

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



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



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

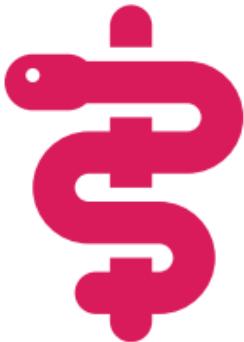
H4



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



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



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



DISABILITY



DISABILITY



DISABILITY

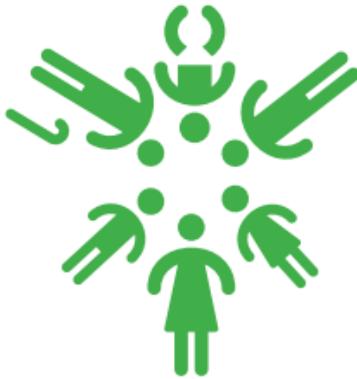


DISABILITY



BASIC SERVICES

11



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

EDUCATION

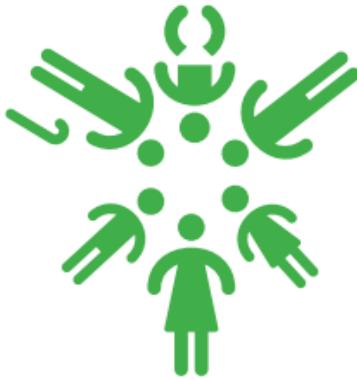
12



Do you feel your
children receive equal
access to education?

INFORMATION

13



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

PARTICIPATION

14



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

RECOMMENDATION

15



Share with us ONE
recommendation for this
project/programme

INCLUSION



INCLUSION



INCLUSION



INCLUSION



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





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT





POPULATION MOVEMENT



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



PROTECTION



PROTECTION



PROTECTION



PROTECTION



SAFE SHELTER

S2



Do you have access
to safe shelter?

ASSISTANCE

S3



Are you receiving any
shelter assistance?

CONTEXT

S1



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

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



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 AND HYGIENE PROMOTION





WATER, SANITATION AND HYGIENE PROMOTION





WATER, SANITATION AND HYGIENE PROMOTION





WATER, SANITATION AND HYGIENE 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



LIVELIHOODS AND BASIC NEEDS



LIVELIHOODS AND BASIC NEEDS



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LIVELIHOODS AND BASIC NEEDS



LIVELIHOODS AND BASIC NEEDS



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

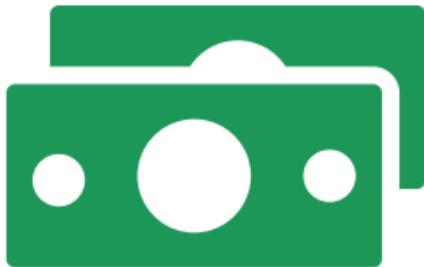
C3



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



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



COMMUNITY ENGAGEMENT



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



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



NUTRITION



NUTRITION

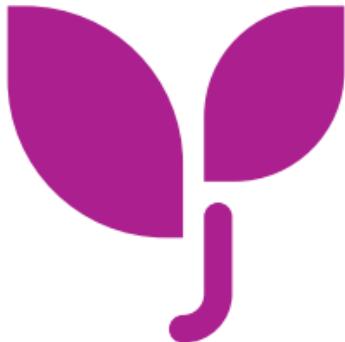


NUTRITION



ENVIRONMENTAL CHANGE

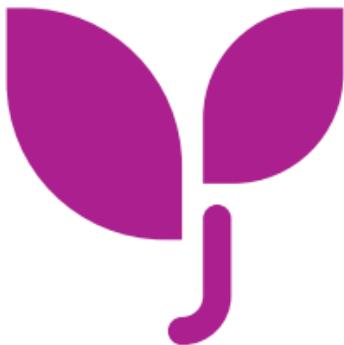
EN1



Has the environment
around you changed
since the disaster?

INDIVIDUAL CONCERN

EN2



What concerns do you
have regarding these
environmental changes?

INDIVIDUAL CHANGE

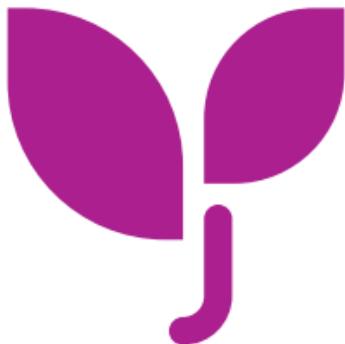
EN3



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

FAMILY CONCERNS

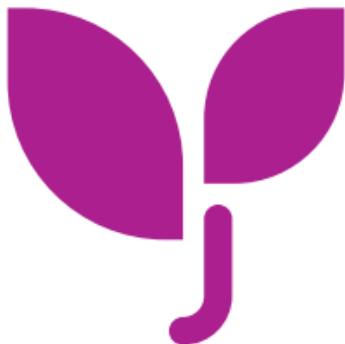
EN4



How have these
environmental changes
affected your family?

RECOMMENDATION

EN5



Share with us ONE
recommendation for this
project/programme

ENVIRONMENT



ENVIRONMENT



ENVIRONMENT



ENVIRONMENT



ENVIRONMENT



ENVIRONMENT



ENVIRONMENT



ENVIRONMENT

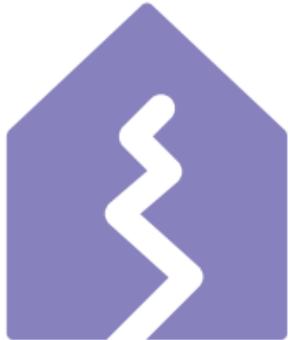


ENVIRONMENT



DISASTER TYPES

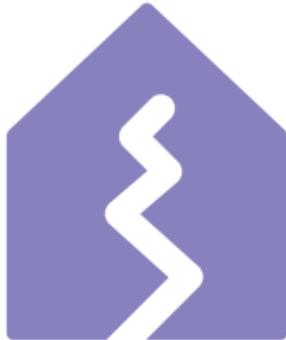
DDR1



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

DISASTER PREPAREDNESS

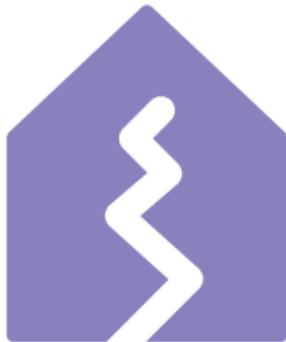
DDR2



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

DISASTER MITIGATION

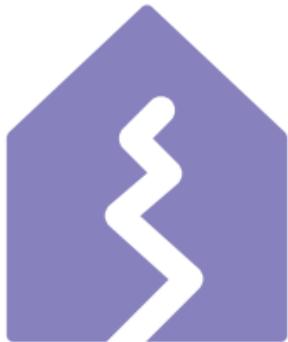
DDR3



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

ASSISTANCE

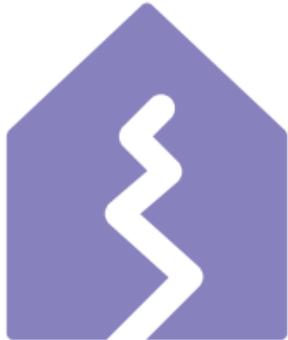
DDR4



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



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DISASTER RISK REDUCTION



DISASTER RISK REDUCTION



INDIVIDUAL NEEDS

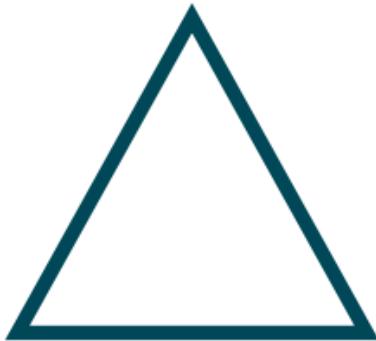
DAC1



How did the project
address your needs?

ASSISTED PERSONS

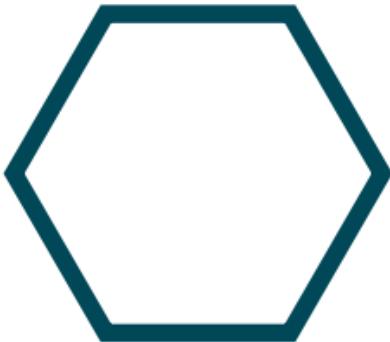
DAC2



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

MANAGING SITUATION

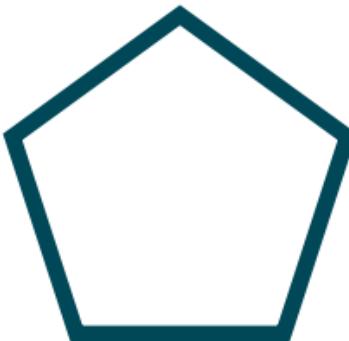
DAC3



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

TESTIMONY

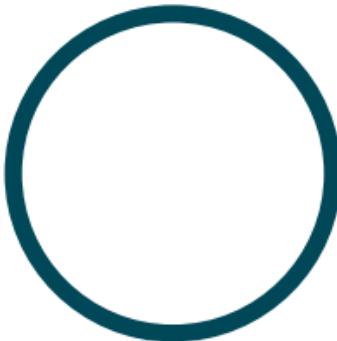
DAC4



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



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



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



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CROSS-CUTTING ISSUES



CROSS-CUTTING ISSUES



INDIVIDUAL NEEDS

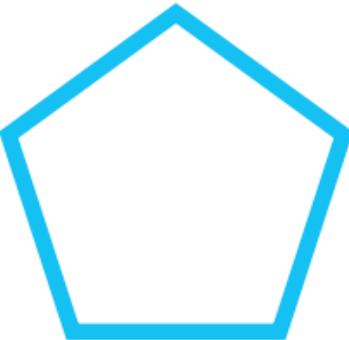
LL1



How did the
project/programme
address your needs?

OPPORTUNITIES

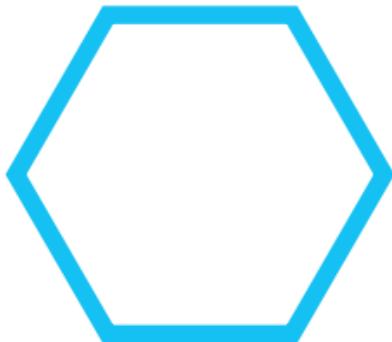
LL2



Any opportunities you
have gained from this
project/programme?

CHALLENGES

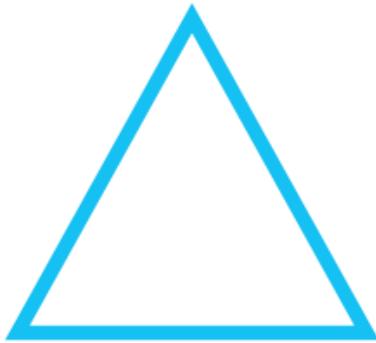
LL3



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

LIFE CHANGES

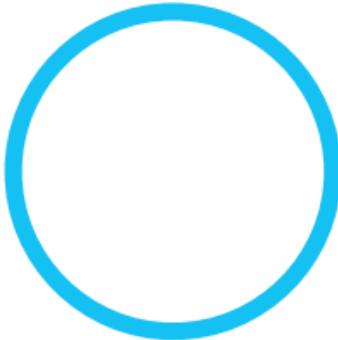
LL4



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

 indaba

LESSONS LEARNED

 indaba

LESSONS LEARNED

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LESSONS LEARNED

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LESSONS LEARNED

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