND1-PERMANET	|__|__|

	WHICH OF THE OBSERVED NETS S/HE SLEPT UNDER. **SLPBRAND**	NETBRAND2-PERMANET NETBRAND3-Unidentifiable/Don't know NETBRAND4- OLYSET	
Note	Error messages		
	The total number of children in the household declared at the beginning of the form (TN3) 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 (TN4) does not match the number of pregnant woman you have entered (TN14). Please review to ensure they match.		
	Interviewer: I confirm that questionnaire is complete: yes/no		
	Supervisor: I confirm that questionnaire is complete.: yes/no MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.		

SURVEY MANAGER INSTRUCTIONS:

THIS IS THE MOSQUITO NET QUESTIONNAIRE SUMMARY GIVEN AUTOMATICALLY IN MDC SURVEYS FOR USE DURING DATA ANALYSIS.

	Summary		
	Total household members	**Total <5**	**Total Pregnant**
Slept under a net of any type	**TN17** |___|___| **TOTSLPNT**	**TN19** |___|___| **TOTCHNT**	**TN21** |___|___| **TOTPWNT**
Slept under an LLIN	**TN18** |___|___| **TOTSLPLN**	**TN20** |___|___| **TOTCHLN**	**TN22** |___|___| **TOTPWLN**

Vi. WASH

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 HALF OF THE SELECTED HOUSEHOLDS.			
ID1	Camp Name **CAMPNAME**	|_____	
ID2	Section Code / Number **SECTION**		|___|___|___|
ID3	Zone Code / Number **ZONE**		|___|___|___|
ID4	Block Code / Number **BLOCK**		|___|___|___|
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year…..|___|___|	
ID6	Cluster Number CLUSTER SURVEYS ONLY. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **HH**		|___|___|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **GPS**	|_____	

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 ..... 1 No..... 2 Absent 3	|___| **IF ANSWER IS 2 or 3 STOP HERE**
WS2	What is the principal source of drinking water for members of your household? SELECT ONE BUT DO NOT PROMPT WITH	Public tap/standpipe ..... 01 Handpumps/boreholes..... 02 Water seller/kiosks..... 03 Piped connection to house (or neighbour's	|___|___|

	RESPONSES. CONSIDER DRINKING WATER ONLY. **SOURCE**	house) ..... 04 Protected spring ..... 05 Bottled water, water sachets ..... 06 Tanker trucks ..... 07 Unprotected hand-dug well ..... 08 Surface water (lake, pond, dam, river) ..... 09 Unprotected spring ..... 10 Rain water collection ..... 11 Other ..... 96 Don't know 98	
WS3	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 ..... 1 Communal latrine ..... 2 Open defecation ..... 3 Plastic bag ..... 4 Bucket toilet ..... 5 Other ..... 6 Don'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).		
WS4	Please show me the soap you have in the household. **SOAP**	Presented within one minute ..... 1 Not presented within one minute/no soap 2	|___|
WS5	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 one. RECORD 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**		|___|___|
WS6	What is the type of container? **TYPE**	Jerrycan ..... 01 Bucket ..... 02 Basin ..... 03 Bottle ..... 04 Saucepan ..... 05 Drums ..... 06 Other 96	|___|___|
WS7	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
WS8	Is the container covered? **PROTECT**	Yes ..... 1 No ..... 2 Don't know 8	|___|
WS9	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
	Interviewer: I confirm that questionnaire is complete: yes/no **SURVEY MANAGER INSTRUCTIONS:** THE INTERVIEWER SHOULD ENSURE THAT THERE ARE NO MISSING VALUES WITHIN THE QUESTIONNAIRE **BEFORE LEAVING THE HOUSEHOLD.**		
	Supervisor: I confirm that questionnaire is complete.: yes/no MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION. **SURVEY MANAGER INSTRUCTIONS:** REFER TO THE SENS PRE-MODULE: [**TOOL 15**- SOP FOR SENS DATA MANAGEMENT] SECTION 1, FOR GUIDANCE ON HOW TO COMPLETE THIS STEP.		

VI. 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 (OR 6-59 MONTHS OF AGE IF THE IYCF MODULE IS NOT INCLUDED).

SURVEY MANAGER INSTRUCTIONS:

ADAPT THE CHILDREN'S AGE GROUP FOR THE CHILD QUESTIONNAIRE (0-59 OR 6-59 MONTHS), DEPENDING ON THE SENS MODULES INCLUDED.

No	QUESTION	ANSWER CODES	
SECTION IDENTIFICATION THIS SECTION IS TO BE COMPLETED IF THERE IS AT LEAST ONE ELIGIBLE CHILD (0-59 / 6-59 MONTHS: DEPENDING ON WHICH SENS MODULE IS INCLUDED) IN THE SELECTED HOUSEHOLD.			
ID1	Camp Name **CAMPNAME**	|_____	
ID2	Section Code / Number **SECTION**		|___|___|___|
ID3	Zone Code / Number **ZONE**		|___|___|___|
ID4	Block Code / Number **BLOCK**		|___|___|___|
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year…..|___|___| /|___|___|	
ID6	Cluster Number CLUSTER SURVEYS ONLY. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **HH**		|___|___|___|

No	QUESTION	ANSWER CODES	
SECTION CHILD1: Details of the Child 0-59 months or 6-59 months THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN IN THE SELECTED HOUSEHOLDS BETWEEN 0-59 MONTHS OR 6-59 MONTHS: DEPENDING ON WHICH SENS MODULE IS INCLUDED.			
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……1 No ……..2	|___| **IF ANSWER IS 2 STOP HERE**
CH3	Name of the child		

	ONLY WRITE FIRST NAME. **CHNAME**	|_____|	
CH4	Sex of [NAME OF CHILD]? **SEX**	Male…….m Female…… .f	|___|
CH5	Do you have an official age documentation for [NAME OF CHILD]? **XDOBK**	Yes……1 No ……..2	|___| **IF ANSWER IS 2 GO TO CH7**
CH6	[NAME OF CHILD]'s date of birth THE EXACT BIRTH DATE SHOULD ONLY BE TAKEN FROM AN AGE DOCUMENTATION SHOWING DAY, MONTH AND YEAR OF BIRTH. FOR PAPER-BASED SURVEYS: RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION. **BIRTHDAT**	Day/Month/Year…..|___|___| /|___|___|	
CH7	Age of [NAME OF CHILD] in months **Lower limit=0 months (or 6 months if the IYCF module is not included)** **Upper limit=59.99 months** **MONTHS**	SINCE NO AGE DOCUMENTATION IS AVAILABLE, ESTIMATE AGE USING A LOCAL EVENTS CALENDAR. FOR PAPER-BASED SURVEYS: IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH.	|___|___| months
Note	Verify that the child is ${MONTHS} months old. Remember, if they are older than 59.99 months; they are not eligible for inclusion and you should stop here.		
SECTION CHILD2: Time of Arrival in Country of Asylum (optional/if applicable) THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN BETWEEN 0 AND 59 MONTHS OF AGE (OR BETWEEN 6 AND 59 MONTHS IS THE IYCF MODULE IS NOT INCLUDED).			
Note	EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WAS KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO.		
CH8	Does [NAME OF CHILD] arrive to [camp name / country of asylum] before or after [INSERT THE EVENT RESPONSIBLE FOR THE INFLUX OF REFUGEES]? (OPTIONAL/IF APPLICABLE) **CHARRIVE**	Arrived before [*INSERT EVENT*] ..... 1 Arrived after [*INSERT EVENT*] (new arrival) 2 Don't know..... 8	|___|
SECTION CHILD3: 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. EXCLUDE HB MEASUREMENTS IF SENS MODULE 3 (ANAEMIA MODULE) IS NOT INCLUDED. IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (<6 MONTHS).			
CH9	Is [NAME OF CHILD] currently present in the household? **CHPRES**	Yes……1 No ……..2	|___| **IF ANSWER IS 2 GO TO CH16**
CH10	[NAME OF CHILD]'s weight in kilograms (±0.1kg) DON'T FORGET THE DECIMAL.		|___|___|. |___| kg

	Lower limit=3.0kg **Upper limit=31.0kg** **WEIGHT**		
CH11	Was the [NAME OF CHILD] dressed with clothes for the weight measurement? (OPTIONAL) **CLOTHES**	Yes……1 No ……..2	|___|
CH12	[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
CH13	Was [NAME OF CHILD] measured lying down or standing up? **MEASURE**	Child lying down……1 Child standing up……h	|__|
CH14	Clinical examination: Does the [NAME OF CHILD] present bilateral pitting oedema? **EDEMA**	Yes……1 No ……..2	|___|
CH15	[NAME OF CHILD]'s middle upper arm circumference (MUAC) in mm (±1mm) or cm (±0.1cm) MEASURE LEFT ARM. DON'T FORGET THE DECIMAL [APPLICABLE ONLY IF MUAC MEASURED IN CM] **Lower limit=70mm** **Upper limit=235mm** **MUAC**		|___|___| ___|mm OR |___|___|. |___| cm
CH16	Is [NAME OF CHILD] currently being treated in [NAME OF NUTRITION PROGRAMMES] for malnutrition? SHOW COMMODITY GIVEN IN TSFP AND TFP (OTP/SC). **ENROL**	Yes TSFP……1 Yes TFP (OTP/SC)……2 No……3 Don't know……8	|___|
CH17	Is [NAME OF CHILD] currently enrolled in the BSFP? (IF APPLICABLE) SHOW COMMODITY/PACKAGING GIVEN IN BSFP. **BSFP**	Yes……1 No ……..2 Don't know……8	|___|
CH18	Has [NAME OF CHILD] been vaccinated against measles? CHECK VACCINATION CARD (ONLY FOR CHILDREN OLDER THAN 9 MONTHS). **MEASLES**	Yes……1 No ……..2 Don't know……8	|___|
CH19	Has [NAME OF CHILD] received a vitamin A capsule in the past six months? CHECK VACCINATION/HEALTH CARD AND SHOW CAPSULE. **VITA**	Yes……1 No ……..2 Don't know……8	|___|
CH20	Was [NAME OF CHILD] given any drug for intestinal worms in the last six months? (IF APPLICABLE) SHOW TABLET.	Yes……1 No ……..2 Don't know……8	|___|

	DEWORM		
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……1 No ……..2 Don't know……8	|___| **IF ANSWER IS 2 OR 8 GO TO CH23**
CH22	Did you give [INSERT LOCAL NAME FOR WHO ORS] to [NAME OF CHILD] when s/he had diarrhoea? (OPTIONAL) **DIARORS**	Yes……1 No ……..2 Don't know……8	|___|
CH23	Did you give zinc tablets or syrup to [NAME OF CHILD] when s/he had diarrhoea? (OPTIONAL) SHOW ZINC TABLET OR SYRUP. **DIARZINC**	Yes……1 No ……..2 Don't know……8	|___|

SECTION IYCF1: Breastfeeding Status for 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. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.

IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).

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……1 No ……..2 Don'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 ..... 1 Between 1 and 23 hours ..... 2 More than 24 hours ..... 3 Don't know 8	|___|
IF3	Was [NAME OF CHILD] breastfed yesterday during the day or at night? **YESTBF**	Yes ..... 1 No ..... 2 Don'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. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.

IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).

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 [INSERT LOCALLY AVAILABLE BRAND NAMES OF INFANT FORMULA, *ALL TYPES*] **INFORM**	4B……1 2 8	
	4C. Milk such as tinned, powdered, or fresh animal milk, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF TINNED AND POWDERED MILK] **MILK**	4C……1 2 8	
	4D. Juice or juice drinks, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS] **JUICE**	4D……1 2 8	
	4E. Clear broth **BROTH**	4E……1 2 8	
	4F. Sour milk or yogurt, for example [INSERT LOCAL NAMES] **YOGURT**	4F……1 2 8	
	4G. Thin porridge, for example [INSERT LOCAL NAMES] **THINPOR**	4G……1 2 8	
	4H. Tea or coffee with milk **WHTEACOF**	4H……1 2 8	
	4I. Any other water-based liquids, for example [INSERT OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. *sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids)* **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……....1 No……... 2 Don't know……... 8	|___|
SECTION IYCF3: Bottle Feeding for child 0-23 months IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).			
IF6	Did [NAME OF CHILD] drink anything from a bottle with a nipple yesterday during the day or at night? **BOTTLE**	Yes……....1 No……... 2 Don't know……... 8	|___|
SECTION IYCF4: Iron -fortified or Iron-rich Foods for the Child 6-23 months IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (<6 MONTHS AND ≥24 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'. **SURVEY MANAGER INSTRUCTIONS:** REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT. THE TEXT IN *ITALICS* NEEDS TO BE DELETED FROM THE FINAL SURVEY QUESTIONNAIRE – THE LIST THAT IS PROVIDED BELOW IS AN EXAMPLE.		

	IF A CATEGORY OF IRON-RICH FOOD (7B-7H; EXCEPT 7A) IS NOT AVAILABLE IN THE SETTING, DELETE IT FROM THE QUESTIONNAIRE.		Yes	No	DK
	7A. [INSERT COMMON MEAT, FISH, POULTRY AND LIVER/ORGAN FLESH FOODS USED THE LOCAL SETTING] *(e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart)* **FLESHFD**	7A……..1		2	8
	7B. [INSERT FBF AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. CSB+, WSB+) (IF APPLICABLE) **FBF**	7B……..……1		2	8
	7C. [INSERT FBF++ AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. CSB++, WSB++)* (IF APPLICABLE) **FBFSUPER**	7C……..……1		2	8
	7D. [INSERT RUTF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. Plumpy'Nut®, eeZeePaste™)* (IF APPLICABLE) SHOW SACHET. **RUTF**	7D……..…1		2	8
	7E. [INSERT RUSF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. Plumpy'Sup®, eeZeeRUSF™)* (IF APPLICABLE) SHOW SACHET. **RUSF**	7E……..…1		2 8	
	7F. [INSERT LNS PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. Nutributter®, eeZee20™, Plumpy'doz®, eeZee50™)* (IF APPLICABLE) SHOW SACHET / POT. **LNS**	7F……..…1		2 8	
	7G. [INSERT LOCALLY AVAILABLE BRAND NAMES OF *IRON FORTIFIED* INFANT FORMULA] *(e.g. Nan, S26 infant formula)* (IF APPLICABLE) **INFORMFE**	7G……..…….....1		2	8
	7H. [INSERT ANY *IRON FORTIFIED* SOLID, SEMI-SOLID OR SOFT FOODS DESIGNED SPECIFICALLY FOR INFANTS AND YOUNG CHILDREN AVAILABLE IN THE LOCAL SETTING THAT ARE DIFFERENT THAN DISTRIBUTED COMMODITIES AND USE LOCALLY AVAILABLE BRAND NAMES] *(e.g. Cerelac, Weetabix)* (IF APPLICABLE) **FOODFE**	7H……....1		2 8	
IF8	Yesterday, during the day or at night, did [NAME] consume any food to which you added a [INSERT LOCAL NAME FOR MICRONUTRIENT POWDER OR SPRINKLES] like this? (IF APPLICABLE) SHOW MICRONUTRIENT POWDER SACHET. **MNP**	Yes……...…1 No…….……....2 Don't know……..... 8			|__ _|
	Interviewer: I confirm that questionnaire is complete: yes/no				
	Supervisor: I confirm that questionnaire is complete.: yes/no				

17. Appendix 3

Local event calendar used during the survey to estimate age of young children

Season	Religious Holidays / National Holidays	South Sudan Events	Month / Year	Age (months)
			Oct-25	0
	Eid Al-Adha: 11th		Sep-25	1
End of Summer			Aug-25	2
Summer	Eid Al-Fitr: 7th	Independence Day: 9th	Jul-25	3
Start of Summer	Beginning of Ramadan: 7th	SPLA Day: 16th	Jun-25	4
	Al Isra' wal Miraj: 4th	Martyrs' Day: 30th	May-25	5
		Peace Agreement Day: 30th	Apr-25	6
	Mother's Day: 21st; Easter Day: 27th		Mar-25	7
End of Winter			Feb-25	8
Winter	New Year's Day: 1st; Eid Al-Mawlid Annabawi: 24th; Christmas: 25th		Jan-25	9
Start of Winter			Dec-24	10
			Nov-24	11
	Muharram: 15th		Oct-24	12
	Eid Al-Adha: 24th		Sep-24	13
End of Summer			Aug-24	14
Summer	Eid Al-Fitr: 18th	Independence Day: 9th	Jul-24	15
Start of Summer	Beginning of Ramadan: 18th	SPLA Day: 16th	Jun-24	16
	Al Isra' wal Miraj: 4th	Martyrs' Day: 30th	May-24	17
	Easter Day: 5th	Peace Agreement Day: 30th	Apr-24	18
	Mother's Day: 21st		Mar-24	19
End of Winter	Valentine's Day: 14th		Feb-24	20
Winter	New Year's Day: 1st; Eid Al-Mawlid Annabawi: 3rd		Jan-24	21
Start of Winter	Christmas: 25th		Dec-23	22
			Nov-23	23
	Eid Al-Adha: 4th; Muharram: 25th		Oct-23	24
			Sep-23	25
End of Summer			Aug-23	26
Summer	Eid Al-Fitr: 28th	Independence Day: 9th	Jul-23	27
Start of Summer	Beginning of Ramadan: 29th	SPLA Day: 16th	Jun-23	28
	Al Isra' wal Miraj: 26th	Martyrs' Day: 30th	May-23	29
	Easter: 20th	Peace Agreement Day: 30th	Apr-23	30
	Mother's Day: 21st		Mar-23	31
End of Winter			Feb-23	32
Winter	New Year's Day: 1st; Eid Al-Mawlid Annabawi: 13th		Jan-23	33
Start of Winter	Christmas: 25th		Dec-22	34
	Muharram: 7th		Nov-22	35
	Eid Al-Adha: 15th		Oct-22	36
			Sep-22	37
End of Summer	Eid Al-Fitr: 8th	Independence Day: 9th	Aug-22	38
Summer	Beginning of Ramadan: 9th	SPLA Day: 16th	Jul-22	39
Start of Summer	Al Isra' wal Miraj: 5th	Martyrs' Day: 30th	Jun-22	40
		Peace Agreement Day: 30th	Apr-22	42
	Mother's Day: 21st; Easter Day: 31st		Mar-22	43
End of Winter			Feb-22	44
Winter	New Year's Day: 1st; Eid Al-Mawlid Annabawi: 24th		Jan-22	45
Start of Winter	Christmas: 25th		Dec-21	46
	Muharram: 15th		Nov-21	47
	Eid Al-Adha: 25th		Oct-21	48
			Sep-21	49
End of Summer	Eid Al-Fitr: 19th	Independence Day: 9th	Aug-21	50
Summer	Beginning of Ramadan: 20th	SPLA Day: 16th	Jul-21	51
Start of Summer	Al Isra' wal Miraj: 17th	Martyrs' Day: 30th	Jun-21	52
	Easter Day: 8th	Peace Agreement Day: 30th	Apr-21	54
	Mother's Day: 8th		Mar-21	55
End of Winter	Eid Al-Mawlid Annabawi: 4th		Feb-21	56
Winter	New Year's Day: 1st		Jan-21	57
Start of Winter	Christmas: 25th		Dec-20	58
	Eid Al-Adha: 7th; Muharram: 27th		Nov-20	59
			Oct-20	60