

FOOD INSECURITY



FOOD ACCESS

F1



How do you access
or purchase the
food you need?

FOOD INSECURITY



FOOD QUALITY

F2



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

FOOD INSECURITY



FOOD IMPRESSION

F3



How does the food you eat make you feel?

FOOD INSECURITY



ASSISTANCE

F4



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

FOOD INSECURITY



AFFECTED PERSONS

F5



Who is affected by the limited availability of food?

FOOD INSECURITY



RECOMMENDATION

F6



Share with us ONE
recommendation for this
project/programme

GENDER



EDUCATION EQUALITY

G1



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

GENDER



JOB EQUALITY

G2



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

GENDER



POWER EQUALITY

G3



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

GENDER



AFFECTED PERSONS

G4



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

GENDER



RECOMMENDATION

G5



Share with us ONE
recommendation for this
project/programme

HEALTH



GENERAL HEALTH

H1



What type of health problems are most widespread here?

HEALTH



KNOWLEDGE

H2



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

HEALTH



AFFECTED PERSONS

H3



Who is affected by
these health issues?

HEALTH



ASSISTANCE

H4



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

HEALTH



PREVENTION

H5



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

HEALTH



RECOMMENDATION

H6



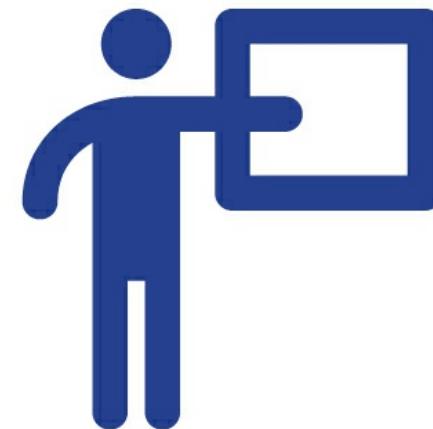
Share with us ONE
recommendation for this
project/programme

TRAINING



OPPORTUNITIES

T1



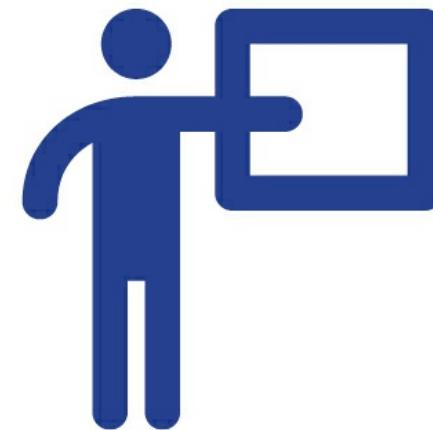
What was the best part of
this training for you?

TRAINING



CHALLENGES

T2



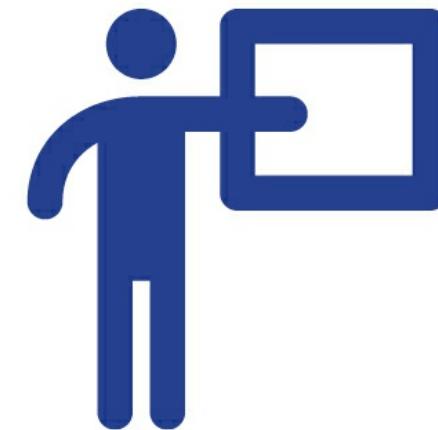
What was the most
challenging aspect
of this training for you?

TRAINING



USEFULNESS

T3



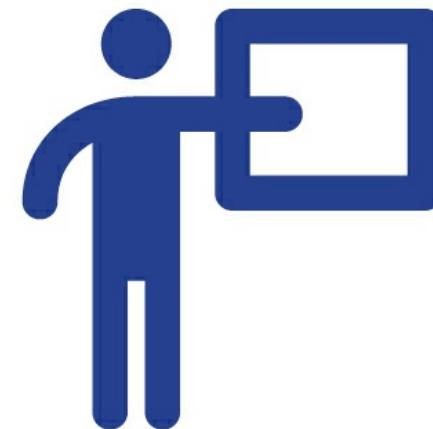
What was the most
useful part of this
training for you?

TRAINING



KNOWLEDGE

T4



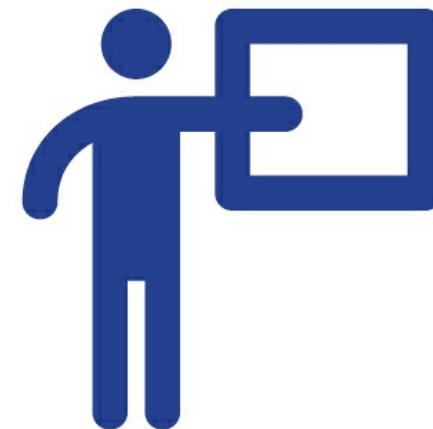
How did you use the knowledge you gained for yourself and/or in your community?

TRAINING



APPLICATION

T5



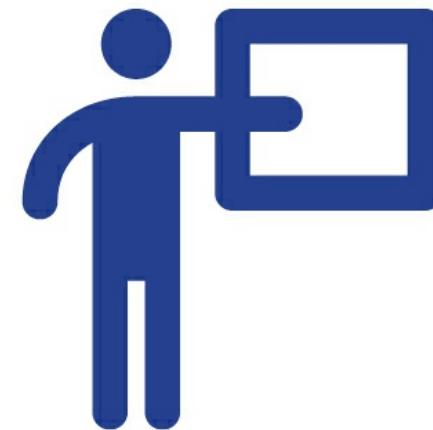
Did you face any challenges
in applying what you
learned in the training?

TRAINING



RECOMMENDATION

T6



Share with us ONE
recommendation for this
project/programme

DISABILITY



DIFFICULTIES

D1



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

DISABILITY



COPING

D2



How do you cope
with your difficulty(ies)?

DISABILITY



ASSISTANCE

D3



Do you receive assistance
for your difficulty(ies)?

DISABILITY



AFFECTED PERSONS

D4



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

DISABILITY



RECOMMENDATION

D5



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

INCLUSION



BASIC SERVICES

I1



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

INCLUSION



EDUCATION

12



Do you feel your
children receive equal
access to education?

INCLUSION



INFORMATION

13



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

INCLUSION



PARTICIPATION

14



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

INCLUSION



RECOMMENDATION

15



Share with us ONE
recommendation for this
project/programme

POPULATION MOVEMENT



INFORMATION

PM1



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

POPULATION MOVEMENT



BASIC SERVICES

PM2



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

POPULATION MOVEMENT



FAMILY REUNIFICATION

PM3



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

POPULATION MOVEMENT



RECOMMENDATION

PM4



Share with us ONE
recommendation for this
project/programme

PROTECTION



SAFETY AND SECURITY

P1



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

PROTECTION



BASIC SERVICES

P2



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

PROTECTION



IMPROVEMENTS

P3



How do you think
the situation could
be improved?

PROTECTION



AFFECTED PERSONS

P4



Who else is affected
by these issues?

PROTECTION



RECOMMENDATION

P5



Share with us ONE
recommendation for this
project/programme

SHELTER



SAFE SHELTER

S2



Do you have access
to safe shelter?

SHELTER



ASSISTANCE

S3



Are you receiving any
shelter assistance?

SHELTER



CONTEXT

S1



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

SHELTER



PREVENTION

S4



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

SHELTER



RECOMMENDATION

S5



Share with us ONE
recommendation for this
project/programme

WATER, SANITATION AND HYGIENE PROMOTION



MAIN WATER SOURCES

WS1



What is your main source
of drinking water?

WATER, SANITATION AND HYGIENE PROMOTION



OTHER WATER SOURCES

WS2



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

WATER, SANITATION AND HYGIENE PROMOTION



SAFE WATER

WS3



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

WATER, SANITATION AND HYGIENE PROMOTION



WATER STORAGE

WS4



Share with us how you
collect and store water

WATER, SANITATION AND HYGIENE PROMOTION



HANDWASHING

WS5



How and when do you
wash your hands?

WATER, SANITATION AND HYGIENE PROMOTION



SANITATION

WS6



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

WATER, SANITATION AND HYGIENE PROMOTION



RECOMMENDATION

WS7



Share with us ONE
recommendation for this
project/programme

LIVELIHOODS AND BASIC NEEDS



LIVELIHOODS

L1



How do you earn
your living?

LIVELIHOODS AND BASIC NEEDS



INCOME

L2



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

LIVELIHOODS AND BASIC NEEDS



EMPLOYMENT

L3



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

LIVELIHOODS AND BASIC NEEDS



FUTURE PLANNING

L4



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

LIVELIHOODS AND BASIC NEEDS



RECOMMENDATION

L5



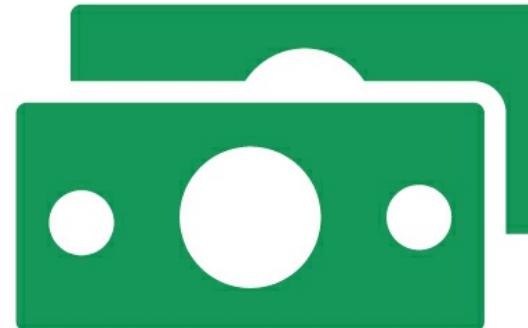
Share with us ONE
recommendation for this
project/programme

CASH ASSISTANCE



CASH ASSISTANCE

C1



Does the cash assistance
cover your priority needs?

CASH ASSISTANCE



CHALLENGES

C2



Did you face any challenges when receiving your cash assistance?

CASH ASSISTANCE



CASH USE

C3



How did you use
the cash assistance?

CASH ASSISTANCE



INDIVIDUAL CHANGE

C4



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

CASH ASSISTANCE



COMMUNITY CHANGE

C5



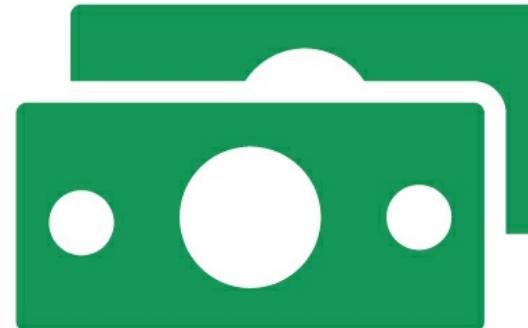
What were the changes in your community after people began to receive cash assistance?

CASH ASSISTANCE



RECOMMENDATION

C6



Share with us ONE
recommendation for this
project/programme

COMMUNITY ENGAGEMENT



PARTICIPATION

CE1



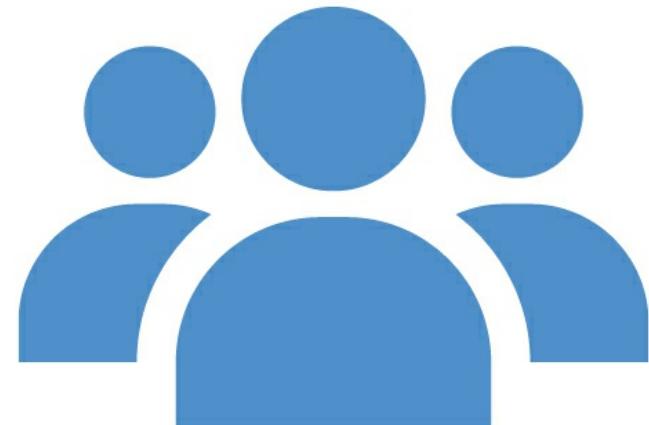
Do you participate in decisions that influence the project/programme?

COMMUNITY ENGAGEMENT



COMMUNICATION

CE2



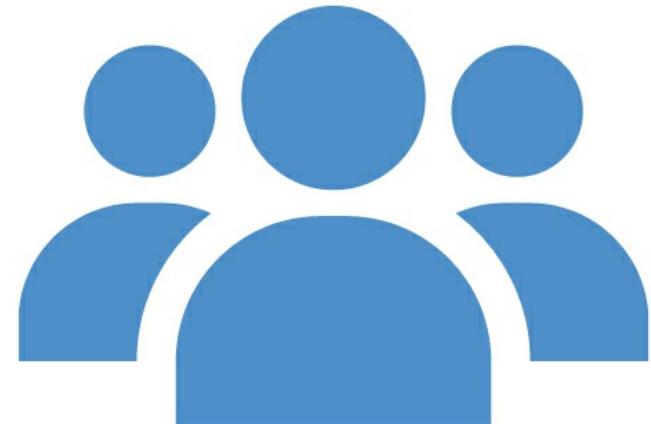
Do you receive relevant, timely
and reliable information on the
project/programme?

COMMUNITY ENGAGEMENT



FEEDBACK

CE3



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

COMMUNITY ENGAGEMENT



RECOMMENDATION

CE4



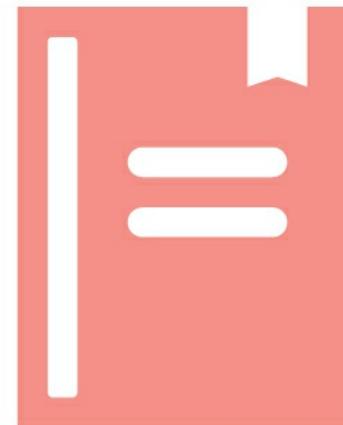
Share with us ONE
recommendation for this
project/programme

EDUCATION



SCHOOL ATTENDANCE

E1



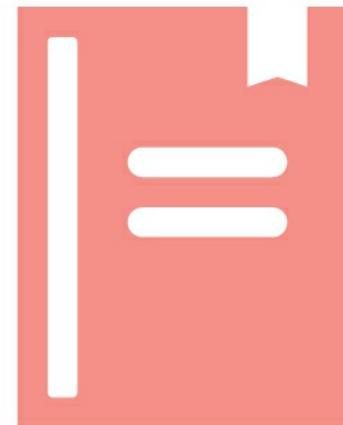
Do you go to school?

EDUCATION



ENJOYMENT

E2



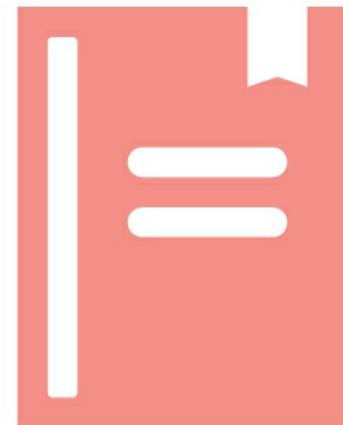
What do you enjoy
most about school?

EDUCATION



ENJOYMENT

E3



What do you enjoy
least about school?

EDUCATION



LEARNING

E4



How have you used the
learning from school?

EDUCATION



RECOMMENDATION

E5



Share with us ONE
recommendation for this
project/programme

NUTRITION



NUTRITIONAL VALUE

N1



Describe a typical meal
in your household?

NUTRITION



FOOD IMPRESSION

N2



How does the food you eat make you feel?

NUTRITION



FOOD VARIETY

N3



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

NUTRITION



SUPPLEMENTS

N4



Do you receive additional supplements to make you feel healthier?

NUTRITION



FOOD STORAGE

N5



How do you store your food?

NUTRITION



RECOMMENDATION

N6



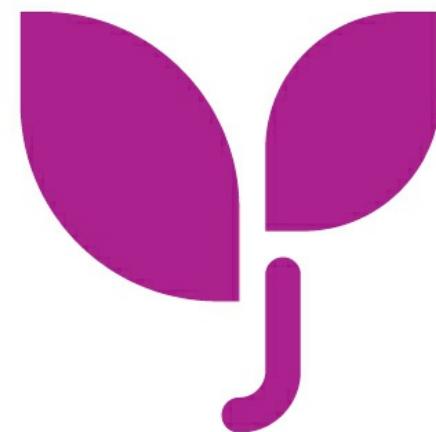
Share with us ONE
recommendation for this
project/programme

ENVIRONMENT



ENVIRONMENTAL CHANGE

EN1



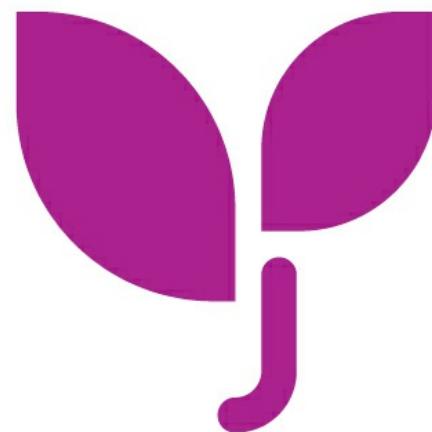
Has the environment
around you changed
since the disaster?

ENVIRONMENT



INDIVIDUAL CONCERN

EN2



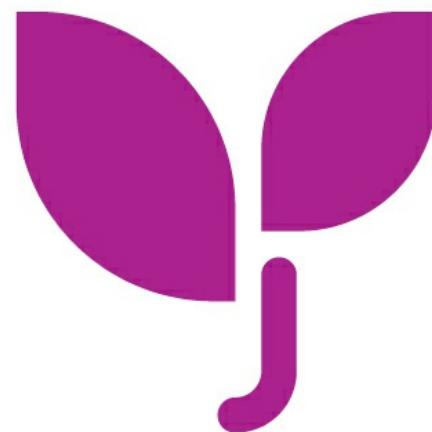
What concerns do you have regarding these environmental changes?

ENVIRONMENT



INDIVIDUAL CHANGE

EN3



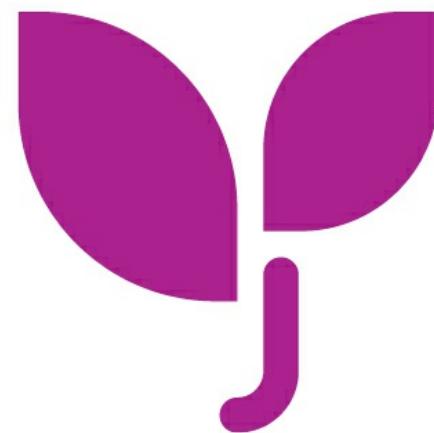
Have you had to adapt your daily routine because of these environmental changes?

ENVIRONMENT



FAMILY CONCERNS

EN4



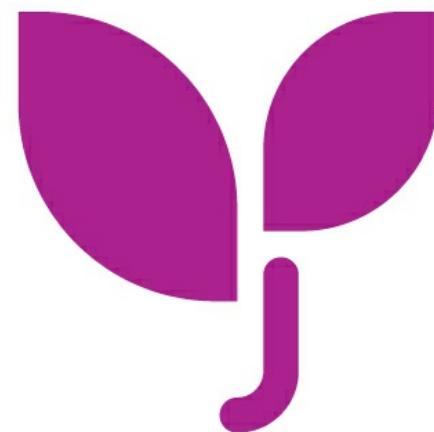
How have these
environmental changes
affected your family?

ENVIRONMENT



RECOMMENDATION

EN5



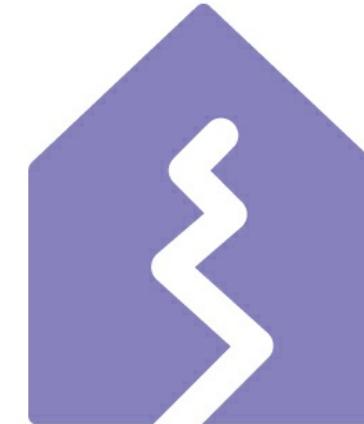
Share with us ONE
recommendation for this
project/programme

DISASTER RISK REDUCTION



DISASTER TYPES

DDR1



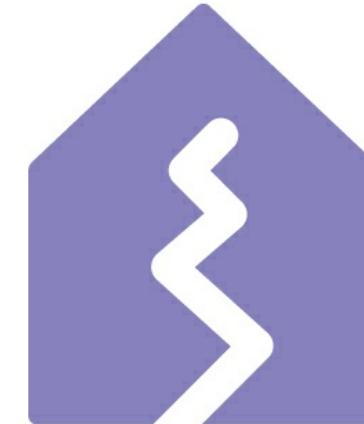
What are the disaster(s) which affect your community?

DISASTER RISK REDUCTION



DISASTER PREPAREDNESS

DDR2



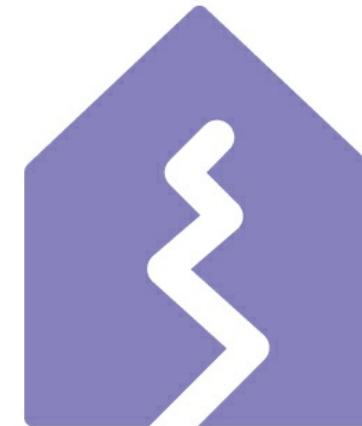
Are you taking any steps to
prepare for these disaster(s)?

DISASTER RISK REDUCTION



DISASTER MITIGATION

DDR3



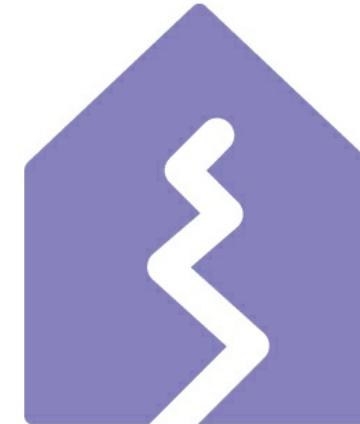
Do you know what to do
when disaster(s) arrive?

DISASTER RISK REDUCTION



ASSISTANCE

DDR4



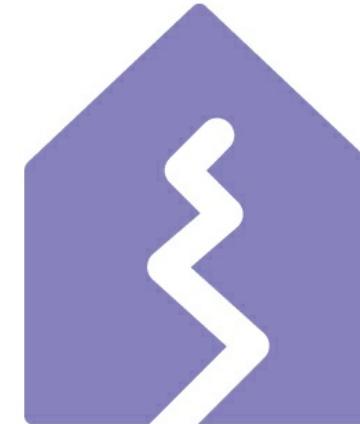
Are you receiving any
support to prepare for
future disaster(s)?

DISASTER RISK REDUCTION



RECOMMENDATION

DDR5



Share with us ONE
recommendation for this
project/programme

DEVELOPMENT ASSISTANCE



INDIVIDUAL NEEDS

DAC1



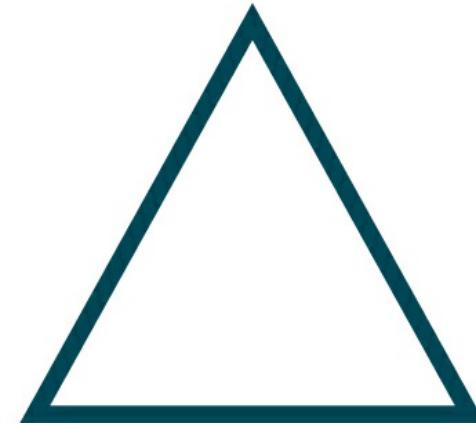
How did the project
address your needs?

DEVELOPMENT ASSISTANCE



ASSISTED PERSONS

DAC2



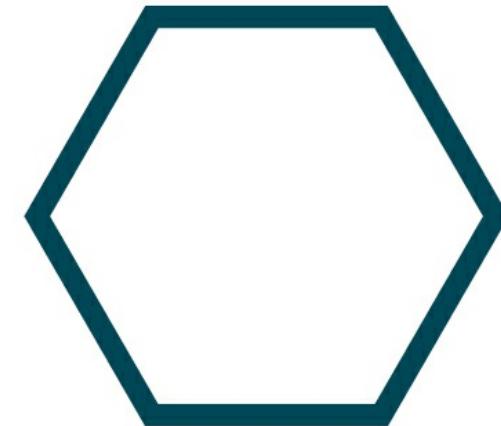
Who has received assistance
in your community from this
project/programme?

DEVELOPMENT ASSISTANCE



MANAGING SITUATION

DAC3



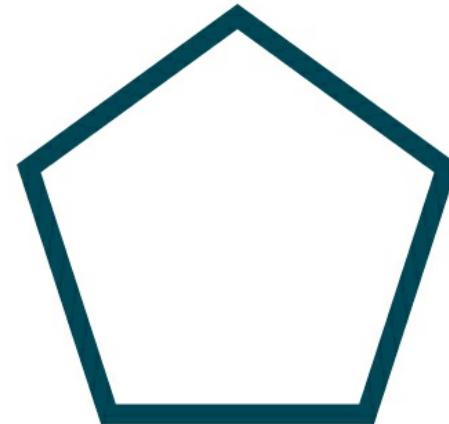
Did the assistance you receive help you cope with your situation better?

DEVELOPMENT ASSISTANCE



TESTIMONY

DAC4



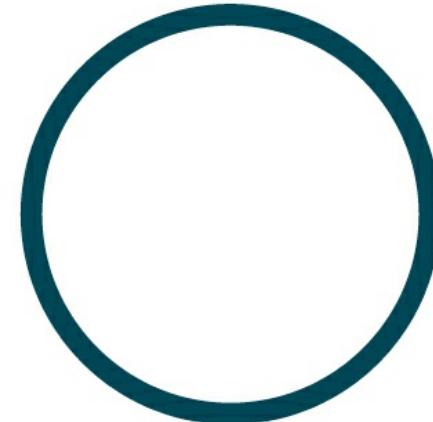
Tell us ONE story about how
this project/programme has
affected your life

DEVELOPMENT ASSISTANCE



LIFE CHANGES

DAC5



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

DEVELOPMENT ASSISTANCE



RECOMMENDATION

DAC6



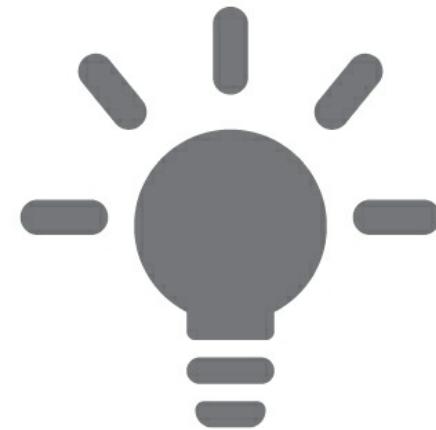
Share with us ONE
recommendation for this
project/programme

STORYBOARDING



WHO?

w1



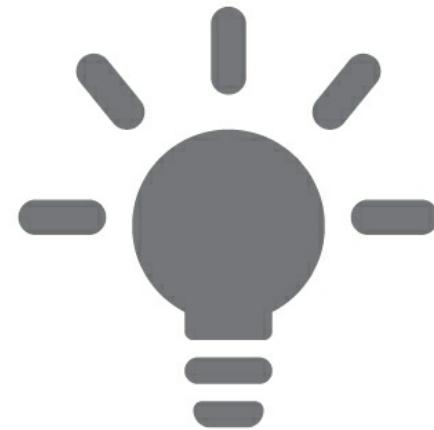
Who is the story about?

STORYBOARDING



WHERE?

w2



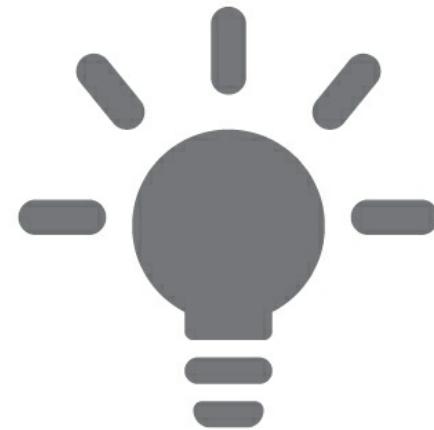
Where did this take place?

STORYBOARDING



WHEN?

W3



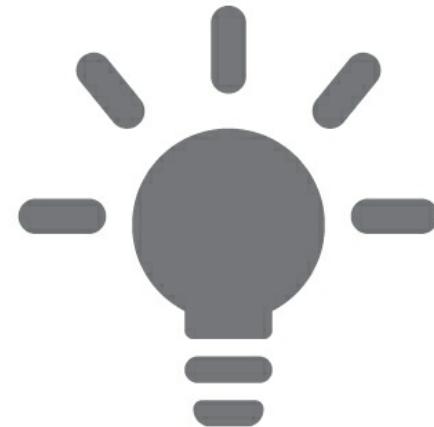
When did this take place?

STORYBOARDING



WHAT?

W4



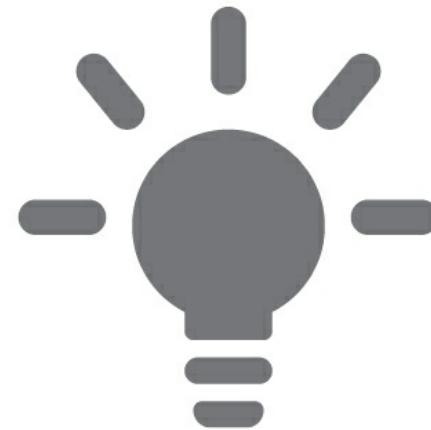
What is the issue
being discussed?

STORYBOARDING



WHY?

W5



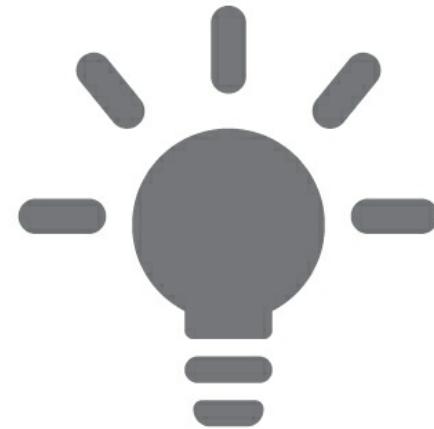
Why is this important to you?

STORYBOARDING



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?

CROSS-CUTTING ISSUES



DISABILITY

CC2



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

CROSS-CUTTING ISSUES



ENGAGEMENT

CC3



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

CROSS-CUTTING ISSUES



PROTECTION

CC4



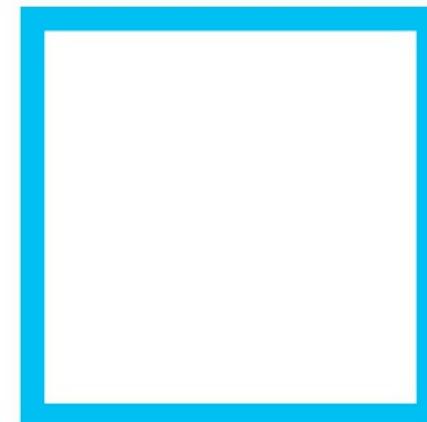
Any individuals facing threats to their physical safety and security?

LESSONS LEARNED



INDIVIDUAL NEEDS

LL1



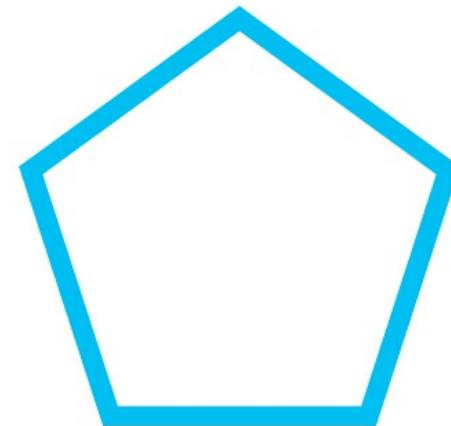
How did the
project/programme
address your needs?

LESSONS LEARNED



OPPORTUNITIES

LL2



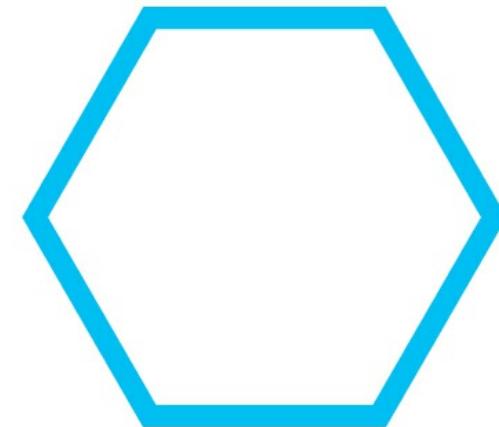
Any opportunities you have gained from this project/programme?

LESSONS LEARNED



CHALLENGES

LL3



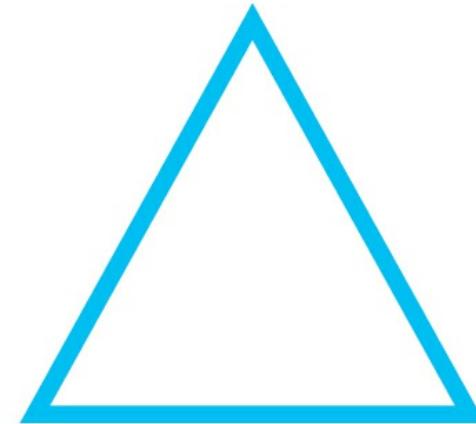
Describe any challenges
you have faced with this
project/programme.

LESSONS LEARNED



LIFE CHANGES

LL4



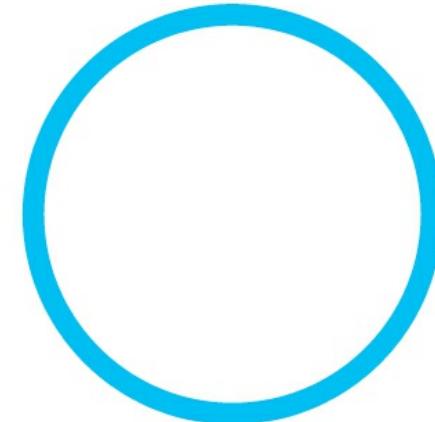
How do you do things
differently now, as a result
of this project/programme?

LESSONS LEARNED



FUTURE SUCCESS

LL5



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

LESSONS LEARNED



RECOMMENDATION

LL6



Share with us ONE
recommendation for this
project/programme