

FOOD INSECURITY



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



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recommendation for this
project/programme



GENDER



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

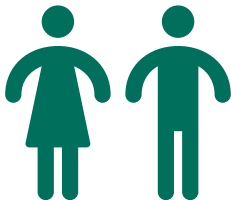
G4



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

RECOMMENDATION

G5



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HEALTH



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



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TRAINING



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



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DISABILITY



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



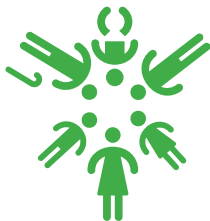
Share with us ONE
recommendation which
would help you better cope
with your difficulty(ies)

INCLUSION



BASIC SERVICES

11



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

EDUCATION

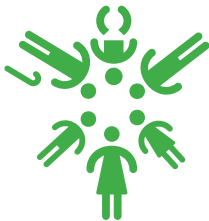
12



Do you feel your
children receive equal
access to education?

INFORMATION

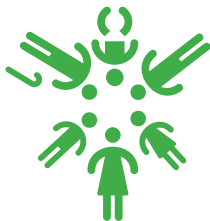
13



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



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project/programme

POPULATION MOVEMENT



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



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recommendation for this
project/programme

PROTECTION



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



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project/programme

SHELTER



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



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project/programme

WATER, SANITATION AND HYGIENE PROMOTION



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



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project/programme

LIVELIHOODS AND BASIC NEEDS



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



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recommendation for this
project/programme

CASH ASSISTANCE



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



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recommendation for this
project/programme

COMMUNITY ENGAGEMENT



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



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EDUCATION



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



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project/programme

NUTRITION



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



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project/programme

ENVIRONMENT



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



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project/programme

DISASTER RISK REDUCTION



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



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project/programme

DEVELOPMENT ASSISTANCE



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

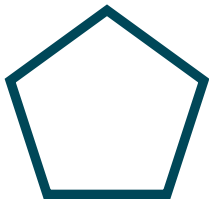
DAC3



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

TESTIMONY

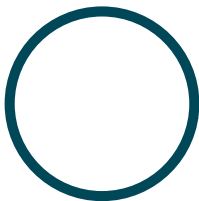
DAC4



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

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STORYBOARDING



WHO?

W1



Who is the story about?

WHERE?

W2



Where did this take place?

WHEN?

W3



When did this take place?

WHAT?

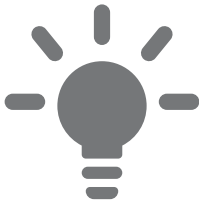
W4



What is the issue
being discussed?

WHY?

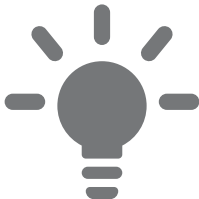
W5



Why is this important to you?

RECOMMENDATION

W6



Share with us ONE
recommendation for this
project/programme

CROSS-CUTTING ISSUES



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?

LESSONS LEARNED



INDIVIDUAL NEEDS

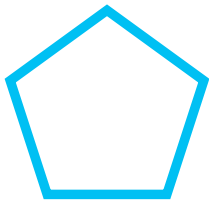
LL1



How did the
project/programme
address your needs?

OPPORTUNITIES

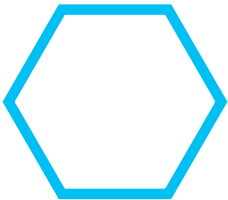
LL2



Any opportunities you
have gained from this
project/programme?

CHALLENGES

LL3



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

LIFE CHANGES

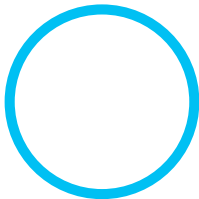
LL4



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