

FOOD ACCESS

F1



How do you access or purchase the food you need?

FOOD QUALITY

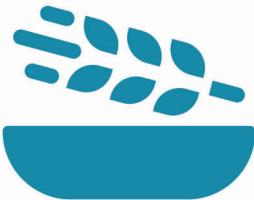
F2



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



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FOOD INSECURITY

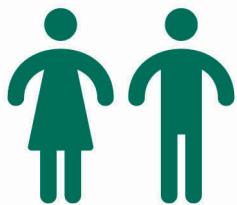


FOOD INSECURITY



EDUCATION EQUALITY

G1



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

JOB EQUALITY

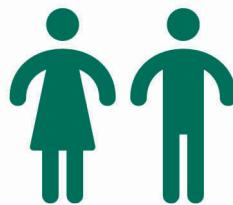
G2



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

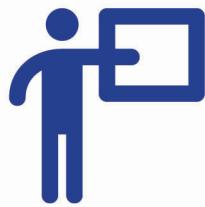


HEALTH



OPPORTUNITIES

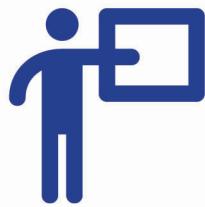
T1



What was the best part of this training for you?

CHALLENGES

T2



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

USEFULNESS

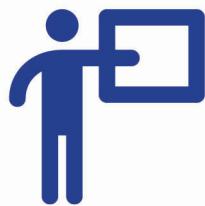
T3



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

KNOWLEDGE

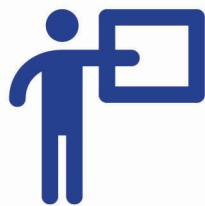
T4



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

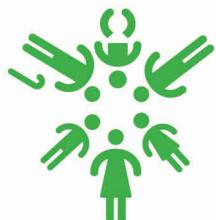
I3



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

 indaba



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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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

 indaba



LIVELIHOODS AND BASIC NEEDS

 indaba

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

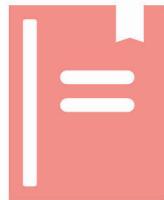
E1



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



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

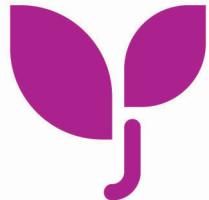


NUTRITION



ENVIRONMENTAL CHANGE

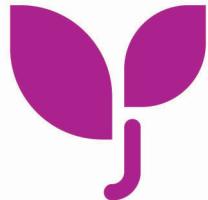
EN1



Has the environment around you changed since the disaster?

INDIVIDUAL CONCERN

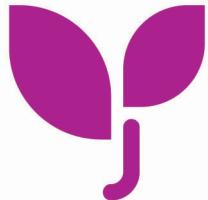
EN2



What concerns do you have regarding these environmental changes?

INDIVIDUAL CHANGE

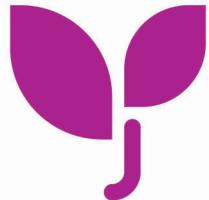
EN3



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

FAMILY CONCERNS

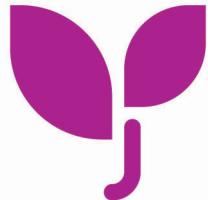
EN4



How have these environmental changes affected your family?

RECOMMENDATION

EN5



Share with us ONE recommendation for this project/programme



ENVIRONMENT



ENVIRONMENT



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



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

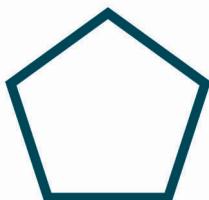
DAC3



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

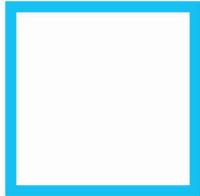


CROSS-CUTTING ISSUES



INDIVIDUAL NEEDS

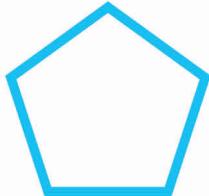
LL1



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

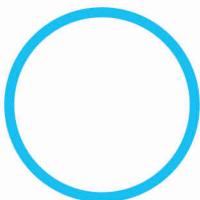
LL4



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**

