

## FOOD ACCESS

F1



How do you access or purchase the food you need?

## FOOD QUALITY

F2



Describe the meals you eat regularly in your household during the week?

## FOOD IMPRESSION

F3



How does the food you eat make you feel?

## ASSISTANCE

F4



What kind of assistance have you received when food is not available to you?

## AFFECTED PERSONS

F5



Who is affected by the limited availability of food?

## RECOMMENDATION

F6



Share with us ONE recommendation for this project/programme

## FOOD INSECURITY



## FOOD INSECURITY



## FOOD INSECURITY



## FOOD INSECURITY



## FOOD INSECURITY



## FOOD INSECURITY



## EDUCATION EQUALITY

G1



Do women and men have the same opportunity to access education?

## JOB EQUALITY

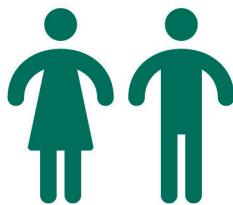
G2



Do women and men here have the same opportunities to access jobs?

## POWER EQUALITY

G3



Do women and men here have the same access to decision making positions?

## AFFECTED PERSONS

G4



Who is affected by these issues in your family/community?

## RECOMMENDATION

G5



Share with us ONE recommendation for this project/programme



**GENDER**



**GENDER**



**GENDER**



**GENDER**



**GENDER**



## GENERAL HEALTH

H1



What type of health problems are most widespread here?

## KNOWLEDGE

H2



Do you or your family members know what to do to address these health issues?

## AFFECTED PERSONS

H3



Who is affected by these health issues?

## ASSISTANCE

H4



Have you received assistance for your health problem(s)?

## PREVENTION

H5



What can you do to prevent future health problem(s)?

## RECOMMENDATION

H6



Share with us ONE recommendation for this project/programme



**HEALTH**



**HEALTH**



**HEALTH**



**HEALTH**



**HEALTH**

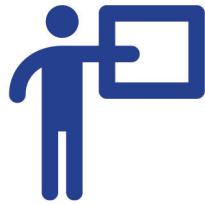


**HEALTH**



## OPPORTUNITIES

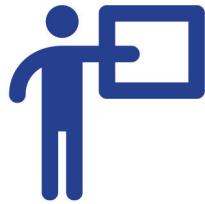
T1



What was the best part of this training for you?

## CHALLENGES

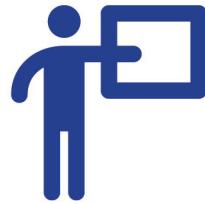
T2



What was the most challenging aspect of this training for you?

## USEFULNESS

T3



What was the most useful part of this training for you?

## KNOWLEDGE

T4



How did you use the knowledge you gained for yourself and/or in your community?

## APPLICATION

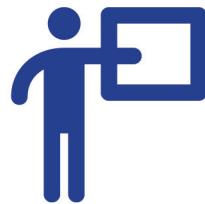
T5



Did you face any challenges in applying what you learned in the training?

## RECOMMENDATION

T6



Share with us ONE recommendation for this project/programme



**TRAINING**



**TRAINING**



**TRAINING**



**TRAINING**



**TRAINING**



**TRAINING**

## DIFFICULTIES

D1



Do you have any difficulties seeing, hearing, walking, climbing steps, remembering, with self care or communicating?

## COPING

D2



How do you cope with your difficulty(ies)?

## ASSISTANCE

D3



Do you receive assistance for your difficulty(ies)?

## AFFECTED PERSONS

D4



Is there anybody in your family/community who is affected by your difficulty(ies)?

## RECOMMENDATION

D5



Share with us ONE recommendation which would help you better cope with your difficulty(ies)



**DISABILITY**



**DISABILITY**



**DISABILITY**



**DISABILITY**



**DISABILITY**



## BASIC SERVICES

I1



Do you feel that everyone has equal access to basic services?

## EDUCATION

I2



Do you feel your children receive equal access to education?

## INFORMATION

I3



Do you feel you have equal access to information in the community?

## PARTICIPATION

I4



Have you been consulted at the beginning, during and towards the end of this project/programme?

## RECOMMENDATION

I5



Share with us ONE recommendation for this project/programme



INCLUSION



INCLUSION



INCLUSION



INCLUSION



INCLUSION



## INFORMATION

PM1



What kind of information did you receive during your migration journey or at the destination?

## BASIC SERVICES

PM2



Describe the basic services during the migration journey or at destination?

## FAMILY REUNIFICATION

PM3



Do you know what to do if you are separated from your family?

## RECOMMENDATION

PM4



Share with us ONE recommendation for this project/programme

## POPULATION MOVEMENT

 indaba

## POPULATION MOVEMENT

 indaba

## POPULATION MOVEMENT

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## POPULATION MOVEMENT

 indaba

## SAFETY AND SECURITY

P1



Are you facing any threats to your physical safety and security?

## BASIC SERVICES

P2



What basic services/activities are available to you to help address any risks?

## IMPROVEMENTS

P3



How do you think the situation could be improved?

## AFFECTED PERSONS

P4



Who else is affected by these issues?

## RECOMMENDATION

P5



Share with us ONE recommendation for this project/programme

**PROTECTION**



**PROTECTION**



**PROTECTION**



**PROTECTION**



**PROTECTION**



## CONTEXT

S1



Has your current home been affected by the disaster(s)?

## SAFE SHELTER

S2



Do you have access to safe shelter?

## ASSISTANCE

S3



Are you receiving any shelter assistance?

## PREVENTION

S4



How are you protecting your home from future disaster(s)?

## RECOMMENDATION

S5



Share with us ONE recommendation for this project/programme



**SHELTER**



**SHELTER**



**SHELTER**



**SHELTER**



**SHELTER**



## MAIN WATER SOURCES

WS1



What is your main source of drinking water?

## OTHER WATER SOURCES

WS2



What is the main source of water used for other purposes (cooking, washing hands)?

## SAFE WATER

WS3



Do you do anything to your water to make it safer to drink?

## WATER STORAGE

WS4



Share with us how you collect and store water

## HANDWASHING

WS5



How and when do you wash your hands?

## SANITATION

WS6



Can you describe to us the sanitation facilities (toilets) in your community?

## RECOMMENDATION

WS7



Share with us ONE recommendation for this project/programme

**WATER,  
SANITATION  
AND HYGIENE  
PROMOTION**



**WATER,  
SANITATION  
AND HYGIENE  
PROMOTION**



**WATER,  
SANITATION  
AND HYGIENE  
PROMOTION**



**WATER,  
SANITATION  
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PROMOTION**



**WATER,  
SANITATION  
AND HYGIENE  
PROMOTION**



**WATER,  
SANITATION  
AND HYGIENE  
PROMOTION**



## LIVELIHOODS

L1



How do you earn  
your living?

## INCOME

L2



Does your livelihood provide  
you with enough money to  
purchase food and necessary  
goods for your family?

## EMPLOYMENT

L3



How is your livelihood  
affected by the disaster(s)?

## FUTURE PLANNING

L4



Are you doing anything  
to help you cope against  
future disasters?

## RECOMMENDATION

L5



Share with us ONE  
recommendation for this  
project/programme



## LIVELIHOODS AND BASIC NEEDS



## LIVELIHOODS AND BASIC NEEDS



## CASH ASSISTANCE

c1



Does the cash assistance cover your priority needs?

## CHALLENGES

c2



Did you face any challenges when receiving your cash assistance?

## CASH USE

c3



How did you use the cash assistance?

## INDIVIDUAL CHANGE

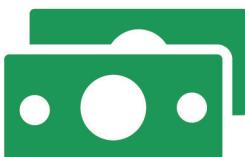
c4



What were the changes in your life after receiving the cash assistance?

## COMMUNITY CHANGE

c5



What were the changes in your community after people began to receive cash assistance?

## RECOMMENDATION

c6



Share with us ONE recommendation for this project/programme

**CASH  
ASSISTANCE**



**CASH  
ASSISTANCE**



**CASH  
ASSISTANCE**



**CASH  
ASSISTANCE**



**CASH  
ASSISTANCE**



**CASH  
ASSISTANCE**



## PARTICIPATION

CE1



Do you participate in decisions that influence the project/programme?

## COMMUNICATION

CE2



Do you receive relevant, timely and reliable information on the project/programme?

## FEEDBACK

CE3



Are you provided with a way to feedback your questions/complaints?

## RECOMMENDATION

CE4



Share with us ONE recommendation for this project/programme

## COMMUNITY ENGAGEMENT



## COMMUNITY ENGAGEMENT



## COMMUNITY ENGAGEMENT



## COMMUNITY ENGAGEMENT



## SCHOOL ATTENDANCE

E1



Do you go to school?

## ENJOYMENT

E2



What do you enjoy most about school?

## ENJOYMENT

E3



What do you enjoy least about school?

## LEARNING

E4



How have you used the learning from school?

## RECOMMENDATION

E5



Share with us ONE recommendation for this project/programme



**EDUCATION**



**EDUCATION**



**EDUCATION**



**EDUCATION**



**EDUCATION**



## NUTRITIONAL VALUE

N1



Describe a typical meal  
in your household?

## FOOD IMPRESSION

N2



How does the food you  
eat make you feel?

## FOOD VARIETY

N3



Do you feel you need other  
types of food to make you  
feel healthier?

## SUPPLEMENTS

N4



Do you receive additional  
supplements to make you  
feel healthier?

## FOOD STORAGE

N5



How do you store your food?

## RECOMMENDATION

N6



Share with us ONE  
recommendation for this  
project/programme



**NUTRITION**



**NUTRITION**



**NUTRITION**



**NUTRITION**



**NUTRITION**

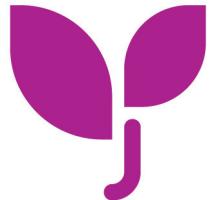


**NUTRITION**



## ENVIRONMENTAL CHANGE

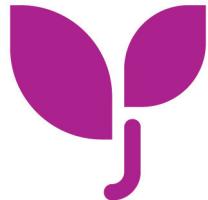
EN1



Has the environment around you changed since the disaster?

## INDIVIDUAL CONCERN

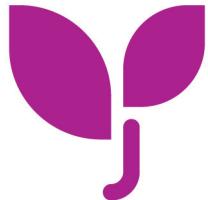
EN2



What concerns do you have regarding these environmental changes?

## INDIVIDUAL CHANGE

EN3



Have you had to adapt your daily routine because of these environmental changes?

## FAMILY CONCERNS

EN4



How have these environmental changes affected your family?

## RECOMMENDATION

EN5



Share with us ONE recommendation for this project/programme



**ENVIRONMENT**



**ENVIRONMENT**



## DISASTER TYPES

DDR1



What are the disaster(s) which affect your community?

## DISASTER PREPAREDNESS

DDR2



Are you taking any steps to prepare for these disaster(s)?

## DISASTER MITIGATION

DDR3



Do you know what to do when disaster(s) arrive?

## ASSISTANCE

DDR4



Are you receiving any support to prepare for future disaster(s)?

## RECOMMENDATION

DDR5



Share with us ONE recommendation for this project/programme

## DISASTER RISK REDUCTION



## DISASTER RISK REDUCTION



## DISASTER RISK REDUCTION



## DISASTER RISK REDUCTION



## DISASTER RISK REDUCTION



## INDIVIDUAL NEEDS

DAC1



How did the project address your needs?

## ASSISTED PERSONS

DAC2



Who has received assistance in your community from this project/programme?

## MANAGING SITUATION

DAC3



Did the assistance you receive help you cope with your situation better?

## TESTIMONY

DAC4



Tell us ONE story about how this project/programme has affected your life

## LIFE CHANGES

DAC5



How do you do things differently now, as a result of this project/programme?

## RECOMMENDATION

DAC6



Share with us ONE recommendation for this project/programme

**DEVELOPMENT  
ASSISTANCE**



**DEVELOPMENT  
ASSISTANCE**



**DEVELOPMENT  
ASSISTANCE**



**DEVELOPMENT  
ASSISTANCE**



**DEVELOPMENT  
ASSISTANCE**



**DEVELOPMENT  
ASSISTANCE**



**WHO?**

w1



Who is the story about?

**WHERE?**

w2



Where did this take place?

**WHEN?**

w3



When did this take place?

**WHAT?**

w4



What is the issue  
being discussed?

**WHY?**

w5



Why is this important to you?

**RECOMMENDATION**

w6



Share with us ONE  
recommendation for this  
project/programme



**STORYBOARDING**



**STORYBOARDING**



**STORYBOARDING**



**STORYBOARDING**



**STORYBOARDING**



**STORYBOARDING**



## GENDER

CC1



Opportunities exist for women, men, youth, elderly and persons with disabilities?

## DISABILITY

CC2



Difficulties in seeing, hearing, remembering, communicating, walking, climbing steps, with self care?

## ENGAGEMENT

CC3



Includes communities in decision making and provides opportunities for them to feedback?

## PROTECTION

CC4



Any individuals facing threats to their physical safety and security?

## CROSS-CUTTING ISSUES



## CROSS-CUTTING ISSUES



## CROSS-CUTTING ISSUES



## CROSS-CUTTING ISSUES



## INDIVIDUAL NEEDS

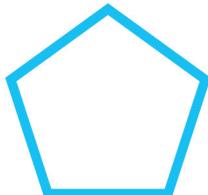
LL1



How did the project/programme address your needs?

## OPPORTUNITIES

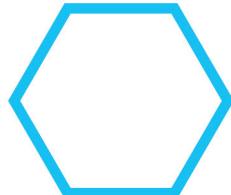
LL2



Any opportunities you have gained from this project/programme?

## CHALLENGES

LL3



Describe any challenges you have faced with this project/programme.

## LIFE CHANGES

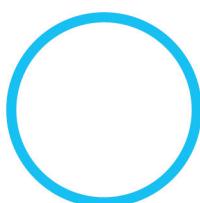
LL4



How do you do things differently now, as a result of this project/programme?

## FUTURE SUCCESS

LL5



How do you see success for this project/programme in the next 3 years?

## RECOMMENDATION

LL6



Share with us ONE recommendation for this project/programme

LESSONS  
LEARNED



LESSONS  
LEARNED



LESSONS  
LEARNED



LESSONS  
LEARNED



LESSONS  
LEARNED



LESSONS  
LEARNED

