

FOOD INSECURITY

F1



How do you access
or purchase the
food you need?

FOOD INSECURITY

F2



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

FOOD INSECURITY

F3



How does the food you
eat make you feel?

FOOD INSECURITY

F4



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

FOOD INSECURITY

F5



Who is affected by the
limited availability of food?

FOOD INSECURITY

F6



Share with us ONE
recommendation for this
project/programme?



GENDER

G1



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

GENDER

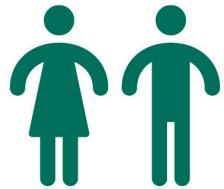
G2



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

GENDER

G3



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

GENDER

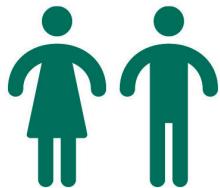
G4



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

GENDER

G5



Share with us ONE
recommendation for this
project/programme?



HEALTH

H1



What type of health problems are most widespread here?

HEALTH

H2



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

HEALTH

H3



Who is affected by these health issues?

HEALTH

H4



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

HEALTH

H5



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

HEALTH

H5



Share with us ONE recommendation for this project/programme?



TRAINING

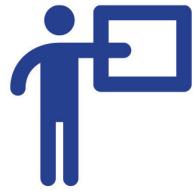
T1



What was the best part of
this training for you?

TRAINING

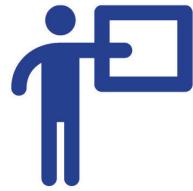
T2



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

TRAINING

T3



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

TRAINING

T4



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

TRAINING

T5



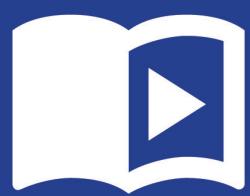
Did you face any challenges
in applying what you
learned in the training?

TRAINING

T6



Share with us ONE
recommendation for this
project/programme?



DISABILITY

D1



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

DISABILITY

D2



How do you cope with your disability?

DISABILITY

D3



Do you receive assistance for your disability?

DISABILITY

D4



Is there anybody in your family/community who is affected by disabilities?

DISABILITY

D5



Share with us ONE recommendation which would help you better cope with your difficulties?



SOCIAL INCLUSION

S1



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

SOCIAL INCLUSION

S2



Do you feel your children receive equal access to education?

SOCIAL INCLUSION

S3



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

SOCIAL INCLUSION

S4



Have you been asked or been involved in the design and implementation of IFRC project/programmes?

SOCIAL INCLUSION

S5



Share with us ONE recommendation for this project/programme?



POPULATION MOVEMENT

PM1



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

POPULATION MOVEMENT

PM2



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

POPULATION MOVEMENT

PM3



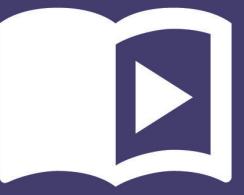
Do you know what to do if you are separated from your family?

POPULATION MOVEMENT

PM4



Share with us ONE recommendation for this project/programme?



PROTECTION

P1



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

PROTECTION

P2



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

PROTECTION

P3



How do you think the situation could be improved?

PROTECTION

P4



Who else is affected by these issues?



SHELTER

S1



Do you have access
to safe shelter?

SHELTER

S2



Are you receiving any
shelter assistance?

SHELTER

S3



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

SHELTER

S4



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

SHELTER

S5



Share with us ONE
recommendation for this
project/programme?



WATER, SANITATION
AND HYGIENE
PROMOTION

WS1



What is your main source
of drinking water?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS2



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

WATER, SANITATION
AND HYGIENE
PROMOTION

WS3



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

WATER, SANITATION
AND HYGIENE
PROMOTION

WS4



How do you wash
your hands?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS5



When do you wash
your hands?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS6



What do you use to
wash your hands?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS7



What kind of toilet
do you use?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS8



Is this toilet shared with
others (family, members of
the community)?

WATER, SANITATION
AND HYGIENE
PROMOTION

WS9



Share with us ONE
recommendation for this
project/programme?



LIVELIHOODS AND BASIC NEEDS

L1



How do you earn your living?

LIVELIHOODS AND BASIC NEEDS

L2



Does your job provide you with enough money to purchase food?

LIVELIHOODS AND BASIC NEEDS

L3



How is your job affected by the disaster(s) affecting your community?

LIVELIHOODS AND BASIC NEEDS

L4



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

LIVELIHOODS AND BASIC NEEDS

L5



Share with us ONE recommendation for this project/programme?



CASH

C1



Does the cash assistance cover your priority needs?

CASH

C2



Did you face any challenges when receiving your cash assistance?

CASH

C3



How did you use the cash assistance?

CASH

C4



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

CASH

C5



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

CASH

C6



Share with us ONE recommendation for this project/programme?



COMMUNITY ENGAGEMENT

CE1



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

COMMUNITY ENGAGEMENT

CE2



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

COMMUNITY ENGAGEMENT

CE3



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

COMMUNITY ENGAGEMENT

CE4



Share with us ONE recommendation for this project/programme?



EDUCATION

E1



Do you go to school?

EDUCATION

E2



How often do you
go to school?

EDUCATION

E3



Do you have all the school
materials you need?

EDUCATION

E4



What do you enjoy
most about school?

EDUCATION

E5



Share with us ONE
recommendation for this
project/programme?



NUTRITION

N1



Describe a typical meal
in your household?

NUTRITION

N2



How does the food you
eat make you feel?

NUTRITION

N3



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

NUTRITION

N4



Do you receive additional
supplements to make you
feel healthier?

NUTRITION

N5



How do you store your food?

NUTRITION

N6



Share with us ONE
recommendation for this
project/programme?



ENVIRONMENT

EN1



Has the environment around you changed since the disaster?

ENVIRONMENT

EN2



What concerns do you have regarding these environmental changes?

ENVIRONMENT

EN3



Has your daily routine been affected by the disaster?

ENVIRONMENT

EN4



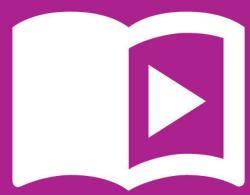
What do you do differently now because of the disaster?

ENVIRONMENT

EN5



Share with us ONE recommendation for this project/programme?



DISASTER RISK REDUCTION

DDR1



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

DISASTER RISK REDUCTION

DDR2



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

DISASTER RISK REDUCTION

DDR3



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

DISASTER RISK REDUCTION

DDR4



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

DISASTER RISK REDUCTION

DDR5



Share with us ONE
recommendation for this
project/programme?



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?



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



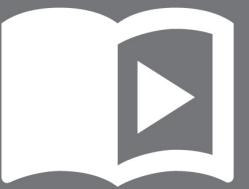
Why is this important to you?

RECOMMENDATION

w6



Share with us ONE
recommendation for this
project/programme?



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?

