



MULTISECTORAL EMERGENCY TEAM (MET) PRE-ASSESSMENT HOUSEHOLD SURVEY

**DEVELOPED BY: ACTION AGAINST HUNGER SOUTH
SUDAN**

LAST UPDATED: DECEMBER 2019



BENEFICIARY HOUSEHOLD PRE-ASSESSMENT

MULTI-SECTOR EMERGENCY TEAM (MET)

1.1	NAME OF THE INTERVIEWER:	1.2	INTERVIEW DATE:	1.3	HOUSEHOLD ID NUMBER:
1.4	STATE:	1.5	COUNTY:	1.6	PAYAM:
1.7	BOMA:	1.8	VILLAGE:		

Hello. My name is _____ and I work for Action Against Hunger. We are conducting a survey of households in this community. The information we collect will be used to understand the situation of your household for Action Against Hunger programming.

The survey usually takes about ___ minutes to complete. Your participation is voluntary, and you may end the survey at any time or decide not to answer a particular question. Any personal information you share will be kept confidential and will not be shared outside of Action Against Hunger.

Do you have any questions for me at this time? If you agree to participate, may I ask you to sign or provide your thumbprint below?

Signature _____

Thumbprint

HOUSEHOLD CHARACTERISTICS

Q	QUESTION	RESPONSE	SKIP PATTERN
1	Gender of Head of Household	1=Male 0=Female	
2	Age of Head of Household		
3	Household composition by sex	Women: _____ Men: _____ Boys: _____ Girls: _____	
4	Household composition by age	Women: Men: Boys: Girls:	
5	Is there anyone with a disability in your household?		
6	If yes, what kind of disability?		
7	Please indicate their sex and age		
8	Gender of the interviewee	1=Male 0=Female	
9	Status of the Head of the Household	1=Host 2=IDP 3=Returnee 4=Refugee	
10	What is your current source of income?	Employed/paid work Small business Agriculture/livestock Other, please specify	
11	Which of the following items do you have in your household?		
11.1	Seeds	1=Yes 0=No If yes, type of seeds:	
11.2	Tools	1=Yes 0=No If yes, type of seeds:	
11.3	Hygiene kit	1=Yes 0=No If yes, items type of the kit:	

SECTION 1: NUTRITION AND IYCF

NUTRITION CENTERS

Q	QUESTION	RESPONSE	SKIP PATTERN
1	Is there a nutrition site currently operating in the area?	1=Yes 0=No	If 0, skip to Q 8
2	Are any children in your household currently enrolled in any nutrition program?	1=Yes 0=No	If 0, skip to Q 4
2.1	What is the Gender of the child or children?	Number of Males= Number of Females=	
2.2	How old are the children enrolled in this program?		
3	Which type of program?	1=OTP 2=TSFP 4=SC	
4	Have you visited the nutrition center for any other reasons in the past 30 days?	1=Yes 0=No	If 0, skip to Q 8
5	How long did you wait to be seen at the facility?	1= less than 30 mins 2=between 30min to 1hr 3=between 1 to 2 hrs 4=more than 2hrs	
6	How was the general behavior of staff at the facility?	1=Polite 2=Rude 3=Don't know	
7	How would you describe your satisfaction with the services received?	1=Satisfied 2= Neutral 3= Dissatisfied If dissatisfied, why?	
8	How frequently do you receive visits from Community Nutrition Volunteers (CNV)?	1=Daily 2=Weekly 3=Monthly 4=Never 5=Other (Specify)	
9	What information are you provided about caring for your child when s/he is malnourished?	1=Early initiation of breast feeding and exclusive breastfeeding (0-6months) 2= Complementary feeding (6-24months) 3=Dietary diversity 4=Health education 5=Use of RUTF/RUSF 5=Other (Specify)	
10	What other services are provided by CNVs during home visits?	1=Active screening (MUAC measurement) 2=Follow up of defaulter cases 3=Referral of identified SAM cases to the facility 4=GBV referral pathway 5=Awareness on the forms of violence 4=others (Specify) 5=None	

INFANT AND YOUNG CHILD FEEDING (IYCF)

Q	QUESTION	RESPONSE
Now I would like to ask about the food and drink your child consumed yesterday.		
OPTIMAL / EXCLUSIVE BREASTFEEDING		
11	Yesterday, during the day or during the night, did your child consume breast milk from you or another woman (breast), or using a spoon, cup or bottle?	0=No 1=Yes
12	Did he/she receive any of the following?	
12.1	<i>Plain water</i>	1=Yes 0=No
12.2	<i>Infant formula (example baby lac, etc.)</i>	1=Yes 0=No
12.3	<i>Milk such as tinned, powdered or fresh animal milk</i>	1=Yes 0=No
12.4	<i>Juice or juice drinks</i>	1=Yes 0=No
12.5	<i>Clear broth (soup)</i>	1=Yes 0=No
12.6	<i>Yogurt</i>	1=Yes 0=No
12.7	<i>Thin porridge</i>	1=Yes 0=No
12.8	<i>Any other liquids</i>	1=Yes 0=No
13	In your view, what are the advantages of breastfeeding? (DO NOT READ the options but circle according to the ones given. Multiple answers are possible.)	0=No advantage 1=Free 2=Strengthens the bond between mother and baby 3=Decreases the risk of sudden death of the baby 4=Protects the child against illness 5=Aids growth and development 6=Contraceptive method 66=Other (Specify): _____ 88=Don't know
INDIVIDUAL DIETARY DIVERSITY 24 HOUR RECALL		
14	Yesterday during the day or night, did he/she drink/eat any of the following food group items?	
14.1	<i>Porridge, bread, rice, noodles, or other foods made from grains</i>	1=Yes 0=No
14.2	<i>Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside</i>	1=Yes 0=No
14.3	<i>White potatoes, white yams, manioc, cassava, or any other foods made from roots</i>	1=Yes 0=No
14.4	<i>Any dark green leafy vegetables</i>	1=Yes 0=No
14.5	<i>Ripe mangoes, ripe papayas, or (insert other local vitamin A-rich fruits)</i>	1=Yes 0=No
14.6	<i>Any other fruits or vegetables</i>	1=Yes 0=No

14.7	<i>Liver, kidney, heart, or other organ meats</i>	1=Yes 0=No
14.8	<i>Any meat, such as beef, pork, lamb, goat, chicken, or duck</i>	1=Yes 0=No
14.9	<i>Eggs</i>	1=Yes 0=No
14.10	<i>Fresh or dried fish, shellfish, or seafood</i>	1=Yes 0=No
14.11	<i>Any foods made from beans, peas, lentils, nuts, or seeds</i>	1=Yes 0=No
14.12	<i>Cheese, yogurt, or other milk products</i>	1=Yes 0=No
14.13	<i>Any oil, fats, or butter, or foods made with any of these</i>	1=Yes 0=No
14.14	<i>Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits</i>	1=Yes 0=No
14.15	<i>Condiments for flavor, such as chilies, spices, herbs, or fish powder</i>	1=Yes 0=No
14.16	<i>Grubs, snails, or insects</i>	1=Yes 0=No
14.17	<i>Foods made with red palm oil, red palm nut, or red palm nut pulp sauce</i>	1=Yes 0=No
KNOWLEDGE OF MALNUTRITION		
15	What are the causes of malnutrition that you are aware of? (DO NOT READ the options but circle according to the ones given. Multiple answers are possible.)	0=Don't know / cannot name any causes 1= Diseases 2= Inadequate food intake 3=Insufficient quality of food intake 4= Failure to adhere to vaccination schedule 5= Births close together 6=Other (Specify): _____
16	What do you know to be signs of malnutrition? (DO NOT READ the options but circle according to the ones given. Multiple answers are possible.)	0=Don't know / cannot name any 1= Diseases 2= Inadequate food intake 3= Insufficient quality of food intake 4= Failure to adhere to vaccination schedule 5= Births close together 6=Other (Specify): _____
17	In your view, how can you prevent your baby from becoming malnourished? (DO NOT READ the options but circle according to the ones given. Multiple answers are possible.)	0=Don't know / cannot name any prevention means 1=Adhering to the vaccination calendar 2=Breastfeeding exclusively until 6 months 3= Breastfeeding until 24 months or more 4= Giving semisolid/solid/soft meals to the infant from 6 months of age 5=Giving meals with texture and composition adapted to the age of the infant 6=Good family planning 6=Other (Specify): _____

SECTION 2: FOOD SECURITY AND LIVELIHOODS (FSL)

Q	QUESTION	RESPONSE
MINIMUM DIETARY DIVERSITY – WOMEN		
	<p><i>Enumerator: The following question should be asked to the child's primary caregiver (if she is the mother) as a priority. If the mother is not available, the question should be asked to all women of reproductive age in the household.</i></p>	
	<p><i>I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. I am interested in whether you had the food items I will mention even if they were combined with other foods.</i></p> <p><i>As I ask you about foods and drinks, please think of foods and drinks you had such as snacks or small meals as well as during any main meals. Please also remember foods you may have eaten while preparing meals or preparing food for others. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs or fish powder). I will ask you about those foods separately.</i></p>	
1	Foods made from grains (Porridge, bread, rice, pasta/noodles or other foods made from grains)	1=Yes 0=No
2	White roots and tubers and plantains (White potatoes, white yams, manioc/cassava/yucca, cocoyam, taro or any other foods made from white-fleshed roots or tubers, or plantains)	1=Yes 0=No
3	Pulses (beans, peas, and lentils) (Mature beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus, tofu and tempeh)	1=Yes 0=No
4	Nuts and seeds (Any tree nut, groundnut/peanut or certain seeds, or nut/seed "butters" or pastes)	1=Yes 0=No
5	Milk and milk products (Milk, cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream)	1=Yes 0=No
6	Organ meat (Liver, kidney, heart or other organ meats or blood-based foods, including from wild game)	1=Yes 0=No
7	Meat and poultry (Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck or other bird)	1=Yes 0=No
8	Fish and seafood (Fresh or dried fish, shellfish or seafood)	1=Yes 0=No
9	Eggs (Eggs from poultry or any other bird)	1=Yes 0=No

10	Dark green leafy vegetables (<i>bean greens, cascade leaf, cowpea greens, okra greens, pumpkin greens, spinach, etc.</i>)	1=Yes 0=No
11	Vitamin A-rich vegetables, roots and tubers (<i>corn, cucumber, eggplant, garlic, green pepper, mushroom, okra, onion, palm tree, peas, tomato, pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside</i>)	1=Yes 0=No
12	Vitamin A-rich fruits (<i>Ripe mango, ripe papaya</i>)	1=Yes 0=No
13	Other vegetables	1=Yes 0=No
14	Other fruits (<i>apple, banana, blackberry, dates, figs, grapefruit, guava, lemon, pineapple, tamarind, watermelon, etc.</i>)	1=Yes 0=No
MINIMUM MEAL FREQUENCY		
15	How many meals did adults in your household eat yesterday during the day and night?	
16	How many meals did people with special needs eat yesterday during day and night? (Pregnant and breast-feeding mothers)	
17	How many meals did children in your household eat yesterday during the day and night?	
HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)		
18	Consider only meals consumed at home or in public kitchen but not in private restaurants or street food. DO NOT count food consumed in very small amounts, i.e. less than a teaspoon per person or consumed by only one member of HH. What foods have been in the household in the last 24 hours?	
18.1	Cereals, pasta, rice, Ugali/Asida, chapatti, sorghum, bread, millet, sesame etc.	1=Yes 0=No
18.2	Roots and tubers- potato, cassava, yam, etc.	1=Yes 0=No
18.3	Vegetables- spinach, pumpkin, tomato, onion, pepper, regila, okra, kudura, etc.	1=Yes 0=No
18.4	Fruits- mango, papaya, guava, banana, orange, lemon, cucumber, etc	1=Yes 0=No
18.5	Meat, poultry, offal- goat, sheep, cow, chicken, liver, kidney, etc.	1=Yes 0=No
18.6	Fish and seafood- dried or fresh	1=Yes 0=No

18.7	Eggs	1=Yes 0=No
18.8	Pulses/legumes/nuts - beans, lentils, nuts, seeds, etc.	1=Yes 0=No
18.9	Milk and milk products- fresh, powdered, cheese, etc.	1=Yes 0=No
18.10	Oil/fats- oil, fat, butter, ghee, etc.	1=Yes 0=No
18.11	Sugar- sugar, honey, sweets	1=Yes 0=No
18.12	Miscellaneous - tea, coffee, etc.	1=Yes 0=No
REDUCED COPING STRATEGY INDEX (RCSI)		
19	In the past 7 days, if there have been times when you did not have enough food or money to buy food, <u>how often</u> (number of days) has your household had to:	
20	Rely on less preferred and less expensive food (i.e. cheaper, lower quality food)	_____ days
21	Borrow food or relied on help from relative(s) or friend(s)	_____ days
22	Reduce number of meals eaten in a day	_____ days
23	Limit portion size at meals (different from above: i.e. less food per meal)	_____ days
24	Restrict consumption by adults in order for small children to eat	_____ days

LAND USE AND STAPLE CROPS

Q	QUESTION	RESPONSE	SKIP PATTERN
1	What is the size of land cultivated by the household (in feddan)?		
2	Does the land belong to your Household?	Yes No	
3	Who owns the land?	Man Woman Communal Ownership	
4	What are the crops harvested (or that you plan to harvest) this year?	1=Sorghum; 2=Semsem; 3=Groundnut; 4=White beans; 5=Maize; 6=Others (Specify): _____ 7= None	
5	Where did you get your seeds?	1=own harvest 2=MET distribution 3=other aid distribution 4=purchase 5=borrowed 6=others (specify): _____	

6	What did you do (or do you plan to do) with the crop harvested?	1= Sold 2=saved for the next planting season 3=consumed at HH level 4=Exchanged 4= others (specify):_____	
7	What tools did you use (or do you plan to use) to harvest the crops?		
8	Where do the tools come from? (select all that apply)	1=purchased 2=borrow 3=other aid distribution 4=other (Specify)	
9	What are the vegetables you harvested this year?	0= None; 1=Potato; 2=Tomato; 3=Spinach; 4=Pumpkin; 5=Carrot; 6=Okra; 7=Eggplant; 8=Cucumber; 9=Onion; 10=Pepper; 11=Melon; 12= others (specify):_____	
10	What did you do with the vegetable harvested?	1= Sold 2=saved for the next planting season 3=consumed at HH level 4=Exchanged 4= others (specify):_____	
11	How much did you on average, earn from last crop (in SSP)?		

ASSET OWNERSHIP

Q	QUESTION	RESPONSE	SKIP PATTERN
1	How many of each of the following items do you have in your household?	Panga: Axe: Ox Plough: Fishing Kit: Canoe: Bicycle: Others (specify):	
2	How many of each of the following livestock does the household own?	Cattle: Goat/Sheet; Chicken: Donkey: Others (specify):	
3	Who owns these items, livestock among others?	Man Woman Both	
HOUSEHOLD INCOME AND EXPENSES			
4	Has your Household gained any new livelihoods or other assets over the past 3 months?	1=Yes 0=No If yes, how did you acquire those assets?	

5	Who is given priority within the household to gain from the new livelihood assets?	Priority given to Father Priority given to Mother Priority given to those with special needs Priority is given to children under 5 Livelihood items are given at random	
6	What is your household's usual livelihood strategy?	1=Pastoralist; 2= Agro-pastoralist; 3=Agriculture; 4= Wild food; 5=Fish; 6=Hunting and gathering; 7=petty trade; 8= skilled/unskilled labour; 9= others (specify): =====	
7	What were your household's three main sources of income last month? (Select top 3)	0= no income source; 1=collecting natural resources; 2= Agriculture; 3=Livestock; 4= Fishing; 5=Hunting and gathering; 6=unskilled labour; 7=handicraft; 8=petty trade; 9=food aid assistance like cash for work 10= others (specify): =====	
8	What was your total amount of income last month? (In SSP)		
9	Who makes decisions regarding the usage of income of your Household?	Father Mother Elders (Grand Father) Grand Mother	
10	What was the estimated amount spent by the household during last month for the following items? Write 0 if there is no expenditure.	Food _____ SSP Clothes _____ SSP Repay debt _____ SSP Water _____ SSP Rent _____ SSP Agricultural inputs _____ SSP Health _____ SSP Transport _____ SSP Household Assets _____ SSP Other (specify) _____ SSP	
11	Were there months, in the past 12 months, in which you did not have enough food to meet your family's needs?	1=Yes 0=No	If 0, skip to Q 13
12	If yes, which were the months in the last 12 months during which you did not have enough food to meet your family's needs?		
DIRECT OBSERVATION:			
13	Does the household have a garden, such as a kitchen garden?	0=Nothing	If 0, skip to

		1= Garden, such as a kitchen garden 2=Plot of land	section 2.
14	Is the garden or plot of land under cultivation (something is growing or being prepared for planting)?	1=Yes 0=No	
15	Is produce growing?	1=Yes 0=No If yes, which types?	

SECTION 3: WASH ASSESSMENT

WATER SUPPLY AND ACCESS

Q	QUESTION	RESPONSE
1	Who is mostly responsible for water collection at your Household for domestic use?	Men Women Boys Girls
2	What container do you often use for collecting water for your Household?	1= Bucket 20 liters 2=Jerrican 20 liters 3= Jerrican 10 liters 4= Jerrican 5 liters 5= others (specify): _____,
3	How many containers do you have?	Bucket 20 liters: Jerrican 20 liters: Jerrican 10 liters: Jerrican 5 liters: Other (specify):
4	In a day, how many <u>times</u> do you fill them or collect water using them for your home?	Bucket 20 liters: Jerrican 20 liters: Jerrican 10 liters: Jerrican 5 liters: Other (specify):
5	In a day, how many <u>times</u> do you fill them or collect water using them for your home?	
6	What is your main source of drinking water?	1= Rainwater 2=Swamp (not flowing) 3= River/Stream 4=Borehole 5= Open Hand Dug Well 6= Pond
7	How many water sources do you have at the site?	Rainwater: _____ Swamp (not flowing): _____ River/Stream: _____ Borehole: _____ Open Hand Dug Well: _____ Pond: _____
8	How long does it take you to reach the water source?	1=Less than 1 hour 2=1 to 2hrs 3=More than 3 hrs

9	If your main source of water is a borehole, how long do you wait (lining at the borehole) before filling your container?	1=less than 1hr 2=1 to 2 hours 3=more than 3 hours
10	What are the usual causes of delay at the borehole?	Too many people Animals drinking at the site Water yield of the hand pump
11	Who is in charge of the borehole - who keeps the key?	Women leader Community leader Youth Leader Water user committee
12	If your main source of water is a borehole, how long do you take pumping it before filling your container?	1=less than 5 minutes 2=6 to 10 minutes 3=more than 10 minutes
13	Do you do anything to treat your drinking water before it is consumed?	1=Yes 0=No
14	If yes, what do you do?	1=boil 2=filter 3=water purification tablets 4=other (specify)
15	Are water purification tablets available?	1=Yes 0=No

SANITARY AND HYGIENE CONDITIONS

Q	QUESTION	RESPONSE
1	Do you have a latrine at home?	1=Yes 0=No
2	If no, where do people defecate?	1=in the open field 2=dig and burry the feces 3= others (specify): _____,
3	Do you have a handwashing facility near your latrine?	1=Yes 0=No
4	Do you have soap/ ash near your latrine?	1=Yes 0=No
5	If no, what do you use for washing hands after visiting the latrine?	1=using water only 0=don't wash hands
6	Do you know any critical time to wash your hands?	1= Before Eating 2=After defecation 3= Before Cooking 4=After cleaning a baby's bottom 5= others (specify): _____,
DIRECT OBSERVATION		
7	Is there a latrine?	1=Yes 0=No
8	Are the latrines separated as per Gender (Male/Female)?	1=Yes 0=No
9	Are there facility locks on the latrines?	Yes No
10	How far are they located from the Household?	

11	Are the facilities convenient for people with disability?	Yes No
12	Does it appear clean?	1=Yes 0=No
13	Is there any evidence of open defecation around the household?	1=Yes 0=No
14	Is there handwashing facility with soap near the latrine?	1=Yes 0=No
15	Is there water drinking container with a lid?	1=Yes 0=No
16	Is there anything else you would like to tell me?	

SECTION 4: PROTECTION/GBV

Q	QUESTION	RESPONSE
1	What kind of violence have you observed in your community?	1= Sexual Harassment 2= Battering 3= Rape 4= Denial of resources 5 = None
2	Which people are most affected by violence in the community? <i>Please link the most common violence with the most affected population</i>	1=Women 2=Men 3=Boys 4=Girls 5=Elderly (female) 6=Elderly (men) 7=People living with disability 8=orphan
3	Are such cases usually reported? Where and to whom are such cases reported?	Yes (if yes where): 1=Community leaders 2=Community volunteers 3=OTP staff 4=Family 5=Services providers (health, psychosocial staff etc. 6=Security staff 7=Friends 8=Spouse 9=Others:
4	If they are not reported explain why?	Explain why?
5	Do you know if they are able to receive support from the authority?	Yes No (Explain your answer):



Thank the respondent for their time.

Comments / Observations following the interview:

