Standardized Expanded Nutrition Survey (SENS) Final Report
Afar refugee camps, Afar Region
Aysaita Camp
Berhale Camp

Prepared by: Yirgu Fekadu (UNHCR- SENS Consultant)

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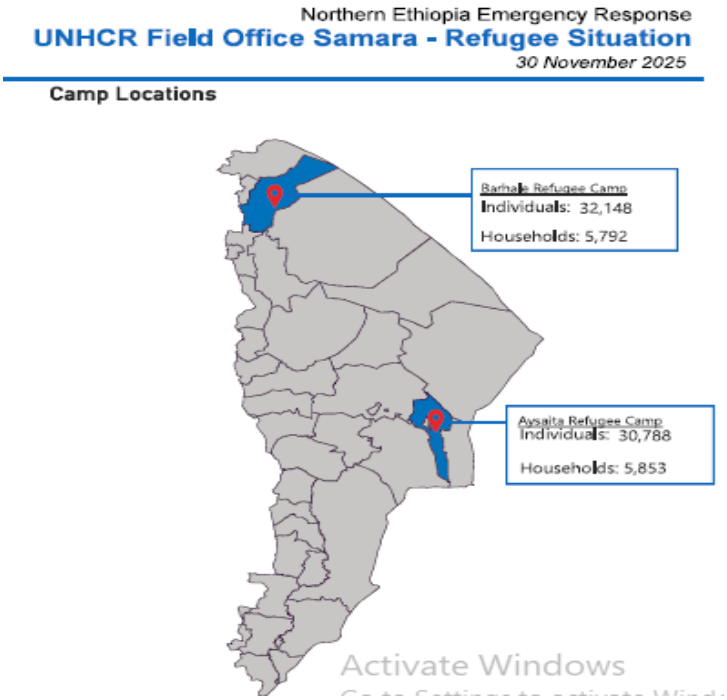
EXECUTIVE SUMMARY

The Afar region is in the northeastern part of Ethiopia and is one of the hottest climatic conditions. Danakil's depression situated in the Afar region forms the northern part of the region and is a largely desert bush with shallow salty lakes and long chains of volcanoes and the lowest point in Africa at 155 m below sea level. Seismic activity in the recent months have affected the region, damaging infrastructure and displacing population. Since 2025 the region has had 232 quakes of magnitude above 4 and up to 6. There are two refugee camps in Afar region namely, Aysaita and Berhale hosting Eritrean refugees. As of November 30th, 2025, 62,936 refugees and asylum seekers have been hosted in the region.

In December 2025, a Standardized Expanded Nutrition Survey (SENS) was conducted in these camps, coordinated by UNHCR, RRS, GOAL, and WFP.



Anthropometry and child health, Infant, and young child feeding (IYCF), Food security, WASH, and Mosquito nets modules were administered in all surveyed camps: following the UNHCR SENS v3 guidelines and SMART methodology. In addition to the standard SENS modules, demography, mortality also included to determine demographic profile, crude and under five mortality rates. Sampling was calculated based on the actual existing population in the camps at the time of the survey to capture the real impact of service provision and gaps observed in the camps.

The overall nutritional status has shown slight increment in the Afar Region's refugee camps. The global acute malnutrition (GAM) prevalence measured using both weight for height Z-score (WHZ) and Middle upper arm circumference (MUAC) remains critically high, in both Aysaita (25.8% in 2024, to 26.9 % in 2025) and Berhale (21.2% in 2024, to 25.3 in 2025). Overall malnutrition prevalence for 2024 is still above the UNHCR target and is classified as very high or critical according to WHO/UNICEF standards. Acute malnutrition has been identified significantly higher using MUAC in comparisons to WHZ in Afar camps. Severe acute malnutrition (SAM) prevalence in Aysaita and Berhale also remains above the UNHCR target of less than 2%, with rates of 4.8% and 4.7%, respectively. This critical level of Acute malnutrition is attributed to several factors, including a 40% food ration, lack of alternative income sources, minimal nutrition-sensitive activities, country-wide inflation, and all exacerbated by the harsh environmental conditions in the region. The Science for Policy report by UNICEF and

the Joint Research Centre (JRC) of the European Union assessed the use of acute malnutrition indicators for nutrition surveillance across 27 low- and middle-income countries, with a sample size of 682,283. The study found that MUAC identifies a higher percentage of acute malnutrition among stunted children, girls, and those under two years of age (UNICEF & European Commission Joint Research Centre, 2022).

Stunting prevalence have been observed to be extremely high in Afar camps surpassing the very threshold by WHO/UNICEF. It has been shown constant increment over the past years (67.4% in 2024 and 73.2% in 2025 in Aysaita camp and 51.0 % in 2024 Vs 51.6% in 2025 in Berhale camp). This might be attributed by profound, chronic undernutrition in the community due to persistent food insecurity, inadequate care practices, poor hygiene and sanitation.

Key health service indicators in the Afar refugee camps have been assessed and found to be within standard ranges. Measles vaccination coverage is in accordance with the target (≥95%) of UNHCR/SPHERE, 98.5% and 98.3% respectively in Aysaita and Berhale camps. Vitamin A supplementation meets the UNHCR/SPHERE standard of ≥90%, with coverage at 98.2% in Aysaita and 92.4% in Berhale. Deworming coverage for children over two years is 78.0% in Berhale and 97.5% in Aysaita meeting the standard of ≥75%.

Infant and young child feeding (IYCF) practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. UNHCR along with partners and other UN agencies advocate for Optimal Infant and Young child feeding practices with vision of promoting, protecting supporting IYCF interventions. Key Infant and Young child feeding practices, timely initiation of breastfeeding, Exclusive breastfeeding, Introduction of solid, semi-solid or soft foods and consumption of iron-rich foods have been seen within the target of ≥ 85%, ≥75%, ≥60% respectively for both camps in Afar operations except for Aysaita with Introduction of solid, semi-solid or soft foods (57.1%).

Food security in terms of availability through in kind and Cash distribution has been hampered due to reducing resources to provide the planned food ration. Some of the commodities in the food ration are no longer provided and ultimately, only to provide 40% of the energy requirement comparing to 2100Kcal has been provided. The drought in the region and constant inflation coupled with severe ration cut has negatively impacted the household food security and nutritional status of the community. More than two thirds of the community have been practicing one or more negative coping strategies, and the food
consumption score in all camps has been observed to be in poor category for more than half of the respondents in Afar operation.

Despite the ongoing support from UNHCR with its partners and other UN agencies to ensure all services are provided adequately and in a dignified manner to all persons of concerns, the dwindling funding situation have impacted the assistance severely in which the life of refugee children and women have been suffered. So, multisectoral response, strategic shift from assistance based to self-reliance interventions to address the food and nutrition security is much needed to avert the intergenerational impact of malnutrition to the community.

Table 1: **Summary of Key Findings for Afar Camps 2025**

Surveyed Area **Data collection period**	**Aysaita** **20th - 23rd Dec 2025**	**Berhale** **27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
CHILDREN 6-59 months % [95% CI]			
Acute Malnutrition (WHO 2006 Growth Standards) and MUAC	n=271	n=277	
Global Acute Malnutrition (GAM)	(73) 26.9 % (22.0 - 32.5 95% C.I.)	(70) 25.3 % (20.5 - 30.7 95% C.I.)	Very high/critical if ≥ 15% (WHO-UNICEF) UNHCR Target of < 10%
Severe Acute Malnutrition (SAM)	(13) 4.8 % (2.8 - 8.0 95% C.I.)	(13) 4.7 % (2.8 - 7.9 95% C.I.)	UNHCR Target of < 2%
Acute Malnutrition (WHO 2006 Growth Standards)- WHZ	n=270	n=276	
Global Acute Malnutrition (GAM)	(31) 11.5 % (8.2 - 15.8 95% C.I.)	(40) 14.5 % (10.8 - 19.1 95% C.I.)	Very high/critical if ≥ 15% (WHO-UNICEF) UNHCR Target of < 10%
Moderate Acute Malnutrition (MAM)	(25) 9.3 % (6.4 - 13.3 95% C.I.)	(34) 12.3 % (9.0 - 16.7 95% C.I.)	
Severe Acute Malnutrition (SAM)	(6) 2.2 % (1.0 - 4.8 95% C.I.)	(6) 2.2 % (1.0 - 4.7 95% C.I.)	UNHCR Target of < 2%
Oedema	0.0%	0.0%	
Mid Upper Arm Circumference (MUAC)	n=271	n=277	
MUAC <125 mm and/or oedema	(62) 22.9 % (18.3 - 28.2 95% C.I.)	(34) 12.3 % (9.0 - 16.7 95% C.I.)	
MUAC 115-124 mm	(52) 19.2 % (14.9 - 24.3 95% C.I.)	(6) 2.2 % (1.0 - 4.7 95% C.I.)	
MUAC <115 mm and/or oedema	(10) 3.7 %	(34) 12.3 %	

Surveyed Area	Aysaita	Berhale	
Data collection period	**20th - 23rd Dec 2025**	**27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
	(2.0 - 6.7 95% C.I.)	(9.0 - 16.7 95% C.I.)	
Stunting (WHO 2006 Growth Standards)	n= 261	n=258	
Total Stunting	(191) 73.2 % (67.5 - 78.2 95% C.I.)	(133) 51.6 % (45.5 - 57.6 95% C.I.)	Very high/critical if ≥ 30% (WHO-UNICEF)
Severe Stunting	(114) 43.7 % (37.8 - 49.7 95% C.I.)	(56) 21.7 % (17.1 - 27.1 95% C.I.)	
Programme coverage			
Measles vaccination with card or recall (9-59 months)	(260/264) 98.5% (96.1-99.6)	(225/229) 98.3% (95.6-99.5)	Target of ≥ 95%
Vitamin A supplementation within past the 6 months with card or recall	(266/271) 98.2% (95.6-99.4)	(255/276) 92.4% (88.6-95.2)	Target of ≥ 90%
Deworming (children 24-59 months)	(191/196) 97.5% (94.2-99.2)	(110/141) 78.0% (70.3-84.6)	
Diarrhoea			
Diarrhoea in the last 2 weeks	(61/271) 13.8% (10.1-18.3)	(29/273) 10.6% (7.2-14.9)	
CHILDREN 0-23 months % [95% CI]			
IYCF indicators			
Timely initiation of breastfeeding	(103/103) 100%	(66/131) 50.4% (41.5-59.2)	UNHCR Target of ≥ 85%
Exclusive breastfeeding under 6 months	(27/28) 96.4% (81.7-99.9)	(8/14) 57.1% (28.9-82.3)	UNHCR Target of ≥ 75%
Introduction of solid, semi-solid or soft foods	(4/7) 57.1% (18.4-90.1)	(4/6) 66.7% (22.3-95.7)	UNHCR Target of ≥ 60%

Surveyed Area	Aysaita	Berhale	
Data collection period	**20th - 23rd Dec 2025**	**27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
Consumption of iron-rich or iron-fortified foods	(64/75) 85.3%% (75.3-92.4)	(42/46) 91.3% (79.2-97.6)	UNHCR Target of ≥ 60%
Bottle feeding	0.0%	(1/110) 0.9% (0.0-4.9)	UNHCR Target of < 5%
Minimum Acceptable Diet Consumption (%)	(18/75) 24.0% (14.9-35.3)	(8/46) 17.4% ((7.8-31.4))	
DEMOGRAPHY % [95% CI]			
Household size and Composition			
Average household size (mean, SD / range)	5.9 (3.9) [1.0-15.0]	5.1 (3.3) [1.0-14.0]	
Percent of children U2	6.5%	8.5%	
Percent of children U5	18.2%	20.2%	
Percent of pregnant women	1.5%	1.4%	
Household Head Profile			
Female headed households	(187/275) 68.0% (62.1-73.5)	(214/302) 70.9% (65.5-75.7)	
Male headed households	(68/275) 24.7% (19.7-30.3)	(76/302) 25.2% (20.6-30.4)	
Children headed households	(1/275) 0.4% (0.0-2.0)	(1/302) 0.3% (0.0-1.9)	
Elderly headed households (above 64 years)	(19/275) 6.9% (4.2-10.6)	(11/302) 3.6% (2.1-6.4)	
Age dependency ratio			
Average age dependency ratio (mean, SD / range)	1.27 (1.13 SD) [0.0-6.0]	1.12 (1.24 SD) [0.0 – 10.0]	
FOOD SECURITY % [95% CI]			

Surveyed Area	Aysaita	Berhale	
Data collection period	**20th - 23rd Dec 2025**	**27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
Proportion of households receiving food assistance (in-kind and/or cash grants and/or food vouchers)	(137/139) 98.6% (94.9-99.8)	(148/149) 99.3% (96.3-99.9)	
Negative household coping strategies			
Proportion of households reporting using one or more negative coping strategies over the past 4 weeks	(125/137) 91.2% (85.2-95.4)	(135/148) 91.2% (85.5-95.2)	
Proportion of households reporting using the following coping strategies over the past 7 days:			
Rely on less preferred and/or less expensive foods	(118/139) 84.9% (77.8-90.4)	(119/149) 79.9% (72.5-85.9)	
Borrow food, or rely on help from a friend or relative	(103/139) 74.1% (65.9-81.2)	(102/149) 68.5% (60.4-75.8)	
Reduce the number of meals eaten in a day	(121/139) 87.1% (80.3-92.1)	(131/149) 87.9% (81.6-92.7)	
Limit portion sizes at mealtime	(128/139) 92.1% (86.3-95.9)	(126/149) 84.6% (77.7-89.9)	
Reduce consumption by adults so children could eat	(97/139) 69.8% (61.4-77.3)	(95/149) 63.8% (55.5-71.5)	
Average rCSI (mean, SD / range)	25.2 (15.7 SD) [0-56]	25.0 (17.2 SD) [0-56]	
Food Consumption Score (FCS)			
Average FCS (mean, SD / range)	27.6 (10.9 SD) [2.2-55.5]	31.0 (9.7 SD) [6.0-70.5]	
FCS profiles:			
Acceptable	(38/139) 27.3% (20.1-35.5)	(48/149) 32.2% (24.8-40.4)	
Borderline	(63/139)	(77/149)	

Surveyed Area	Aysaita	Berhale	
Data collection period	**20th - 23rd Dec 2025**	**27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
	45.3% (36.9-53.9)	51.7% (43.4-59.9)	
Poor	(38/139) 27.3% (20.1-35.5)	(24/149) 16.1% (10.6-23.0)	
MOSQUITO NET COVERAGE % [95% CI]			
Mosquito net ownership			
Proportion of households owning at least one LLIN	(26/127) 20.5% (13.8-28.5)	(6/144) 4.2% (1.5-8.9)	Target of > 80%
Average number of persons per LLIN (mean)	24	44.2	2 persons per LLIN
Mosquito net utilisation			
Proportion of household members (all ages) who slept under an LLIN	5.1%	2.3%	
Proportion of children 0-59 months who slept under an LLIN	5.5%	8.5%	
Proportion of pregnant women who slept under an LLIN	7.1%	13.0%	
Indoor residual spraying			
Proportion of households covered by IRS	0.0%	0.0%	
WASH % [95% CI]			
Water quality			
Proportion of households collecting drinking water from protected/treated sources	100%	(147/148) 99.3% (96.3-99.9)	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	(39/139) 28.1% (20.8-36.3)	(40/148) 27.0% (20.1-34.9)	
Proportion of households that use domestic water collected from protected/treated sources (with	(11/139) 7.9% (4.0-13.7)	(11/148) 7.4% (3.8-12.9)	

Surveyed Area	Aysaita	Berhale	
Data collection period	**20th - 23rd Dec 2025**	**27th - 30th Dec 2025**	**Classification of public health significance or target (where applicable)**
protected containers only): 15 - <20 lpppd			
Proportion of households that use domestic water collected from protected/treated sources (with protected containers only): <15 lpppd	(89/139) 64.0% (55.5-71.9)	(97/148) 65.5% (57.3-73.2)	
Toilet/Latrine use			
Proportion of households reporting defecating in a toilet	(92/139) 66.2% (57.7-73.9)	(50/148) 33.8% (26.2-42.0)	Emergency: ≥ 60% Post-emergency: ≥ 85%
Access to soap			
Proportion of households with access to soap	(37/139) 26.6% (19.5-34.8)	(41/148) 27.7% (20.7-35.7)	Emergency: ≥ 70% Post-emergency: ≥ 90%
Mortality Rate			
Crude Mortality Rate (CMR)	0.22 (0.08-0.55)	0.11 (0.03-0.40)	Target <1/10,000
U5 Mortality Rate (UMR)	0.00 (0.00-1.11)	0.28 (0.05-1.57)	Target <2/10,000

OBJECTIVES OF THE SURVEY

The main objective of the nutrition survey is to assess the general health and nutrition status of refugees residing in Aysaita and Berhale camps and devise workable recommendations for appropriate nutritional and public health interventions.

The primary objectives were:

1. To determine the demographic profile of the population.
2. To determine the age dependency ratio.
3. To measure the prevalence of acute malnutrition in children aged 6-59 months.
4. To measure the prevalence of stunting in children aged 6-59 months.
5. To determine the coverage of measles vaccination among children aged 9-59 months.
6. To determine the coverage of vitamin A supplementation in the last six months among children aged 6-59 months.
7. To determine the two-week period prevalence of diarrhoea among children 6-59 months.
8. To investigate IYCF practices among children aged 0-23 months.
9. To determine the coverage of households receiving in-kind food assistance and the duration of the general in-kind food distribution for recipients' 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 establish recommendations on actions to be taken to address the situation in the refuge population in the three camps.

METHODOLOGY

SENS has been conducted in both camps of Afar operation (Aysaita and Berhale) targeting refugee populations residing in the camps.

Survey Design

The survey was based on the UNHCR Standardized Expanded Nutrition Survey (SENS) guidelines for refugee populations. The data was collected using SMART phone KOBO v2024.2.4. Cross sectional survey design with Simple random

sampling methodology was used for all refugee camps to obtain the sample of households to be surveyed.

Sampling and Sample size Calculation

ENA for SMART software was employed to calculate sample size and generate random tables. The upper confidence interval of the previous year's (*i.e.,* 2024) nutrition survey global acute malnutrition prevalence/Mortality rate/ was used as an estimate of the prevalence, average family size and under five populations were obtained from household head count and verification. Household verification, population head count in the households, and labelling was done by GOAL prior to the survey. To account for absentees and refusals 10-15% non-response was used in all the three camps. And where applicable finite population correction formula for small population size was used.

Table 2**: Sample Size calculations for Anthropometric Assessment**

	Aysaita	**Berhale**
[1]Total population	5,135	4,246
[2]Population of children U5	975	681
Estimated prevalence of GAM (%)- Upper CI (SENS 2018)	18.5%	17%
± Desired precision (%) (UNHCR SENS guidelines)	± 4%	± 4%
Children to be included	**257**	**218**
Average household size (UNHCR Progress data)	6.0	6.6

[1] Total Population was obtained from Household verification and head count prior to the survey.
[2] U5 Population was also obtained from Household verification and head count prior to the survey.

<5 population (%)	19.0%	16%
Non-response households (%)	10	10
Households to be included	**278**	**255**

Table 3**: Sample size Calculations for Mortality**

	Aysaita	**Berhale**
Estimated rate (deaths/10,000/day)	0.5	0.9
± Desired precision (deaths/10,000/day) (SMART guidelines)	0.3	0.3
Population to be included	1321	1825
Average household size	6.0	6.6
Recall period. (27th of September 2024)	120	120
Non-response households (%)	10	10
Households to be included	**245**	**307**

Data Collection and Analysis

Totally 5 Survey teams were organized per camp comprising of five members including the team leader, interviewer, translator, lead anthropometric measurer, and assistant measurer/guider. Central training of the core teams was organized for 4 days including a day for standardization and pilot test at field level. Data collection was conducted for three to four days with coordination and supervision from UNHCR, RRS, and GOAL.

Questionnaires for all the SENS modules including demography and mortality modules were uploaded onto android mobile phones for data collection of household level and individual level indicators. All eligible children aged 0-59 months from all selected households were included in the assessment of anthropometry, measles vaccination and vitamin A coverage, enrolment in the nutrition program, and diarrhea for the recall period of the last two weeks, and infant and young child feeding (0-23 months), whilst half of the visited households were selected for Food Security, WASH, Mosquito net and the Women questionnaire.

Data analysis for anthropometric, demography and mortality modules were conducted using ENA for SMART version 11th Jan 2020 and Epi info version 7.2.4.0 for the other data sets.

Results

Demography indicators

Household size and composition

Table 4: HOUSEHOLD SIZE AND COMPOSITION

Household size and composition		Aysaita	Berhale
Population size – Total persons		***5135***	***4246***
Total population surveyed – Total persons (all ages)		1628	1549
Total U2 surveyed		106	132
Total U5 surveyed		297	313
Average household size		5.9	5.12
Household size categories	1-4 person(s)	34.2%	47.0%
	5-6 persons	25.5%	22.6%
	7-9 persons	28.0%	21.9%
	≥ 10 persons	12.4%	8.3%
Household composition	Children under two	0.38	0.43
	Children under five	1.08	1.03
	Children aged 5-14 years	1.8	1.34
	Members aged 15-64 years	2.6	2.55
	Members aged 65 years and above	0.11	0.07
Percent of children U2		6.5%	8.5%
Percent of children U5		18.2%	20.2%
Percent pregnant women (15-49 years)		1.5%	1.4%
Percent of elders (65 years and above)		1.9%	1.5%

Household size and composition	Aysaita	Berhale
Sex ratio (*Female/ Male)*	1.02	1.15

Household Head Profile

Table 5: HOUSEHOLD HEAD PROFILE

	Aysaita		Berhale	
	Number/ total	% (95% CI)	Number /total	% (95% CI)
Female headed households (Working age 15-64 years)	187/275	68.0% (62.1-73.5)	214/302	70.9% (65.5-75.7)
Male headed households (Working age 15-64 years)	68/275	24.7% (19.7-30.3)	76/302	25.2% (20.6-30.4)
Children headed households (Under 15 years)	1/275	0.4% (0.0-2.0)	1/302	0.3% (0.0-1.9)
Elderly headed households (65 years and above)	19/275	6.9% (4.2-10.6)	11/302	3.6% (2.1-6.4)
Mean age of household head in years	41.1 years [14-80]		37.9 years [14-80]	

Most of the households in Afar operations have been seen female headed households which shows most household decisions are made by female. The average age of the head of household's ranges from 37.9 to 41.1 years.

Age dependency ratio

Table 6: AGE DEPENDENCY RATIO, BY CAMP*

Age dependency ratio		Aysaita	Berhale
Mean (SD) [range]	**SRS design****	1.27 (1.13 SD) [0.0-6.0]	1.12 (1.24 SD) [0.0 – 10.0]

Table 7: AGE DEPENDENCY RATIO CATEGORIES BY HOUSEHOLD, BY CAMP

Survey Area	Age dependency categories		Age dependency ratio	Number / Total	% (95% CI)
Aysaita	Category I	1 dependent or less per non-dependent member	≤ 1	155/275	56.4% (50.3-62.1)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	42/275	15.3% (11.2-20.1)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	34/275	12.3% (8.7-16.9)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	44/275	16.0% (11.9-20.9)
Berhale	Category I	1 dependent or less per non-dependent member	≤ 1	204/302	67.6% (62.1-72.6)
	Category II	Up to 3 dependents per 2 non-dependent members	1.1-1.5	26/302	8.6% (5.9-12.3)
	Category III	Up to 2 dependents per non-dependent members	1.6-2.0	33/302	10.9% (7.9-14.9)
	Category IV	More than 2 dependents per non-dependent members	≥2.1	39/302	12.9% (9.6-17.2)

Less than 1 dependent per non dependent households have been reported in both camps whereas up to two dependants per non dependent family number proportion have been observed to be between 10.9 – 12,3% in Berhale and Aysaita camps respectively.

Children 6-59 months

Age and Sex Distribution

Table 8 : CHILDREN 6-59 MONTHS - DISTRIBUTION OF AGE AND SEX OF SAMPLE IN AYSAITA CAMP

	Boys		Girls		Total		Ratio
Age (mo)	**no.**	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**
6-17	24	39.3	37	60.7	61	22.5	0.6
18-29	31	47.7	34	52.3	65	24.0	0.9
30-41	34	53.1	30	46.9	64	23.6	1.1
42-53	28	54.9	23	45.1	51	18.8	1.2
54-59	13	43.3	17	56.7	30	11.1	0.8
Total	130	48.0	141	52.0	271	100.0	0.9

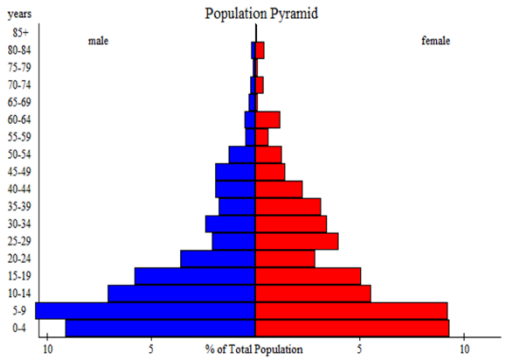
Table 9 : CHILDREN 6-59 MONTHS - DISTRIBUTION OF AGE AND SEX OF SAMPLE IN BERHALE CAMP

	Boys		Girls		Total		Ratio
Age (mo)	**no.**	**%**	**no.**	**%**	**no.**	**%**	**Boy:Girl**
6-17	46	54.1	39	45.9	85	30.7	1.2
18-29	25	45.5	30	54.5	55	19.9	0.8
30-41	32	56.1	25	43.9	57	20.6	1.3
42-53	22	44.9	27	55.1	49	17.7	0.8
54-59	15	48.4	16	51.6	31	11.2	0.9
Total	140	50.5	137	49.5	277	100.0	1.0

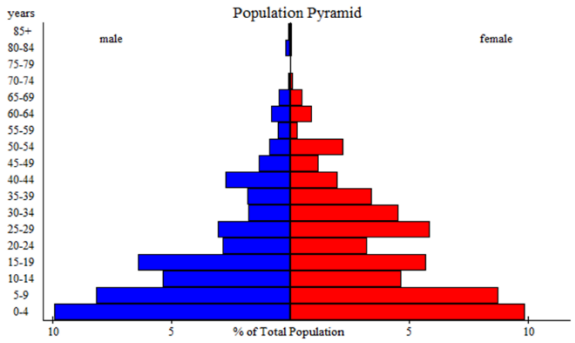
In SENS 2025 female and male children were equally represented for anthropometric analysis as the ratio shows 0.9-1.0.

Figure 1: Population Pyramid

Aysaita



Berhale



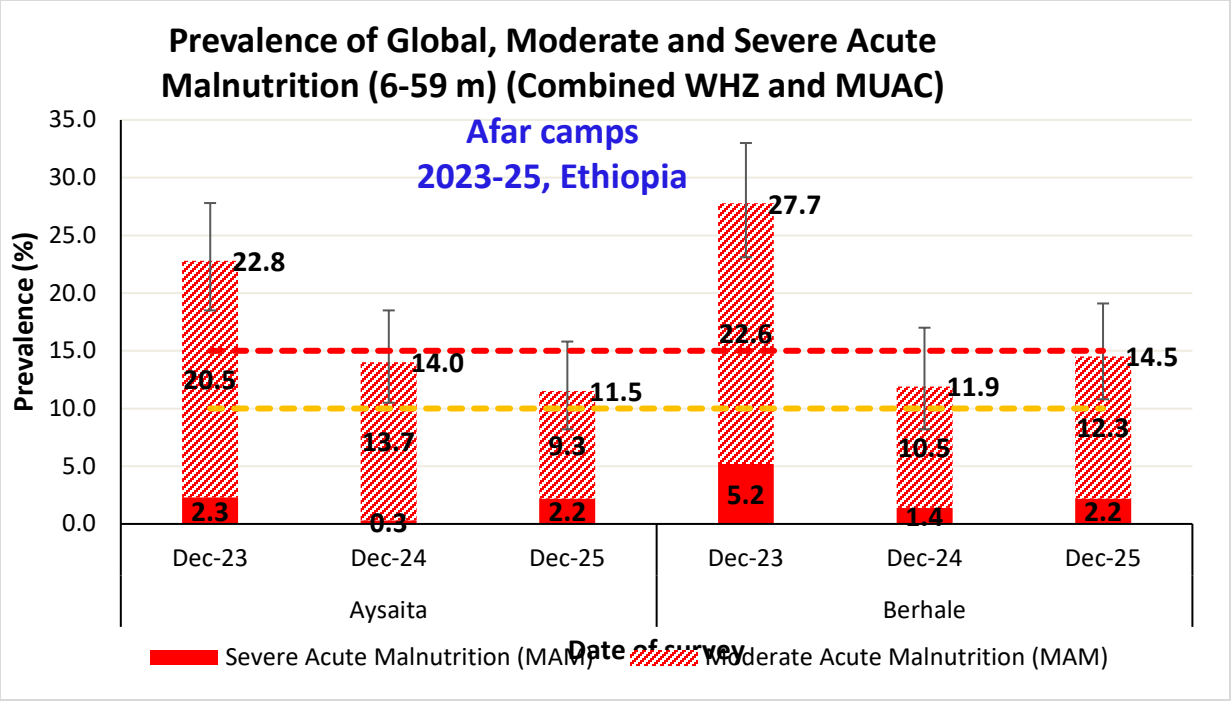
Anthropometric results (based on Combined WHO Growth Standards 2006 and MUAC)

Table 10: Prevalence of combined GAM and SAM based on WHZ and MUAC cut off's (and/or oedema) and by sex*

	AYSIATA			BERHALE		
	All n = 271	**Boys** n = 130	**Girls** n = 141	**All** n = 277	**Boys** n = 140	**Girls** n = 137
Prevalence of combined GAM (WHZ <-2 and/or MUAC < 125 mm and/or oedema)	(73) 26.9 % (22.0 - 32.5 95% C.I.)	(33) 25.4 % (18.7 - 33.5 95% C.I.)	(40) 28.4 % (21.6 - 36.3 95% C.I.)	(70) 25.3 % (20.5 - 30.7 95% C.I)	(32) 22.9 % (16.7 - 30.5 95% C.I.)	(38) 27.7 % (20.9 - 35.8 95% C.I.)
Prevalence of combined SAM (WHZ < -3 and/or MUAC < 115 mm and/or oedema	(13) 4.8 % (2.8 - 8.0 95% C.I.)	(5) 3.8 % (1.7 - 8.7 95% C.I.)	(8) 5.7 % (2.9 - 10.8 95% C.I.)	(13) 4.7 % (2.8 - 7.9 95% C.I.)	(8) 5.7 % (2.9 - 10.9 95% C.I.)	(5) 3.6 % (1.6 - 8.3 95% C.I.)

Despite the absence of cut off point for combined WHZ and MUAC prevalences to classify the phase and stage of malnutrition, it has been learned that the exact magnitude of malnutrition in the given camp or community can be reflected using both parameters. The prevalence of malnutrition in Afar camps reflects that 1 in four children is malnourished which is critical.

Figure 2: Prevalence of Global, Moderate and Severe Acute Malnutrition (6-59 m) (Combined WHZ and MUAC) Afar camps, 2023-25.



Anthropometric results (based on WHO Growth Standards 2006)

Table 11: PREVALENCE OF ACUTE MALNUTRITION BASED ON WEIGHT-FOR-HEIGHT Z-SCORES

	Aysaita			Berhale		
	All n = 270	**Boys** n = 129	**Girls** n = 141	**All** n = 276	**Boys** n = 139	**Girls** n = 137
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(31) 11.5 % (8.2 - 15.8 95% C.I.)	(17) 13.2 % (8.4 - 20.1 95% C.I.)	(14) 9.9 % (6.0 - 16.0 95% C.I.)	(40) 14.5 % (10.8 - 19.1 95% C.I.)	(23) 16.5% (11.3 - 23.6 95% C.I.)	(17) 12.4 % (7.9 - 19.0 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and ≥-3 z-score, no oedema)	(25) 9.3 % (6.4 - 13.3 95% C.I.)	(16) 12.4 % (7.8 - 19.2 95% C.I.)	(9) 6.4 % (3.4 - 11.7 95% C.I.)	(34) 12.3 % (9.0 - 16.7 95% C.I.)	(19) 13.7% (8.9 - 20.4 95% C.I.)	(15) 10.9 % (6.7 - 17.3 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(6) 2.2 % (1.0 - 4.8 95% C.I.)	(1) 0.8 % (0.1 - 4.3 95% C.I.)	(5) 3.5 % (1.5 - 8.0 95% C.I.)	(6) 2.2 % (1.0 - 4.7 95% C.I.)	(4) 2.9 % (1.1 - 7.2 95% C.I.)	(2) 1.5 % (0.4 - 5.2 95% C.I.)

The prevalence of oedema is 0%

Comparing sex in terms of wasting using WHZ, boys' malnutrition is more prevalent than girls in Aysaita camp, whereas it has been seen to be vice versa in Berhale camp.

Figure 3: PREVALENCE OF GLOBAL AND SEVERE ACUTE MALNUTRITION BASED ON WHO GROWTH STANDARDS IN CHILDREN 6-59 MONTHS FROM 2022-2024, BY CAMP.

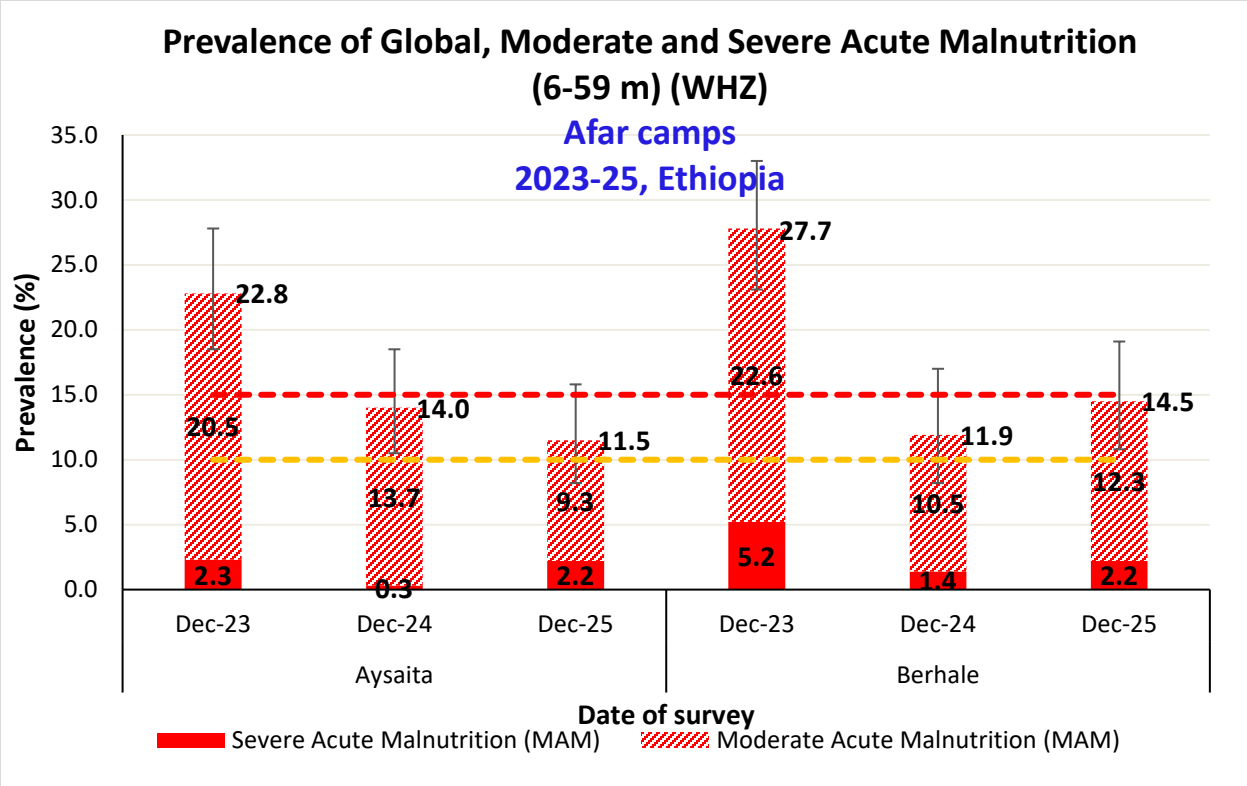


Table 12: PREVALENCE OF ACUTE MALNUTRITION BY AGE, BASED ON WEIGHT-FOR-HEIGHT Z-SCORES AND/OR OEDEMA, IN AYSAITA CAMP

Age (mo)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	61	3	4.9	6	9.8	52	85.2	0	0.0
18-29	65	1	1.5	11	16.9	53	81.5	0	0.0
30-41	63	0	0.0	4	6.3	59	93.7	0	0.0
42-53	51	1	2.0	3	5.9	47	92.2	0	0.0
54-59	30	1	3.3	1	3.3	28	93.3	0	0.0
Total	270	6	2.2	25	9.3	239	88.5	0	0.0

Young age groups are more malnourished than the older groups

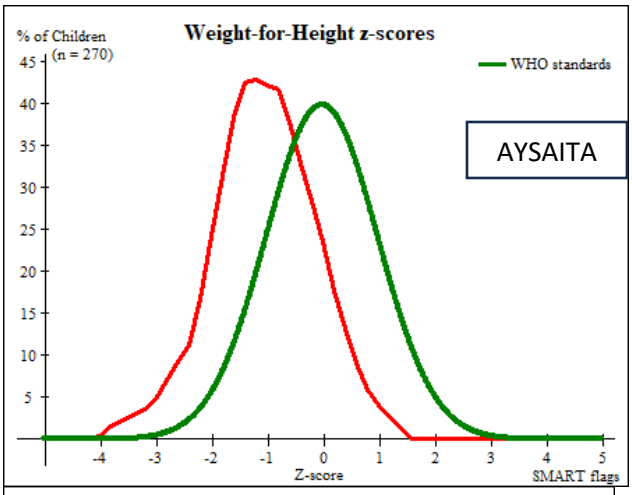
Table 13: PREVALENCE OF ACUTE MALNUTRITION BY AGE, BASED ON WEIGHT-FOR-HEIGHT Z-SCORES AND/OR OEDEMA, IN BERHALE CAMP

Age (mo)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	84	4	4.8	11	13.1	69	82.1	0	0.0

18-29	55	2	3.6	9	16.4	44	80.0	0	0.0
30-41	57	0	0.0	4	7.0	53	93.0	0	0.0
42-53	49	0	0.0	5	10.2	44	89.8	0	0.0
54-59	31	0	0.0	5	16.1	26	83.9	0	0.0
Total	276	6	2.2	34	12.3	236	85.5	0	0.0

In Barhale camp older children have been found to be more malnourished comparing to younger children.

Figure 4 : DISTRIBUTION OF WEIGHT-FOR-HEIGHT 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 AYSAITA CAMP AND BERHALE CAMP COMPARED TO REFERENCE POPULATION



BERHALE

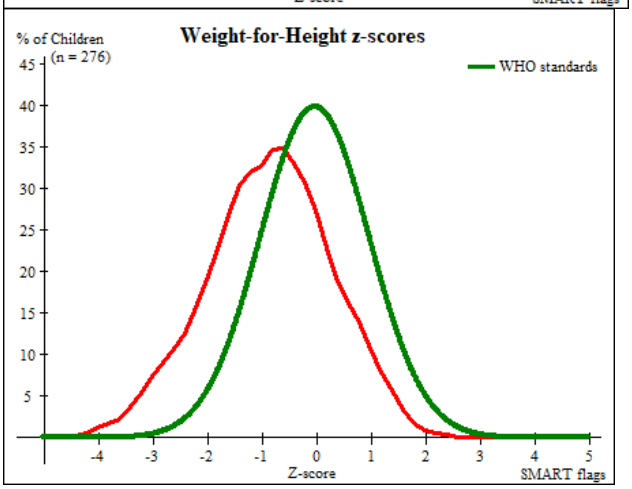


Table 14: PREVALENCE OF MUAC MALNUTRITION, BY CAMP

	Aysaita			Berhale		
	All	**Boys**	**Girls**	**All**	**Boys**	**Girls**

	n = 271	n = 130	n = 141	n = 277	n = 140	n = 137
Prevalence of global malnutrition (< 125 mm and/or oedema)	(62) 22.9 % (18.3 - 28.2 95% C.I.)	(26) 20.0 % (14.0 - 27.7 95% C.I.)	(36) 25.5 % (19.1 - 33.3 95% C.I.)	(47) 17.0 % (13.0 - 21.8 95% C.I.)	(22) 15.7 % (10.6 - 22.6 95% C.I.)	(25) 18.2 % (12.7 - 25.6 95% C.I.)
Prevalence of moderate malnutrition (< 125 and >= 115 mm, no oedema)	(52) 19.2 % (14.9 - 24.3 95% C.I.)	(22) 16.9 % (11.4 - 24.3 95% C.I.)	(30) 21.3 % (15.3 - 28.7 95% C.I.)	(36) 13.0 % (9.5 - 17.5 95% C.I.)	(15) 10.7 % (6.6 - 16.9 95% C.I.)	(21) 15.3 % (10.2 - 22.3 95% C.I.)
Prevalence of severe malnutrition (< 115 mm and/or oedema)	(10) 3.7 % (2.0 - 6.7 95% C.I.)	(4) 3.1 % (1.2 - 7.6 95% C.I.)	(6) 4.3 % (2.0 - 9.0 95% C.I.)	(11) 4.0 % (2.2 - 7.0 95% C.I.)	(7) 5.0 % (2.4 - 10.0 95% C.I.)	(4) 2.9 % (1.1 - 7.3 95% C.I.)

MUAC malnutrition in Afar camps have been seen higher than WHZ as opposed to other locations. As stunting is widely prevalent in the camps, MUAC tends to identify acute malnutrition compared to WHZ.

Figure 5: Prevalence of Global, Moderate and Severe Acute Malnutrition (6-59 m) (MUAC) 2023-25

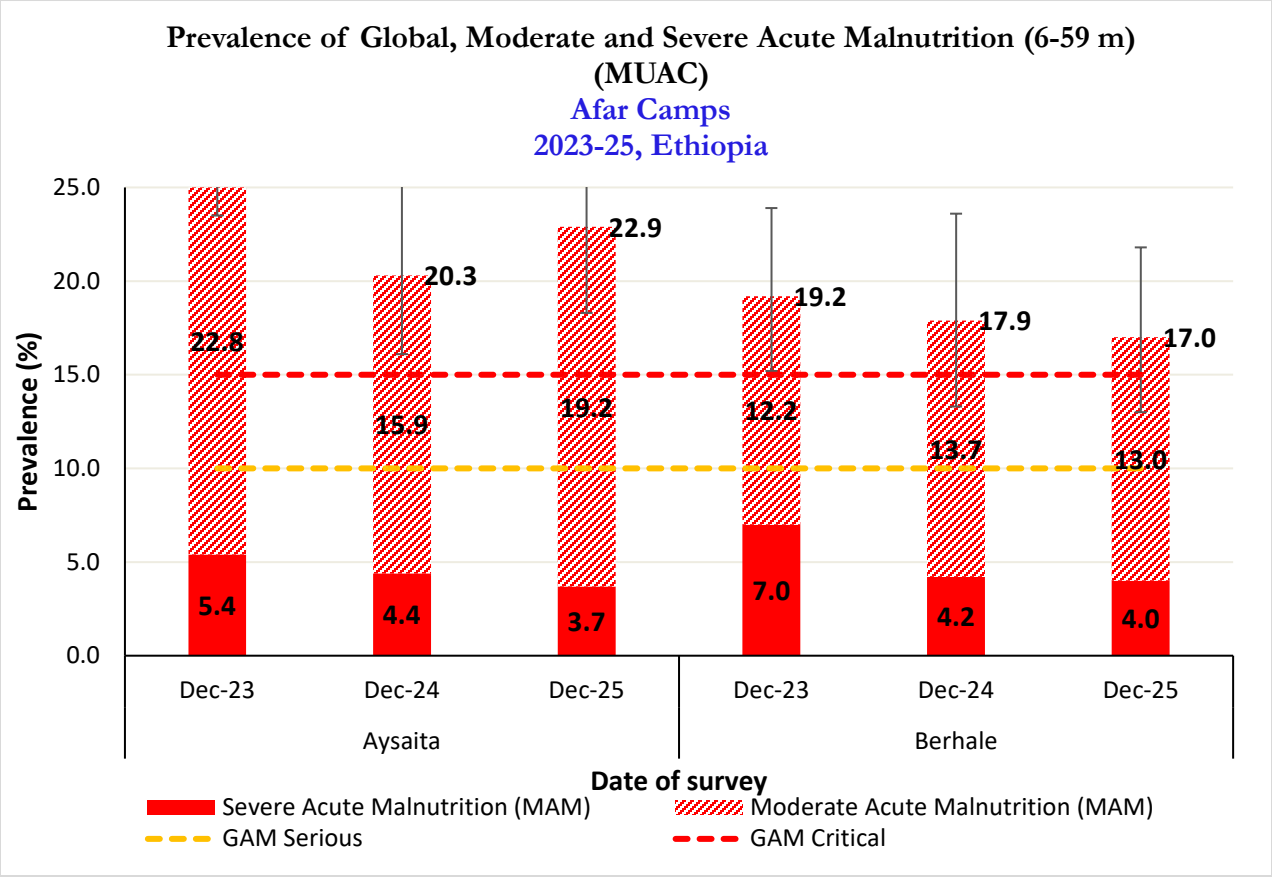


Table 15 : PREVALENCE OF MUAC MALNUTRITION BY AGE, BASED ON MUAC CUT OFF'S AND/OR OEDEMA, IN AYSAITA CAMP

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	61	9	14.8	22	36.1	30	49.2	0	0.0
18-29	65	1	1.5	22	33.8	42	64.6	0	0.0
30-41	64	0	0.0	4	6.3	60	93.8	0	0.0
42-53	51	0	0.0	3	5.9	48	94.1	0	0.0
54-59	30	0	0.0	1	3.3	29	96.7	0	0.0
Total	271	10	3.7	52	19.2	209	77.1	0	0.0

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

Age (mo)	Total no.	MUAC < 115 mm		MUAC >= 115 mm and < 125 mm		MUAC > = 125 mm		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	85	9	10.6	27	31.8	49	57.6	0	0.0
18-29	55	2	3.6	4	7.3	49	89.1	0	0.0
30-41	57	0	0.0	3	5.3	54	94.7	0	0.0
42-53	49	0	0.0	1	2.0	48	98.0	0	0.0
54-59	31	0	0.0	1	3.2	30	96.8	0	0.0
Total	277	11	4.0	36	13.0	230	83.0	0	0.0

MUAC malnutrition have been observed to be the highest in younger age group in both camps.

Table 17 : PREVALENCE OF UNDERWEIGHT BASED ON WEIGHT-FOR-AGE Z-SCORES AND BY SEX, BY CAMP

	Aysaita			Berhale		
	All n = 270	**Boys** n = 130	**Girls** n = 140	**All** n = 272	**Boys** n = 136	**Girls** n = 136
Prevalence of underweight (<-2 z-score)	(159) 58.9 % (52.9 - 64.6 95% C.I.)	(77) 59.2 % (50.6 - 67.3 95% C.I.)	(82) 58.6 % (50.3 - 66.4 95% C.I.)	(93) 34.2 % (28.8 - 40.0 95% C.I.)	(50) 36.8 % (29.1 - 45.1 95% C.I.)	(43) 31.6 % (24.4 - 39.8 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)	(95) 35.2 % (29.7 - 41.1 95% C.I.)	(47) 36.2 % (28.4 - 44.7 95% C.I.)	(48) 34.3 % (26.9 - 42.5 95% C.I.)	(63) 23.2 % (18.5 - 28.5 95% C.I.)	(34) 25.0 % (18.5 - 32.9 95% C.I.)	(29) 21.3 % (15.3 - 28.9 95% C.I.)

Prevalence of severe underweight (<-3 z-score)	(64) 23.7 % (19.0 - 29.1 95% C.I.)	(30) 23.1 % (16.7 - 31.0 95% C.I.)	(34) 24.3 % (17.9 - 32.0 95% C.I.)	(30) 11.0 % (7.8 - 15.3 95% C.I.)	(16) 11.8 % (7.4 - 18.3 95% C.I.)	(14) 10.3 % (6.2 - 16.5 95% C.I.)

Table 18 : PREVALENCE OF UNDERWEIGHT BY AGE BASED ON WEIGHT-FOR-AGE Z-SCORES, AND OEDEMA IN AYSAITA CAMP

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.	%
6-17	60	16	26.7	27	45.0	17	28.3	0	0.0
18-29	65	26	40.0	19	29.2	20	30.8	0	0.0
30-41	64	15	23.4	17	26.6	32	50.0	0	0.0
42-53	51	3	5.9	19	37.3	29	56.9	0	0.0
54-59	30	4	13.3	13	43.3	13	43.3	0	0.0
Total	270	64	23.7	95	35.2	111	41.1	0	0.0

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

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.	%
6-17	80	14	17.5	26	32.5	40	50.0	0	0.0
18-29	55	13	23.6	13	23.6	29	52.7	0	0.0
30-41	57	2	3.5	10	17.5	45	78.9	0	0.0
42-53	49	0	0.0	9	18.4	40	81.6	0	0.0
54-59	31	1	3.2	5	16.1	25	80.6	0	0.0
Total	272	30	11.0	63	23.2	179	65.8	0	0.0

Table 20 : PREVALENCE OF STUNTING BASED ON HEIGHT-FOR-AGE Z-SCORES AND BY SEX, BY CAMP

	Aysaita			Berhale		
	All n = 261	**Boys** n = 123	**Girls** n = 138	**All** n = 258	**Boys** n = 131	**Girls** n = 127
Prevalence of stunting (<-2 z-score)	(191) 73.2 % (67.5 - 78.2 95% C.I.)	(91) 74.0 % (65.6 - 80.9 95% C.I.)	(100) 72.5 % (64.5 - 79.2 95% C.I.)	(133) 51.6% (45.5 - 57.6 95% C.I.)	(72) 55.0 % (46.4 - 63.2 95% C.I.)	(61) 48.0 % (39.5 - 56.7 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)	(77) 29.5 % (24.3 - 35.3 95% C.I.)	(38) 30.9 % (23.4 - 39.5 95% C.I.)	(39) 28.3 % (21.4 - 36.3 95% C.I.)	(77) 29.8 % (24.6 - 35.7 95% C.I.)	(40) 30.5 % (23.3 - 38.9 95% C.I.)	(37) 29.1 % (21.9 - 37.6 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(114) 43.7 % (37.8 - 49.7 95% C.I.)	(53) 43.1 % (34.7 - 51.9 95% C.I.)	(61) 44.2 % (36.2 - 52.5 95% C.I.)	(56) 21.7 % (17.1 - 27.1 95% C.I.)	(32) 24.4 % (17.9 - 32.4 95% C.I.)	(24) 18.9 % (13.0 - 26.6 95% C.I.)

Stunting is more prevalent in Afar camps. The percentage of children stunted in both camps surpassed the critical level of ≥ 30% in both Aysaita and Berhale camps. This indicates that interventions targeting stunting reduction should be planned to save the future of the children and the community.

Figure 6: PREVALENCE OF GLOBAL AND SEVERE STUNTING BASED ON WHO GROWTH STANDARDS IN CHILDREN 6-59 MONTHS FROM 2023-2025, BY CAMP.

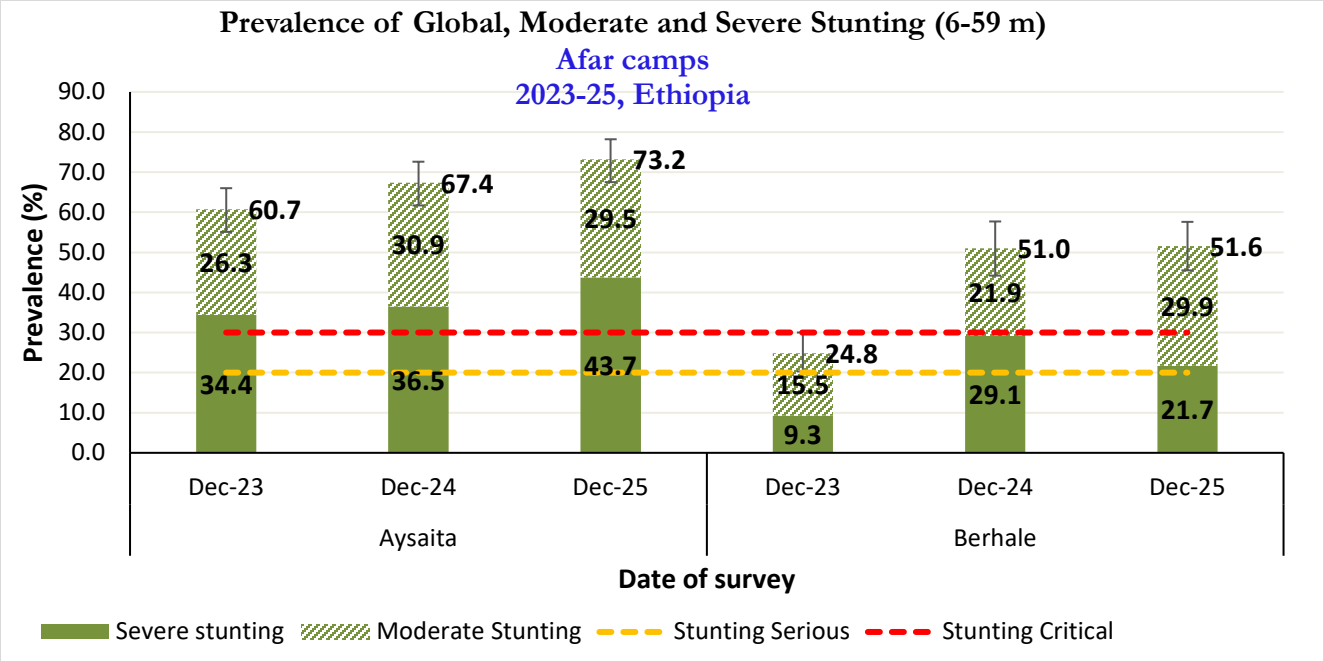


Table 21: PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, IN AYSAITA CAMP

Age (mo)	Total no.	Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
		No.	%	No.	%	No.	%
6-17	57	31	54.4	14	24.6	12	21.1
18-29	64	37	57.8	16	25.0	11	17.2
30-41	62	28	45.2	18	29.0	16	25.8
42-53	48	10	20.8	19	39.6	19	39.6
54-59	30	8	26.7	10	33.3	12	40.0
Total	261	114	43.7	77	29.5	70	26.8

Table 22: PREVALENCE OF STUNTING BY AGE BASED ON HEIGHT-FOR-AGE Z-SCORES, IN BERHALE CAMP

Age (mo)	Total no.	Severe stunting (<-3 z-score)		Moderate stunting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)	
		No.	%	No.	%	No.	%
6-17	76	19	25.0	31	40.8	26	34.2
18-29	51	17	33.3	17	33.3	17	33.3
30-41	55	10	18.2	13	23.6	32	58.2
42-53	45	9	20.0	11	24.4	25	55.6
54-59	31	1	3.2	5	16.1	25	80.6
Total	258	56	21.7	77	29.8	125	48.4

Figure 7: 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 AYSAITA CAMP AND BERHALE CAMP COMPARED TO REFERENCE

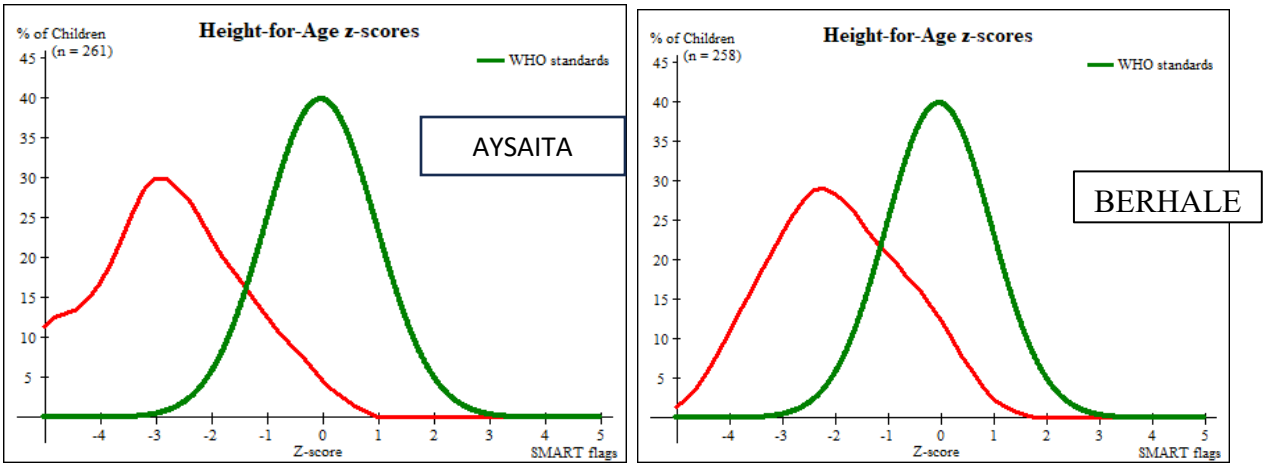


Table 23: MEAN Z-SCORES, DESIGN EFFECTS AND EXCLUDED SUBJECTS, BY CAMP

Indicator	n	Mean z-scores ± SD	Design Effect (z-score < -2)	z-scores not available*	z-scores out of range
Aysaita					
Weight-for-Height	270	-1.05±0.90	1.00	0	1
Weight-for-Age	270	-2.27±1.03	1.00	0	1
Height-for-Age	261	-2.80±1.34	1.00	0	10
Berhale					
Weight-for-Height	276	-0.85±1.11	1.00	0	1
Weight-for-Age	272	-1.67±1.10	1.00	0	5
Height-for-Age	258	-1.96±1.27	1.00	0	19

* Contains for WHZ and WAZ the children with oedema.

Enrolment into nutrition programmes results

Table 24 : PROGRAMME ENROLMENT FOR ACUTELY MALNOURISHED CHILDREN, BY CAMP (Admission is calculated based on MUAC, WHZ and oedema)

Survey Area	Programme	Number/total	% (95% CI)
AYSAITA	**Supplementary feeding programme (TSFP) enrolment**	21/24	87.5% (67.6-97.3)
	Therapeutic (OTP/SC) feeding programme enrolment	10/11	90.9% (58.7-99.8)
BERHALE	**Supplementary feeding programme (TSFP) enrolment**	13/60	21.7% (12.1-34.2)
	Therapeutic (OTP/SC) feeding programme enrolment	13/13	100%

Measles vaccination coverage results

Table 25: MEASLES VACCINATION COVERAGE FOR CHILDREN AGED 9-59 MONTHS, BY CAMP

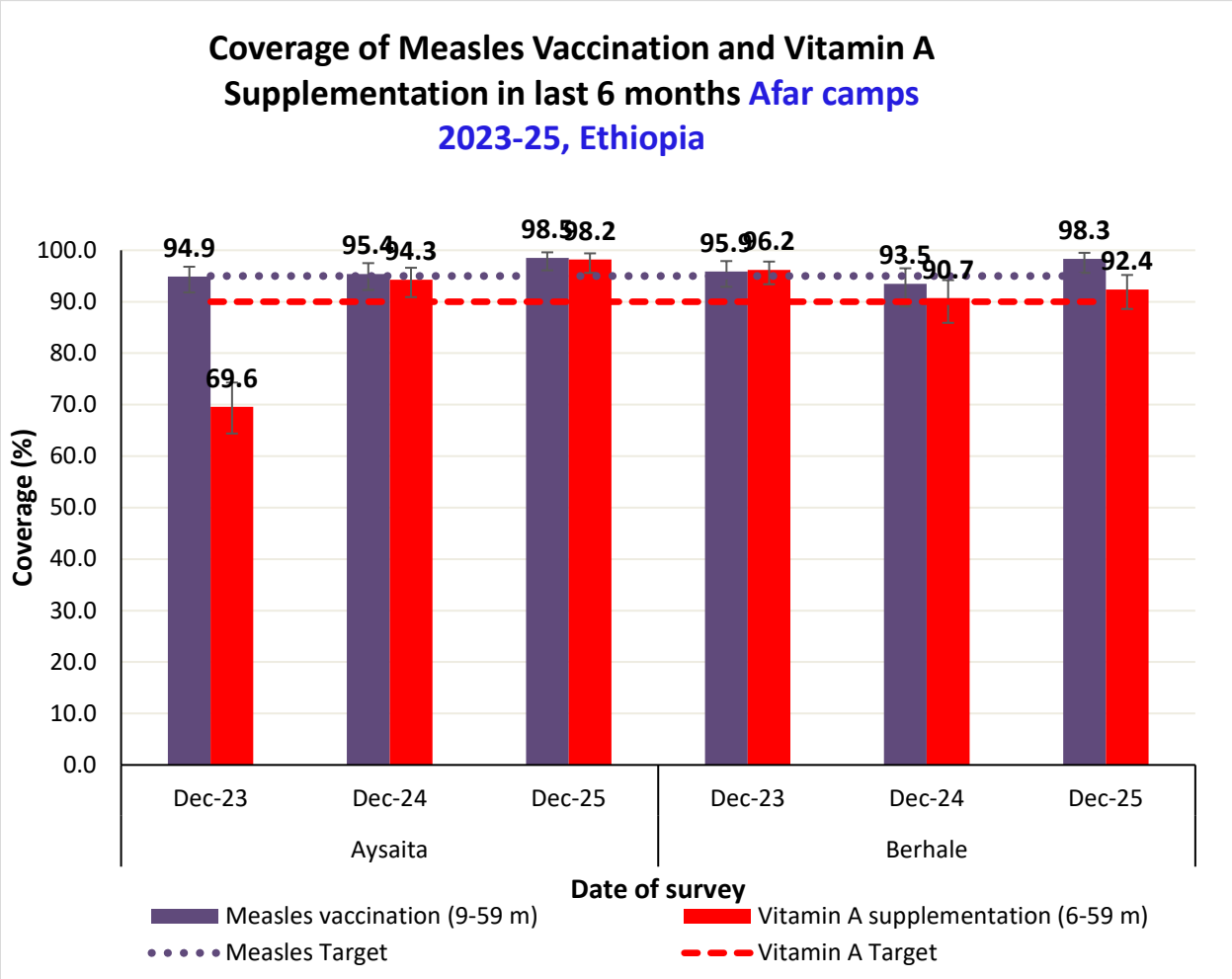
Survey Area	N	Measles vaccination with card		Measles vaccination with card or confirmation from mother	
		n	% (95% CI)	n	% (95% CI)
AYSAITA	264	102	28.6% (23.4-34.3)	260	98.5% (96.1-99.6)
BERHALE	229	38	23.5% (17.8-30.0)	225	98.3% (95.6-99.5)

Vitamin A supplementation coverage results

Table 26 : 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)
AYSAITA	271	89	32.8% (27.3-38.8)	280	94.3% (90.9-96.6)
BERHALE	276	40	14.5% (10.6-19.2)	255	92.4% (88.6-95.2)

Figure 8: COVERAGE OF MEASLES VACCINATION, AND VITAMIN A SUPPLEMENTATION IN LAST 6 MONTHS IN CHILDREN 6-59 MONTHS FROM 2023-25, BY CAMP.



Deworming coverage results

Table 27: DEWORMING COVERAGE FOR CHILDREN AGED 24-59 MONTHS WITHIN THE PAST 6 MONTHS, BY CAMP

Survey Area	N	Deworming within the past 6 months	
		n	% (95% CI)
AYSAITA	196	191	97.5% (94.2-99.2)
BERHALE	141	110	78.0% (70.3-84.6)

Diarrhoea results

Table 28: PERIOD PREVALENCE OF DIARRHOEA, BY CAMP

Survey Area	N	Diarrhoea in the last two weeks	
		n	% (95% CI)
AYSAITA	271	61	22.5% (17.7-27.9)
BERHALE	273	29	10.6% (7.2-14.9)

Table 29: ORS AND ZINC USE DURING DIARROEA EPISODE, BY CAMP

Survey Area	N	ORS use during diarrhoea episode		Zinc tablet or syrup use during diarrhoea episode	
		n	% (95% CI)	n	% (95% CI)
AYSAITA	61	49	80.3% (68.7-89.4)	44	72.1% (59.2-82.9)
BERHALE	29	25	86.2% (68.3-96.1)	22	75.9% (56.5-89.7)

WOMEN

Table 30: Women physiological status and age _Aysaita

Physiological status	Number/total	% of sample
Non-pregnant, non-lactating	122/279	43 7%
Pregnant	42/279	15 1%
Lactating with an infant less than 6 months	45/115	39 1%
Lactating with an infant greater than 6 months	70/115	60 9%
Mean age in years [min, max] (all women)	26 6 years [15-47]	

Table 31: Women Physiological status and age_Berhale

Physiological status	Number/total	% of sample
Non-pregnant, non-lactating	120/187	64.2%
Pregnant	11/187	5.9%
Lactating with an infant less than 6 months	27/56	48.2%
Lactating with an infant greater than 6 months	56/186	30.1%
Mean age in years [min, max] (all women)	26.9 years [15-49]	

MUAC in women

Table 32: PREVALENCE OF MUAC MALNUTRITION IN NON-PREGNANT, NON-LACTATING WOMEN Aysiata

	Number/total	% (95% CI)
Prevalence of MUAC < 230 mm	19/122	15 6% (9 6-23 3)

Table 33: PREVALENCE OF MUAC MALNUTRITION IN PREGNANT WOMEN AND LACTATING WOMEN WITH AN INFANT

LESS THAN 6 MONTHS_ Aysaita

	Number/total	% (95% CI)
Prevalence of MUAC < 230 mm	7/87	8 1% (3 3-15 9)

Table 34:PREVALENCE OF MUAC MALNUTRITION IN NON-PREGNANT, NON-LACTATING WOMEN _Berhale

	Number/total	% (95% CI)
Prevalence of MUAC < 230 mm	59/176	33.5% (26.6-41.0)

Table 35: PREVALENCE OF MUAC MALNUTRITION IN PREGNANT WOMEN AND LACTATING WOMEN WITH AN INFANT LESS THAN 6 MONTHS _Berhale

	Number/total	% (95% CI)
Prevalence of MUAC < 230 mm	13/37	35.1% (20.2-52.5)

MUAC malnutrition in women of both pregnant and non-pregnant women is extremely high in both camps which needs urgent interventions

Children 0-23 months

Table 36: PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS, AYSAITA CAMP

Indicator	Age range	Number/ total	Prevalence (%)	95% CI
	WHO INDICATORS			
Timely initiation of breastfeeding	0-23 months	103/103	100.0%	100.0%
Exclusive breastfeeding under 6 months	0-5 months	27/28	96.4%	(81.7-99.9)
Predominant breastfeeding under 6 months	0-5 months	27/28	96.4%	(81.7-99.9)
Continued breastfeeding at 1 year	12-15 months	27/27	100.0%	100.0%
Continued breastfeeding at 2 years	20-23 months	5/9	55.6%	(21.2-86.3)
Introduction of solid, semi-solid or soft foods	6-8 months	4/7	57.1%	(18.4-90.1)
Consumption of iron-rich or iron-fortified foods	6-23 months	64/75	85.3%	(75.3-92.4)
Bottle feeding	0-23 months	0/103	0.0%	0.0%
	UNHCR INDICATOR			
No breastfeeding under 6 months	0-5 months	1/28	3.6%	(0.1-18.4)
No breastfeeding under 12 months	0-11 months	1/51	1.9%	(0.1-10.5)
% of Minimum Acceptable diet	0-24 months	18/75	24.0%	(14.9-35.3)
% of Minimum Dietary Diversity Diet	0-24 months	27/75	36.0%	(25.2-47.9)
% of Minimum Meal Frequency	0-24 months	37/75	49.3%	(37.6-61.1)

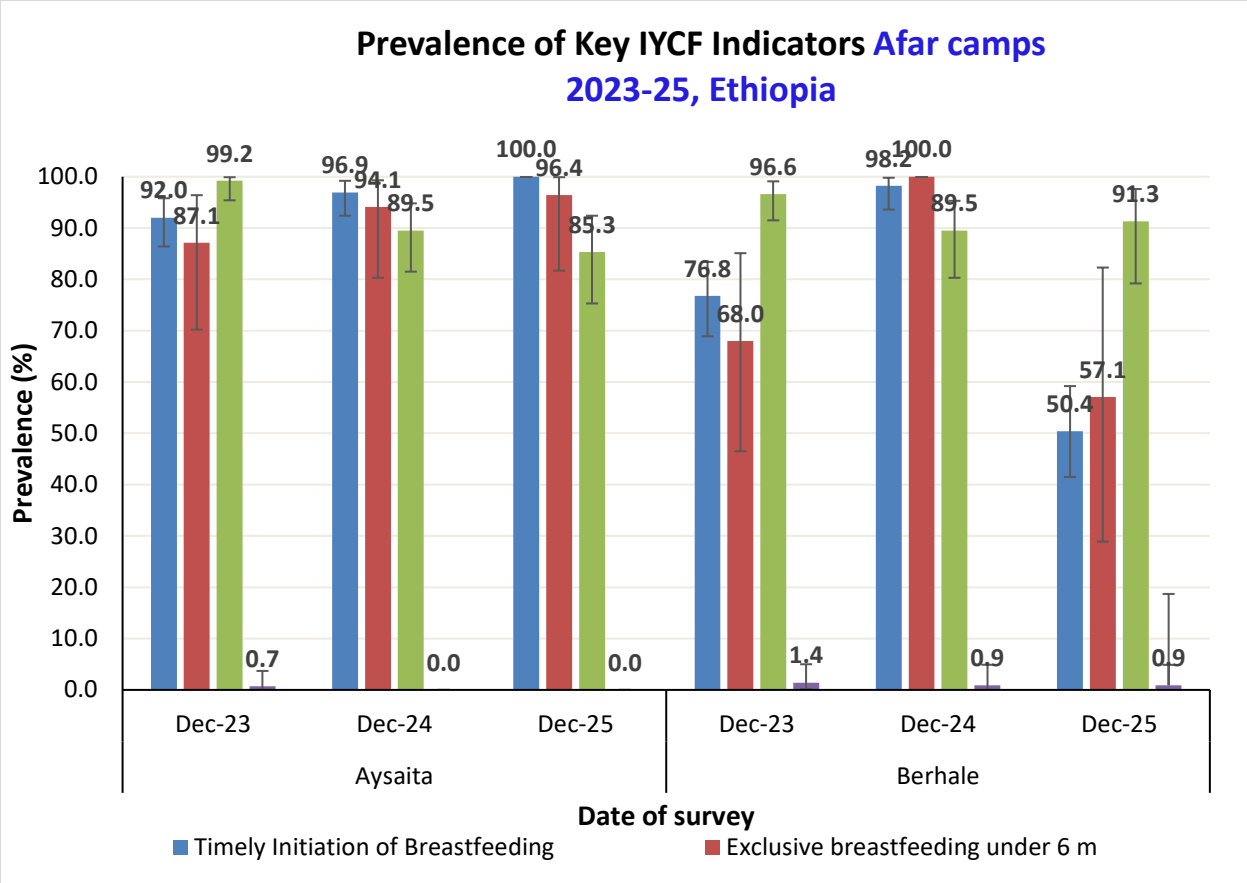
Table 37 : PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS, BERHALE CAMP

Indicator	Age range	Number/ total	Prevalence (%)	95% CI
	WHO INDICATORS			
Timely initiation of breastfeeding	0-23 months	66/131	50.4%	(41.5-59.2)
Exclusive breastfeeding under 6 months	0-5 months	8/14	57.1%	(28.9-82.3)
Predominant breastfeeding under 6 months	0-5 months	8/14	57.1%	(28.9-82.3)
Continued breastfeeding at 1 year	12-15 months	17/36	47.2%	(30.4-64.5)
Continued breastfeeding at 2 years	20-23 months	4/10	40.0%	(12.2-73.8)
Introduction of solid, semi-solid or soft foods	6-8 months	4/6	66.7%	(22.3-95.7)
Consumption of iron-rich or iron-fortified foods	6-23 months	42/46	91.3%	(79.2-97.6)
Bottle feeding	0-23 months	0/65	0.0%	0.0%
	UNHCR INDICATOR			
No breastfeeding under 6 months	0-5 months	1/14	7.1%	(0.2-33.9)
No breastfeeding under 12 months	0-11 months	1/28	3.6%	(0.1-18.4)
% of Minimum Acceptable diet	0-24 months	8/46	17.4%	(7.8-31.4)
% of Minimum Dietary Diversity Diet	0-24 months	11/46	23.9%	(12.6-38.8)
% of Minimum Meal Frequency	0-24 months	22/99	22.2%	(14.5-31.7)

Timely initiation of breastfeeding in the camps has been within the standard (≥ 85%) for Aysaita (100%), whereas Berhale camp have reported only about half (50.4%) of the surveyed households reported to initiate their children to breast within 1 hour of birth. Likewise, exclusive breastfeeding practice for infants 0-6 months has been shown to be in line with the standard (≥ 75%) for Aysaita (96.4%) and where it shows that only about 57.1% of under 6 months children practiced exclusive breast feeding in Berhale refugee camps

Proportion of Introduction of solid and semi solid have been below the target for Berhale camp with only 57.1% initiated complementary feeding at 6 month.

Figure 9:KEY IYCF INDICATORS FROM 2023-2025 BY CAMP



Food security

Access to food assistance

Table 38: FOOD ASSISTANCE COVERAGE

Survey area		Number/total	% (95% CI)
Aysaita	Proportion of households receiving a food assistance including in-kind and/or cash	137/139	98.6% (94.9-99.8)
Berhale	Proportion of households receiving a food assistance including in-kind and/or cash	148/149	99.3% (96.3-99.9)

Refugees residing in Afar operation are heavily dependent on food assistance from WFP.

Table 39 : REPORTED DURATION OF GENERAL FOOD DISTRIBUTION, BY CAMP

Average number of days the general food distribution lasts		Aysaita N = 156	Berhale N=146
Mean (Days) (SD) [range]	**SRS design***	12.5 days out of 30 (5.1 SD) [3.0-30.0]	10.7 days out of 30 (4.3 SD) [3-25]

Negative coping strategies results

Table 40 : NEGATIVE COPING STRATEGIES USED BY THE SURVEYED POPULATION OVER THE PAST 4 WEEKS

	Aysaita		Berhale	
Proportion of households reporting using the following negative coping strategies over the past 4 weeks*:	**Number /Total**	**% (95% CI)**	**Number /Total**	**%**
Sold any assets that would not have normally sold	24/139	17.3% (11.4-24.6)	10/149	6.7% (3.3-12.0)
Ask for money from strangers (begging)	39/138	28.3% (20.9-36.6)	49/149	32.9% (25.4-41.1)
Send household members under the age of 16 to work	0/138	0.0%	15/149	10.1% (5.7-16.1)
Send a member of the household to work far away	1/138	0.7% (0.0-3.9)	18/149	12.1% (7.3-18.4)

Engage in potentially risky or harmful activities	0/138	0.0%	28/149	18.8% (12.9-26)
Skip paying rent /debt repayments to meet other needs	90/138	65.2% (56.7-73.1)	101/148	68.2% (60.1-75.6)
Take out new loans or borrowed money	62/138	44.9% (36.5-53.6)	73/147	49.7% (41.3-58.0)
Reduce expenditure on hygiene items, water, baby items, health or education in order to meet household food needs	100/138	72.5% (64.2-79.7)	108/147	73.5% (65.6-80.4)
Proportion of households reporting using one or more negative coping strategies over the past 4 weeks	125/137	91.2 % (85.2-95.4)	135/148	91.2% (85.5-95.2)

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

Table 41: NEGATIVE COPING STRATEGIES USED BY THE SURVEYED POPULATION OVER THE PAST 7 DAYS

	Aysaita		**Berhale**	
Proportion of households reporting using the following coping strategies over the past 7 days*:	**Number /Total**	**% (95% CI)**	**Number /Total**	**%**
Rely on less preferred and less expensive foods	118/139	84.9% (77.8-90.4)	119/149	79.9% (72.5-85.9)
Borrow food, or rely on help from a friend or relative	103/139	74.1% (65.9-81.2)	102/149	68.5% (60.4-75.8)
Limit portion sizes at meal times	128/139	92.1% (86.3-95.9)	131/149	87.9% (81.6-92.7)
Reduce the number of meals eaten in a day	121/139	87.1% (80.3-92.1)	126/149	84.6% (77.7-89.9)
Restrict consumption by adults so that small children can eat	97/139	69.8% (61.4-77.3)	95/149	63.8% (55.5-71.5)

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

Table 42 : AVERAGE REDUCE COPY STRATEGY INDEX (RCSI)*

Average rCSI			
		Aysaita	**Berhale**
Mean (SD) [range]	**SRS design***	25.2 (15.7 SD) [0-56]	25.0 (17.2 SD) [0-56]

*Maximum rCSI is 56.

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

Table 43 : AVERAGE FOOD CONSUMPTION SCARE (FCS)*

Average FCS			
		Aysaita	**Berhale**
Mean (SD) [range]	**SRS design****	27.6 (10.9 SD) [2.2-55.5]	31.0 (9.7 SD) [6.0-70.5]

*Maximum FCS is 112 (129.5 if specialized nutritious foods are included).
**When using the Means commands in Epi Info, it was providing the standard deviation (SD).

Table 44: FOOD CONSUMPTION SCORE BY CATEGORY

	Aysaita		**Berhale**	
FCS profiles*	**Number/total**	**% (95% CI)**	**Number/total**	**%**
Acceptable FCS > 35	38/139	27.3% (20.1-35.5)	48/149	32.2% (24.8-40.4)
Borderline 21.5 ≤ FCS ≤ 35	63/139	45.3% (36.9-53.9)	77/149	51.7% (43.4-59.9)
Poor FCS≤ 21	38/139	27.3% (20.1-35.5)	24/149	16.1% (10.6-23.0)

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

Table 45: CONSUMPTION FREQUENCY CATEGORIES OF EACH NUTRIENT RICH FOOD GROUPS (FCS-N)

		Aysaita		**Berhale**	
Nutrient rich food groups	**Consumption frequency categories**	**Number /Total**	**% (95% CI)**	**Number /Total**	**%**
Vitamin A rich foods	Never	85/139	61.2% (52.5-69.3)	82/149	55.0% (46.7-63.2)

	Sometimes	52/139	37.4% (29.4-46.0)	64/149	42.9% (34.9-51.3)
	At least daily	2/139	1.4% (0.2-5.1)	3/149	2.0% (0.4-5.8)
Protein rich foods	Never	51/139	36.7% (28.7-45.3)	28/149	18.8% (12.9-26.0)
	Sometimes	79/139	56.8% (48.2-65.2)	113/149	75.8% (68.2-82.5)
	At least daily	9/139	6.5% (3.0-11.9)	8/149	5.4% (2.4-10.3)
Haem iron rich foods	Never	132/139	94.9% (89.9-97.9)	140/149	93.9% (88.8-97.2)
	Sometimes	7/139	5.4% (2.1-10.1)	8/149	5.4% (2.4-10.3)
	At least daily	0/139	0.0	1/149	0.7% (0.0-3.7)

Figure 10 : TRENDS OF FOOD CONSUMPTION PROFILES AND RCSI FROM 2024-2025

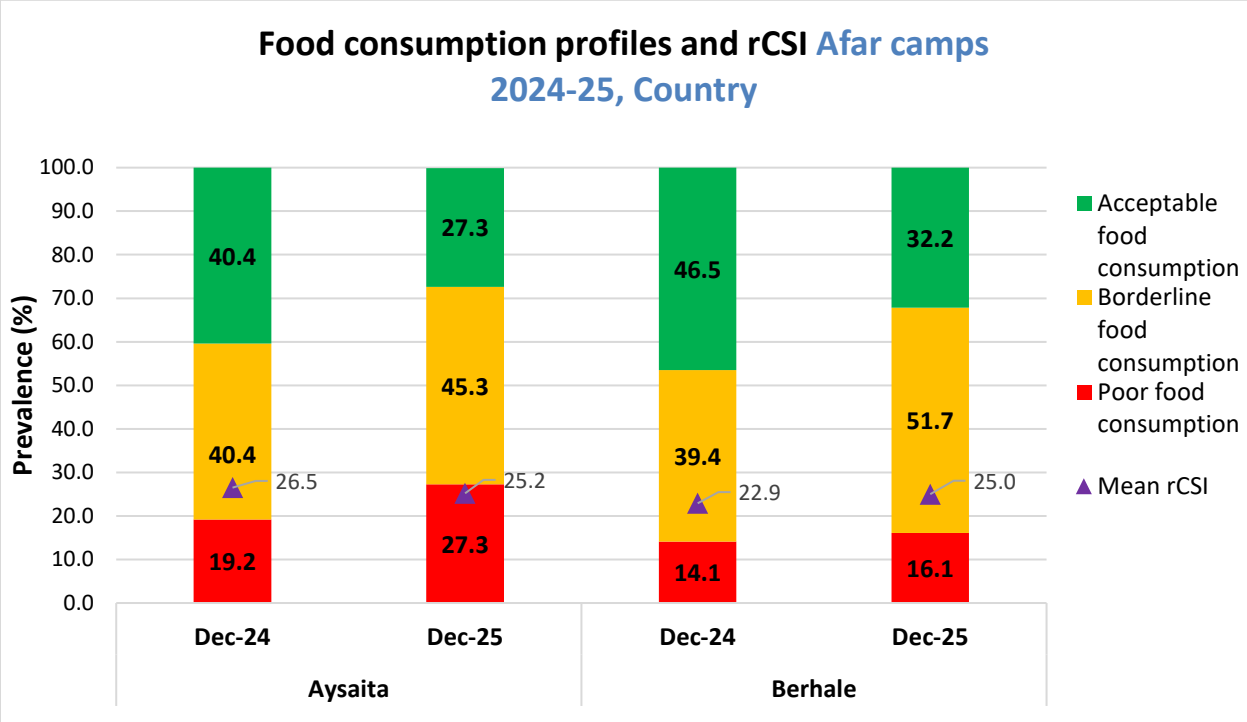


Figure 11 : TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS FROM 2024 TO 2025

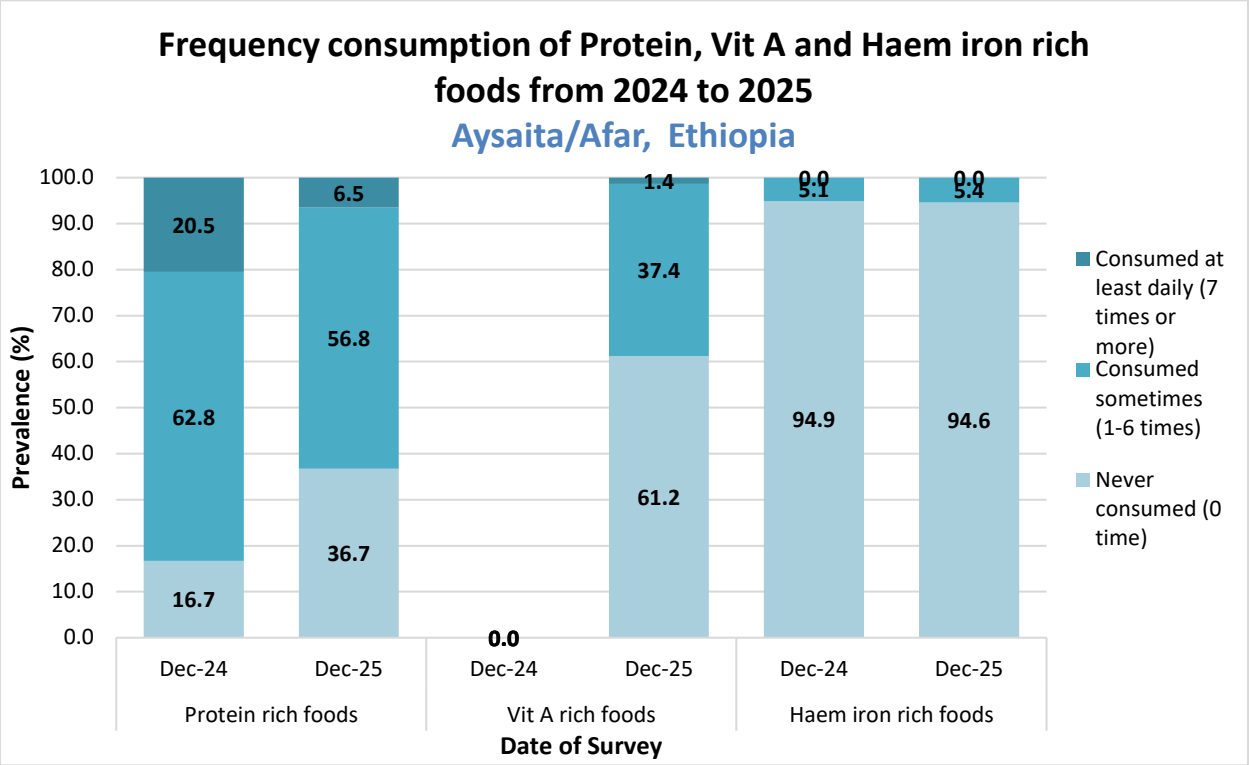
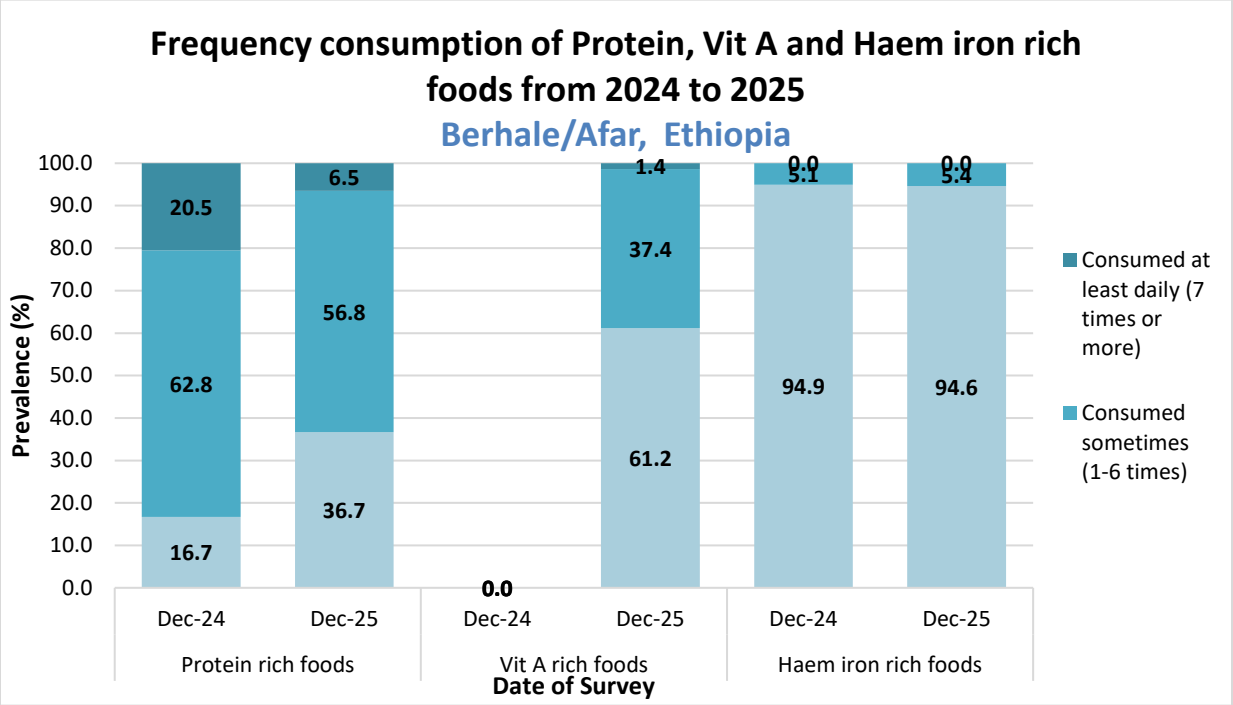


Figure 12 : TRENDS OF FREQUENCY CONSUMPTION OF PROTEIN, VITAMIN A AND HAEM IRON RICH FOODS 2024-2025



MOSQUITO NET OWNERSHIP ANALYSIS

Table 46**: Household Mosquito Net Ownership**

	Aysaita		Berhale	
	Number/ total	**% (95% CI)**	**Number/total**	**% (95% CI)**
Proportion of households owning at least one mosquito net of any type	28/127	22.1% (15.2-30.3)	6/144	4.2% (1.5-8.9)
Proportion of households owning at least one LLIN	26/127	20.5% (13.8-28.5)	6/144	4.2% (1.5-8.9)

NUMBER OF NETS ANALYSIS

Table 47: N**umber of Nets**

Aysaita		Berhale	
Average number of LLINs per household	**Average number of persons per LLIN**	**Average number of LLINs per household**	**Average number of persons per LLIN**
1.0	24	2.7	44.2

MOSQUITO NET UTILISATION ANALYSIS

Table 48 : Mosquito net utilization, Aysaita Camp

	Proportion of total population (all ages)		**Proportion of 0-59 months**		**Proportion of pregnant women**	
	Total Number= 701	%	Total Number = 145	%	Total Number = 14	%
Slept under net of any type	36	5.1	8	5.5	1	7.1
Slept under LLIN	33	4.7	7	4.8	1	7.1

Table 49 : Mosquito net utilization, Berhale Camp

	Proportion of total population (all ages)		Proportion of 0-59 months		Proportion of pregnant women	
	Total Number= 708	%	Total Number = 153	%	Total Number = 23	%
Slept under net of any type	16	2.3	13	8.5	3	13.0
Slept under LLIN	7	0.9	4	2.6	3	13.0

Figure 13: Mosquito net Ownership in Aysaita and Berhale Camps

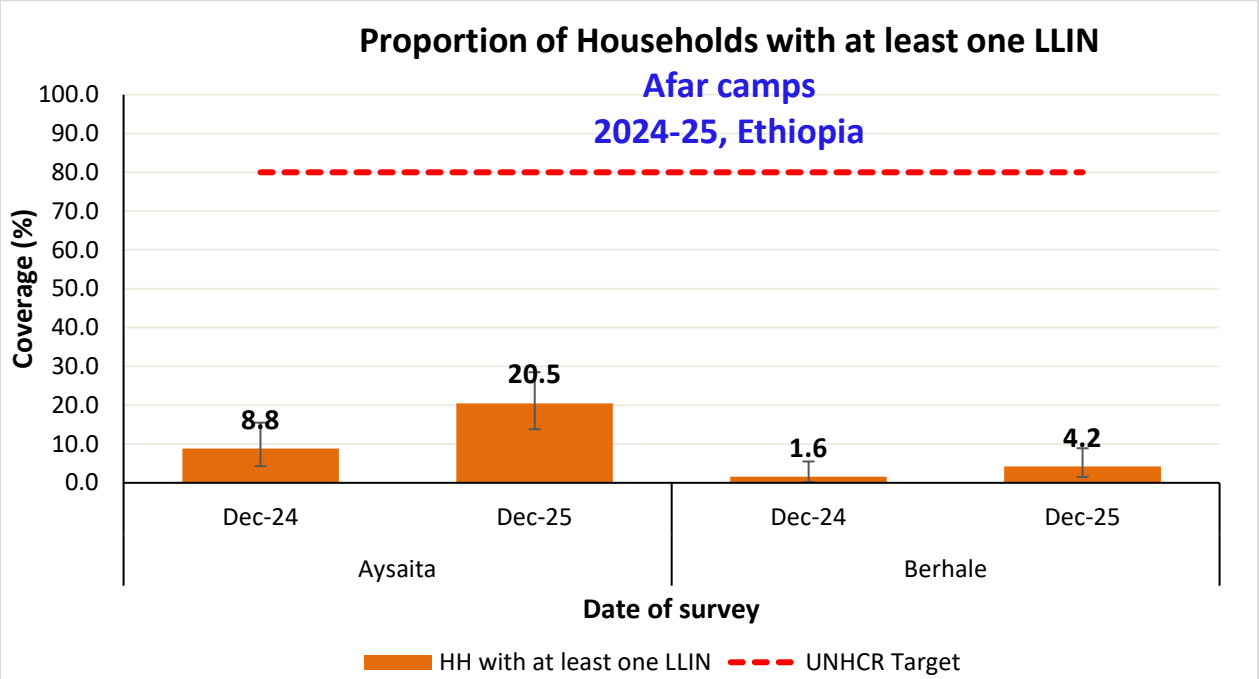
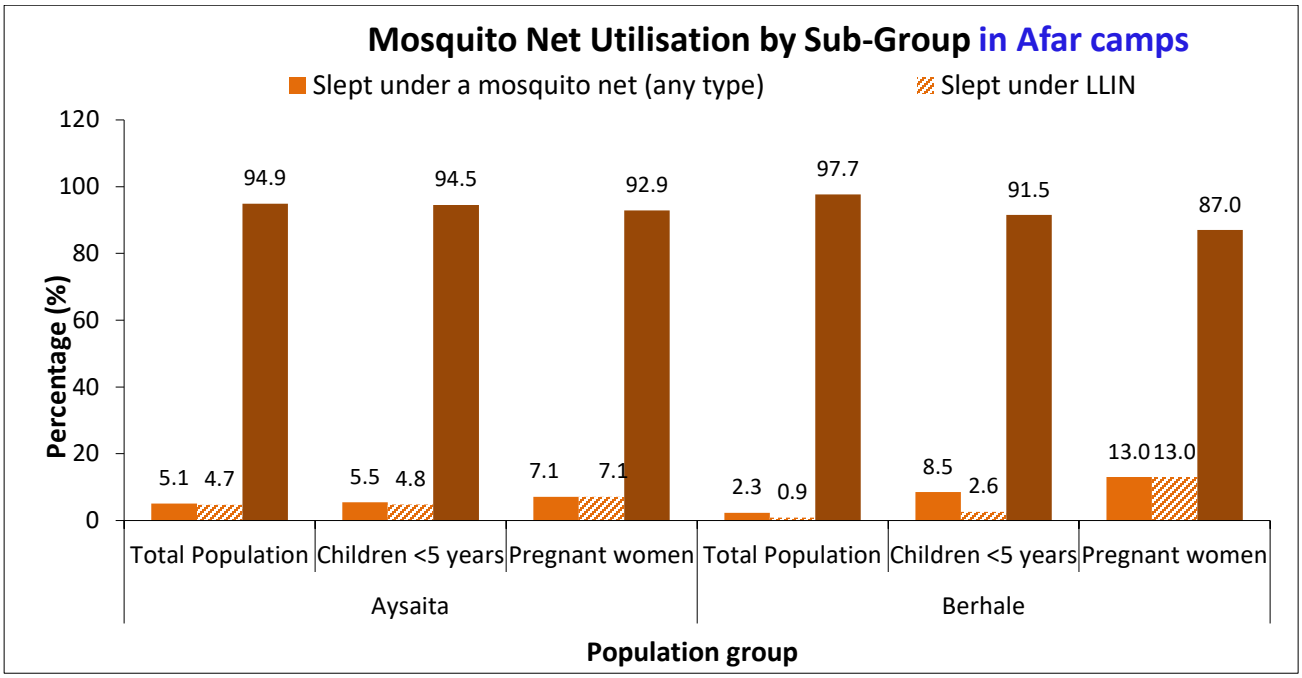


Figure 14 : Mosquito net Utilization in Aysaita and Berhale Camps



INDOOR RESIDUAL SPRAYING ANALYSIS

Table 50:**Indoor Residual Spraying Household Coverage in the last 6 months**

	Aysaita		Berhale	
	Number/total	**% (95% CI)**	**Number/total**	**% (95% CI)**
Proportion of household covered by IRS in the last 6 months	**0/127**	**0.0%**	0/143	0.0%

WASH

Table 51: **Water Quality Analysis**

	Aysaita		Berhale	
	Number/total	**% (95% CI)**	**Number/total**	**% (95% CI)**
Proportion of households collecting drinking water from protected/treated sources	139/139	100.0%	147/148	99.3% (96.3-99.9)
Proportion of households with at least 10 litres/person drinking water storage capacity	45/139	32.4% (24.7-40.8)	59/148	39.9% (31.9-48.2)

WATER QUANTITY ANALYSIS

Table 52: **Water Quantity 1: Amount Of Litres Of Water Used Per Person Per Day**

	Aysaita	Berhale
	Mean (95% CI)	**Mean (95% CI)**
Average # L/p/d of domestic water collected at household level, from protected/treated sources with containers of any type	20.79 (16.0 SD)	16.8 (10.7 SD)
Average # L/p/d of domestic water collected at household level, from protected/treated sources with protected containers only	14.2 (14.9 SD)	12.1 (11.6 SD)

Table 53 : **Water Quantity 2 : Amount Of Litres Of Water Used Per Person Per Day By Category**

	Aysaita		Berhale	
Proportion of households that use domestic water collected from protected/treated sources with protected containers only:	**Number/total**	**% (95% CI)**	**Number/total**	**% (95% CI)**
≥ 20 lpppd	39/139	28.1% (20.8-36.3)	40/148	27.0% (20.1-34.9)

15-<20 lpppd	11/139	7.9% (4.0-13.7)	11/148	7.4% (3.8-12.9)
<15 lpppd	89/139	64.0% (55.5-71.9)	97/148	65.5% (57.3-73.2)

ACCESS TO SOAP

Table 54: **Soap Utilization**

	Aysaita		Berhale	
	Number/total	**% (95% CI)**	**Number/total**	**% (95% CI)**
Proportion of households with access to soap	37/139	26.6% (19.5-34.8)	41/148	27.7% (20.7-35.7)

TOILET / LATRINE USE

Table 55: **Latrine availability and utilization**

	Aysaita		Berhale	
	Number/total	**% (95% CI)**	**Number/total**	**% (95% CI)**
Proportion of households reporting defecating in a toilet	92/139	66.2% (57.7-73.9)	50/148	33.8% (26.2-42.0)

INTERPRETATION OF RESULTS

Acute and Chronic Malnutrition

The overall nutritional status in Afar camps has deteriorated compared to the 2024 SENS results. The Combined Global Acute Malnutrition (GAM) prevalence in Afar camps remains critically high, exceeding the emergency threshold (>15%) in both Aysaita (25.8% in 2024 vs. 26.9 % in 2025) and Berhale (21.2% in 2024 vs. 25.3 % in 2025). Factors contributing to the dire nutritional situation include the food ration at 40%, absence of alternative income sources, minimal nutrition-sensitive activities, country-wide inflation, and the unavailability and inaccessibility of commodities, exacerbated by the harsh environmental conditions in the region.

Likewise, Severe Acute Malnutrition (SAM) has also shown deterioration in both Aysaita and Berhale camps. SAM prevalence in Aysaita and Berhale remains above the UNHCR target (<2%) for refugee camps, with prevalence of 4.8% and 4.7%, respectively. The weighted Global Acute Malnutrition for the Afar operation has increased from 23.5% in 2024 to 26.2% in 2025 indicating persistently high malnutrition prevalence above the UNHCR acceptable threshold (<10%) for refugee camps.

Children who are both wasted and stunted (WaST) at the same time have the highest risk of mortality when compared with other forms of malnutrition. WaST prevalence also analyzed, where Aysaita and Berhale camps have 8.2% and 7.8% respectively.

Figure 15: **Prevalence of Global Acute Malnutrition Among Children 6-59 months 2023-2025.**

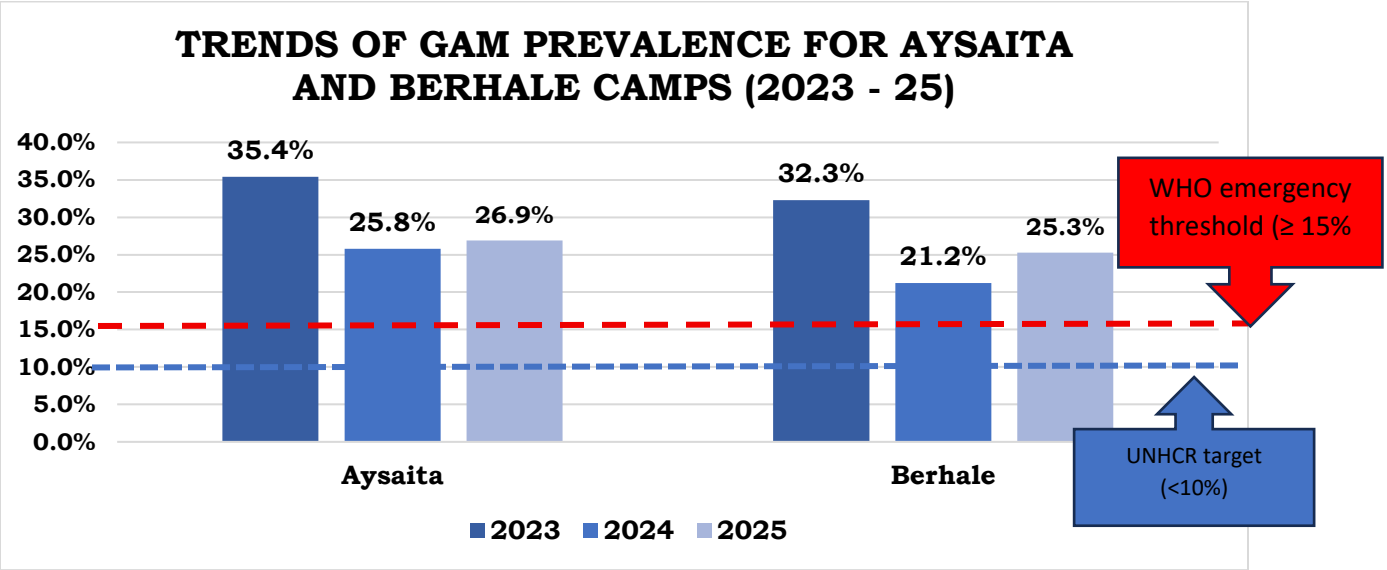
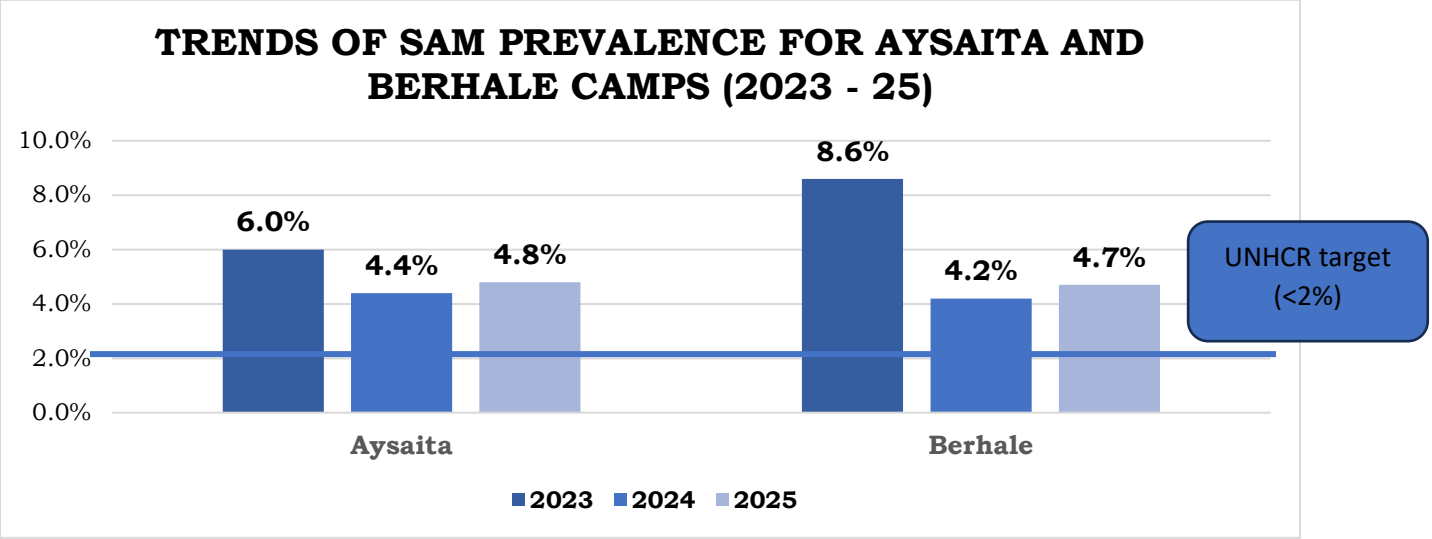


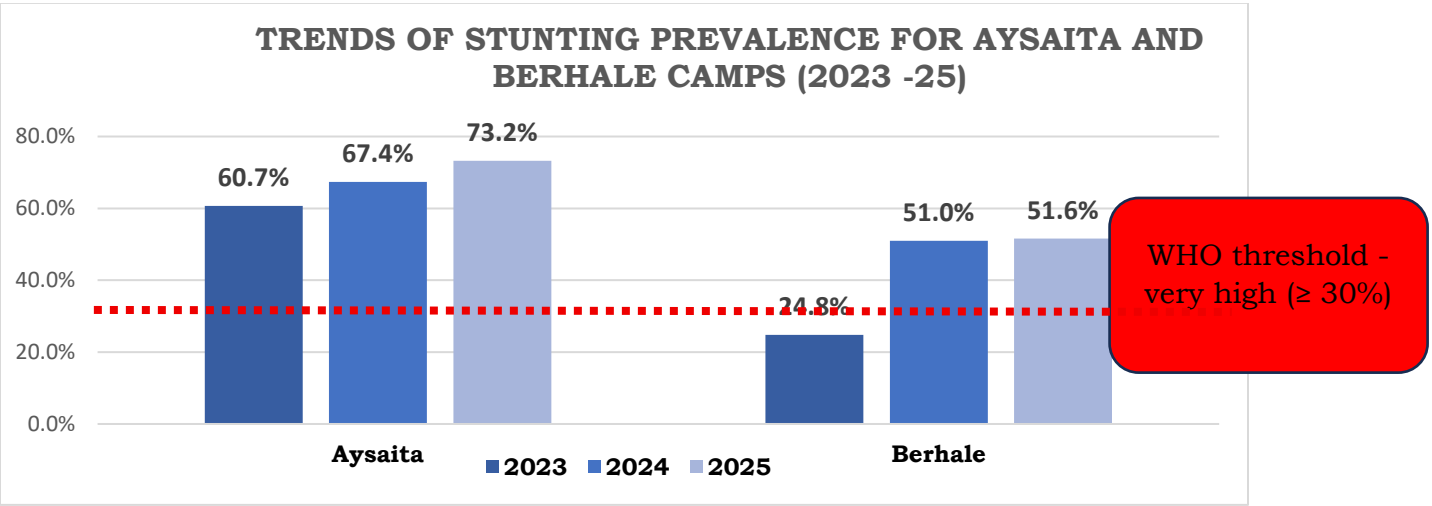
Figure 16: **Prevalence of Severe Acute Malnutrition among children aged 6-59 months 2023-2025.**



Stunting has been seen persistently extremely high above the very high threshold of WHO/UNICEF Standard (≥ 30%) in Afar camps. It has long-term impacts on children's well-being, including reduced productivity, impaired cognitive development, and adverse future maternal and child outcomes. Multisectoral actions from conception to the first 1,000 days of a child's life are crucial to breaking the intergenerational cycle of malnutrition. However, due to resource constraints, sufficient efforts have not been observed in Afar operations, affecting the future of children.

The prevalence of stunting in Afar operations is extremely high, with more than half of the children affected: 73.2% in Aysaita and 51.6% in Berhale showing slight increment which wasn't significant. Contributing factors include chronic food insecurity (40% ration size) in the camp, poor dietary quality, limited access to diversified diets, inadequate care practices, limited livelihood interventions, and poor hygiene and sanitation practices.

Figure 17: **Trend of stunting Prevalence in Afar Camps 2023-2025**



Program coverage

Nutrition Programs

- The nutrition program performance indicator has been depicted to be within the expected standard in Aysaita camp, whereas lower in Berhale camp for the surveyed U5 children. Coverage with all admission criteria has been 95.9% in Aysaita and 24.3% for Berhale, which is less than the 90% standard for targeted supplementary feeding.

Measles Vaccination and Vitamin A supplementation

- ✓ Measles vaccination coverage has been depicted to be within the standard (>95%) with 98.5% and 98.3% in Aysaita and Berhale respectively.

- ✓ Vitamin A Supplementation coverage in the past six months has been found to be within the standard (<90%) for both camps. It has been reported to be 98.2%, and 92.4% in Aysaita and Berhale respectively.

Infant and Young Child Feeding

- Timely initiation of breastfeeding in the camps has been within the standard (≥ 85%) for Aysaita (100%), whereas Berhale camp have reported only about half (50.4%) of the surveyed households reported to initiate their children to breast within 1 hour of birth. Likewise, exclusive breastfeeding practice for infants 0-6 months has been shown to be in line with the standard (≥ 75%) for Aysaita (96.4%) and where it shows that only about 57.1% of under 6 months children practiced exclusive breast feeding in Berhale refugee camps.

- SENS 2025 results in Afar camps have shown that Aysaita camp have registered (57.1%) slightly below the percentage the standard (>60.0%) of infants introduced to solid, semi -solid or soft foods at 6 months. In Berhale camps about 66.7% of infants have been introduced to foods at 6 months. Iron-rich food consumption practices have been depicted to be within the UNHCR target (60%) in both camps.

- Bottle feeding practice has been seen to be acceptable within the UNHCR target (<5%) for both Aysaita (0.0%) and Berhale (0.9%) camps.

Maternal Nutrition status

- Unlike other operations, Afar refugee camps have shown very high prevalence of malnutrition among both pregnant and non-pregnant women which is critical. Maternal malnutrition leads to adverse pregnancy outcomes for both mothers (increased risk of complications, weakened immunity, and maternal mortality) and children (low birth weight, stillbirth, and developmental delays).

- MUAC measurements have shown that 65.7% and 35.1% of pregnant women in Aysaita and Berhale camps, respectively, are malnourished (MUAC < 23 cm).

- Among non-pregnant women, 51.4% in Aysaita and 33.5% in Berhale camp have been found to be malnourished according to MUAC measurements.

Food Security

- Refugees' main source of food in Afar camps was found to be from in-kind and cash assistance through general food distribution (100%). The food only covers 40% of the 2100 Kcal energy need of the refugees. The average food consumption score ranges between 27.6 days in Aysaita to 31.0 in Berhale camps, indicating poor food consumption in terms of quality and quantity after a week of general food distribution.

- Most households (91.2%) reported using one or more negative coping strategies over the past 4 weeks in all camps. More than 3/4 of households have practiced reduced negative coping strategies in the past 7 days.

WASH

- The proportion of households using improved drinking water sources is 100% in both camps, and the average water quantity per person per day meets the standard.

- Scientific findings show that hygiene and sanitation interventions have a superior preventive impact in terms of reducing the incidence of water, sanitation, and hygiene-related diseases.

- Although water provision meets the standard, hygiene, and sanitation activities, such as the proportion of households using toilets and soap utilization in the camps, are below the required standards.

MALARIA

- Malaria prevention activities in the Afar camps have been reported to be inadequate, particularly in terms of mosquito net ownership and household indoor residual spraying activities

RECCOMENDATIONS

NUTRITION PROGRAM

- Strengthen Nutrition Specific activities facility based and community mobilization and screening by community outreach agents (COAs).
- Strengthen the infant and young child practices, Family MUAC approaches through key community structures of Mother -to- mother support groups (MTMSG), and Father -to- Father support groups (FTFSG).
- Community level two stage MUAC and WHZ screening needs to be continued strengthened to ensure early detection, boost coverage and referral for treatment of malnourished children using the mixed criteria in the respective nutrition programs.
- Enhance Nutrition sensitive activities focusing on adequate health care provision (treatment) and preventive measures, ensuring adequate food security through the pillars of food security availability, accessibility, and utilization.
- Multisectoral interventions need to be strengthened to halt the intergenerational cycle of malnutrition through targeted interventions. These include measures during and after pregnancy, child feeding (breastfeeding and complementary feeding) programs, initiatives to combat child food poverty, and stunting reduction efforts.
- Micronutrient deficiency control interventions, such as Multiple Micronutrient Supplementation (MMS) and micronutrient powder for home fortification, need to be considered and advocated.
- Cash and voucher programs should be considered to enhance dietary diversity and improve food consumption scores in the camps.
- Joint quarterly regular monitoring and evaluation of the nutrition programs to identify capacity needs and a monthly follow up of the key findings and action plans to address gaps in program delivery in a timely manner.
- Community sensitization should be enhanced through Community Outreach Agents and Regular meetings with the beneficiaries on health and Nutrition service uptakes especially the pregnant and lactating women and children to ensure early health seeking behaviors.
- Maternal and adolescent nutrition interventions should be considered, as they have a significant impact on maternal and child well-being.

MATERNAL NUTRITIONAL STATUS

- ✓ Maternal nutrition status is very poor in Afar camps were the prevalence shows critical situation (≥40%). In this scenario emergency level nutrition response needs to strengthened in both camps.

- ✓ Strengthen community awareness and screening for malnourished mothers to break the intergenerational cycle of malnutrition and avert poor pregnancy outcome for both mothers and children.

FOOD SECURITY

- Advocate for alternative durable solutions, economic inclusion to support self-reliance and livelihood activities.

WASH

- ➢ Hygiene and sanitation activities need to be promoted. Additionally, soap distribution and latrine coverage should be improved.

MALARIA

- ➢ Malaria prevention activities need to be strengthened.

Annex 1: Plausibility Check Aysaita

Plausibility checks for: ETH_AFR_AYS_CHILD_IYCF_DATA_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** (0.4 %)

Overall Sex ratio Incl p >0.1 >0.05 >0.001 <=0.001
(Significant chi square) 0 2 4 10 **0** (p=0.504)

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=0.856)

Dig pref score - weight Incl # 0-7 8-12 13-20 > 20
0 2 4 10 **0** (7)

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 **5** (0.90)

Skewness WHZ Excl # <±0.2 <±0.4 <±0.6 >=±0.6
0 1 3 5 **0** (-0.16)

Kurtosis WHZ Excl # <±0.2 <±0.4 <±0.6 >=±0.6
0 1 3 5 **0** (0.07)

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 **9** %

The overall score of this survey is 9 %, this is excellent.

Annex 2: Plausibility Check Berhale

Plausibility checks for: ETH_AFR_BERHALE_CHILD_2025

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 (% of out of range subjects)	Incl	%	0-2.5 0	>2.5-5.0 5	>5.0-7.5 10	>7.5 20	**0** (0.4 %)
Overall Sex ratio (Significant chi square)	Incl	p	>0.1 0	>0.05 2	>0.001 4	<=0.001 10	**0** (p=0.857)
Age ratio(6-29 vs 30-59) (Significant chi square)	Incl	p	>0.1 0	>0.05 2	>0.001 4	<=0.001 10	**0** (p=0.125)
Dig pref score - weight	Incl	#	0-7 0	8-12 2	13-20 4	> 20 10	**0** (5)
Dig pref score - height	Incl	#	0-7 0	8-12 2	13-20 4	> 20 10	**2** (12)
Dig pref score - MUAC	Incl	#	0-7 0	8-12 2	13-20 4	> 20 10	**2** (9)
Standard Dev WHZ . .	Excl and Excl	SD and SD	<1.1 and >0.9	<1.15 and >0.85	<1.20 and >0.80	>=1.20 or <=0.80	
			0	5	10	20	**5** (1.11)
Skewness WHZ	Excl	#	<±0.2 0	<±0.4 1	<±0.6 3	>=±0.6 5	**0** (-0.15)
Kurtosis WHZ	Excl	#	<±0.2 0	<±0.4 1	<±0.6 3	>=±0.6 5	**1** (-0.22)
Poisson dist WHZ-2	Excl	p	>0.05 0	>0.01 1	>0.001 3	<=0.001 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.

ANNEX 3: UNHCR 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 will be kept strictly confidential.
- You can ask me any question that you have about this survey before you decide to participate or not.
- If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

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.

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	Camp Name **SURVEY MANAGER INSTRUCTIONS:** FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. IF SEVERAL SENS SURVEYS ARE CARRIED OUT IN DIFFERENT SETTINGS, SPECIFY IN THE MDC CODING IF IT IS IN A CAMP OR AN OUT-OF-CAMP SETTING (E.G. HOST COMMUNITY SENS OR URBAN SENS). THIS IS NEEDED TO ADAPT THE QUESTIONNAIRE AND AUTOMATIC SKIP PATTERNS (E.G. SECTION DM2 TO DO IN OUT-OF-CAMP SETTINGS ONLY). **CAMPNAME**	|_____|	
ID2	Section Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **SECTION**		|___|___|___|
ID3	Zone Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **ZONE**		|___|___|___|
ID4	Block Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **BLOCK**		|___|___|___|

ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year.....|___|___| /|___|___| / |___|___||___|___|	
ID6	Cluster Number **SURVEY MANAGER INSTRUCTIONS:** FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY "1" IN THE FINAL DATABASE. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **SURVEY MANAGER INSTRUCTIONS:** THEY ARE SEVERAL OPTIONS ON HOW TO ASSIGN NUMBERS TO HOUSEHOLDS. THE ASSIGNMENT OF NUMBERS DEPENDS ON THE SURVEY DESIGN, HOUSEHOLD LISTING PROCESS AND SURVEY MANAGER PREFERENCES. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW. **HH**		|___|___|___|

No	**QUESTION**	**ANSWER CODES**	
SECTION DM1: Household Head Information			
	SURVEY MANAGER INSTRUCTIONS: THIS SECTION IS TO BE COMPLETED IN ALL SELECTED HOUSEHOLDS. THIS MODULE IS MANDATORY TO COMPLETE.		
Note	THESE QUESTIONS NEED TO BE ASKED TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD.		
DM1A	Was consent given for conducting the interview?	Yes ..... 1 No..... 2 Absent 3	|___| **IF ANSWER IS 2 or 3**

	ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW. **SURVEY MANAGER INSTRUCTIONS:** INCLUDE THIS QUESTION IF IT IS A PAPER-BASED SURVEY. INCLUDE QUESTION DM1B IF IT IS A SURVEY USING MOBILE DATA COLLECTION (MDC). IF A HOUSEHOLD IS ABSENT, THE TEAM LEADER SHOULD RECORD THIS INFORMATION AND DETERMINE ANOTHER TIME TO RETURN ON THE SAME DAY AND/OR BEFORE TO LEAVE THE SURVEY AREA. THE TEAM SHOULD REVISIT AN ABSENT HOUSEHOLD UP TO TWO TIMES, IF IT IS LOGISTICALLY FEASIBLE, ON THE SAME SURVEY DAY. IF THEY ARE UNSUCCESSFUL AFTER THIS, THE HOUSEHOLD SHOULD BE RECORDED AS AN ABSENCE AND THEY SHOULD NOT BE REPLACED WITH ANOTHER HOUSEHOLD. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS. **DMCONST**		**STOP HERE**
DM1B	Was consent given for conducting the interview using Mobile Data Collection (use of smartphone or tablet)? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW. **SURVEY MANAGER INSTRUCTIONS:** INCLUDE THIS QUESTION IF IT IS A SURVEY USING MOBILE DATA COLLECTION (MDC). INCLUDE QUESTION DM1A IF IT IS A PAPER-BASED SURVEY.	Yes ..... 1 No..... 2 Absent 3	|___| **IF ANSWER IS 2 or 3 STOP HERE**

	IF A HOUSEHOLD IS ABSENT, THE TEAM LEADER SHOULD RECORD THIS INFORMATION AND DETERMINE ANOTHER TIME TO RETURN ON THE SAME DAY AND/OR BEFORE TO LEAVE THE SURVEY AREA. THE TEAM SHOULD REVISIT AN ABSENT HOUSEHOLD UP TO TWO TIMES, IF IT IS LOGISTICALLY FEASIBLE, ON THE SAME SURVEY DAY. IF THEY ARE UNSUCCESSFUL AFTER THIS, THE HOUSEHOLD SHOULD BE RECORDED AS AN ABSENCE AND THEY SHOULD NOT BE REPLACED WITH ANOTHER HOUSEHOLD. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS. IF A HOUSEHOLD DOES NOT CONSENT TO USING MDC THEN USE THE PAPER QUESTIONNAIRE INSTEAD. **MDCCONST**		
DM2	What is the sex of the household head? THE HOUSEHOLD HEAD IS THE PERSON RESPONSIBLE FOR MAKING THE DECISIONS FOR THE HOUSEHOLD AS A WHOLE. USE THE TERM AGREED UPON DURING THE TRAINING. **SURVEY MANAGER INSTRUCTIONS:** ENSURE TO ADAPT THE TERM 'HOUSEHOLD HEAD' TO THE LOCAL SETTING. **HHHSEX**	Male ..... m Female..... f	|___|
DM3	What is the age of the household head (years)? YOU DO NOT NEED TO SEE PROOF OF AGE. **SURVEY MANAGER INSTRUCTIONS:** REPORTED AGE IS RECORDED.	RECORD THE NUMBER IN YEARS IF KNOWN. RECORD 97 IF 97 YEARS OR OLDER. RECORD 98 IF UNKNOWN.	|___|___| years

	Lower limit=6 **Upper limit=98** **HHHAGE**		
DM4	What is the country of origin of the household head? (OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE IF SENS IS CONDUCTED IN A REFUGEE CAMP CONTEXT AND INFORMATION IS NEEDED IN SURVEY CONTEXT. THIS MIGHT BE NEEDED IN CONTEXTS WHERE THERE ARE MULTIPLE NEW ARRIVALS FROM VARIOUS COUNTRIES OR WHERE REGISTRATION IS ON-GOING AND INFORMATION IS NOT YET AVAILABLE. ADAPT THE NAMES OF THE RELEVANT COUNTRIES AND NUMBER OF COUNTRIES PRIOR TO THE SURVEY START. IF MORE THAN 5 COUNTRIES, USE CODE '96' FOR ANSWER 'OTHER' AND CODE '98' FOR ANSWER 'DON'T KNOW'. **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)			
	SURVEY MANAGER INSTRUCTIONS: ONLY INCLUDE THESE QUESTIONS WHEN CONDUCTING A SENS IN MIXED POPULATIONS, OUT-OF-CAMP SETTINGS (E.G. HOST COMMUNITY SENS SURVEY, URBAN SENS).		
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 WILL BE KEPT CONFIDENTIAL.		
DM5	Is the household head a national of this country [INSERT COUNTRY]? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** ADAPT THE NAME OF THE RELEVANT COUNTRY. THIS REFERS TO THE COUNTRY WHERE THE SURVEY IS TAKING PLACE. **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)	Yes ..... 1 No ..... 2 Don't know 8	|___|

	SURVEY MANAGER INSTRUCTIONS: THIS QUESTION PROVIDES INFORMATION ON WHETHER THE HOUSEHOLD IS INTERNALLY DISPLACED (IDP HOUSEHOLD) OR PART OF THE HOST COMMUNITY. **HHHIDP**		**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) **SURVEY MANAGER INSTRUCTIONS:** ADAPT THE NAME OF THE RELEVANT COUNTRY WHERE THE SURVEY IS TAKING PLACE. THIS QUESTION PROVIDES INFORMATION ON WHETHER OR NOT THE HOUSEHOLD IS A REFUGEE/ASYLUM SEEKER HOUSEHOLD. **HHHREFUG**	Yes ..... 1 No..... 2 Don't know 8	|___|
SECTION DM3: Survey of Household Members (Mortality survey)			
DM8	What is the total number of household members? **SURVEY MANAGER INSTRUCTIONS:** HOUSEHOLD MEMBERS WHO ARE AWAY TO THE HOUSEHOLDS FOR MORE THAN TWO WEEKS SHOULD BE NOT ACCOUNTED FOR. SHORT-TERM VISITORS WHO ARE PRESENT TO THE HOUSEHOLDS FOR MORE THAN TWO WEEKS SHOULD BE ACCOUNTED FOR. THIS NUMBER MIGHT DIFFER SLIGHTLY WHEN COMPLETING THE OTHER HOUSEHOLD QUESTIONNAIRES (WASH QUESTIONNAIRE AND/OR MOSQUITO NET COVERAGE QUESTIONNAIRE). **Lower limit=1** **Upper limit=30**	RECORD THE NUMBER.	|___|___| people

	DMHHSIZE		
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.		
DM9	Name of household member ONLY WRITE FIRST NAME. **SURVEY MANAGER INSTRUCTIONS:** INCLUDE AS MANY PERSONS AS WAS REPORTED IN DM9. THIS IS ASKED TO FACILITATE THE INTERVIEW PROCESS. THE NAME OF THE HOUSEHOLD MEMBERS WILL NOT BE USED. TO SIMPLIFY THE PROCESS, USUALLY ONLY THE FIRST NAME IS ENTERED. **NAME**	|_____|	
DM10	What is the sex of the household member? **HHMSEX**	Male ..... m Female..... f	|___|
DM11	What is the age of the household member (years)? YOU DO NOT NEED TO SEE PROOF OF AGE. **SURVEY MANAGER INSTRUCTIONS:** REPORTED AGE IS RECORDED. NOTE THAT AGE WILL BE RECORDED MORE PRECISELY FOR ANY CHILD UNDER 5 YEARS WHEN ADMINISTERING THE CHILD QUESTIONNAIRE (ANTHROPOMETRY AND HEALTH SENS MODULE). **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
DM12	Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]? **HHMJOIN**	Yes ..... 1 No..... 2	|___|

DM13	Was the household member born since [INSERT THE START DATE OF THE RECALL PERIOD]? **HHMBORN**	Yes ..... 1 No..... 2	|___|
DM14	Is the household member currently pregnant? **SURVEY MANAGER INSTRUCTIONS:** IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED IF FEMALE <15->49 YEARS OR MALE. THIS QUESTION IS ASKED IN ORDER TO KNOW IF THERE ARE ANY PREGNANT WOMAN IN THE HOUSEHOLD TO AID WITH THE COMPLETION OF THE SENS ANAEMIA MODULE AND MOSQUITO NET MODULE. **HHMPREG**	Yes ..... 1 No..... 2 Don't know 8	|___|
DM15	What is the total number of household members that **LEFT** this household since [INSERT THE START DATE OF THE RECALL PERIOD]? **Lower limit=0** **Upper limit=30** **HHLEFT**	RECORD THE NUMBER.	|___|___| people
Note	THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO **LEFT** THIS HOUSEHOLD SINCE [INSERT THE START DATE OF THE RECALL PERIOD]		
DM16	Name of household member ONLY WRITE FIRST NAME. **NAMEL**	|_____|	
DM17	What is the sex of the household member? **HHMSEXL**	Male ..... m Female..... f	|___|
DM18	What is the age of the household member (years)? YOU DO NOT NEED TO SEE PROOF OF AGE. **Lower limit=0** **Upper limit=98** **HHMAGEL**	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
DM19	Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]?	Yes ..... 1 No..... 2	|___|

	HHMJOINL		
DM20	Was the household member born since [INSERT THE START DATE OF THE RECALL PERIOD]? **HHMBORNL**	Yes ..... 1 No..... 2	|___|
DM21	What is the total number of household members that **DIED** since [INSERT THE START DATE OF THE RECALL PERIOD]? **Lower limit=0** **Upper limit=30** **HHDIED**	RECORD THE NUMBER.	|___|___| people
Note	THESE QUESTIONS NEED TO BE COMPLETED FOR EACH HH MEMBER WHO **DIED** SINCE [INSERT THE START DATE OF THE RECALL PERIOD]		
DM22	Name of household member ONLY WRITE FIRST NAME. **NAMED**	|_____|	
DM23	What was the sex of the household member? **HHMSEXD**	Male ..... m Female..... f	|___|
DM24	What was the age of the household member (years)? YOU DO NOT NEED TO SEE PROOF OF AGE. **Lower limit=0** **Upper limit=98** **HHMAGED**	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
DM25	Did the household member join the household since [INSERT THE START DATE OF THE RECALL PERIOD]? **HHMJOIND**	Yes ..... 1 No..... 2	|___|
DM26	Was the household member born since the since [INSERT THE START DATE OF THE RECALL PERIOD]? **HHMBORND**	Yes ..... 1 No..... 2	|___|
DM27	What was the cause of the death? **SURVEY MANAGER INSTRUCTIONS:** THE TWO FIRST CAUSES OF DEATH IN THE ENA SOFTWARE CANNOT BE MODIFIED. OTHER CAUSES CAN BE ADDED UNDER THE CODES 3 TO 7. **CAUSE**	Unknown ..... 1 Injury/Traumatic..... 2 Illness..... 3 [TO BE ADAPTED] 4	|___|

DM28	In which location did the household member died? **SURVEY MANAGER INSTRUCTIONS:** THE DIFFERENT TYPES OF LOCATION OF THE DEATH SHOULD BE ADAPTED TO THE LOCAL CONTEXT. THE ANSWERS HERE ARE GIVEN AS EXAMPLES. **LOCATION**	At home ..... 1 At the nutrition centre (OTP, TSFP, SC) 2 At the health facility..... 3	|___|
SECTION DM4: Time of Arrival in Country of Asylum (optional/if applicable)			
	SURVEY MANAGER INSTRUCTIONS: ONLY INCLUDE THIS SECTION IF INFORMATION ON TIME OF ARRIVAL WILL BE USED AFTER THE SURVEY. THIS MIGHT BE NEEDED IN CONTEXT WHERE THERE ARE MANY NEW ARRIVALS OR WHEN ARRIVAL TIME WIDELY VARIES WITHIN THE SURVEYED POPULATION.		
Note	EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEY RECEIVE / ARE ENTITLED TO.		
DM29	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 DM31**
DM30	When did the household arrive to [*camp name / country of asylum*]? (OPTIONAL/IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** ADAPT THE NAME OF THE MONTHS ONE YEAR PRIOR TO THE SURVEY MONTH START. FOR EXAMPLE, IF THE SENS SURVEY STARTS IN SEPTEMBER, 1 MONTH AGO WOULD BE AUGUST; 2 MONTHS AGO WOULD BE JULY; 3 MONTHS AGO WOULD BE JUNE ETC. 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	|___|___|
DM31	Was consent given for taking the GPS coordinates of the household?	Yes ..... 1 No..... 2	|___|

	(OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** BEFORE TO INCLUDE THE GPS COORDINATES IN YOUR SURVEY, BE SURE YOUR ANDROID DEVICES ARE ABLE TO TAKE A GPS READING IN FEW SECONDS. **GPSCONST**		
Note	Summary messages WRITE DOWN THE SUMMARY DATA PROVIDED BELOW ON THE PARTICIPANTS AND MEASURES CONTROL SHEET. **SURVEY MANAGER INSTRUCTIONS:** REFER TO SENS PRE-MODULE TOOL: [**TOOL 14**- PARTICIPANTS AND MEASURES CONTROL SHEET].		
DM32	**Total number of children under 5 (0-4 years)** |___|___| **children under-5** **TOTU5**	**SURVEY MANAGER INSTRUCTIONS:** THIS IS THE NUMBER OF CHILDREN UNDER-5 TO SURVEY FOR THE CHILD QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA AND/OR IYCF MODULES). THIS NUMBER MIGHT DIFFER SLIGHTLY AFTER FURTHER PROBING ON AGE AND AFTER LOOKING UP THE BIRTH CERTIFICATE OR USING THE EVENTS CALENDAR FOR ESTIMATING AGE IN MONTHS FOR CHILDREN UNDER-5 WHEN COMPLETING THE CHILD QUESTIONNAIRE.	
DM33	**Total number of women aged 15-49 years** |___|___| **women** **TOTWM**	**SURVEY MANAGER INSTRUCTIONS:** THIS IS THE NUMBER OF WOMEN TO SURVEY FOR THE WOMEN QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA MODULES).	
DM34	**Total number of pregnant women aged 15-49 years** |___|___| **pregnant women** **TOTPREG**	**SURVEY MANAGER INSTRUCTIONS:** THIS IS THE NUMBER OF PREGNANT WOMEN TO SURVEY FOR THE WOMEN QUESTIONNAIRE (ANTHROPOMETRY, HEALTH AND/OR ANAEMIA MODULES).	
	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.

SURVEY MANAGER INSTRUCTIONS:

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

Summary			
Years old	**Female**	**Male**	**Total**
U2 (0-1 years)	|___|___| **TOTFU2**	|___|___| **TOTMU2**	|___|___| **TOTU2**
U5 (0-4 years)	|___|___| **TOTFU5**	|___|___| **TOTMU5**	|___|___| **TOTU5**
5-14 (5-14 years)	|___|___| **TOTF514**	|___|___| **TOTM514**	|___|___| **TOT514**
14 years or younger (0-14 years)	|___|___| **TOTFU15**	|___|___| **TOTMU15**	|___|___| **TOTU15**
Between 15 years and 64 years	|___|___| **TOTF1564**	|___|___| **TOTM1564**	|___|___| **TOT1564**
65 years and older	|___|___| **TOTF65OLD**	|___|___| **TOTM65OLD**	|___|___| **TOT65OLD**
Total household size (all ages)	|___|___| **HHFSIZE**	|___|___| **HHMSIZE**	|___|___| **DMHHSIZE**

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 **SURVEY MANAGER INSTRUCTIONS:** FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. IF SEVERAL SENS SURVEYS ARE CARRIED OUT IN DIFFERENT SETTINGS, SPECIFY IN THE MDC CODING IF IT IS IN A CAMP OR AN OUT-OF-CAMP SETTING (E.G. HOST COMMUNITY SENS OR URBAN SENS). THIS IS NEEDED TO ADAPT THE QUESTIONNAIRE AND AUTOMATIC SKIP PATTERNS (E.G SECTION DM2 TO DO IN OUT-OF-CAMP SETTINGS ONLY). **CAMPNAME**	|_____|	
ID2	Section Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **SECTION**		|__|__|__|
ID3	Zone Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **ZONE**		|__|__|__|
ID4	Block Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **BLOCK**		|__|__|__|

ID5	Date of interview (dd/mm/yyyy) **SURVDAT**	Day/Month/Year.....|___|___| /|___|___| / |___|___||___|___|	
ID6	Cluster Number **SURVEY MANAGER INSTRUCTIONS:** FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY "1" IN THE FINAL DATABASE. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **SURVEY MANAGER INSTRUCTIONS:** THEY ARE SEVERAL OPTIONS ON HOW TO ASSIGN NUMBERS TO HOUSEHOLDS. THE ASSIGNMENT OF NUMBERS DEPENDS ON THE SURVEY DESIGN, HOUSEHOLD LISTING PROCESS AND SURVEY MANAGER PREFERENCES. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW. **HH**		|___|___|___|

No	QUESTION	ANSWER CODES
SECTION FS1: Food assistance and cooking fuel (if applicable)		
	SURVEY MANAGER INSTRUCTIONS: THESE QUESTIONS BELOW COVER VARIOUS TYPES OF FOOD ASSISTANCE: 1. FOOD IN-KIND, 2. CASH GRANTS, AND 3. FOOD VOUCHER, AS WELL AS COOKING FUEL. IF A FOOD ASSISTANCE TYPE IS NOT AVAILABLE IN THE SETTING, DELETE IT FROM THE QUESTIONNAIRE BUT KEEP THE ORIGINAL QUESTION NUMBERS FOR THE REMAINING QUESTIONS AND DO NOT CHANGE. ENSURE TO USE THE LOCAL NAMES FOR EACH TYPE OF ASSISTANCE IN THE QUESTIONS.	

	REPLACE AND ADAPT THE TEXT HIGHLIGHTED IN GREY TO THE CONTEXT.		
Note	THIS QUESTIONNAIRE NEED TO BE ASKED TO THE MAIN CARETAKER WHO IS RESPONSIBLE FOR COOKING THE MEALS.		
FS1	Was consent given for conducting the interview? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW. **SURVEY MANAGER INSTRUCTIONS:** IF A HOUSEHOLD IS ABSENT, THE TEAM LEADER SHOULD RECORD THIS INFORMATION AND DETERMINE ANOTHER TIME TO RETURN ON THE SAME DAY AND/OR BEFORE TO LEAVE THE SURVEY AREA. THE TEAM SHOULD REVISIT AN ABSENT HOUSEHOLD UP TO TWO TIMES, IF IT IS LOGISTICALLY FEASIBLE, ON THE SAME SURVEY DAY. IF THEY ARE UNSUCCESSFUL AFTER THIS, THE HOUSEHOLD SHOULD BE RECORDED AS AN ABSENCE AND THEY SHOULD NOT BE REPLACED WITH ANOTHER HOUSEHOLD. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENT HOUSEHOLDS. **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) **SURVEY MANAGER INSTRUCTIONS:** EXCLUDE THIS QUESTION IF ASSISTANCE IS NOT TARGETED. REPLACE THE CATEGORIES WITH THE TERMS USED LOCALLY STARTING FROM THE MOST VULNERABLE TO THE LEAST VULNERABLE, E.G. VERY POOR FOR ANSWER OPTION 1, POOR FOR ANSWER OPTION 2, MEDIUM FOR ANSWER OPTION 3,	Category A.....1 Category B.....2 Category C.....3 Category D .....4 Other.....6 Don't know.....8	|___|

	WELL OFF FOR ANSWER OPTION 4. **HHASSIST**		
FS3	Does your household receive food assistance (general in-kind food distribution and/or cash grants and/or food vouchers) [INSERT LOCAL NAMES OF FOOD ASSISTANCE PROGRAMMES]? **SURVEY MANAGER INSTRUCTIONS:** ADAPT THE QUESTION TO THE FOOD ASSISTANCE PROGRAMMES IN PLACE IN YOUR CONTEXT. MAKE SURE THE RESPONDENT IS AWARE THAT THIS QUESTION WILL REMAIN CONFIDENTIAL AND WILL NOT AFFECT THE ASSISTANCE THEIR HOUSEHOLD IS ENTITLED TO. **FOODASS**	Yes .....1 No .....2 Don't know 8	|___| **IF ANSWER IS 1 OR 8 GO TO FS5**
FS4	Why do you not have access to the food assistance programmes [INSERT LOCAL NAMES OF FOOD ASSISTANCE PROGRAMMES]? **SURVEY MANAGER INSTRUCTIONS:** IF THE RESPONSE '6' OR 'OTHER' IS GIVEN BY A LARGE PROPORTION OF RESPONDENTS, FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS SHOULD BE CONDUCTED AFTER THE SURVEY TO INVESTIGATE THE SPECIFIC REASONS. USUALLY, THERE SHOULD BE A SMALL PERCENTAGE OF '6' OR 'OTHER' RESPONSES. LIKEWISE, IF THERE IS A LARGE PROPORTION OF '1', KEY INFORMANT INTERVIEWS SHOULD BE CONDUCTED AFTER THE SURVEY TO UNDERSTAND WHY. **YNOFOODA**	Ration card and/or cash grants and/or food voucher not given even if eligible .....1 Not registered .....2 Registered but determined not eligible .....3 Other.....6 Don't know 8	|___| **GO TO FS10**
FS5	How many days did the food from the general in-kind food distribution from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE)	RECORD THE NUMBER OF DAYS IF KNOWN. RECORD 98 IF UNKNOWN.	|___|___|

	SURVEY MANAGER INSTRUCTIONS: EXCLUDE THIS QUESTION IF THERE IS NO IN-KIND GENERAL FOOD DISTRIBUTION. IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION. HOWEVER, IF THERE WAS NO FOOD DISTRIBUTION DURING THE LAST CYCLE, EXCLUDE THIS QUESTION BUT ENSURE TO MENTION IN THE DISCUSSION OF THE SENS REPORT WHY IT WAS EXCLUDED. THIS RELATES TO THE RATION AS A WHOLE. IT IS ACKNOWLEDGED THAT DIFFERENT COMMODITIES LAST DIFFERENT LENGTHS OF TIME. IN THIS CASE, CEREALS ARE MOST LIKELY TO BE THE DEFINING COMMODITY AS THEY OFTEN LAST THE LONGEST. SALT SHOULD NOT BE TAKEN INTO ACCOUNT MAINLY BECAUSE IT HAS ALMOST NO NUTRITIONAL VALUE (EXCEPT FOR THE IODINE) AND IS VERY CHEAP, HENCE IT CANNOT BE 'CONVERTED INTO' OTHER FOODS. IN ADDITION, SALT ALMOST ALWAYS LASTS MUCH LONGER THAN THE OTHER ITEMS AND SOMETIMES EVEN LONGER THAN THE DISTRIBUTION CYCLE. CONTACT WFP TO GET INFORMATION ON THE GENERAL FOOD DISTRIBUTION SCHEDULE. **Lower limit=1** **Upper limit=98** **GFDLAST**		
FS6	Does your household receive cash grants to meet basic needs [INSERT LOCAL NAME FOR CASH GRANTS]? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:**	Yes .....1 No .....2 Don't know 8	|___| **IF ANSWER IS 2 OR 8 GO TO FS8**

	EXCLUDE THIS QUESTION IF THERE IS NO CASH GRANTS. THIS RELATES TO CASH GRANTS WHICH CAN BE PROVIDED AS CASH-IN-HAND, MOBILE MONEY, DIRECT TRANSFERS TO BANK ACCOUNTS, ETC. **CASH**		
FS7	How did you spend the cash grants you received in [INSERT LAST CYCLE MONTH OR DISTRIBUTION]? (IF APPLICABLE) SELECT ALL THAT APPLY. **SURVEY MANAGER INSTRUCTIONS:** THIS RELATES TO CASH GRANTS ONLY. EXCLUDE THIS QUESTION IF THERE IS NO CASH GRANTS. IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION. CONTACT WFP TO GET INFORMATION ON THE CASH-FOR-FOOD PROGRAMMES. **CASHSPNT: FOOD / WATER / HYGIENE / HEALTH / HOUSE / FUELA / LIVELI / DEBTS / SAVING / EDUCA / OTHER / DKN**	Food .....01 Water .....02 Hygiene items, clothes, shoes .....03 Health costs (including medicines) .....04 Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) .....05 Firewood/fuel for cooking or heating .....06 Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) .07 Debt repayment .....08 Save some money or gave to other family members, relatives, friends .....09 Education (e.g. school fees, uniform, books) .....10 Other .....96 Don't know 98	|___|___|
FS8	Does your household receive a food voucher [INSERT LOCAL NAME OF FOOD VOUCHER] for general food needs? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** THIS RELATES TO FOOD VOUCHERS INCLUDING PAPER AND ELECTRONIC VOUCHERS (INCLUDING SCOPE CARDS USED AT SPECIFIC WFP TRADERS) PROVIDED TO THE HOUSEHOLD. THIS DOES NOT INCLUDE FOOD VOUCHERS PROVIDED TO SPECIAL GROUPS, E.G. PREGNANT WOMEN, CHRONIC DISEASES ETC. EXCLUDE THIS QUESTION IF THERE IS NO FOOD VOUCHER.	Yes .....1 No .....2 Don't know 8	|___| **IF ANSWER IS 2 OR 8 GO TO FS10**

	CONTACT UNHCR, WFP OR OTHER PARTNER PROVIDING THE VOUCHER FOR INFORMATION ON THE VALUE. **VOUCHER**		
FS9	Did you sell any of the vouchers or products accessed with food vouchers received in [INSERT LAST CYCLE MONTH OR DISTRIBUTION] to access other goods and/or services? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE OR DISTRIBUTION AND NOT THE CURRENT CYCLE OR DISTRIBUTION IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION. **SELLVOU**	Yes .....1 No .....2 Don't know 8	|___|
FS10	Which of your household's basic needs can you not meet? DO NOT READ THE ANSWERS. SELECT ALL THAT APPLY. **SURVEY MANAGER INSTRUCTIONS:** BASIC NEEDS REFER TO HOUSEHOLD EXPENDITURES TO COVER MINIMUM NEEDS RELATED TO FOOD, WATER, HYGIENE ITEMS, CLOTHES, HEALTH, RENT, HOUSEHOLD ITEMS, FIREWOOD/FUEL, EDUCATION, ETC. **NEEDSNOT: FOODB / WATERB / HYGIENEB / HEALTHB / HOUSEB / FUELB / LIVELIB / DEBTSB / SAVINGB / EDUCAB / NEEDSMET./ OTHERB / DKNB**	Food .....01 Water .....02 Hygiene items, clothes, shoes .....03 Health costs (including medicines) .....04 Rent, shelter repair, household items (e.g. mattress, blanket, jerrycan), utilities and bills (e.g. electricity, water bills, phone calling credit) .....05 Firewood/fuel for cooking or heating .....06 Assets for a livelihood activity (e.g. seeds, tools, farming, fishing, petty trade, etc.) .07 Debt repayment .....08 Save some money or support other family members, relatives, friends .....09 Education (e.g. school fees, uniform, books) .....10 All basic needs are met .....11 Other .....96 Don't know 98	|__|__|
FS11	What cooking fuel does your household usually use? (IF APPLICABLE)	Wood .....01 Charcoal .....02 Kerosene .....03 Biogas 04	|__|__|

	SURVEY MANAGER INSTRUCTIONS: INCLUDE THIS QUESTION ONLY IN CONTEXTS WHERE THERE ARE MULTIPLE OPTIONS AVAILABLE FOR COOKING FUEL. ENSURE THIS RELATES TO FUEL USED FOR COOKING AND NOT FOR OTHER PURPOSES HEATING, LIGHTING ETC. MODIFY RESPONSES FOR YOUR CONTEXT. E.G. IF THAT TYPE OF COOKING FUEL DOES NOT EXIST, DO NOT KEEP IT. IF IT IS RARE, CONSIDER OMITTING IT AS IT WILL BE CAPTURED UNDER OTHER. DELETE OPTIONS AS NEEDED. WHEN DELETING OPTIONS, KEEP THE ORIGINAL ANSWER CODES AND DO NOT CHANGE. **HHFUEL**	Liquid petroleum gas (LPG) ..... 05 Ethanol ..... 06 Briquettes ..... 07 Other ..... 96 Don't know 98	
FS12	Does your household receive cooking fuel assistance? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** EXCLUDE THIS QUESTION IF THERE IS NO FUEL BEING DISTRIBUTED. IN ADDITION, IF THERE WAS NO COOKING FUEL ASSISTANCE DURING THE LAST CYCLE, EXCLUDE THIS QUESTION AND THE NEXT ONE BUT ENSURE TO MENTION IN THE DISCUSSION OF THE SENS REPORT WHY IT WAS EXCLUDED. **FUEL**	Yes ..... 1 No ..... 2 Don't know 8	|___| **IF ANSWER IS 2 or 8 GO TO FS14**
FS13	How many days did the fuel from the [INSERT] cycle of [INSERT LAST CYCLE MONTH] last? (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** EXCLUDE THIS QUESTION IF THERE IS NO FUEL BEING DISTRIBUTED. IT IS IMPORTANT TO ASK ABOUT THE LAST CYCLE AND NOT THE	RECORD THE NUMBER OF DAYS IF KNOWN (RECORD 98 IF UNKNOWN)	|___|___|

	CURRENT CYCLE IN ORDER TO CAPTURE THE ENTIRE CYCLE DURATION. **Lower limit=1** **Upper limit=98** **FUELLAST**		
SECTION FS2: Coping Strategies and Reduced Coping Strategy Index (rCSI)			
	SURVEY MANAGER INSTRUCTIONS: INCLUDE QUESTIONS FS17-FS26 ONLY WHERE THERE HAS BEEN A RECENT CHANGE IN THE AMOUNT OF FOOD ASSISTANCE OR WHERE FOOD ASSISTANCE IS BEING TARGETED. THE UNHCR CASH POST DISTRIBUTION MONITORING TOOL INCLUDES THIS QUESTION. IF THIS QUESTION HAS BEEN INCLUDED IN AND ANALYSED AS PART OF CASH PDM ACTIVITIES IN THE PAST 6 MONTHS ON A REPRESENTATIVE SAMPLE OF THE POPULATION THESE QUESTIONS DO NOT NEED TO BE ADDED TO THE SENS QUESTIONNAIRE. THE LIST OF THE NEGATIVE COPING STRATEGIES BELOW SHOULD BE ADAPTED TO THE CONTEXT. LIST ONLY STRATEGIES APPLICABLE TO THE SURVEY AREA.		
Note	EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER.		
FS14	In the past 4 weeks, have you or anyone in your household needed to stop a child from attending school? (OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** ANY SCHOOL-AGED CHILDREN (AGED 5-18 YEARS) ARE INCLUDED. THIS STRATEGY "TO STOP A CHILD FROM ATTENDING SCHOOL" SHOULD BE EXPLAINED AS WITHDRAWING CHILDREN FROM SCHOOL, REGARDLESS IF THEY ARE IN PRIMARY OR SECONDARY EDUCATION. **SCHOOL**	Yes .....1 No .....2 Don't know 8	|___|
FS15	In the past 4 weeks, have you or anyone in your household needed to sold any assets that would not have normally sold in order to buy food or basic goods (e.g. sold items such as a car, motorbike, plough, sewing machine, tools, seed stock, livestock, productive land)? (OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** ENSURE THAT THE SURVEYORS AND RESPONDENTS TAKE INTO	Yes .....1 No .....2 Don't know 8	|___|

	ACCOUNT THE SALES OF ALL ASSETS, INCLUDING PERSONAL ITEMS SUCH AS JEWELLERY, PHONES ETC. **SELLLIV**		
FS16	In the past 4 weeks, have you or anyone in your household needed to ask for money from strangers (begging)? (OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** BEGGING IS A SENSITIVE ISSUE AND THE QUESTION MAY REQUIRE SOME PROBING. THE WORDING OF THE QUESTION NEEDS TO BE ADAPTED TO EACH CONTEXT. NOTE THAT BEGGING IS TO ASK FOR 'SOMETHING' FROM SOMEONE WHOM ONE DOES NOT KNOW AND THEREFORE THIS DOES NOT INCLUDE ASKING FAMILY MEMBERS, FRIENDS OR NEIGHBOURS FOR 'SOMETHING'. **BEG**	Yes .....1 No .....2 Don't know 8	|___|
FS17	In the past 4 weeks, have you or anyone in your household needed to move to a poorer quality shelter? (OPTIONAL) **SHELTER**	Yes .....1 No .....2 Don't know 8	|___|
FS18	In the past 4 weeks, have you or anyone in your household needed to send household members under the age of 16 to work? (OPTIONAL) **CHILDLAB**	Yes .....1 No .....2 Don't know 8	|___|
FS19	In the past 4 weeks, have you or anyone in your household needed to send a member of the household to work far away? (OPTIONAL) **WORKAWAY**	Yes .....1 No .....2 Don't know 8	|___|
FS20	In the past 4 weeks, have you or anyone in your household needed to engage in activities for money or items that you feel puts you or other members of your household at risk of harm (e.g. illegal activities like hunting, fishing, survival sex, drug dealing, early marriage, joining armed groups, etc.)? (OPTIONAL)	Yes .....1 No .....2 Don't know 8	|___|

	SURVEY MANAGER INSTRUCTIONS: THE SURVEY COORDINATOR NEEDS TO ADAPT THIS QUESTION TO THE LOCAL CONTEXT. THE ACTIVITIES NOTED IN THE QUESTION ARE EXAMPLES ONLY, E.G. IN SOME CASES HUNTING MAY BE AUTHORISED AND IN SUCH A CASE, CANNOT BE CONSIDERED AS A RISKY OR HARMFUL ACTIVITY. ILLEGAL ACTIVITIES ARE ALWAYS CONSIDERED AS RISKY OR HARMFUL. **RISKYACT**		
FS21	In the past 4 weeks, have you or anyone in your household needed to skip paying rent / debt repayments to meet other needs? (OPTIONAL) **RENTDEBT**	Yes .....1 No .....2 Don't know 8	|___|
FS22	In the past 4 weeks, have you or anyone in your household needed to take out new loans or borrowed money? (OPTIONAL) **LOANBRW**	Yes .....1 No .....2 Don't know 8	|___|
FS23	In the past 4 weeks, have you or anyone in your household needed to reduce on expenditure hygiene items, water, baby items, health or education in order to meet household food needs? (OPTIONAL) **REDUCE**	Yes .....1 No .....2 Don't know 8	|___|
Note	EXPLAIN TO THE RESPONDENT THAT THE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS AND NOT ONLY TO HIM/HER.		
FS24	In the past 7 days, how many days did your household rely on less preferred and/or less expensive food due to lack of food or money to buy food? **SURVEY MANAGER INSTRUCTIONS:** HOUSEHOLD MAY MAKE CHANGES TO TYPES OF FOOD THEY CONSUME IN ORDER TO MANAGE HOUSEHOLD RESOURCES. THIS QUESTION IS	RECORD THE NUMBER OF DAYS, FROM 0-7.	|___|

	CONCERNED WITH THE TYPES OF FOODS CONSUMED RATHER THAN THE QUANTITIES CONSUMED. **Lower limit=0** **Upper limit=7** **LESSEXP**		
FS25	In the past 7 days, how many days did your household borrow food or rely on help from a friend or relative due to lack of food or money to buy food? **SURVEY MANAGER INSTRUCTIONS:** HOUSEHOLD MAY INCREASE THEIR SHORT-TERM FOOD AVAILABILITY BY RELYING ON HELP FROM FRIENDS OR RELATIVES IN THE FORM OF FOOD OR MONEY TO BUY FOOD. **Lower limit=0** **Upper limit=7** **BRW**	RECORD THE NUMBER OF DAYS, FROM 0-7.	|___|
FS26	In the past 7 days, how many days did your household reduce the number of meals eaten in a day due to lack of food or money to buy food? **SURVEY MANAGER INSTRUCTIONS:** HOUSEHOLDS MAY CONSUME FEWER MEALS IN THE DAY TO MANAGE SHORTFALLS OF FOOD. THE SCOPE OF THE QUESTION INCLUDES BOTH MEALS AND SNACKS. **Lower limit=0** **Upper limit=7** **LESSMEAL**	RECORD THE NUMBER OF DAYS, FROM 0-7.	|___|
FS27	In the past 7 days, how many days did your household limit portion sizes at mealtime due to lack of food or money to buy food? **SURVEY MANAGER INSTRUCTIONS:** HOUSEHOLDS MAY REDUCE THE AMOUNT OF FOOD EATEN AT	RECORD THE NUMBER OF DAYS, FROM 0-7.	|___|

	MEALS IN ORDER TO MANAGE SHORTFALLS OF FOOD. **Lower limit=0** **Upper limit=7** **REDMEAL**		
FS28	In the past 7 days, how many days did your household reduce consumption by adults so children could eat, due to lack of food or money to buy food? IN HOUSEHOLDS WIHTOUT CHILDREN UNDER 5 YEARS OF AGE, THE ANSWER SHOULD BE '0'. **SURVEY MANAGER INSTRUCTIONS**: ADULTS IN THE HOUSEHOLD MAY REDUCE THEIR FOOD CONSUMPTION SO THAT SMALL CHILDREN WILL HAVE ENOUGH TO EAT. **Lower limit=0** **Upper limit=7** **REDADULT**	RECORD THE NUMBER OF DAYS, FROM 0-7.	|___|
SECTION FS3 : FCS and FCS-N			
	SURVEY MANAGER INSTRUCTIONS: THE RESPONDENT IS ASKED ABOUT ALL FOODS EATEN AND BEVERAGES CONSUMED **INSIDE THE HOME DURING THE PAST WEEK, BY ALL HOUSEHOLD MEMBERS**. IF A FOOD ITEM IS CONSUMED AT HOME BY ONLY ONE HOUSEHOLD MEMBER, IT SHOULD NOT BE RECORDED. FOR ALL FOOD ITEMS, THE RECALL PERIOD IS SET AT THE PREVIOUS SEVEN DAYS. FOR EXAMPLE, IF TODAY IS WEDNESDAY, WE WOULD BE ASKING ABOUT THE PERIOD FROM TUESDAY LAST WEEK TO YESTERDAY. THE RESPONDENT SHOULD REFER ONLY TO FOOD CONSUMED OR PREPARED INSIDE THE HOME. IN A CONTEXT WHERE PEOPLE OFTEN EAT OUTSIDE OF HOME (NOTE THIS IS MORE COMMON IN URBAN AREAS), IT IS RECOMMENDED TO DEVELOP A SEPARATE OUTSIDE THE HOME CONSUMPTION MODULE, IN ORDER TO COMPREHENSIVELY CAPTURE HOUSEHOLD DIETS. IT IS IMPORTANT THAT THE SURVEYORS AND RESPONDENTS UNDERSTAND THAT THE COMPONENTS / INGREDIENTS USED IN MIXED DISHES SHOULD ALL BE ACCOUNTED FOR IF THEY ARE NOT CONSIDERED TOO SMALL TO BE CAPTURE BY THE FOOD GROUPS. ONLY RECORD THE CONSUMPTION OF SIGNIFICANT QUANTITIES OF FOOD BY THE HOUSEHOLD. IF A FOOD ITEM IS CONSUMED ONLY AS A CONDIMENT OR IN SUCH SMALL QUANTITY THAT IT CANNOT BE CONSIDERED AS A PROPER PORTION BY THE HOUSEHOLD IT SHOULD NOT BE REGISTERED. **PRIOIR TO ASKING THE FOOD CONSUMPTION SECTION QUESTIONS, ENUMERATORS SHOULD EXPLAIN TO THE RESPONDENT CONTEXT-**		

	SPECIFIC EXAMPLES OF FOOD QUANTITIES CONSIDERED TOO SMALL TO BE CAPTURED BY THE FOOD GROUPS. WHAT PEOPLE EAT VARIES GEOGRAPHICALLY, SEASONALLY AND ACCORDING TO WEALTH AND CUSTOMS. LOCALLY USED FOODS MUST BE INVESTIGATED AND CATEGORISED CORRECTLY INTO THE FOOD GROUPS LISTED ON THE GENERIC QUESTIONNAIRE. **INDIVIDUAL FOOD ITEMS THAT COULD BE CLASSIFIED INTO MORE THAN ONE FOOD GROUP**: THE TEAM WILL HAVE TO DECIDE ON THE MOST APPROPRIATE FOOD GROUP CLASSIFICATION FOR FOODS WHICH CAN BE CLASSIFIED INTO MORE THAN ONE FOOD GROUP. E.G. FISH POWDER COULD BE CLASSIFIED AS EITHER 'FISH AND SEAFOOD' OR 'SPICES, CONDIMENTS AND BEVERAGES'. THESE DECISIONS ARE BEST MADE AFTER TAKING INTO CONSIDERATION THE PARTICULAR LOCAL CONTEXT, INCLUDING THE TYPICAL AMOUNT OF THE FOOD CONSUMED. FOR EXAMPLE, MANY CULTURES USE HOT PEPPER AS A SPICE OR CONDIMENT ADDED TO MEALS. DEPENDING ON THE CONTEXT, THIS MAY MEAN THAT ONE SMALL SPOONFUL OF DRIED HOT PEPPER FLAKES IS ADDED TO AN ENTIRE DISH, OR THAT SEVERAL SPOONFULS OF FRESH HOT PEPPER ARE EATEN AS AN ACCOMPANIMENT TO THE MEAL. IN THE FIRST CASE, THE DRIED PEPPER IS BEST INCLUDED IN THE "SPICES, CONDIMENTS AND BEVERAGES" FOOD GROUP, WHILE IN THE SECOND CASE, AS A LARGER QUANTITY OF FRESH HOT PEPPERS IS CONSUMED, IT IS MORE APPROPRIATE TO INCLUDE THIS IN THE "VEGETABLES" FOOD GROUP. **MIXED DISHES**: MANY CULTURES COMMONLY PREPARE AND EAT MIXED DISHES (SUCH AS CASSEROLES OR SAUCES THAT ACCOMPANY A STAPLE). RESPONDENTS SHOULD BE ASKED TO RECALL ALL FOODS EATEN EVEN IF THEY WERE MIXED WITH OTHER FOODS. THE COMPONENTS / INGREDIENTS USED IN MIXED DISHES SHOULD ALL BE ACCOUNTED FOR IF THEY ARE NOT CONSIDERED TOO SMALL TO BE CAPTURE BY THE FOOD GROUPS. **AS A RULE, SOME BASIC FOODS ARE LISTED ONLY UNDER THEIR MAIN INGREDIENT:** FOR EXAMPLE, BREAD IS PUT INTO THE CEREALS GROUP EVEN IF OIL, EGGS OR SUGAR ARE ADDED IN SMALL AMOUNTS DURING THE MAKING. **RED PALM OIL**: ANOTHER IMPORTANT ISSUE TO MONITOR IN THE AREA WHERE THE SURVEY IS TAKING PLACE IS WHETHER RED PALM OIL OR PALM NUTS ARE CONSUMED, AS THESE ARE EXTREMELY GOOD SOURCES OF VITAMIN A. A QUESTION ON RED PALM PRODUCTS (E.G. RED PALM OIL, PALM NUT OR PALM NUT PULP SAUCE) SHOULD BE INSERTED INTO THE QUESTIONNAIRE EVEN IF ONLY USED BY A SMALL PERCENTAGE OF PERSONS. INSERT A RED PLAM PRODUCTS FOOD GROUP AND COMBINE IT WITH VITAMIN A RICH FOOD GROUP FOR ANALYSIS.	
FS29	How many days over the last 7 days, did members of your household eat the following food items, prepared and/or consumed at home? READ THE LIST OF FOODS AND DO NOT PROBE. ONLY RECORD THE CONSUMPTION OF SIGNIFICANT QUANTITIES OF FOOD BY THE HOUSEHOLD. WRITE '0' IF NOT CONSUMED IN THE LAST 7 DAYS. **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.	
		Number of days eaten in past 7 days
	1. In the past 7 days, how many days did your household eat any [INSERT CEREALS LOCALLY AVAILABLE] (*e.g. wheat, corn/maize, barley, buckwheat, millet, oats, rice, rye, sorghum, teff*) or any foods made	|___| **Lower limit=0** **Upper limit=7**

	from these such as [INSERT LOCAL FOODS] (*e.g. bread, porridge, noodles, ugali, nshima, pasta*). Or 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]. Or any [INSERT OTHER STARCHY FOODS LOCALLY AVAILABLE] *(e.g. green bananas, plantains)* **SURVEY MANAGER INSTRUCTIONS**: INCLUDE PRODUCTS AND FOODS DERIVED FROM CEREAL CROPS FOUND IN THE LOCAL SETTING. INSERT FOOD AID CEREALS THAT ARE DISTRIBUTED. ANY STAPLE DISHES OR PRODUCTS SUCH AS BREAD, SAVOURY BISCUITS, PORRIDGE AND NOODLES MADE FROM GRAINS LISTED, AND FROM FLOURS OF THESE GRAINS SHOULD BE INCLUDED.LOCAL NAMES SHOULD BE USED. SWEET BISCUITS AND CAKES SHOULD NOT BE INCLUDED. **FORTIFIED BLENDED FOODS ARE NOT INCLUDED IN THE CEREALS FOOD GROUP**. INCLUDE NON-PIGMENTED ITEMS MAINLY PROVIDING CARBOHYDRATES. THIS GROUP INCLUDES ALL NON-GRAIN-BASED STARCHY STAPLES. ANY STAPLE DISHES / CASSEROLES AND PASTES MADE FROM ROOTS, TUBERS, AND PLANTAINS SHOULD ALSO BE INCLUDED. **CRLROTU**	
	2. In the past 7 days, how many days did your household eat any [INSERT LEGUMES, NUTS AND SEEDS LOCALLY AVAILABLE] *(e.g. dried beans, chickpeas, lentils, nuts, seeds)* or any foods made from these such as [INSERT LOCAL FOODS] *(e.g. hummus, peanut butter)* **SURVEY MANAGER INSTRUCTIONS**:	|___| **Lower limit=0** **Upper limit=7**

	INCLUDE BEANS, DRIED PEAS, LENTILS, NUTS OR SEEDS AND ALSO PRODUCTS MADE FROM THESE FOUND IN THE LOCAL SETTING. INSERT FOOD ASSISTANCE LEGUMES, NUTS AND SEEDS THAT ARE DISTRIBUTED. INCLUDE SEEDS HERE IF THEY REPRESENT A SUBSTANTIAL INGREDIENT IN MIXED DISHES OR IF THEY ARE EATEN AS A SUBSTANTIAL SNACK OR SIDE DISH. **PULSE**	
	3. In the past 7 days, how many days did your household eat any [INSERT MILK AND MILK PRODUCTS LOCALLY AVAILABLE] *(e.g. fresh milk, sour milk, infant formula, cheese, kefir, yogurt)* **SURVEY MANAGER INSTRUCTIONS**: INCLUDE ALL FOOD ITEMS IN THIS GROUP THAT ARE MADE FROM DAIRY, WITH THE EXCEPTION OF BUTTER AND CREAM. DUE TO THEIR HIGH FAT CONTENT AND MOST TYPICAL CULINARY USES, THESE ARE CLASSIFIED WITH FATS AND OILS. THIS DOES NOT INCLUDE SMALL AMOUNTS ADDED TO TEA / COFFEE. THIS DOES NOT INCLUDE BREASTMILK GIVEN TO INFANTS AND YOUNG CHILDREN. **MILK**	|___| **Lower limit=0** **Upper limit=7**
	4. In the past 7 days, how many days did your household eat any meat, fish and eggs *(e.g. goat, beef, chicken, pork, blood, fish including canned tuna, snails, and/or other seafood, eggs)* **PROT**	|___| **IF ANSWER IS 0 GO TO QUESTION 5** **Lower limit=0** **Upper limit=7**
	4.1. In the past 7 days, how many days did your household eat any [INSERT FLESH MEAT LOCALLY AVAILABLE] *(e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, cane rat, guinea pig, rat, agouti frogs, snakes, insects)* **SURVEY MANAGER INSTRUCTIONS**: THIS GROUP INCLUDES FLESH FOODS.	|___| **Lower limit=0** **Upper limit=7**

	ANY PROCESSED / CURED PRODUCTS MADE FROM THESE MEATS SHOULD ALSO BE INCLUDED. **FLSHMT**	
	4.2. In the past 7 days, how many days did your household eat any [INSERT ORGAN MEAT OR BLOOD-BASED FOODS LOCALLY AVAILABLE] *(e.g. liver, kidney, heart)* **SURVEY MANAGER INSTRUCTIONS**: THIS GROUP INCLUDES DIFFERENT TYPES OF RED ORGAN MEATS THAT ARE USUALLY RICH IN HAEM IRON. ANY PROCESSED / CURED PRODUCTS MADE FROM THESE ORGAN MEATS SHOULD ALSO BE INCLUDED IN THIS GROUP **ORGMT**	|___| **Lower limit=0** **Upper limit=7**
	4.3. In the past 7 days, how many days did your household eat 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)* **SURVEY MANAGER INSTRUCTIONS**: THIS GROUP INCLUDES ALL TYPES OF FISH AND SEAFOOD. ANY PROCESSED FOOD MADE FROM THESE SHOULD ALSO BE INCLUDED. THIS DOES NOT INCLUDE SMALL AMOUNTS OF FISH POWDER/DRIED FISH/FISH SAUCE FOR CONDIMENT. **FISHSF**	|___| **Lower limit=0** **Upper limit=7**
	4.4. In the past 7 days, how many days did your household eat any eggs from [INSERT EGGS LOCALLY AVAILABLE] *(e.g. eggs from chicken, duck, guinea fowl)* **SURVEY MANAGER INSTRUCTIONS**: THIS GROUP INCLUDES ALL KINDS OF BIRD EGGS. THIS DOES NOT INCLUDE ROE / FISH EGGS (SEE FISH AND SEAFOOD). **EGGS**	|___| **Lower limit=0** **Upper limit=7**
	5. In the past 7 days, how many days did your household eat any [INSERT ANY VEGETABLES AND LEAVES LOCALLY AVAILABLE] *(e.g. spinach, cassava leaves,*	|___| **IF ANSWER IS 0 GO TO QUESTION 6**

	onion, carrot, lettuce, bamboo shoots, cabbage, pepper, tomato, eggplant, zucchini, etc.) **VEGL**	**Lower limit=0** **Upper limit=7**
	5.1. In the past 7 days, how many days did your household eat 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)* **SURVEY MANAGER INSTRUCTIONS:** INCLUDE ONLY ROOTS, TUBERS, AND OTHER RED/YELLOW/ORANGE VEGETABLES THAT ARE SOURCES OF VITAMIN A. SEVERAL ITEMS THAT ARE BOTANICALLY FRUITS BUT ARE TYPICALLY USED AS VEGETABLES FOR CULINARY PURPOSES ARE ALSO INCLUDED HERE. **VITAV**	|___| **Lower limit=0** **Upper limit=7**
	5.2. In the past 7 days, how many days did your household eat any [INSERT DARK GREEN LEAFY VEGETABLES LOCALLY AVAILABLE INLCUDING WILD FORMS AND VITAMIN A RICH LEAVES] (*e.g. amaranth, arugula (rocket), cassava leaves, kale, broccoli, spinach*) **SURVEY MANAGER INSTRUCTIONS:** INCLUDE IN THIS CATEGORY ONLY MEDIUM TO DARK LEAFY VEGETABLES THAT ARE SOURCE OF VIATMIN A. **GREENV**	|___| **Lower limit=0** **Upper limit=7**
	6. In the past 7 days, how many days did your household eat any [INSERT ANY FRUITS LOCALLY AVAILABLE INCLUDING WILD FRUITS], and 100% fruit juice made from these *(e.g. mango, apricot, peach, apple, avocados, banana, coconut flesh, lemon, orange, etc.)* **SURVEY MANAGER INSTRUCTIONS:** THIS GROUP INCLUDES VARIOUS PARTS OF A PLANT; LEAVES, STEM, FRUITS AND FLOWERS. **FRT**	|___| **IF ANSWER IS 0 GO TO QUESTION 7** **Lower limit=0** **Upper limit=7**
	6.1. In the past 7 days, how many days did your household eat 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)* **SURVEY MANAGER INSTRUCTIONS**: INCLUDE LOCALLY AVAILABLE DARK YELLOW OR ORANGE FRUITS THAT ARE SOURCES OF VITAMIN A. **VITAFRT**	**Lower limit=0** **Upper limit=7**
	7. In the past 7 days, how many days did your household eat 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)* **SURVEY MANAGER INSTRUCTIONS**: INCLUDE ALL FOOD ITEMS IN THIS GROUP THAT HAVE VISIBLE FAT FOUND IN THE LOCAL SETTING. INSERT FOOD AID OILS AND FATS THAT ARE DISTRIBUTED AND ADDED TO FOOD OR USED FOR COOKING. **DO NOT INCLUDE VITAMIN A RICH RED PALM OIL.** **FATS**	|___| **Lower limit=0** **Upper limit=7**
	8. In the past 7 days, how many days did your household eat any [INSERT SWEETS, SWEETENED SODA OR JUICE DRINKS AND SUGARY FOODS LOCALLY AVAILABLE] *(e.g. sugar, honey, syrup, soda drinks, chocolates, candies, cookies, sweet biscuits and cakes)* **SURVEY MANAGER INSTRUCTIONS**: INCLUDE FOOD ITEMS WITH A HIGH CONTENT OF DIFFERENT SWEETENING AGENTS (SUGAR, CORN SYRUP, OTHER SYRUP, HONEY, MOLASSES OR JAGGERY, SWEETENED BEVERAGES). **SWTS**	|___| **Lower limit=0** **Upper limit=7**
	9. In the past 7 days, how many days did your household eat any [INSERT SPICES, CONDIMENTS AND BEVERAGES LOCALLY AVAILABLE] *(e.g. black pepper, salt, chilies, soy sauce, hot sauce, fish*	|___| **Lower limit=0** **Upper limit=7**

	powder, fish sauce, ginger, herbs, magi cubes, ketchup, mustard, coffee, tea, milk/cream in small quantities) **SURVEY MANAGER INSTRUCTIONS**: THIS FOOD GROUP SHOULD BE USED TO CAPTURE CONSUMPTION OF VERY SMALL QUANTITIES OF CERTAIN FOODS HAVE BEEN CONSUMED. ESSENTIALLY, IF A FOOD ITEM IS CONSUMED ONLY AS A CONDIMENT OR IN A SIMILARLY SMALL QUANTITY (I.E. FISH POWDER, GRATED CHEESE, AND POWDERED MILK) IT SHOULD ONLY BE RECORDED UNDER THIS FOOD GROUP. INCLUDE MEAT OR FISH AS A CONDIMENT, CONDIMENTS INCLUDING SMALL AMOUNT OF MILK/CREAM IN TEA/COFFEE. **SPICE**	
	10. In the past 7 days, how many days did your household eat any [INSERT SPECIALIZED NUTRITIOUS FOODS AVAILABLE] *(e.g. CSB, Super Cereals)* (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS**: EXCLUDE THIS QUESTION IF THERE IS NO SPECIALIZED NUTRITIOUS FOOD DISTRIBUTED IN YOUR CONTEXT. FORTIFIED FOOD ARE OF SPECIFIC INTEREST FOR FCS AND FCS-N ANALYSIS, AND SUPPLEMENTARY QUESTIONS SHOULD BE ASKED ABOUT CONSUMPTION OF THESE SPECIFIC FOOD GROUPS AS PART OF THE FOOD CONSUMPTION QUESTIONS. IN THE CASE THAT MORE THAN ONE FOOD IDS FORTIFIED WITH DIFFERENT MICRONUTRIENT, THEN EACH OF THEM SHOULD BE CONSIDERED AS ONE FOOD GROUP (E.G. FLOUR FORTIFIED WITH IRON AND SUGAR FORTIFIED WITH VITAMIN A). ANY FOOD DESTINED FOR A SPECIFIC INDIVIDUAL/TARGET GROUP IN THE HOUSEHOLD BUT THAT IS SHARED AMONG HOUSEHOLD MEMBERS (E.G. INFANT FORMULA) MUST ALSO BE ADDED AS A FOOD GROUP. HOWEVER THESE QUESTIONS SHOULD BE SUPPLEMENTARY AND NOT INCORPORATED IN THE CALCULATION OF THE OVERALL FCS-N BUT WILL BE	|___| **Lower limit=0** **Upper limit=7**

	INCLUDED IN THE ANALYTICAL DISCUSSION **SPENUTF**		
FS30	How was this food acquired? **SURVEY MANAGER INSTRUCTIONS:** THE SCOPE OF THE QUESTION INCLUDES ALL FOOD ITEMS CONSUMED BY THE HOUSEHOLD IN THE PAST 7 DAYS RECORD THE **MAIN SOURCE** OF FOOD FOR THE PAST 7 DAYS. **FOODSOU**	Purchase (using cash grants and/or with their own cash) ..... 01 Own production (crops, livestock, fishing/hunting, gathering) ..... 02 Traded goods/services, barter..... 03 Borrowed (loan/credit from traders) ..... 04 Receive as gift (from family relatives or friend/neighbor ..... 05 In-kind or voucher based food assistance ..... 06 Other ..... 96 Don't know..... 98	|___|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **SURVEY MANAGER INSTRUCTIONS:** ONLY IF THE CONSENT WAS GIVEN IN THE DEMOGRAPHY QUESTIONNAIRE. AN ADDITIONAL APPLICATION CAN BE INSTALL TO CALIBRATE THE GPS (GPS TEST+) IN CASE OF LONG WAITING TIME. **GPS**	|_____|	
	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.		

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 **SURVEY MANAGER INSTRUCTIONS:** FOR OUT-OF CAMP SURVEYS, THIS WILL BE THE VILLAGE OR TOWN NAME. IF SEVERAL SENS SURVEYS ARE CARRIED OUT IN DIFFERENT SETTINGS, SPECIFY IN THE MDC CODING IF IT IS IN A CAMP OR AN OUT-OF-CAMP SETTING (E.G. HOST COMMUNITY SENS OR URBAN SENS). THIS IS NEEDED TO ADAPT THE QUESTIONNAIRE AND AUTOMATIC SKIP PATTERNS (E.G SECTION DM2 TO DO IN OUT-OF-CAMP SETTINGS ONLY). **CAMPNAME**	|_____|	
ID2	Section Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **SECTION**		|__|__|__|
ID3	Zone Code / Number **SURVEY MANAGER INSTRUCTIONS:** SPECIFY IF NUMERICAL OR ALPHABETICAL. **ZONE**		|__|__|__|
ID4	Block Code / Number **SURVEY MANAGER INSTRUCTIONS:**		|__|__|__|

	SPECIFY IF NUMERICAL OR ALPHABETICAL. **BLOCK**		
ID5	Date of interview (dd/mm/yyyy) **SURVDAT**		Day/Month/Year.....|___|___| /|___|___| / |___|___||___|___|
ID6	Cluster Number **SURVEY MANAGER INSTRUCTIONS:** FOR SURVEYS USING A CLUSTER SAMPLING ONLY. IN SURVEYS USING A SYSTEMATIC OR SIMPLE RANDOM SAMPLING, OR IN EXHAUSTIVE SURVEY, THE CLUSTER NUMBER WILL BE AUTOMATICALLY "1" IN THE FINAL DATABASE. **CLUSTER**		|___|___|
ID7	Team Number **TEAM**		|___|___|
ID8	Household Number **SURVEY MANAGER INSTRUCTIONS:** THEY ARE SEVERAL OPTIONS ON HOW TO ASSIGN NUMBERS TO HOUSEHOLDS. THE ASSIGNMENT OF NUMBERS DEPENDS ON THE SURVEY DESIGN, HOUSEHOLD LISTING PROCESS AND SURVEY MANAGER PREFERENCES. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8-** DATA COLLECTION CONTROL SHEET]. FOR A MODEL TOOL ON WHERE HOUSEHOLD NUMBERS CAN BE WRITTEN FOR THE TEAMS TO TRACK AND FOLLOW. **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		|___|___|

	SURVEY MANAGER INSTRUCTIONS: INCLUDE AS MANY ELIGIBLE CHILDREN AS THERE ARE IN THE HOUSEHOLD. THE ID NUMBER IS AUTOMATICALLY GENERATED IN MOBILE DATA COLLECTION (MDC) SURVEYS FOR EACH HOUSEHOLD STARTING AT 1. **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. **SURVEY MANAGER INSTRUCTIONS:** THIS IS ASKED TO FACILITATE THE INTERVIEW PROCESS. THE NAME OF THE CHILD/RESPONDENT WILL NOT BE USED. TO SIMPLIFY THE PROCESS, USUALLY ONLY THE FIRST NAME IS ENTERED. **CHNAME**	|_____|	
CH4	Sex of [NAME OF CHILD]? **SEX**	Male ..... m Female..... f	|___|
CH5	Do you have an official age documentation for [NAME OF CHILD]? **SURVEY MANAGER INSTRUCTIONS:**	Yes ..... 1 No..... 2	|___| **IF ANSWER IS 2 GO TO CH7**

	THE EXACT DATE OF BIRTH (DAY, MONTH, YEAR) IS RECORDED FROM EITHER AN EPI CARD, CHILD HEALTH CARD OR BIRTH NOTIFICATION IF AVAILABLE. NOTE THAT THE 'UNHCR MANIFEST' SHOULD NEVER BE USED FOR RECORDING THE AGE OF A CHILD. IF NO RELIABLE PROOF OF AGE IS AVAILABLE, AGE IS ESTIMATED IN MONTHS USING A LOCAL EVENTS CALENDAR OR BY COMPARING THE SELECTED CHILD WITH A SIBLING OR THE CHILD OF A NEIGHBOR WHOSE AGES ARE KNOWN, AND IS RECORDED IN MONTHS ON THE QUESTIONNAIRE (QUESTION CH7). IF THE CHILD'S AGE CAN ABSOLUTELY NOT BE DETERMINED BY USING A LOCAL EVENTS CALENDAR OR BY PROBING, THE CHILD'S HEIGHT CAN BE USED FOR INCLUSION; THE CHILD MUST MEASURE BETWEEN 67 CM AND 110 CM. THIS VARIABLE IS NOT USED DURING ANALYSIS. REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 2** - SETTING-UP ENA SOFTWARE FOR SENS] FOR GUIDANCE ON HOW TO FORMAT AGE DATA. **XDOBK**		
CH6	[NAME OF CHILD]'s date of birth THE EXACT BIRTH DATE SHOULD ONLY BE TAKEN FROM AN AGE DOCUMENTATION	Day/Month/Year.....|__|__| /|__|__| / __|__||__|__|	

	SHOWING DAY, MONTH AND YEAR OF BIRTH. FOR PAPER-BASED SURVEYS: RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION. **BIRTHDAT**		
CH7	Age of [NAME OF CHILD] in months **SURVEY MANAGER INSTRUCTIONS:** THIS IS AUTOMATICALLY CALCULATED IN MDC IF BIRTHDATE IS AVAILABLE. REFER TO SENS MODULE 2 TOOL: [**TOOL 1-** LOCAL EVENTS CALENDAR] FOR A MODEL LOCAL EVENTS CALENDAR WITH INSTRUCTIONS ON HOW TO USE AND ADAPT. **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 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).			
	SURVEY MANAGER INSTRUCTIONS: ONLY INCLUDE THIS SECTION IF THE SURVEY IS BEING CARRIED OUT IN SETTINGS WITH RECENT/NEW INFLUXES OF REFUGEES AND THERE IS A SUSPICION OF DIFFERENT NUTRITIONAL STATUS AMONG THESE NEW REFUGEES.		
Note	EXPLAIN TO THE RESPONDENT THAT THESE QUESTIONS WILL BE 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)	Arrived before [*INSERT EVENT*] ..... 1 Arrived after [*INSERT EVENT*] (new arrival)..... 2 Don't know 8	|___|

	SURVEY MANAGER INSTRUCTIONS: ADAPT THE QUESTION AND THE ANSWER CODES TO THE LOCAL SETTING BY INSERTING THE EVENT RESPONSIBLE FOR THE INFLUX OF REFUGEES (E.G. BEFORE THE CONFLICT STARTED). ANY CHILD WHO HAS BEEN BORN IN THE CAMP/COUNTRY OF ASYLUM AFTER THE REST OF THE FAMILY ARRIVED DUE TO THE NEW EVENT SHOULD BE CLASSED AS A NEW ARRIVAL AS WELL. **CHARRIVE**		

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? **SURVEY MANAGER INSTRUCTIONS:** IF AN INDIVIDUAL IS ABSENT, THE TEAM LEADER SHOULD RECORD THIS INFORMATION AND DETERMINE ANOTHER TIME TO RETURN ON THE SAME DAY. THE TEAM SHOULD REVISIT AN ABSENT INDIVIDUAL UP TO TWO TIMES, IF IT IS LOGISTICALLY FEASIBLE, ON THE SAME SURVEY DAY AND/OR BEFORE LEAVING THE SURVEY AREA. IF THEY ARE UNSUCCESSFUL AFTER THIS, THE INDIVIDUAL SHOULD BE RECORDED AS AN ABSENCE AND THEY SHOULD NOT BE REPLACED WITH	Yes ..... 1 No..... 2	|___| **IF ANSWER IS 2 GO TO CH16**

	ANOTHER HOUSEHOLD OR INDIVIDUAL. REFER TO SENS PRE-MODULE TOOL: [**TOOL 8**- DATA COLLECTION CONTROL SHEET] FOR A MODEL TOOL TO HELP TRACK THE ABSENTEES. **CHPRES**		
CH10	[NAME OF CHILD]'s weight in kilograms (±0.1kg) DON'T FORGET THE DECIMAL. **Lower limit=3.0kg** **Upper limit=31.0kg** **WEIGHT**		|___|___|. |___| kg
CH11	Was the [NAME OF CHILD] dressed with clothes for the weight measurement? (OPTIONAL) **SURVEY MANAGER INSTRUCTIONS:** A LIGHT UNDERWEAR DOES NOT COUNT AS CLOTHES. IN CERTAIN CULTURES OR CLIMATES, IT MIGHT BE INAPPROPRIATE TO UNDRESS CHILDREN FOR WEIGHT MEASUREMENTS. THIS QUESTION SHOULD BE USED IN SETTINGS WHERE IT IS COMMON TO MEASURE CHILDREN WITH CLOTHING. FOR MORE DETAILS ON HOW TO ADJUST FOR WEIGHT OF CLOTHES, REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 2**- SETTING-UP ENA SOFTWARE FOR SENS]. **CLOTHES**	Yes ..... y No..... n	|___|

CH12	[NAME OF CHILD]'s length/height in cm (±0.1cm) DON'T FORGET THE DECIMAL. **SURVEY MANAGER INSTRUCTIONS:** IN A CONTEXT WHERE OFFICIAL AGE DOCUMENTATION IS AVAILABLE FOR MOST CHILDREN, AGE SHOULD BE USED TO DECIDE HOW TO MEASURE A CHILD. CHILDREN LESS THAN 24 MONTHS SHOULD BE MEASURED LYING DOWN WHILE THOSE 24 MONTHS OR OLDER SHOULD BE MEASURED STANDING UP. IN A CONTEXT WHERE AGE OF CHILDREN IS MAINLY ESTIMATED FROM A LOCAL EVENTS CALENDAR OR BY RECALL, HEIGHT SHOULD BE USED TO FIND OUT HOW TO MEASURE A CHILD. CHILDREN LESS THAN 87CM ARE MEASURED LYING DOWN, WHILE THOSE GREATER THAN OR EQUAL TO 87CM ARE MEASURED STANDING UP. A SCREENING STICK LABELLED AT 87CM MAY BE USED FOR HELPING TO DECIDE ON THE MEASUREMENT METHOD. **Lower limit=54.0cm** **Upper limit=124.0cm** **HEIGHT**		|___|___|___|. |___| cm
CH13	Was [NAME OF CHILD] measured lying down or standing up? **SURVEY MANAGER INSTRUCTIONS:**	Child lying down ..... 1 Child standing up ..... h	|___|

	THIS VARIABLE IS CODED "L" FOR LENGTH (CHILD MEASURED LYING DOWN) AND "H" FOR HEIGHT (CHILD MEASURED STANDING UP). THE ENA FOR SMART SOFTWARE WILL APPLY A CORRECTION FACTOR AND CORRECT NUTRITION INDICES ACCORDINGLY IF A CHILD IS NOT MEASURED AS DESCRIBED IN THE PROTOCOL. FOR MORE DETAILS ON THIS OPTION IN THE ENA FOR SMART SOFTWARE, REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 2**-SETTING-UP ENA SOFTWARE FOR SENS]. **MEASURE**		
CH14	Clinical examination: Does the [NAME OF CHILD] present bilateral pitting oedema? **SURVEY MANAGER INSTRUCTIONS:** BILATERAL PITTING OEDEMA, ALSO KNOWN AS NUTRITIONAL OEDEMA, KWASHIORKOR OR OEDEMATOUS MALNUTRITION, IS A SIGN OF SEVERE ACUTE MALNUTRITION (SAM). IT IS DEFINED BY BILATERAL PITTING OEDEMA OF THE FEET AND VERIFIED WHEN THUMB PRESSURE APPLIED ON TOP OF BOTH FEET FOR THREE SECONDS LEAVES A PIT (INDENTATION) IN BOTH FEET AFTER THE THUMB IS LIFTED. IT IS AN ABNORMAL INFILTRATION AND EXCESS ACCUMULATION OF SEROUS FLUID IN	Yes ..... y No..... n	|___|

	CONNECTIVE TISSUE OR IN A SEROUS CAVITY. ALL OEDEMA CASES REPORTED BY THE SURVEY TEAMS SHOULD BE VERIFIED BY THE SURVEY MANAGER AND NEED IMMEDIATE REFERRAL. **EDEMA**		
CH15	[NAME OF CHILD]'s middle upper arm circumference (MUAC) in mm (±1mm) or cm (±0.1cm) MEASURE LEFT ARM. APPLICABLE ONLY IF MUAC MEASURED IN CM: DON'T FORGET THE DECIMAL. **SURVEY MANAGER INSTRUCTIONS:** DEPENDING ON THE CONTEXT, MUAC CAN BE MEASURED IN CM. ADAPT ACCORDINGLY. NOTE THAT ENA FOR SMART SOFTWARE ONLY ACCEPTS UNITS IN MM FOR MUAC. **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). **SURVEY MANAGER INSTRUCTIONS:** INCLUDE THE LOCAL NAMES OF THE NUTRITION TREATMENT PROGRAMMES.	Yes TSFP ..... 1 Yes TFP (OTP/SC) ..... 2 No..... 3 Don't know 8	|___|

	ENROL		
CH17	Is [NAME OF CHILD] currently enrolled in the BSFP? (IF APPLICABLE) SHOW COMMODITY/PACKAGING GIVEN IN BSFP. **SURVEY MANAGER INSTRUCTIONS:** THIS QUESTION IS ONLY ASKED TO CHILDREN AGED 6-23/6-35/6-59 MONTHS. ADAPT TO THE ELIGIBLE AGE RANGE IN THE SURVEY SETTING. INCLUDE THE LOCAL NAME OF THE BLANKET SUPPLEMENTARY FEEDING PRODUCT (BSFP). IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE FOR THE PROGRAMME BASED ON AGE. IN PAPER-BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS. **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). **SURVEY MANAGER INSTRUCTIONS:** IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE 6-8 MONTHS OLD CHILDREN. IN PAPER-	Yes, card..... 1 Yes, recall ..... 2 No or don't know..... 3	|___|

	BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS. **MEASLES**		
CH19	Has [NAME OF CHILD] received a vitamin A capsule in the past six months? CHECK VACCINATION/HEALTH CARD AND SHOW CAPSULE. **VITA**	Yes, card..... 1 Yes, recall..... 2 No or don't know..... 3	|___|
CH20	Was [NAME OF CHILD] given any drug for intestinal worms in the last six months? (IF APPLICABLE) SHOW TABLET. **SURVEY MANAGER INSTRUCTIONS:** DELETE THIS QUESTION IN SETTINGS WHERE THERE WAS NO DEWORMING CAMPAIGN IN THE LAST 6 MONTHS. DEWORMING CAMPAIGNS IN PRE-SCHOOL CHILDREN ARE OFTEN DONE ALONGSIDE VITAMIN A OR VACCINATION CAMPAIGNS. THIS QUESTION IS ONLY ASKED TO CHILDREN AGED 12-59/24-59 MONTHS. ADAPT TO THE ELIGIBLE AGE RANGE IN THE SURVEY SETTING. THIS QUESTION RELATES TO SOIL-TRANSMITTED HELMINTHS TREATED WITH MEBENDAZOLE OR ALBENDAZOLE. IT IS IMPORTANT TO DISTINGUISH WITH	Yes ..... 1 No..... 2 Don't know 8	|___|

	SCHISTOSOMES TREATED WITH PRAZIQUANTEL THAT REQUIRE DIFFERENT MEDICATIONS. IN MDC SURVEYS, THIS QUESTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE. IN PAPER-BASED SURVEYS, ASK THIS QUESTIONS TO ALL CHILDREN AGED 6-59 MONTHS TO FACILITATE THE INTERVIEW PROCESS. ENSURE TO OBTAIN THE DEWORMING TABLET USED DURING THE LAST DEWORMING CAMPAIGN. **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) SHOW ORS SACHET. **SURVEY MANAGER INSTRUCTIONS:** ENSURE TO ADD THE LOCAL NAME FOR THE ORS SACHETS GIVEN OUT AT HEALTH CENTRES. **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)	Yes ..... 1 No..... 2 Don't know 8	|___|

	SHOW ZINC TABLET OR SYRUP. **SURVEY MANAGER INSTRUCTIONS:** ENSURE TO SHOW THE ZINC TABLET OR SYRUP GIVEN OUT AT HEALTH CENTRES OR FOUND IN LOCAL PHARMACIES. **DIARZINC**		
CH24	Units of measurement of your HemoCue device (g/dL or g/L) (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE THIS QUESTION IF YOUR HEMOCUE DEVICES USED IN THE SAME SURVEY HAVE DIFFERENT UNITS (G/DL AND G/L). DATA ANALYSIS AND REPORTING IS DONE IN G/DL. IN SURVEYS USING MDC METHODS THE HB CONCENTRATIONS IN G/L WILL BE AUTOMATICALLY CONVERTED IN THE FINAL DATABASE IN G/DL. THIS VARIABLE IS NOT USED DURING ANALYSIS. **HBUNIT**	g/dL ..... gdl g/L ..... gl	|___|___|___|
CH25	[NAME OF CHILD]'s haemoglobin (Hb) in g/dL (±0.1 g/dL) or in g/L (±1g/L) APPLICABLE ONLY IF HB MEASURED IN G/DL: DON'T FORGET THE DECIMAL. **SURVEY MANAGER INSTRUCTIONS:** RECORD THE DATA ACCORDING TO THE		|___|___|. |___|g/dL OR |___|___|___|g/L

	UNIT GIVEN BY THE HEMOCUE MACHINE (G/L OR G/DL). FOR ANALYSIS AND REPORTING, ALWAYS USE OR CONVERT THE VALUE TO G/DL. IN SURVEYS USING MDC METHODS, THE HB CONCENTRATIONS IN G/L WILL BE AUTOMATICALLY CONVERTED IN THE FINAL DATABASE IN G/DL. AT ELEVATIONS ABOVE 1000M, HB CONCENTRATIONS INCREASE. REFER TO SENS ANAEMIA TOOL FOR GUIDANCE ON HOW HAEMOGLOBIN IS CORRECTED FOR ALTITUDE: [**TOOL 5**- HB ADJUSTMENT FOR ALTITUDE]. IN SURVEYS USING MDC METHODS THE HB CONCENTRATIONS WILL BE AUTOMATICALLY CORRECTED FOR ALTITUDE. **Lower limit=2.0g/dL** **Upper limit=22.0g/dL** **CHHB**		
CH26	**Automatic referral for child with signs of acute malnutrition who is not already enrolled in a nutrition programme:** • Child needs to be referred for moderate acute malnutrition (if MUAC<125mm and MUAC≥115 mm and/or WHZ<-2 and WHZ≥-3 and if ENROL equals to 3 or 8). • Child needs to be referred for severe acute malnutrition (if MUAC<115mm and/or WHZ<-3 and/or bilateral pitting oedema is yes and if ENROL equals to 3 or 8). FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY. **SURVEY MANAGER INSTRUCTIONS:** ADAPT THE ADMISSION CRITERIA CUT-OFFS TO THE SURVEY CONTEXT. REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3-** REFERRAL FORM] FOR AN EXAMPLE OF A REFERRAL SLIP TO USE DURING THE SURVEY. THIS VARIABLE IS NOT USED DURING ANALYSIS. **REFMAM/REFSAM**		

CH27	**Automatic referral for child who has severe anaemia:** • Child needs to be referred for severe anaemia (if Hb<7.0g/dL). FILL OUT A REFERRAL FORM: ONE SLIP IS FOR THE MOTHER/CAREGIVER AND THE OTHER IS FOR THE HEALTH FACILITY. **SURVEY MANAGER INSTRUCTIONS:** REFER TO SENS ANTHROPOMETRY AND HEALTH TOOL: [**TOOL 3-** REFERRAL FORM] FOR AN EXAMPLE OF A REFERRAL SLIP TO USE DURING THE SURVEY. THIS VARIABLE IS NOT USED DURING ANALYSIS. REMOVE THIS AUTOMATIC REFERRAL IF THE ANAEMIA MODULE IS NOT INCLUDED **REFANEM**		
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? **SURVEY MANAGER INSTRUCTIONS:** IF RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, SELECT '1' (LESS THAN ONE HOUR). **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'. **SURVEY MANAGER INSTRUCTIONS:** KEEP ALL LIQUID CATEGORIES (4A-4I) AS SHOWN. THEY MUST NOT BE DELETED. 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.		Yes	No	DK
	4A. Plain water **SURVEY MANAGER INSTRUCTIONS:** THIS QUESTION ONLY APPLIES TO PLAIN WATER. IF SUGAR OR SWEETENED WATER WAS GIVEN, THIS IS INCLUDED IN QUESTION 4I (OTHER WATER-BASED LIQUIDS). **WATER**	4A.....1	2	8	
	4B. Infant formula, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF INFANT FORMULA, *ALL TYPES*] **SURVEY MANAGER INSTRUCTIONS:** ADD LOCALLY AVAILABLE BRAND NAMES OF FORTIFIED AND NON-FORTIFIED INFANT FORMULA. MAKE SURE THAT THE SURVEYORS DISTINGUISH BETWEEN INFANT FORMULA AND MILK POWDER (SEE BELOW 4C). **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] **SURVEY MANAGER INSTRUCTIONS:** ADD LOCALLY AVAILABLE BRAND NAMES OF TINNED AND POWDERED MILK. POWDERED MILK IS DEHYDRATED MILK OR DRIED MILK IN THE FORM OF A POWDER. POWDERED MILK IS DIFFERENT FROM INFANT FORMULA. **MILK**	4C.....1	2	8	
	4D. Juice or juice drinks, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS] **SURVEY MANAGER INSTRUCTIONS:** ADD LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS.	4D.....1	2	8	

	JUICE	
	4E. Clear broth **SURVEY MANAGER INSTRUCTIONS:** SOUPS THAT ARE THICKENED IN ANY WAY OR INCLUDE SOLID PIECES OF FOOD SHOULD NOT BE INCLUDED HERE. THEY SHOULD BE INCLUDED IN QUESTION IF5 (SEE BELOW). **BROTH**	4E.....1 2 8
	4F. Sour milk or yogurt, for example [INSERT LOCAL NAMES] **SURVEY MANAGER INSTRUCTIONS:** ADD LOCAL NAMES OF YOGURT, INCLUDING SPECIFIC TYPES OF YOGURT THAT ARE GIVEN TO INFANTS AND YOUNG CHILDREN. **YOGURT**	4F.....1 2 8
	4G. Thin porridge, for example [INSERT LOCAL NAMES] **SURVEY MANAGER INSTRUCTIONS:** IN MANY COUNTRIES, THERE ARE DIFFERENT TERMS FOR DIFFERENT CONSISTENCIES OF PORRIDGE. USE LOCAL TERMS FOR **THIN PORRIDGE** THAT ARE USUALLY FED TO INFANTS. **THICK PORRIDGE** (FOR EXAMPLE, AS USUALLY EATEN BY OLDER CHILDREN AND ADULTS) SHOULD BE INCLUDED IN QUESTION IF5 (SEE BELOW). **THINPOR**	4G.....1 2 8
	4H. Tea or coffee with milk **SURVEY MANAGER INSTRUCTIONS:** EVEN IF THIS IS NOT COMMON IN YOUR SETTING, DO NOT DELETE FROM QUESTIONNAIRE. THIS QUESTION IS NEEDED TO CALCULATE THE PREDOMINANT BREASTFEEDING INDICATOR. **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)* **SURVEY MANAGER INSTRUCTIONS:** LIST OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING, FOR EXAMPLE: SODAS, OTHER SWEET DRINKS, HERBAL INFUSION, GRIPE WATER, CLEAR TEA WITH NO MILK, BLACK COFFEE, RITUAL FLUIDS.	4I.....1 2 8

	WATLQD		
IF5	Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food? **SURVEY MANAGER INSTRUCTIONS:** THICK SOUPS, STEWS AND THICK PORRIDGES SHOULD BE INCLUDED. VERY THIN, WATERY SOUPS AND GRUELS SHOULD NOT BE INCLUDED HERE BECAUSE INFANTS AND YOUNG CHILDREN DO NOT GET ENOUGH ENERGY (CALORIES) FROM VERY THIN SOUPS AND GRUELS. THESE SHOULD BE INCLUDED UNDER 'THIN PORRIDGE' IN QUESTION 4G. SPECIAL NUTRITION PRODUCTS (E.G. CSB++, CSB+, RUSF, LNS) SHOULD BE INCLUDED HERE**.** DO NOT INCLUDE RUTF. **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? **SURVEY MANAGER INSTRUCTIONS:** MAKE SURE THAT THE INTERVIEWER IS AWARE THAT THIS QUESTION INVESTIGATES WHETHER THE CHILD RECEIVED ANY FOOD OR DRINK FROM A BOTTLE WITH A NIPPLE / TEAT DURING THE PREVIOUS DAY INCLUDING BREASTMILK, REGARDLESS OF WHETHER OR NOT THE INFANT WAS BREASTFED. **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.		No	Yes 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)* **SURVEY MANAGER INSTRUCTIONS:** THIS GROUP IS ASKED IN ALL CONTEXTS AND SHOULD NOT BE DELETED. IT INCLUDES DIFFERENT TYPES OF FLESH FOODS AND RED ORGAN MEATS. ANY PROCESSED / CURED PRODUCTS MADE FROM THESE ORGAN MEATS SHOULD ALSO BE INCLUDED. ONLY INCLUDE AS EXAMPLE THE FLESH FOODS AND RED ORGAN MEATS COMMONLY USED FOR INFANTS AND YOUNG CHILDREN IN THE LOCAL CONTEXT. **FLESHFD**	7A.....1		2 8
	7B. [INSERT FBF AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. CSB+, WSB+) (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE THE BLENDED FOODS BEING DISTRIBUTED IN THE LOCAL CONTEXT AS EXAMPLES. IF THERE ARE NO FORTIFIED BLENDED FOODS BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **FBF**	7B.....1		2 8
	7C. [INSERT FBF++ AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. CSB++, WSB++)* (IF APPLICABLE) **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE THE SPECIAL BLENDED FOODS BEING DISTRIBUTED IN THE LOCAL CONTEXT AS EXAMPLES. IF THERE IS NO FBF++ BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **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.	7D.....1		2 8

	SURVEY MANAGER INSTRUCTIONS: ONLY INCLUDE THE PRODUCTS BEING DISTRIBUTED IN THE LOCAL CONTEXT AS EXAMPLES. THE SACHETS OF THE PRODUCT SHOULD BE SHOWN TO THE RESPONDENT TO ASSIST IN THE RECALL. IF THERE ARE NO RUTFS BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **RUTF**	
	7E. [INSERT RUSF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] *(e.g. Plumpy'Sup®, eeZeeRUSF™)* (IF APPLICABLE) SHOW SACHET. **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE THE PRODUCTS BEING DISTRIBUTED IN THE LOCAL CONTEXT AS EXAMPLES. THE SACHETS OF THE PRODUCT SHOULD BE SHOWN TO THE RESPONDENT TO ASSIST IN THE RECALL. IF THERE ARE NO RUSFS BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **RUSF**	7E.....1 28
	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. **SURVEY MANAGER INSTRUCTIONS:** ONLY INCLUDE THE PRODUCTS BEING DISTRIBUTED IN THE LOCAL CONTEXT AS EXAMPLES. THE SACHETS OR POT OF THE PRODUCT SHOULD BE SHOWN TO THE RESPONDENT TO ASSIST IN THE RECALL. IF THERE ARE NO LNS BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **LNS**	7F.....1 28
	7G. [INSERT LOCALLY AVAILABLE BRAND NAMES OF *IRON FORTIFIED* INFANT FORMULA] *(e.g. Nan, S26 infant formula)* (IF APPLICABLE)	7G.....1 28

	SURVEY MANAGER INSTRUCTIONS: NOTE THAT THE BRAND NAMES MAY DIFFER FROM QUESTION 4B BECAUSE ONLY IRON FORTIFIED INFANT FORMULA IS INCLUDED HERE. **INFORMFE**		
	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) **SURVEY MANAGER INSTRUCTIONS:** INCLUDE COMMERCIAL BABY FOODS THAT ARE IRON FORTIFIED SUCH AS INDUSTRIALLY PRODUCED AND MARKETED COMPLEMENTARY FOODS. FORTIFIED BREAD/FLOUR IS DESIGNED TO COVER THE NEEDS OF THE ENTIRE POPULATION AND HENCE SHOULD <u>NOT</u> BE INCLUDED IN THIS QUESTION. **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. **SURVEY MANAGER INSTRUCTIONS:** IF THERE ARE NO MNPS BEING DISTRIBUTED IN THE LOCAL CONTEXT, DELETE THIS QUESTION. **MNP**	Yes................................. 1 No.................................. 2 Don't know................. 8	|___|
ID9	Please take a GPS reading (OPTIONAL) AVOID TAKING IT INSIDE THE HOUSE OR UNDER TREES (TO MAKE IT FASTER). **SURVEY MANAGER INSTRUCTIONS:** ONLY IF THE CONSENT WAS GIVEN IN THE DEMOGRAPHY QUESTIONNAIRE. AN ADDITIONAL APPLICATION CAN BE INSTALL TO CALIBRATE THE GPS (GPS TEST+) IN CASE OF LONG WAITING TIME. **GPS**	|_______________________________________|	
	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.