



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

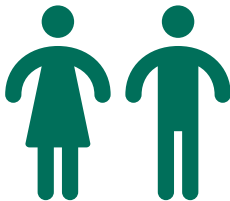


Share with us ONE
recommendation for this
project/programme?



GENDER

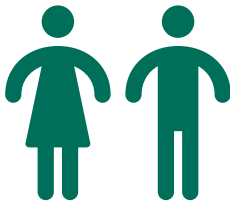
G1



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

GENDER

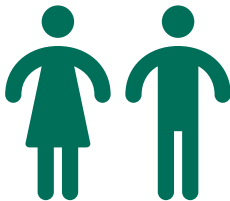
G2



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

GENDER

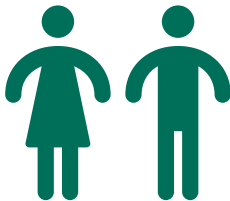
G3



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

GENDER

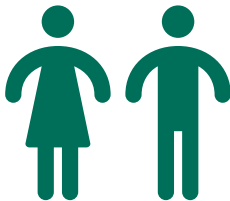
G4



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

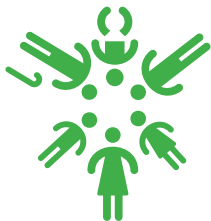


Share with us ONE
recommendation which
would help you better cope
with your difficulties?



SOCIAL INCLUSION

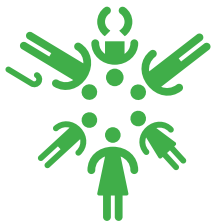
S1



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

SOCIAL INCLUSION

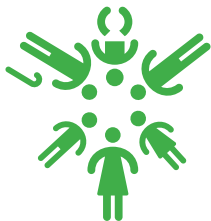
S2



Do you feel your
children receive equal
access to education?

SOCIAL INCLUSION

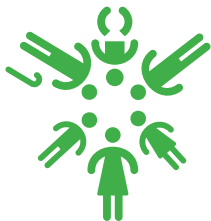
S3



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

SOCIAL INCLUSION

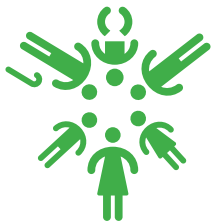
S4



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

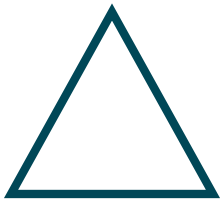
DAC1



How did the project
address your needs?

ASSISTED PERSONS

DAC2



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

MANAGING SITUATION

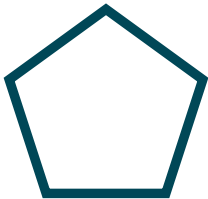
DAC3



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

TESTIMONY

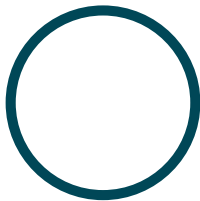
DAC4



**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?**