

UNHCR SENS

Nutrition Survey in

Maratane refugee camp Mozambique

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UNHCR
in collaboration with
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LIST OF ACRONYMS

ANC	Antenatal Care
CI	Confidence Interval
ENA	Emergency Nutrition Assessment
ENA for SMART	Name of a SMART nutrition survey software
EPI	Expanded Programme on Immunisation
Epi Info	Name of CDC software for epidemiological investigations including nutrition Surveys
FBF	Fortified blended foods
GAM	Global Acute Malnutrition
HAZ	Height-for-age z-score
Hb	Haemoglobin
HDDS	Household dietary diversity score
HH	Household
HIS	Health Information System
ID	Identification
IYCF	Infant and Young Child Feeding Practices
JAM	Joint Assessment Mission
LLIN	Long-lasting Insecticidal Net
LNS	Lipid-based nutrient supplements
lppd	Litres per person per day
MNP	Micronutrient powder
MUAC	Mid-Upper Arm Circumference
NCHS	National Center for Health Statistics
NFI	Non-food items
SAM	Severe acute malnutrition
SENS	Standardised Expanded Nutrition Survey
SFP	Supplementary feeding programme
SMART	Standardised Monitoring and Assessment of Relief and Transitions
UNHCR	United Nations High Commissioner for Refugees
WAZ	Weight-for-age z-score
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHZ	Weight-for-height z-score

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EXECUTIVE SUMMARY

On 1st January 2003, the government of Mozambique designated Nampula province as the reception site for asylum seekers. Since April 2003, Maratane camp has thus been the only official settlement in Mozambique, where asylum seekers and refugees can be registered and assisted by INAR, UNHCR and its implementing partners. INAR (*Instituto Nacional de Apoio aos Refugiados*) is a Government of Mozambique department within the Ministry of Foreign Affairs and is the main Government body dealing with the registration, reception arrangements as well as protection and assistance for refugees and asylum seekers in Mozambique.

According to the last official statistics from INAR, there are presently a total of 6,559 refugees in Maratane camp, nearly all of whom are from the Great Lakes Region, the majority being from the Democratic Republic of Congo, followed Rwanda and Burundi.

The previous nutrition survey conducted in October 2010 found a stable level of acute malnutrition, but a high level of both chronic malnutrition amongst children, and anaemia amongst both children and adult women.

UNHCR, in partnership with the Ministry of Health and WFP, conducted a nutrition survey in Maratane refugee camp between 22 and 30 September 2012, with the following objectives:

1. To measure the prevalence of acute malnutrition in children aged 6-59 months.
2. To measure the prevalence of stunting in children aged 6-59 months.
3. To determine the coverage of measles vaccination among children aged 9-59 months.
4. To determine the coverage of vitamin A supplementation received during the last 6 months among children aged 6-59 months.
5. To assess the two-week period prevalence of diarrhoea among children aged 6-59 months.
6. To measure the prevalence of anaemia in children aged 6-59 months and in women of reproductive age between 15-49 years (non-pregnant).
7. To investigate IYCF practices among children aged 0-23 months.
8. To determine the coverage of ration cards and the duration the general food ration lasts for recipient households.
9. To determine the extent to which negative coping strategies are used by households.
10. To assess household dietary diversity.
11. To collate available information on the performance of the food aid system.
12. To determine the population's access to, and use of, improved water, sanitation and hygiene facilities.
13. To determine the ownership of mosquito nets (all types and LLINs) in households.
14. To determine the utilisation of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women.

The survey was based on the SMART methodology and UNHCR SENS (Standardised Expanded Nutrition Survey) Guidelines for Refugee Populations (v 1.3, March 2012). Simple random sampling was used to select a target sample of 550 households and 235 children under 5 years. A resultant sample size of 478 households and 527 children was achieved. A total of 4 survey teams collected data over a period of 9 days on child anthropometry and health; infant and young child feeding; child and adult women anaemia; food security; water, sanitation and hygiene; and mosquito net coverage, following a 5-day training and standardisation test. Supervision was provided by UNHCR Community Services Officer, WFP Head of Office and the

Survey Coordinator. Data entry was done concurrently with data collection by 2 data entry clerks on excel templates. The ENA for SMART July 2012 version was used to analyse anthropometric data, and the rest of the data was analysed using EPI Info 7, April 2012 version.

Table 1 Summary of results

	Number of cases/sample size	% (95% CI)	Classification of public health significance / target (where applicable)
CHILDREN 6-59 months			
Acute Malnutrition (WHO 2006 Growth Standards)			
Global Acute Malnutrition (GAM)	7/518	1.4 (0.7-2.8)	Critical if ≥ 15%
Moderate Acute Malnutrition (MAM)	7/518	1.4 (0.7-2.8)	
Severe Acute Malnutrition (SAM)	0/518	-	
Oedema	0/518	-	
Stunting (WHO 2006 Growth Standards)			
Total Stunting	130/504	25.8 (22.2-29.8)	Critical if ≥ 40%
Severe Stunting	25/504	5.0 (3.4-7.2)	
Mid Upper Arm Circumference (MUAC)			
Total acute malnutrition (< 12.5 cm or oedema)	6/527	1.1 (0.5-2.5)	
Moderate acute malnutrition (11.5-12.4 cm)	5/527	0.9 (0.4-2.2)	
Severe acute malnutrition (<11.5 cm or oedema)	1/527	0.2 (0.0-1.1)	
Anaemia			
Total Anaemia (Hb <11 g/dl)	272/396	68.7 (63.8-73.2)	High if ≥ 40%
Mild (Hb 10-10.9)	123/396	31.1 (26.6-35.9)	
Moderate (Hb 7-9.9)	142/396	35.9 (31.2-40.8)	
Severe (Hb<7)	7/396	1.8 (0.8-3.8)	
Programme coverage			
Measles vaccination with card or recall (9-59m)	465/491	94.7 (92.2-96.4)	Target of ≥ 95%
Measles vaccination with card (9-59m)	385/491	78.4 (74.5-81.9)	
Vitamin A supplementation (6-59m)	493/527	93.6 (91.0-95.4)	Target of ≥ 90%
Diarrhoea			
Diarrhoea in the past 2 weeks (6-59m)	107/527	20.3 (17.0-24.1)	
WOMEN 15-49 years			
Anaemia (non-pregnant)			
Total Anaemia (Hb <12 g/dl)	155/246	63.0 (56.6-69.1)	High if ≥ 40%
Mild (Hb 11-11.9)	53/246	21.5 (16.6-27.2)	
Moderate (Hb 8-10.9)	83/246	33.7 (27.9-40.0)	
Severe (Hb<8)	19/246	7.7 (4.7-11.8)	
CHILDREN 0-23 months			
IYCF indicators			
Timely initiation of breastfeeding	175/204	85.8 (80.2-90.3)	
Exclusive Breastfeeding	31/47	66.0 (50.7-79.1)	
Introduction of solid, semi-solid or soft foods	16/37	43.2 (27.1-60.5)	
Consumption of iron-rich or iron	18/164	11.0 (6.6-16.8)	

	Number of cases/sample size	% (95% CI)	Classification of public health significance / target (where applicable)
fortified foods			
Bottle feeding	12/212	5.7 (3.0-9.7)	
FOOD SECURITY			
Proportion of HH with a ration card	236/237	99.6 (97.7-100.0)	
Negative household coping strategies			
Proportion of HH reporting using none of the coping strategies over the past month	12/239	5.0 (2.6-8.6)	
Household dietary diversity			
Average HDDS	4.2 (SD 1.67)		
Proportion of households where the diet consists entirely of staples, pulses and oils/fat from food aid ration (no other food sources)	117/239	49.0 (42.5-55.5)	
Proportion of households <i>not consuming any</i> vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products	28/239	11.7 (7.9-16.5)	
WASH			
Water quality			
Proportion of households using an improved drinking water source	239/239	100	
Proportion of households that use a covered or narrow necked container for storing their drinking water	105/239	43.9 (37.5-50.5)	
Water quantity			
Proportion of households that use:			Average quantity of water available per person / day ≥ 20 litres
≥ 20 lpppd	84/239	35.2 (29.1-41.6)	
15 - <20 lpppd	33/239	13.8 (9.7-18.9)	
<15 lpppd	122/239	51.1 (44.5-57.6)	
Proportion of households taking <30 minutes to collect their main drinking water	138/239	57.7 (51.1-64.1)	
Satisfaction with drinking water supply			
Proportion of households that say they are satisfied with drinking water supply	63/239	26.4 (20.9-32.4)	
Safe excreta disposal			
Proportion of households using an improved excreta disposal facility	113/239	47.3 (40.8-53.8)	
Proportion of HH using a shared family toilet	20/239	8.4 (5.2-12.6)	
Proportion of HH using a communal toilet	6/239	2.5 (0.9-5.4)	
Proportion of HH using an unimproved toilet	100/239	41.8 (35.5-48.4)	
Proportion of HH with children <3 yrs disposing of faeces safely	146/155	94.2 (89.3-97.3)	
MOSQUITO NET			

	Number of cases/sample size	% (95% CI)	Classification of public health significance / target (where applicable)
Mosquito net ownership			
Proportion of HHs owning at least one mosquito net of any type	224/239	93.7 (89.9-96.5)	
Proportion of HHs owning at least one LLIN	159/239	66.5 (60.2-72.5)	>80%
Mosquito net utilisation			
Average number of persons per LLIN	2.8		2 persons per LLIN
Total HH members (all ages) who slept under an LLIN	919/1389	66.2	
Children 0-59 months who slept under an LLIN	221/327	67.6	
Pregnant women who slept under an LLIN	20/27	74.1	

Interpretation of results

- Maratane refugee camp remains below emergency thresholds for acute (15%) and chronic malnutrition (40%).
- Acute malnutrition remained unchanged from 2010.
- Anaemia remains above the 40% WHO threshold and therefore a serious public health problem requiring attention.
- The programme coverage of both Vitamin A supplementation and measles vaccination (card/recall) remained relatively high and close to the SPHERE targets of 90% and 95%, respectively.
- Over 85% of children were breastfed within an hour of birth, with two thirds exclusively breastfeeding. However, less than half of children had been introduced to solid foods between 6 and 8 months. Consumption of iron-rich foods was very low for infants and young children.
- All households reported access to an improved drinking water source. However, less than half were using improved excreta disposal facilities.
- More than two thirds of households owned at least one LLIN, and there was an average of 2.8 people per LLIN.

RECOMMENDATIONS AND PRIORITIES

Immediate

1. Blanket provision of Micronutrient Powder (MNP) for children 6-59 months or 6-23 months, depending on resource availability, to address the high prevalence of anaemia among children.
2. Assess the level of anaemia in the population after 12 months.

Medium

3. Growing and consumption of iron-rich foods, such as green leafy vegetables and lentils must be encouraged through small scale nutrition gardening supported by agencies involved in food security.
4. Toilet facilities which are not improved should be upgraded. Additional toilets to be built for households without toilets.
5. Health education to encourage health seeking behaviour, especially for anaemia prevention, and nutrition education on dietary diversity through health sessions during medical consultation, especially for antenatal care.

Longer term

6. Further investigate possible causes of anaemia in children and women by investigating trends in malaria and other infections.

1. INTRODUCTION

Maratane refugee camp, located 35km from Nampula city, is located in Northern Mozambique. The camp was established in February 2001, and, since 2003, has been the only official settlement in Mozambique where asylum seekers and refugees can be registered and assisted. The camp is managed by INAR, who is mandated to receive, register, protect and assist refugees and asylum seekers in the country.

The camp population is mainly composed of those from the Great Lakes region, particularly the Democratic Republic of Congo, Burundi and Rwanda. In addition to other vulnerable groups, newly arrived refugees receive a “100%” food ration providing 1, 836kcal (Table 2a), whilst those who have been in the camp for more than 6 months and are not amongst the vulnerable groups receive a “50%” ration providing 1, 094kcal (Table 2b).

Table 2a 100% food aid ration

	Grams/person/day	Kilocalories	Energy provided (%)
Rice/maize	417	1458	79%
Beans	60	201	11%
Vegetable oil	20	177	10%
Iodised salt	10	-	-
Total	507	1, 836	100%

Table 2b 50% Full ration

	Grams/person/day	Kilocalories	Energy provided (%)
Rice/maize	233	817	75%
Beans	30	101	9%
Vegetable oil	20	177	16%
Iodised salt	10	-	-
Total	293	1, 094	100%

A health centre at the camp is accessible to both refugees and the host community, and provides preventive and curative services, including reproductive health, maternity, HIV/AIDS, malaria, essential drugs, and medical referrals. In-patient and emergency services are also provided.

1.1 SURVEY OBJECTIVES

1. To measure the prevalence of acute malnutrition in children aged 6-59 months.
2. To measure the prevalence of stunting in children aged 6-59 months.
3. To determine the coverage of measles vaccination among children aged 9-59 months.
4. To determine the coverage of vitamin A supplementation received during the last 6 months among children aged 6-59 months.
5. To assess the two-week period prevalence of diarrhoea among children aged 6- 59 months.
6. To measure the prevalence of anaemia in children aged 6-59 months and in women of reproductive age between 15-49 years (non-pregnant).
7. To investigate IYCF practices among children aged 0-23 months.
8. To determine the coverage of ration cards and the duration the general food ration lasts for recipient households.
9. To determine the extent to which negative coping strategies are used by households.
10. To assess household dietary diversity.
11. To collate available information on the performance of the food aid system.
12. To determine the population's access to, and use of, improved water, sanitation and hygiene facilities.
13. To determine the ownership of mosquito nets (all types and LLINs) in households.
14. To determine the utilisation of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women.
15. To establish recommendations on actions to be taken to address the situation in Maratane refugee camp.

2. METHODOLOGY

2.1 Sample size

The simple random sampling method was applied to select the sample. This method was preferred due to the fact that, although there was a complete, updated list of households in the camp, the non-linear arrangement of households made systematic random sampling impossible.

Module 1: Anthropometry and Health

ENA for SMART was used to determine the required sample size for with the following assumptions:

Population figures from INAR:

- Total population: 6,559
- Number of children below 5 years: 1,113 (17%)
- Number of households: 2,133

Other parameters:

- Estimated prevalence: 3.3% (Upper 95% C.I of 2010 survey)
- Desired precision: 2% (SMART guidelines)
- Non-response rate: 10%

Resultant sample size:

- Number of households: 550
- Number of children: 235

Module 2: Anaemia (children 6-59 months and women of reproductive age 15-49 years): Half of the total household sample size = 275 households.

Module 3: IYCF (children 0-23 months): All sampled households = 550 households.

Module 4: Food Security (household as a whole): Half of the total household sample size = 275 households.

Module 5: WASH: Half of the total household sample size = 275 households.

Module 6: Mosquito Net Coverage: Half of the total household sample size = 275 households.

2.2 Sampling procedure: selecting households and individuals

The required sample of 550 households was randomly selected from a household list provided by INAR.

Module 1 – Anthropometry and Health (children 6-59 months): All eligible children within all of the sampled households were assessed for anthropometry, enrolment in treatment feeding programme, measles vaccination, Vitamin A supplementation in last 6 months and diarrhoea in last 2 weeks.

Module 2 – Anaemia (children 6-59 months and women of reproductive age 15-49 years): Half of the selected households were randomly assessed for anaemia and all eligible children and women found in these households should be assessed for anaemia.

Module 3-IYCF (children 0-23 months): With all eligible children within all of the sampled households were assessed for IYCF practices.

Module 4 – Food Security: Half of the selected households were randomly sampled for the assessment of food security.

Module 5 – WASH: Half of the selected households were randomly sampled for the assessment of food security.

Module 6 - Mosquito Net Coverage (household as a whole): Half of the households were randomly sampled for the assessment of mosquito net coverage.

The following procedures were followed in special cases:

Absences: If an individual or an entire household was absent, the team leader recorded this information and determined another time to return on the same day. The team returned to an absent household or revisited an absent individual up to two times, if it was logistically feasible, on the same survey day. If they were unsuccessful after this, the individual or household was recorded as an absence and was not replaced with another household or individual.

Refusals: If an individual or an entire household refused to participate, then it was considered a refusal and this information was recorded. Absent individuals or households and refusals were not replaced.

Abandoned households: A household was considered abandoned if neighbours reported that nobody has lived in that household for more than one month or if the inhabitants had been repatriated. This household was replaced by another household and it was considered as abandoned.

Household with no children: If it was determined that a selected household did not have any eligible children, the questionnaire was still be administered to the household and any eligible women.

Child in nutrition/health centre: The team went to the centre if it was feasible to do so to take the measurements and information from the child. If it was impossible to visit the centre, the child was considered as absent and not replaced.

Disabled child: If a physical deformity prevented the measurement of child's weight or height, the child was recorded as missing for these variables, but the child was included for the assessment of the other indicators (e.g. oedema, measles vaccination, vitamin A supplementation).

The survey respondent was the mother of children aged below 5 years or the primary caretaker of those children. Alternatively, the respondent was the head of household.

2.3 Questionnaire and measurement methods

Questionnaire

The questionnaire was translated to Portuguese, as all enumerators were fluent in this language. The questionnaire was, however, translated to Kiswahili during interviewing. The interviewers, however, did not have a written guide in Kiswahili for data collection. The questionnaire was pre-tested near the Central Hospital in Nampula on the final day of training. The questionnaire is attached in **Appendix 5** and had the following six modules:

Module 1 -Anthropometry and health: Included data on anthropometry, enrolment in treatment feeding programmes, measles vaccination, Vitamin A supplementation, and diarrhoea for children 6-59 months.

Module 2 -Anaemia: Included data on Haemoglobin measurements for children 6-59 months and women 15-49 years, as well as data on pregnancy status, ANC enrolment and iron and folic acid pills coverage for women 15-49 years.

Module 3- IYCF: Included data on breastfeeding initiation, exclusivity and duration and feeding practices for children aged 0-23 months.

Module 4-Food Security: Included data on all access to food distribution, duration of the general food ration, use of negative coping strategies, level of household dietary diversity and performance of food aid distribution system for households.

Module 5-WASH: Included data on access to improved drinking water sources, storage of water, quantity of water used per household, time to collect water, satisfaction with water supply, type and quality of excreta disposal facility in use and safe disposal of young children's stools for households.

Module 6-Mosquito Net Coverage: Included data on mosquito net ownership (all type and LLINs), number of LLIN mosquito nets per household, and number of persons per LLIN members of household (all, U5, pregnant) who slept under a mosquito net last night (all type and LLIN).

Measurement methods

Sex: gender was recorded as male or female.

Birth date or age in months: the exact date of birth (day, month, year) was recorded from either an EPI card, registration card, child health card, birth notification or certificate if available. If no reliable proof of age was available, age was estimated in months using a local event calendar or by comparing the selected child with a sibling or the child of a neighbour whose age was known, and was recorded in months on the questionnaire.

Weight: children were weighed without clothes whenever possible using a SECA 877 electronic scale and recorded to the nearest 100 grams.

Height/Length: children's height or length was taken to the closest millimetre using a wooden height board. Children below 2 years were measured lying down (length) and children 2 years and above were measured standing up (height).

Oedema: presence or absence of oedema was measured by observation.

MUAC: MUAC was measured at the mid-point of the left upper arm between the elbow and the shoulder and taken to the closest millimetre using a standard tape.

Child enrolment in supplementary or therapeutic feeding programme: coverage of supplementary and therapeutic feeding programmes was assessed by recall from the mother and primary caretaker of children.

Measles vaccination: measles vaccination was assessed by checking for the measles vaccine on the EPI card if available or by asking the caregiver to recall if no EPI card is available. Measles vaccination was assessed for all children aged 6-59 months to make data collection easier, however analysis was only done on the target age group (9-59 months).

Vitamin A supplementation in last 6 months: whether the child received a vitamin A capsule over the past six months was recorded from the EPI card or health card if available or by asking the caregiver to recall if no card was available. A vitamin A capsule was shown to the caregiver when asked to recall.

Diarrhoea in last 2 weeks: caregivers were asked if their child had suffered from diarrhoea in the past two weeks.

Haemoglobin (Hb) concentration in children 6-59 months and women 15-49 years: Hb concentration was taken from a capillary blood sample from the fingertip and recorded to the closest gram per decilitre using a portable HemoCue Hb 301 machine.

Age of women 15-49 years: reported age was recorded in years for women.

ANC enrolment and iron-folic acid pills coverage: if the woman was pregnant, ANC programme enrolment and coverage of iron-folic acid pills was assessed by recall.

IYCF practices for children 0-23 months: were assessed using interviews with mothers or the main caregiver of young children.

Food security: information was obtained from carrying out interviews with the person who was most involved in food preparation in the household.

WASH: variables were assessed using interviews with mothers or the main caretaker of young children and observation of specific WASH facilities.

Mosquito net coverage: variables were assessed using interviews with the head of household (male or female) or in their absence a responsible adult (preferably over the age of 18 years) and through direct observation of the mosquito nets in the household.

Referrals: for children 6-59 months, referrals to the health centre were made for those with a MUAC <12.5cm and for those with oedema, and for children with Hb<7g/dl. For adult women, those with Hb<8g/dl were referred.

2.4 Case definitions, inclusion criteria and calculations

A **household** was defined as: *a group of people who live together and routinely eat out of same pot*. Where two families share the same pot, they were assessed as one household.

For **child anthropometry and health**, children aged 6 to 59 months were included. Acute malnutrition was defined using the weight-for-height index, with the main results presented using the WHO 2006 standards (Table 3). Results using the NCHS 1977 reference are shown in **Appendix 4**.

Table 3 Definitions of acute malnutrition using weight-for-height and/or oedema in children 6–59 months

Categories of acute malnutrition	Z-scores (NCHS Growth Reference 1977 and WHO Growth Standards 2006)	Bilateral oedema
Global acute malnutrition	< -2 z-scores	Yes/No
Moderate acute malnutrition	< -2 z-scores and \geq -3 z-scores	No
Severe acute malnutrition	> -3 z-scores	Yes
	< -3 z-scores	Yes/No

Stunting was classified according to height-for-age z-scores as shown in Table 4. In the main results, the WHO 2006 reference was used. A comparison with the NCHS 1977 reference is contained in **Appendix 4**.

Table 4 Definitions of stunting using height-for-age in children 6–59 months

Categories of stunting	Z-scores (WHO Growth Standards 2006 and NCHS Growth Reference 1977)
Stunting	<-2 z-scores
Moderate stunting	<-2 z-score and \geq -3 z-score
Severe stunting	<-3 z-scores

Underweight was assessed using weight-for-age z-scores, with the main results presented using the WHO 2006 reference (Table 5). A comparison with the NCHS 1977 reference is displayed in **Appendix 4**.

Table 5 Definitions of underweight using weight-for-age in children 6–59 months

Categories of underweight	Z-scores (WHO Growth Standards 2006 and NCHS Growth Reference 1977)
Underweight	<-2 z-scores
Moderate underweight	<-2 z-scores and \geq -3 z-scores
Severe underweight	<-3 z-scores

Acute malnutrition was also assessed by Mid-Upper Arm Circumference (MUAC) according to the cut-offs shown in **Table 6**:

Table 6 Classification of (acute) malnutrition based on MUAC in children 6-59 months (WHO)

Categories of acute malnutrition	MUAC Reading
Total acute malnutrition	< 125 mm
Moderate acute malnutrition	\geq 115 <125 mm
Severe acute malnutrition	< 115 mm

Measles vaccination: measles vaccination was assessed by checking for the measles vaccine on the EPI card if available or by asking the caregiver to recall if no EPI card was available.

Vitamin A supplementation in last 6 months: whether the child received a vitamin A capsule over the past six months was recorded from the EPI card or health card if available or by asking the caregiver to recall if no card was available. A vitamin A capsule was shown to the caregiver when asked to recall.

Oedema: bilateral oedema was assessed by applying gentle thumb pressure on to the tops of both feet of the child for a period of three seconds and thereafter observing for the presence or absence of an indent.

Diarrhoea: was defined as having 3 or more loose or watery stools per day.

Infant and young child feeding practices were assessed based on standard WHO recommendations (WHO, 2007) as follows:

Timely initiation of breastfeeding: Proportion of children 0-23 months of age who were put to the breast within an hour of birth.

Children 0-23 months who were put to the breast within an hour of birth
Children 0-23 months

Exclusive breastfeeding under 6 months: Proportion of infants 0-5 months who are fed exclusively with breast milk.

Infants 0-5 months of age who received only breast milk in the previous day
Infants 0-5 months of age

Continued breastfeeding at 1 year: Proportion of children 12-15 months of age who are fed breast milk.

Children 12-15 months of age who received breast milk during the previous day
Children 12-15 months of age

Continued breastfeeding at 2 years: Proportion of children 20-23 months of age who are fed breast milk.

Children 20-23 months of age who received breast milk during the previous day
Children 20-23 months of age

Introduction of solid, semi-solid or soft foods: Proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods.

Infants 6-8 months of age who received solid, semi-solid or soft foods during the previous day
Infants 6-8 months of age

Consumption of iron-rich or iron-fortified foods: Proportion of children 6-23 months of age who received an Iron-rich food or Iron-fortified food that is specially designed for infants and young children, or that is fortified in the home

Children 6-23 months of age who received an Iron-rich food or Iron-fortified food that is especially designed for infant and young children, or that was fortified in the home with a product that included Iron during the previous day
Children 6-23 months of age

Bottle feeding: Children 0-23 months of age who are fed with a bottle.

Children 0-23 months of age who were fed with a bottle during the previous day
Children 0-23 months of age

Anaemia was measured using a HemoCue Hb 301 machine, and defined and categorised according to WHO recommended cut-offs shown in Table 7 to determine the prevalence of anaemia.

Table 7 Definition of anaemia (WHO 2000)

Age/Sex groups	Categories of Anaemia (Hb g/dL)			
	Severe	Moderate	Mild	Total
Children 6 - 59 months	< 7.0	7.0 - 9.9	10.0 - 10.9	<11.0
Non-pregnant adult females 15-49 years	< 8.0	8.0 - 10.9	11.0 - 11.9	<12.0
Pregnant Women	< 7.0	7.0 - 9.9	10.0 - 10.9	<11.0

2.5 Classification of public health problems and targets

Anthropometry

The classification of public health significance for anthropometric results for children aged 6-59 months is shown in Table 8.

Table 8 Classification of public health significance for children aged 6-59 months (WHO 1995, 2000)

Prevalence %	Critical	Serious	Poor	Acceptable
Low weight-for-height	≥15	10-14	5-9	<5
Low height-for-age	≥40	30-39	20-29	<20
Low weight-for-age	≥30	20-29	10-19	<10

Anaemia

The thresholds for public health significance for anaemia prevalence for all groups according to WHO, are displayed in Table 9. The Strategic Plan for Nutrition and Food Security (2008-2010) recommends that the prevalence of anaemia for all groups must be low (5-19%).

Table 9 Classification of public health significance (WHO 2000)

Prevalence %	High	Medium	Low
Anaemia	≥40	20-39	5-19

Measles vaccination coverage

UNHCR recommends measles vaccination coverage to be >95% among children aged 9-59 months.

Vitamin A supplementation coverage

UNHCR recommends vitamin A supplementation coverage to be >90% among children aged 6-59 months.

WASH

Relevant UNHCR standards for WASH indicators are shown in Table 10.

Table 10 Relevant UNHCR WASH Programme Standards

UNHCR Standard	Indicator
Average quantity of water available per person/day	≥20 litres
Communal latrine coverage	20 people/latrine

Mosquito net coverage

UNHCR recommends that >80% of households must have at least one LLIN/ITN. WHO and UNHCR further recommends a target of no more than 2 persons per LLIN to achieve universal coverage.

2.6 Training, coordination and supervision

Training of enumerators took place at UNHCR Nampula over 4 days between the 17th and 20th of September 2012. The training was facilitated by the Survey Coordinator and covered the following topics: survey objectives; introduction to malnutrition; introduction to nutrition surveys; sampling and household selection; anthropometric measurements; anaemia measurement; and interviewing skills.

This was immediately followed by a 1-day anthropometric standardisation test, in which each of the 4 survey team's anthropometry measurers measured 10 children each twice, with an interval between the two measurements. A pre-test of the questionnaire was also conducted on the same day. A total of 4 survey teams, with a total of 24 enumerators participated in the survey, supervised by the Survey Coordinator, UNHCR Community Services Officer and WFP Head of Office.

2.7 Data analysis

Data entry was conducted by two data entry clerks and took place at the UNHCR office concurrently with data collection. Excel templates were used for data entry, with anthropometric data being transferred to ENA for checking and identification of outliers. Random checks were implemented by the Survey Coordinator to check for errors in data entry.

Data analysis was conducted by the Survey Manager using ENA for SMART, July 2012 version for child anthropometry data, and Epi Info 7, April 2012 version for the remaining modules. SMART flags (+/-3 SD WHZ, HAZ, WAZ) were used for exclusion of outliers for anthropometric data.

3. RESULTS

The survey covered 478 households out of an initial target of 550, giving 87%. The reason for the proportion falling below 100% was the significant number of absent households in the sample. This was mainly due to household members having temporarily travelled outside the

camp at the time of the survey. (Table 11).

Table 11 Demographic Characteristics of the study population

Total HHs surveyed	478
Total population surveyed	1432
Total U5 surveyed	527
Average HH size	6.0

Sample size

A total of 527 children 6-59 months were measured against a target of 235, translating to 224% of the target (Table 12). The main reason for this high level of oversampling was that the number of households in the population figures which were used was overestimated, resulting in an underestimation of the average household size.

Table 12 Target and actual number captured

	Target (No.)	Total surveyed (No.)	% of the target
Children 6-59 months	235	527	224%

The age and sex distribution of the sample (Table 13) showed that both males and females were equally represented (sex ratio between 0.8 and 1.2), and the plausibility check also showed an acceptable age distribution.

Table 13 Distribution of age and sex of sample

	Boys		Girls		Total		Ratio
AGE (mo)	no.	%	no.	%	no.	%	Boy:girl
6-17	61	47.7	67	52.3	128	24.3	0.9
18-29	63	48.1	68	51.9	131	24.9	0.9
30-41	60	52.6	54	47.4	114	21.6	1.1
42-53	54	43.9	69	56.1	123	23.3	0.8
54-59	16	51.6	15	48.4	31	5.9	1.1
Total	254	48.2	273	51.8	527	100.0	0.9

Percentage of children with no exact birthday: 8 %

3.1 Anthropometric results in children 6-59 months (based on WHO 2006 Growth Standards)

Acute malnutrition in children 6-59 months

As observed in the 2010 survey, the prevalence of Global Acute Malnutrition (GAM), of 1.4 % (0.7 - 2.8 95% C.I) was very low and below emergency levels. There were no children with Severe Acute Malnutrition (SAM) in the sample (Table 14).

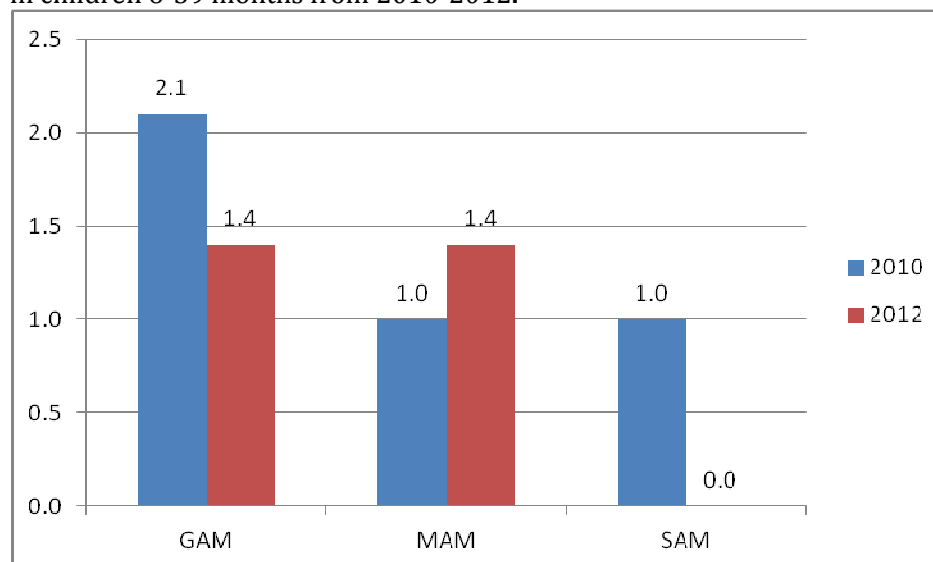
Table 14 Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by sex

	All n = 518	Boys n = 246	Girls n = 272
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(7) 1.4 % (0.7 - 2.8 95% C.I.)	(4) 1.6 % (0.6 - 4.1 95% C.I.)	(3) 1.1 % (0.4 - 3.2 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(7) 1.4 % (0.7 - 2.8 95% C.I.)	(4) 1.6 % (0.6 - 4.1 95% C.I.)	(3) 1.1 % (0.4 - 3.2 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(0) 0.0 % (0.0 - 0.7 95% C.I.)	(0) 0.0 % (0.0 - 1.5 95% C.I.)	(0) 0.0 % (0.0 - 1.4 95% C.I.)

The prevalence of oedema is 0.0 %

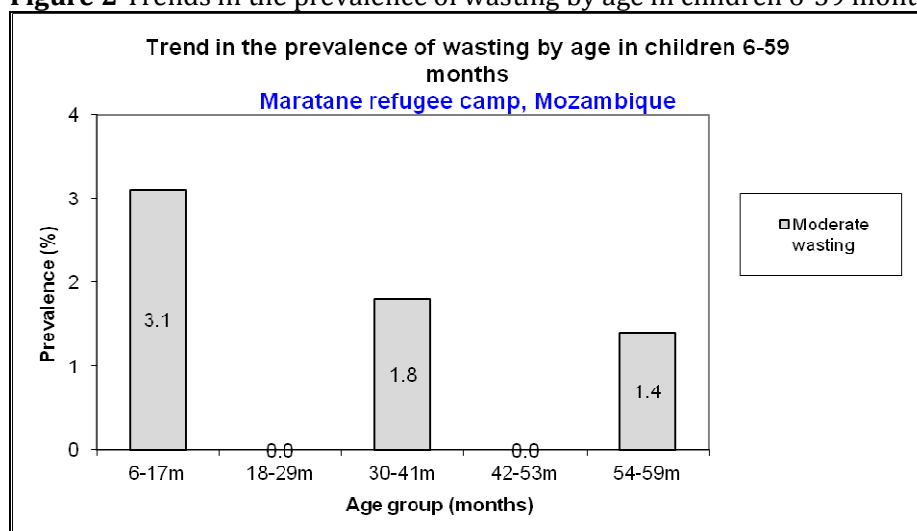
The graph (Figure 1) reveals that acute malnutrition has remained stable in Maratane camp.

Figure 1 Prevalence of global and severe acute malnutrition based on WHO Growth Standards in children 6-59 months from 2010-2012.



Analysis of acute malnutrition by age group (Table 7) indicated that the 6-17 months age group seems to have the highest prevalence of acute malnutrition, which would be consistent given that acute malnutrition is usually higher in younger children (Figure 2).

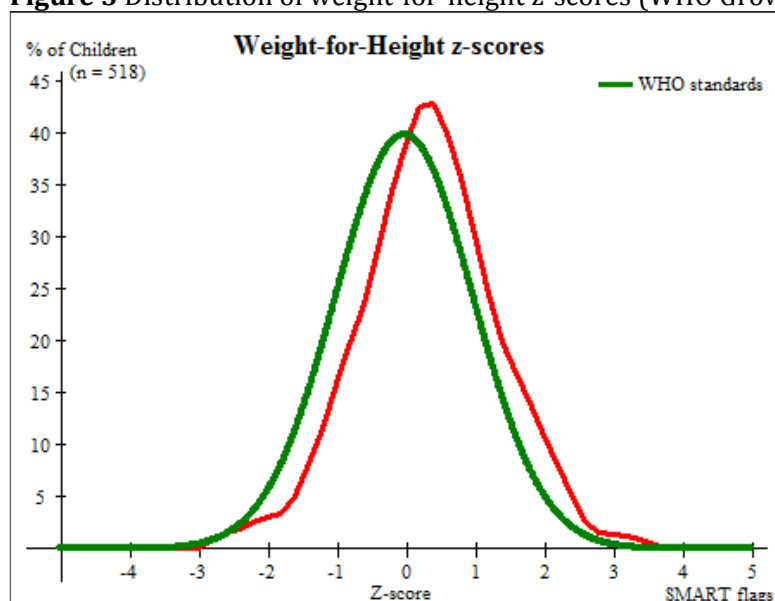
Figure 2 Trends in the prevalence of wasting by age in children 6-59 months



Percentage of children with no exact birthday: 8 %

Figure 3 compares the survey weight-for-height z-scores (WHZ) distribution to the WHO standard. The distribution was very close to the WHO standard, indicating that the population in Maratane camp is normal in terms of acute malnutrition.

Figure 3 Distribution of weight-for-height z-scores (WHO Growth Standards)



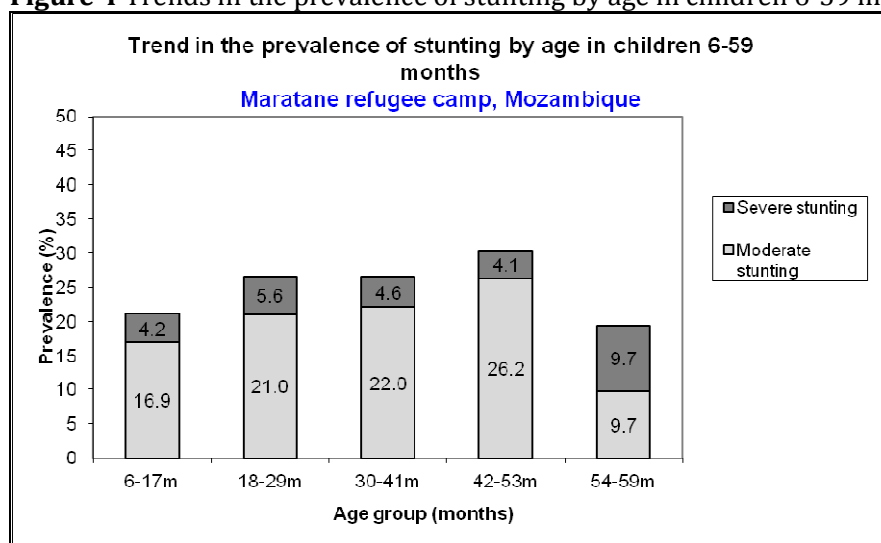
Chronic malnutrition in children 6-59 months (WHO 2006 Growth Standards)

The survey results revealed that 25.8 % (22.2- 29.8 95% C.I.) of children were stunted, whilst 5.0 % (3.4 - 7.2 95% C.I.) were severely stunted. The proportion of children stunted falls within the “poor” category according to WHO classification (Table 15).

Table 15 Prevalence of stunting based on height-for-age z-scores and by sex

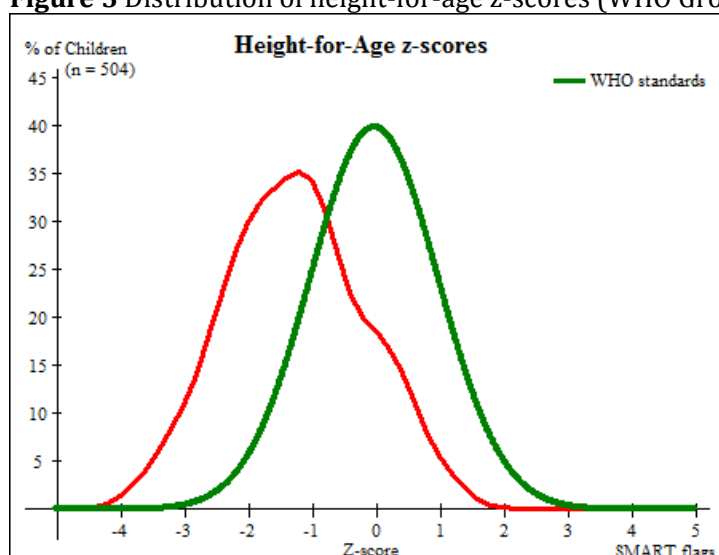
	All n = 504	Boys n = 240	Girls n = 264
Prevalence of stunting (<-2 z-score)	(130) 25.8 % (22.2 - 29.8 95% C.I.)	(62) 25.8 % (20.7 - 31.7 95% C.I.)	(68) 25.8 % (20.9 - 31.4 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and ≥ -3 z-score)	(105) 20.8 % (17.5 - 24.6 95% C.I.)	(49) 20.4 % (15.8 - 26.0 95% C.I.)	(56) 21.2 % (16.7 - 26.5 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(25) 5.0 % (3.4 - 7.2 95% C.I.)	(13) 5.4 % (3.2 - 9.0 95% C.I.)	(12) 4.5 % (2.6 - 7.8 95% C.I.)

As shown in Figure 4, stunting was highest in the 42-53 months age group and generally increased with age, which is consistent with the progressive increase in stunting as children grow.

Figure 4 Trends in the prevalence of stunting by age in children 6-59 months

The distribution of height-for-age z-scores (HAZ) was positioned to the left of the WHO curve, indicating that the population in Maratane has a higher level of stunting than the standard population (Figure 5).

Figure 5 Distribution of height-for-age z-scores (WHO Growth Standards)



Underweight in children 6-59 months (WHO 2006 Growth Standards)

The prevalence of underweight was 4.8% (3.3-7.0, 95% C.I), with 0.6% (0.2-1.8, 95% C.I) being severely underweight (Table 16).

Table 16 Prevalence of underweight based on weight-for-age z-scores by sex

	All n = 522	Boys n = 249	Girls n = 273
Prevalence of underweight (<-2 z-score)	(25) 4.8 % (3.3 - 7.0 95% C.I.)	(17) 6.8 % (4.3 - 10.7 95% C.I.)	(8) 2.9 % (1.5 - 5.7 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and ≥ -3 z-score)	(22) 4.2 % (2.8 - 6.3 95% C.I.)	(15) 6.0 % (3.7 - 9.7 95% C.I.)	(7) 2.6 % (1.2 - 5.2 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(3) 0.6 % (0.2 - 1.7 95% C.I.)	(2) 0.8 % (0.2 - 2.9 95% C.I.)	(1) 0.4 % (0.1 - 2.0 95% C.I.)

The calculated mean z-score for weight-for-height was 0.34 ± 0.99 , falling within the recommended range for acceptable quality (Table 17).

Table 17 Mean z-scores, Design Effects and excluded subjects

Indicator	n	Mean z-scores \pm SD	Design Effect (z-score < -2)	z-scores not available	z-scores out of range
Weight-for-Height	518	0.34 ± 0.99	1.00	0	9
Weight-for-Age	522	-0.42 ± 0.95	1.00	0	5
Height-for-Age	504	-1.25 ± 1.08	1.00	0	23

The computed prevalence of GAM based on Mid-upper arm circumference (MUAC) was 1.1% (0.5 - 2.5, 95% C.I), which is slightly below the prevalence by WHZ. There was one child identified as having SAM based on MUAC (Table 18).

Table 18 Prevalence of malnutrition based on MUAC

	All n = 527	Boys n = 254	Girls n = 273
Prevalence of total malnutrition (< 125 mm and/or oedema)	(6) 1.1 % (0.5 - 2.5 95% C.I.)	(3) 1.2 % (0.4 - 3.4 95% C.I.)	(3) 1.1 % (0.4 - 3.2 95% C.I.)
Prevalence of moderate malnutrition (< 125 mm and >= 115 mm, no oedema)	(5) 0.9 % (0.4 - 2.2 95% C.I.)	(3) 1.2 % (0.4 - 3.4 95% C.I.)	(2) 0.7 % (0.2 - 2.6 95% C.I.)
Prevalence of severe malnutrition (< 115 mm and/or oedema)	(1) 0.2 % (0.0 - 1.1 95% C.I.)	(0) 0.0 % (0.0 - 1.5 95% C.I.)	(1) 0.4 % (0.1 - 2.0 95% C.I.)

Measles vaccination coverage results

A total of 94.7% (92.2-96.4, 95% C.I.) of children 9-59 months had received measles vaccination with card, which was comparable to the findings in 2010 of 96.5% (95.0-98.5, 95% C.I.) in 2010, and close the UNHCR target of 95% (Table 19).

Table 19 Measles vaccination coverage for children aged 9-59 months (n=491)

	Measles (with card) n=385	Measles (with card <u>or</u> confirmation from mother) n=465
YES	78.4 % (74.5-81.9 95% CI)	94.7 % (92.2-96.4 95% CI)

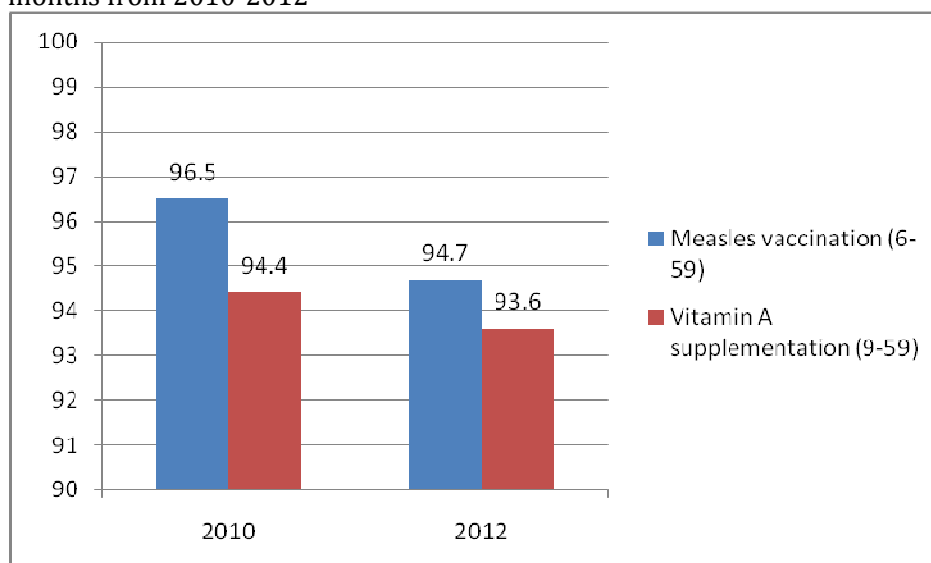
Vitamin A supplementation coverage results

There were 93.6% (91.0-95.4, 95% C.I.) of children 6-59 months who had received Vitamin A supplementation in the past 6 months with card or recall, a proportion which was not significantly different from 2010 (94.4, 92.5-96.3 95% C.I.), and above the UNHCR target of >90% (Table 20).

Table 20 Vitamin A supplementation for children aged 6-59 months within past 6 months (n=527)

	Vitamin A capsule (with card) n=395	Vitamin A capsule (with card <u>or</u> confirmation from mother) n=493
YES	75.0 % (71.0-78.6 95% CI)	93.6% (91.0-95.4 95% CI)

Figure 6 Coverage of measles vaccination and vitamin A supplementation in children 6-59 months from 2010-2012



Diarrhoea results

There were 20.3% (17.0-24.1, 95% C.I) children who reported having experienced diarrhoea in the previous 2 weeks (Table 21).

Table 21 Period prevalence of diarrhoea

	Number/total	% (95% CI)
Diarrhoea in the last two weeks	107/527	20.3% (17.0-24.1 95% CI)

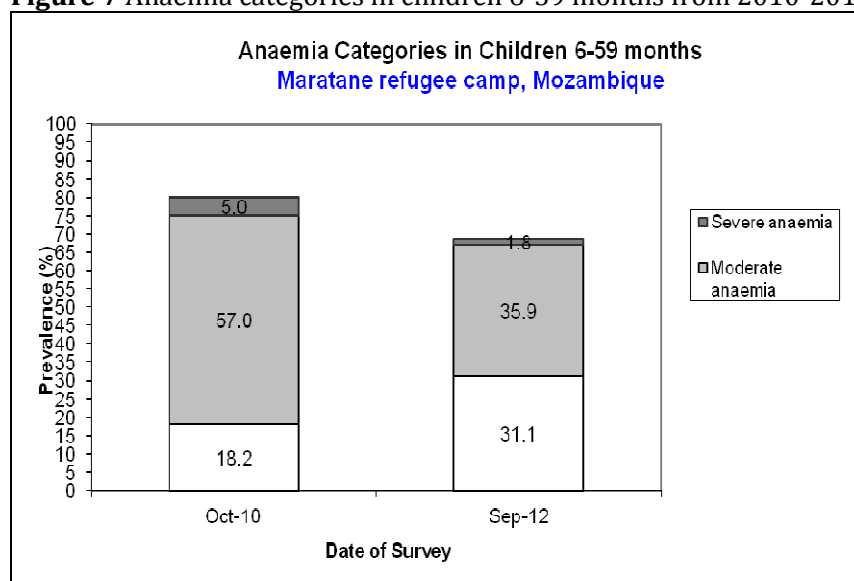
Anaemia results

Amongst children 6-59 months, 68.7% (63.8-73.2, 95% C.I) were anaemic, showing that the situation has remained a public health problem (above the 40% threshold) from the previous survey in 2010 (78.6%, 71.4-85.8, 95% C.I) as shown in Table 22 and Figure 7). However, there was a significant decrease in anaemia ($p < 0.05$).

Table 22 Prevalence of anaemia and haemoglobin concentration in children 6-59 months of age

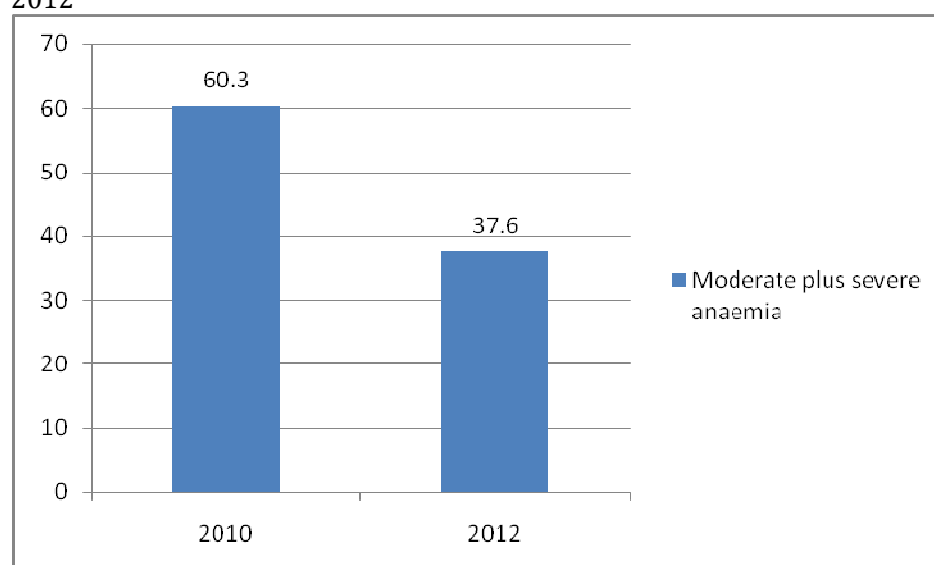
Anaemia in Children 6-59 months	All n =396
Total Anaemia (Hb<11.0 g/dL)	(272) 68.7% (63.8-73.2 95% CI)
Mild Anaemia (Hb 10.0-10.9 g/dL)	(123) 31.1% (26.6-35.9 95% CI)
Moderate Anaemia (7.0-9.9 g/dL)	(142) 35.9 % (31.2-40.8 95% CI)
Severe Anaemia (<7.0 g/dL)	(7) 1.8% (0.8-3.8 95% CI)
Mean Hb (g/dL)	10.2g/dL (SD 1.43) [5.2 min, 9.4 max]

Figure 7 Anaemia categories in children 6-59 months from 2010-2012



A further look at the prevalence of moderate and severe malnutrition (Hb<10 g/dL) also showed a significant decrease from 60.3% (51.2-68.9, 95% C.I) in 2010 to 37.6% (32.9-42.6, 95% C.I) in 2012 ($p<0.05$).

Figure 8 Prevalence of severe and moderate anaemia in children 6-59 months from 2010-2012

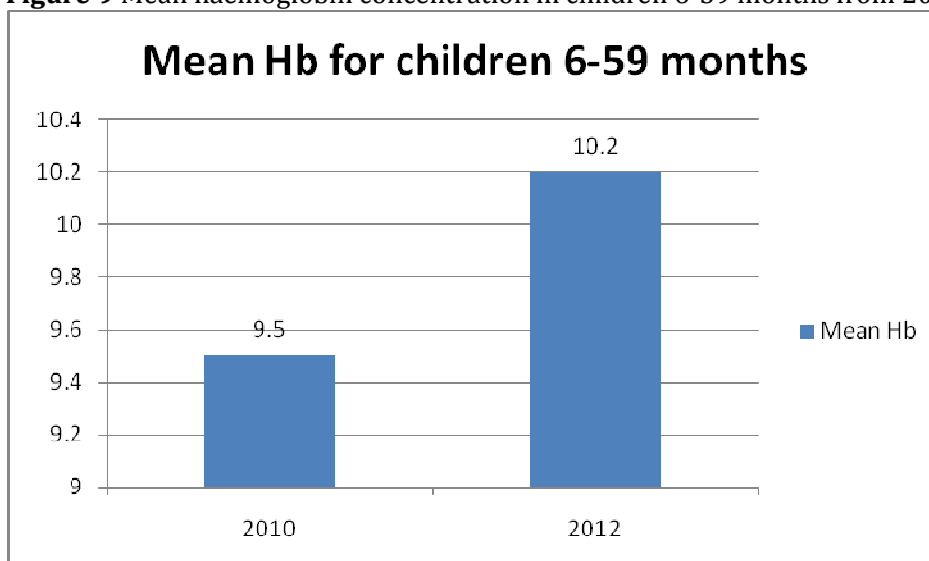


Anaemia was highest in the 6-23 months age group, which is the age group in which there is complementary feeding and in which there are often problems associated with a deficient diet, contributing to anaemia (Table 23).

Table 23 Prevalence of anaemia by age

Age (mths)	Total no.	Severe Anaemia (<7.0 g/dL)		Moderate Anaemia (7.0-9.9 g/dL)		Mild Anaemia (Hb 10.0-10.9 g/dL)		Total Anaemia (Hb<11.0 g/dL)		Normal (Hb≥11.0 g/dL)	
		No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)
6-23	152	4	2.6 (0.7-6.6)	77	50.7 (42.4-58.9)	48	31.6 (24.3-39.6)	129	84.9 (78.2-90.2)	23	15.1 (9.8-21.8)
24-35	80	1	1.3 (0.0-6.8)	29	36.3 (25.8-47.8)	25	31.3 (21.4-42.6)	55	68.8 (57.4-78.7)	25	31.3 (21.4-42.6)
36-59	164	2	1.2 (0.2-4.3)	36	22.0 (15.9-29.1)	50	30.5 (23.6-38.2)	88	53.7 (45.7-61.5)	76	46.3 (38.5-54.3)
Total	396	7	1.8 (0.8-3.8)	142	35.9 (31.2-40.8)	123	31.1 (26.6-35.9)	272	68.7 (63.8-73.2)	124	31.3 (26.8-36.2)

Figure 8 shows that there was a large increase in the mean haemoglobin concentration from 9.5 in 2010 to 10.2 in 2012.

Figure 9 Mean haemoglobin concentration in children 6-59 months from 2010-2012

3.2 Children 0-23 months

Table 24 shows the prevalence of Infant and Young Child Feeding (IYCF) Practices indicators. The rate of timely initiation of breastfeeding was quite high (85.8%, 80.2-90.3, 95% C.I), as was exclusive breastfeeding (66.0%, 50.7-79.1, 95% C.I). All children 12-15 months were still breastfeeding, whilst 78.6% (59.1-91.7, 95% C.I) of children 20-23 months were still breastfeeding. Only 43.2% (27.1-60.5, 95% C.I) of children 6-8 months had been introduced to solid foods.

Table 24 Prevalence of Infant and Young Child Feeding Practices Indicators

Indicator	Age range	Number/total	Prevalence (%)	95% CI
Timely initiation of breastfeeding	0-23 months	175/204	85.8	80.2-90.3
Exclusive breastfeeding under 6 months	0-5 months	31/47	66.0	50.7-79.1
Continued breastfeeding at 1 year	12-15 months	38/38	100	
Continued breastfeeding at 2 years	20-23 months	22/28	78.6	59.1-91.7
Introduction of solid, semi-solid or soft foods	6-8 months	16/37	43.2	27.1-60.5
Consumption of iron-rich or iron-fortified foods	6-23 months	18/164	11.0	6.6-16.8
Bottle feeding	0-23 months	12/212	5.7	3.0-9.7

Prevalence of intake

Infant formula

Table 25 Infant formula intake in children aged 0-23 months

	Number/total	% (95% CI)
Proportion of children aged 0-23 months who receive infant formula (fortified or non fortified)	15/211	7.1 (4.0-11.5)

3.3 Women 15-49 years

Analysis revealed that 8.9% of the sampled women of reproductive age (15-49 years) were pregnant, with a mean age of 27.5 (Table 26).

Table 26 Women physiological status and age

Physiological status	Number/total	% of sample
Pregnant	246/270	8.9
Non-pregnant	24/270	91.1
Mean age (range)	27.5 (Minimum 15, Maximum 48)	

As observed with children, the prevalence of anaemia for women (63.0%, 56.6-69.1, 95% C.I) was far beyond the public health significance threshold of 40%. The mean haemoglobin (Hb) for women was 11.2 (Table 27).

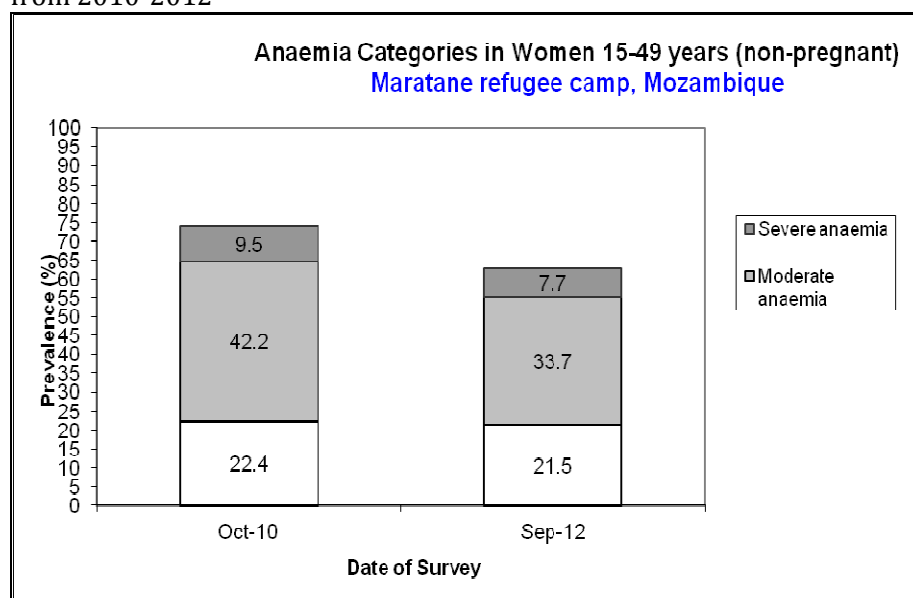
Table 27 Prevalence of anaemia and haemoglobin concentration in non-pregnant women of

reproductive age (15-49 years)

Anaemia in non-pregnant women of reproductive age (15-49 years)	All n = 246 (95% CI)
Total Anaemia (<12.0 g/dL)	(155) 63.0% (56.6-69.1)
Mild Anaemia (11.0-11.9 g/dL)	(53) 21.5% (16.6-27.2)
Moderate Anaemia (8.0-10.9 g/dL)	(83) 33.7% (27.9-40.0)
Severe Anaemia (<8.0 g/dL)	(19) 7.7% (4.7-11.8)
Mean Hb (g/dL)	11.2g/dL (SD 1.83) [5.7 min, 14.8 max]

Figure 10 indicates that a marked reduction in moderate anaemia from 2010 to 2012. The decrease in the total prevalence of anaemia was significant ($p < 0.05$).

Figure 10 Anaemia categories in non-pregnant women of reproductive age (15-49 years) from 2010-2012



Looking further at the combined prevalence of moderate and severe anaemia ($Hb < 11$ g/dL) shown in Figure 11, the decrease from 2010 to 2012 was not statistically significant ($p > 0.05$).

Figure 11 Prevalence of severe and moderate anaemia in women 15-49 years from 2010-2012

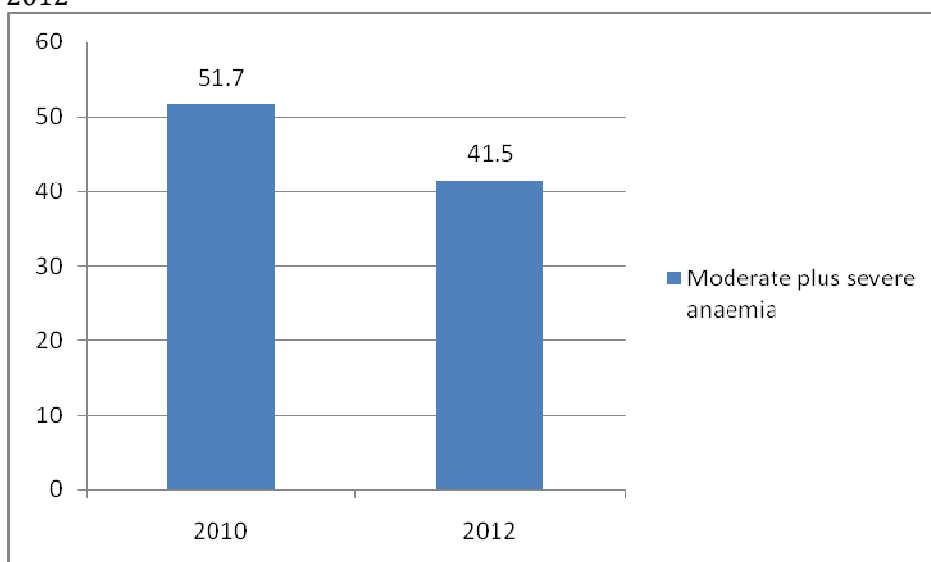
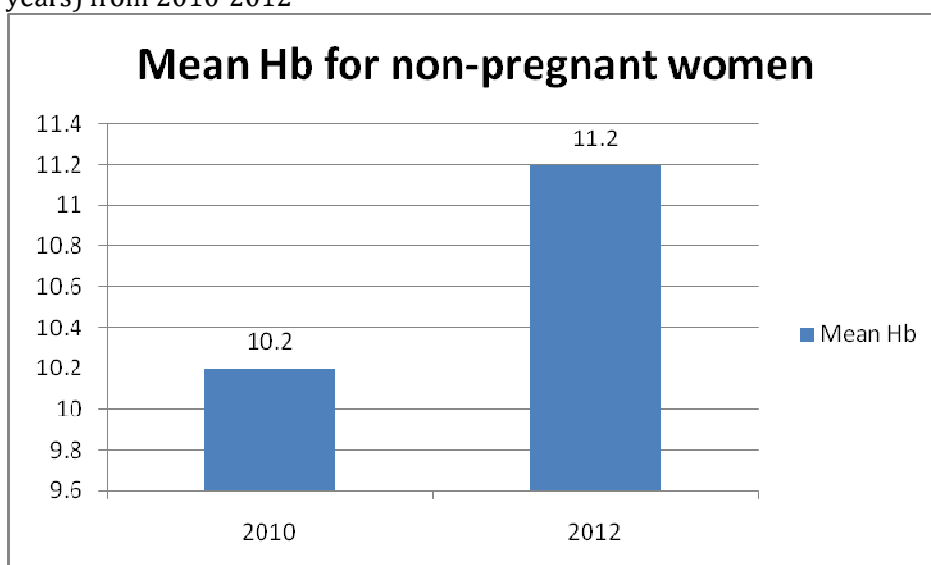


Figure 11 reveals an increase in the mean Hb concentration from 2010 to 2012.

Figure 11 Mean haemoglobin concentration in non-pregnant women of reproductive age (15-49 years) from 2010-2012



Of the pregnant women in the sample, only 37.5% (18.8-59.4, 95% C.I) were enrolled in the ANC programme, whilst only 29.2% (12.6-51.1, 95% C.I) were receiving iron-folic acid pills (Table 28). In interpreting this result, it is important to note that the sample size was very low (24) and the confidence interval very wide.

Table 28 ANC enrolment and iron-folic acid pills coverage among pregnant women (15-49 years)

	Number /total	% (95% CI)
Currently enrolled in ANC programme	9/24	37.5 (18.8-59.4)
Currently receiving iron-folic acid pills	7/24	29.2 (12.6-51.1)

3.4 Food security

Table 29 Target and actual number captured

Household data	Planned	Actual	% of target
Total households surveyed for Food Security	275	239	87%

Food distribution results

Table 30 Ration card coverage

	Number/total	% (95% CI)
Proportion of households with a ration card	236/237	99.6% (97.7-100.0)

Negative coping strategies results

Analysis of negative coping strategies (Table 31) revealed that the most common coping mechanism was reducing the quantity and/or frequency of meals, which is expected given that most households do not receive a full ration.

Table 31 Coping strategies used by the surveyed population over the past month

	Number/total	% (95% CI)
Proportion of households reporting using the following coping strategies over the past month:		
Borrowed cash, food or other items <i>without interest</i>	93/239	38.9 (32.7-45.4)
Borrowed cash, food or other items <i>with interest</i>	45/239	18.8 (14.1-24.4)
Sold any assets (furniture, seed stocks, tools, other NFI, livestock etc.)	61/239	25.5 (20.1-31.5)
Requested increase remittances or gifts as compared to normal	50/239	20.9 (15.9-26.6)
Reduced the quantity and/or frequency of meals	147/239	61.5 (55.0-67.7)
Begged	19/239	8.0 (4.9-12.1)
Engaged in potentially risky or harmful activities (list activities)	7/239	2.9 (1.2-5.9)
Sent at least one child to work outside the household in order get cash or in-kind goods or services	5/88	5.7 (1.9-12.8)
Proportion of households reporting using none of the coping strategies over the past month	12/239	5.0 (2.6-8.6)

Household dietary diversity results

The last general food distribution ended 7 days prior to the start of the survey data collection. The average Household Dietary Diversity Score (HDDS) was 4.2 (standard deviation 1.67).

Table 32 Average HDDS

Average HDDS	4.2 (SD 1.67)
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Figure 12 Proportion of households consuming different food groups within last 24 hours

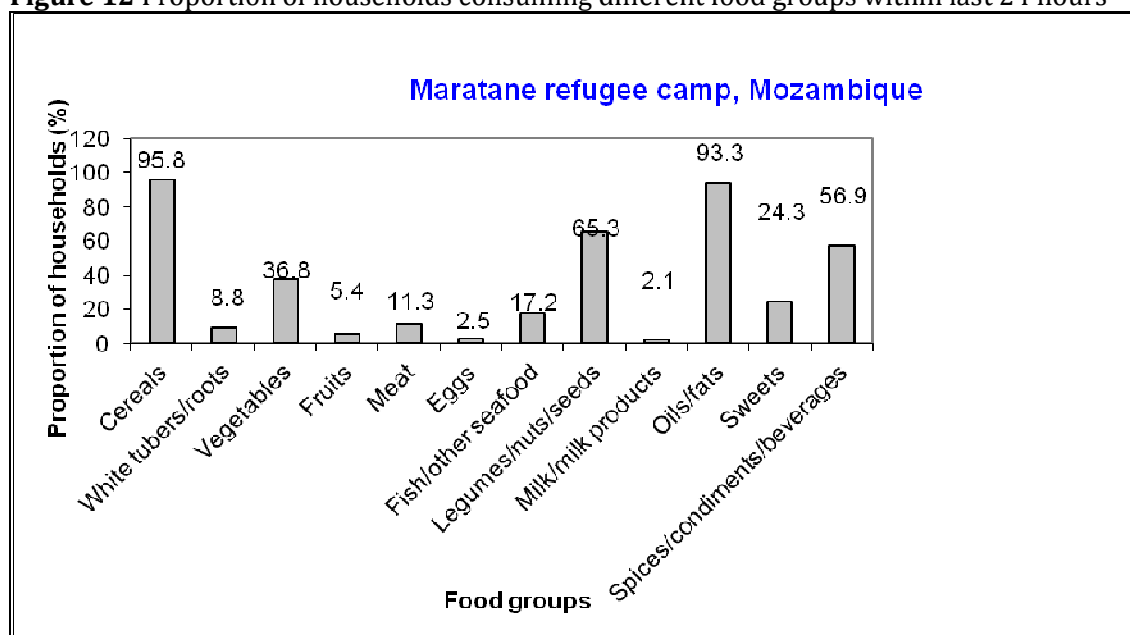


Table 33 Consumption of food aid commodities and micronutrient rich foods by households

	Number/total	% (95% CI)
Proportion of households where staples consumed are <i>only</i> from food aid ration (no other staples)	185/239	77.4 (71.6-82.6)
Proportion of households where the diet consists entirely of staples, pulses and oils/fat from food aid ration (no other food sources)	28/239	11.7 (7.9-16.5)
Proportion of households <i>not consuming any</i> vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products	117/239	49.0 (42.5-55.5)
Proportion of households consuming either a plant or animal source of vitamin A	81/239	33.9 (27.9-40.3)
Proportion of households consuming organ meat/flesh meat, or fish/seafood (food sources of haem iron)	62/239	25.9 (20.5-32.0)
Proportion of households consuming fortified blended foods	3/239	1.3 (0.3-3.6)

3.5 Food aid flow

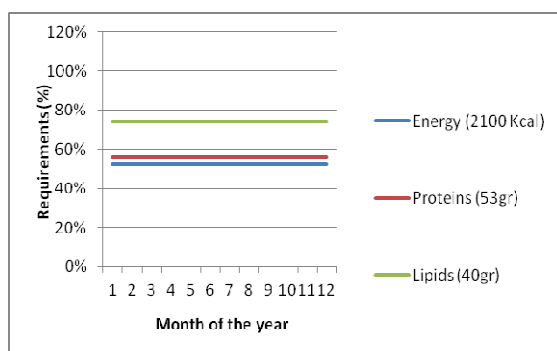
Households in the refugee camp who were on the “50%” ration were receiving 1,094kcal, whilst those on the “100%” ration were receiving 1,836kcal as shown in Table 34.

Table 34 Analysis of current food ration

Item	Standard recommendation	Provision by the ration (50%)	Provision by the ration (100%)
Energy	2,100 Kcal	1,094 Kcal	1, 836 Kcal
Lipids	40 g (17% of total energy)	29.7 g	37.4 g
Proteins	53 g (10% of total energy)	29.3 g	53.7 g
Iron	32 mg	8.8 mg	16.2 mg
Iodine	150 micro g	600 micro g	600 micro g
Calcium	115 mg	59 mg	115 mg
Vitamin A	500 micro g RAE	180 micro g RAE	180 micro g RAE
Vitamin C	28 mg	-	-

Figure 13a 50% ration

Trends in energy, protein and lipids provided in the general food ration during the last year (October 2011 – September 2012), as compared to minimum SPHERE standards

**Figure 13b** 100% ration

Trends in energy, protein and lipids provided in the general food ration during the last year (October 2011 – September 2012), as compared to minimum SPHERE standards

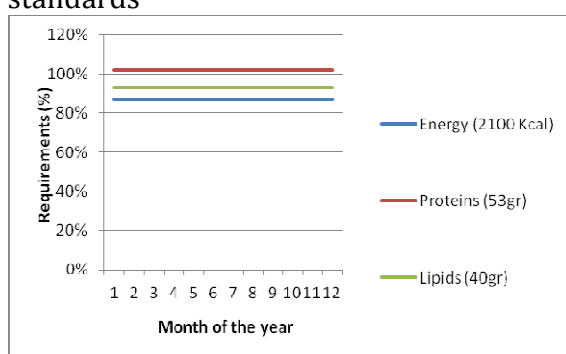


Figure 12a and 12b further showed the provision of energy, proteins and lipids in comparison with the recommended amounts. The 50% ration was below 100% for all the three macronutrients, whilst the 100% ration was only sufficient for proteins.

3.6 WASH

Table 35 WASH information

Household data	Planned	Actual	% of target
Total households surveyed for WASH	275	239	87%

All households in the sample reported using an improved drinking water source, whilst only 43.9% of households were storing water safely (Table 36).

Table 36 Water Quality

	Number/total	% (95% CI)
Proportion of households using an improved drinking water source	239/239	100
Proportion of households that use a covered or narrow necked container for storing their drinking water	105/239	43.9 (37.5-50.5)

Table 37 shows that the average amount of water used per person per day was 16.6 (standard deviation 11.8), with only 35.2% (29.1-41.6, 95% C.I) of households using more than 20 litres per person per day (UNHCR standard).

Table 37 Water Quantity 1: Amount of litres of water used per person per day

Proportion of households that use:	Number/total	% (95% CI)
≥ 20 lpppd	84/239	35.2 (29.1-41.6)
15 - <20 lpppd	33/239	13.8 (9.7-18.8)
<15 lpppd	122/239	51.1 (44.5-57.6)

Mean 16.6, SD 11.8

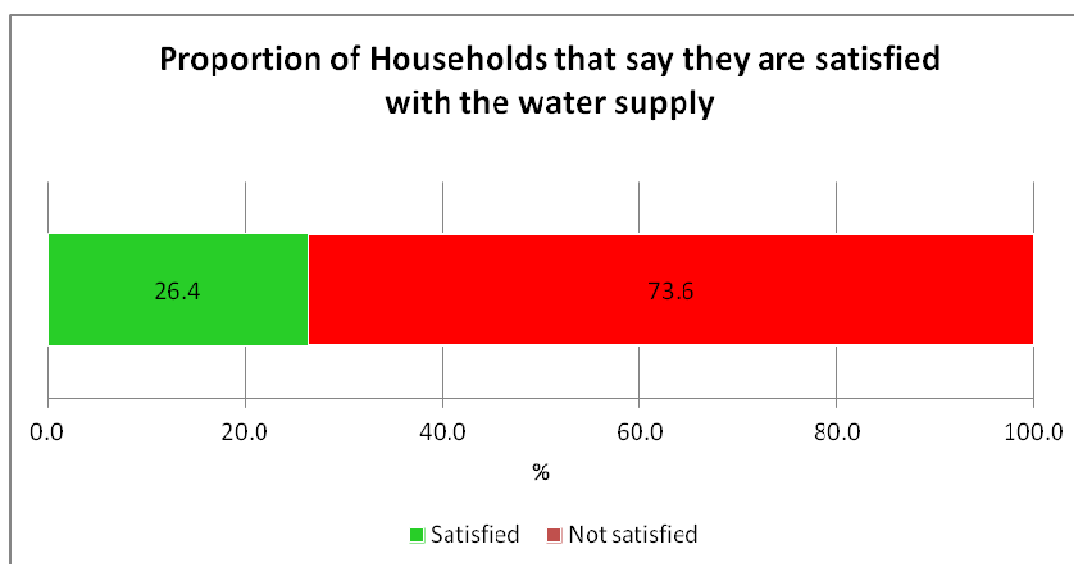
Of the sample, 57.7% (51.2-64.1, 95% C.I) of households reported taking less than 30 minutes to collect drinking water (Table 38).

Table 38 Water Quantity 2

	Number/total	% (95% CI)
Proportion of households that take less than 30 minutes to collect their main drinking water source	138/239	57.7 (51.2-64.1)

Only 26.4% (20.9-32.4, 95% C.I) of households were satisfied with their drinking water supply (Figure 14).

Figure 14 Proportion of households that say they are satisfied with the water supply

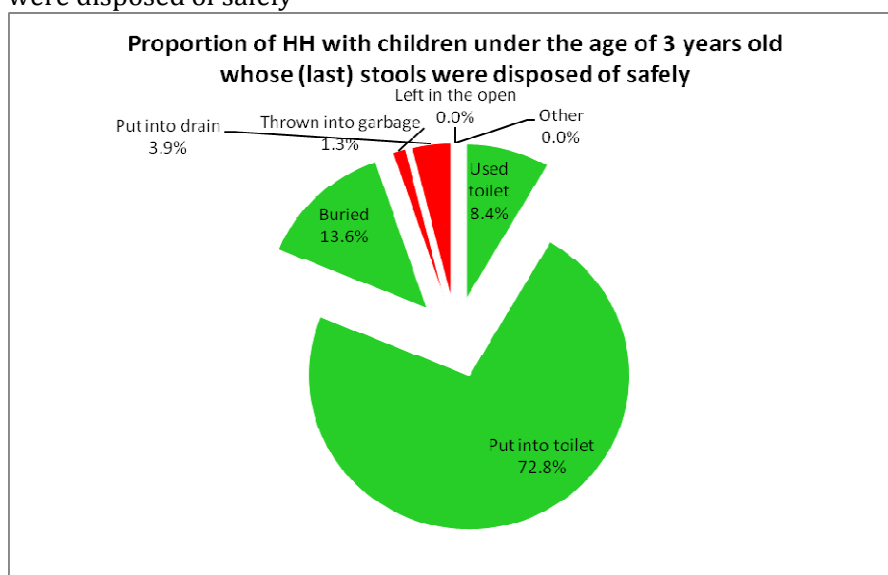


Less than half (47.3%, 40.8-53.8, 95% C.I) of households were using an improved excreta disposal facility, with 41.8% (35.5-48.4, 95% C.I) using unimproved toilets. Nearly all households were safely disposing of faeces of children (Table 39).

Table 39 Safe Excreta disposal

	Number/total	% (95% CI)
Proportion of households using an improved excreta disposal facility (improved toilet facility, not shared)	113/239	47.3 (40.8-53.8)
Proportion of households using a shared family toilet	20/239	8.4 (5.2-12.6)
Proportion of households using a communal toilet	6/239	2.5 (0.9-5.4)
Proportion of households using an unimproved toilet	100/239	41.8 (35.5-48.4)
The proportion of households with children under three years old that dispose of faeces safely.	146/155	94.2 (89.3-97.3)
Proportion of households with a household or shared family toilet in use	175/199	87.9 (82.6-92.1)

Figure 15 Proportion of households with children under the age of 3 years whose (last) stools were disposed of safely



3.7 Mosquito Net Coverage

Table 40 Mosquito net coverage information

Household data	Planned	Actual	% of target
Total households surveyed for mosquito net coverage	275	239	87%

Of the sampled households, 93.7% owned at least one mosquito net, whilst 66.5% owned at least one Long lasting insecticide treated net (LLIN).

Figure 16 Household ownership of at least one mosquito net

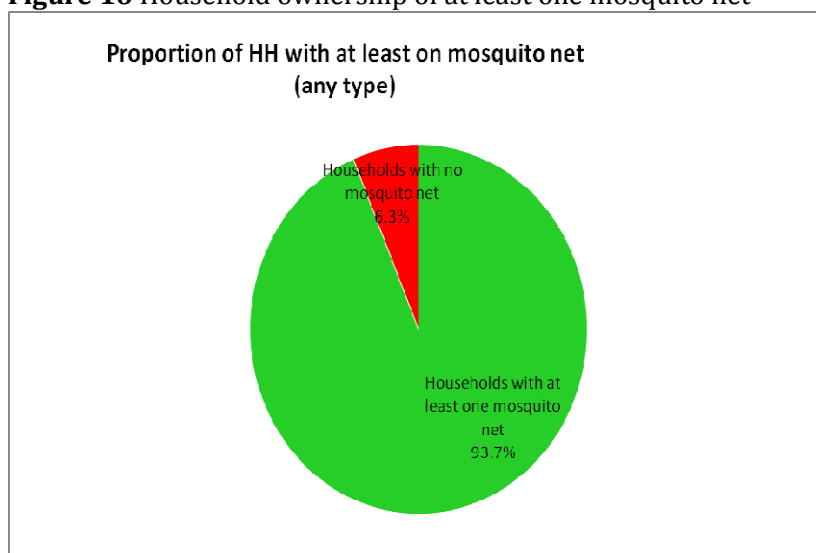
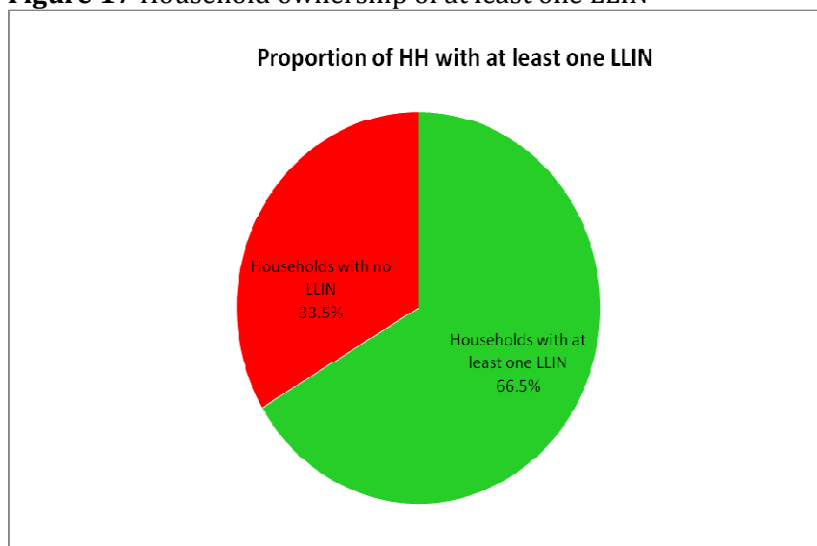


Figure 17 Household ownership of at least one LLIN



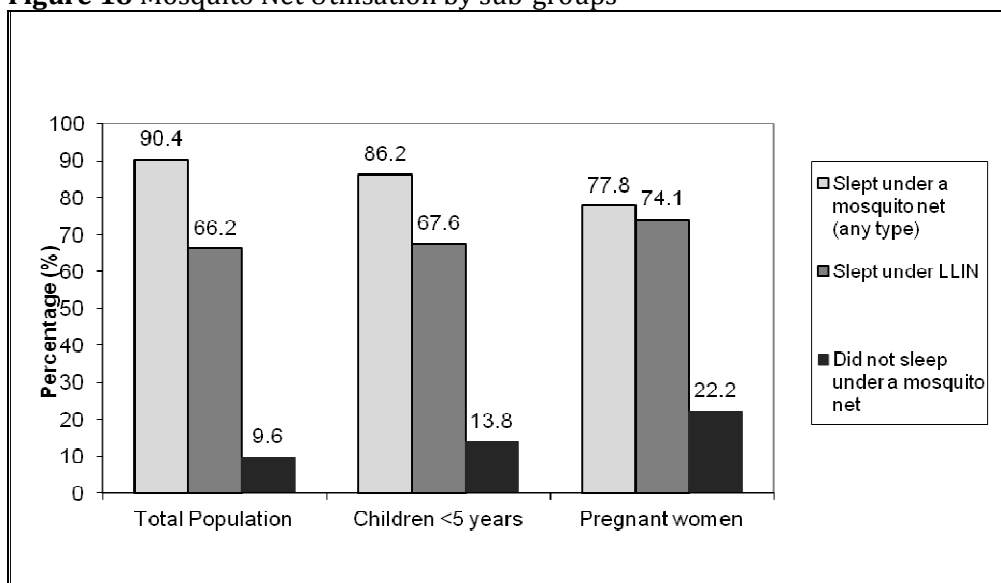
On average, each household had 2.1 LLINs, with an average of 2.8 persons per LLIN, which is higher than the recommended UNHCR target of no more than 2 persons per LLIN (Table 41).

Table 41 Number of nets

Average number of LLINs per household	Average number of persons per LLIN
2.1	2.8

Analysis of utilisation (Figure 17) revealed that 90% of people had slept under a mosquito net (66.2% LLIN), with proportions of 86.2% (67.6 LLIN) and 77.8% (74.1% LLIN), respectively, for children and pregnant women.

Figure 18 Mosquito Net Utilisation by sub-groups



3.8 LIMITATIONS

- **High absentee rate:** Due to the high mobility of refugees, there was a high number of absent households which had been sampled.
- **Demographic data:** The population figures provided by INAR overestimated the number of actual households as it was based on ration cards, resulting in the underestimation of household size (in comparison with previous surveys) and oversampling of children.
- **Case definition of diarrhoea:** The definition of diarrhoea during interviewing may have resulted in an overestimation of the prevalence of diarrhoea.

4. DISCUSSION

4.1 Nutritional status of young children

The low levels of acute malnutrition observed in previous surveys was again observed, with 1.4% (0.7-2.8, 95% C.I) GAM. There was no change in the situation from 2010. The 6-17 months age groups again showed the highest prevalence, a finding which is likely to be linked to the challenge in providing appropriate complementary feeding. Chronic malnutrition was satisfactory at 25.8% (22.2-29.8, 95% C.I).

4.2 Measles vaccination and vitamin A supplementation coverage

The coverage of Vitamin A supplementation (93.6, 91.0-95.4, 95% C.I) and measles vaccination (94.7, 92.2-96.4, 95% C.I) were generally high and above the targets of 90% and 95%, respectively.

4.3 Anaemia in young children and women

The prevalence of anaemia significantly decreased from 2010 to 2012 in both children and adult women. However, the levels of anaemia remained above the WHO “high” classification for public health significance. The prevalence of anaemia decreased from 78.6% (71.4-85.8, 95% C.I) to 68.7% (63.8-73.2, 95% C.I) for children and from 74.15 (66.1-82.1, 95% C.I) to 63.0% (56.6-69.1, 95% C.I)

4.4 IYCF indicators

The proportion of children introduced to breast milk within an hour of birth (timely initiation of breastfeeding) was 85.8% (80.2-90.3, 95% C.I), which is quite high. Two thirds (66.0%, 50.7-79.1, 95% C.I) of children had been exclusively breastfed, which is also relatively high in this context. However, well below half (43.2%, 27.1-60.5, 95% C.I) of children had been introduced to solids by 6-8 months, and consumption of iron-rich foods was very low (11.0%, 6.6-16.8, 95% C.I).

4.5 Food security

A high proportion of households reported having consumed cereals, oils/fats and legumes/nuts/seeds, mainly due to the inclusion of these items in the food ration. However, consumption of vegetables, fruits, meat, and white roots and tubers was very low.

For most households, the staple was only from the food aid ration. However, only 11.7% of households reported that their diet consisted of staples, pulses and oil/fats entirely from the food ration, showing the effect of the fact that most households were not receiving sufficient food from the ration. About half of households were not consuming any vegetables, fruits, meat, eggs, fish, seafood and milk/milk products, and only about a third had consumed a source of Vitamin A.

4.6 WASH

All households reported using an improved drinking water source, whilst only 47.3% (40.8-53.8, 95% C.I) were using an improved excreta disposal facility. There were only 35.2% (29.1-41.6, 95% C.I) who were using ≥ 20 lppd of water (UNHCR standard). Only 26.4% (20.9-32.4, 95% C.I) were satisfied with the drinking water source.

4.7 Mosquito net coverage

Nearly all households (93.7, 89.9-96.5, 95% C.I) owned at least one type of mosquito net, with 66.5% (60.2-72.5, 95% C.I) owning at least one LLIN. There were approximately 2.8 people per LLIN. 74.1% of pregnant women and 67.6% of children had slept under a mosquito net the previous night.

5. CONCLUSION

Maratane continues to be stable and well below emergency levels in terms of acute malnutrition, and satisfactory in terms of chronic malnutrition. However, anaemia remains unacceptably high amongst children and women and needs to be addressed.

6. RECOMMENDATIONS AND PRIORITIES

Immediate

1. Blanket provision of Micronutrient Powder (MNP) for children 6-59 months or 6-23 months, depending on resource availability, to address the high prevalence of anaemia among children.
2. Assess the level of anaemia in the population after 12 months.

Medium

3. Growing and consumption of iron-rich foods, such as green leafy vegetables and lentils must be encouraged through small scale nutrition gardening supported by agencies involved in food security.
4. Toilet facilities which are not improved should be upgraded, especially by ensuring that all latrines have slabs. Additional toilets to be built for households without toilets.
5. Health education to encourage health seeking behaviour, especially for anaemia prevention, and nutrition education on dietary diversity through health sessions during medical consultation, especially for antenatal care.

Longer term

6. Further investigate possible causes of anaemia in children and women by investigating trends in malaria and other infections.

7. References

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Appendix 1 List of individuals involved in survey

Survey Coordinator	Blessing Mureverwi
Technical team	Edna Omwega (UNHCR)
	Tomas Macovela (WFP)
Supervision team	Lucas Cebola
	Manuel Elias
	Karmen Raul
	Luisa Maria Ferreira
Enumeration team	Juliao Leonardo
	Edna Pastra
	Elisa Luis
	Enia Paulino
	Grito Pedro Guraque
	Ilson Jorge
	Geremias Leonardo
	Dulce Arajao
	Orlando Simao Alves
	Luisa Wilson
	Muathelene N'Cuiria
	Natalia Antonio Joaquim
	Nercia Algamasasa
	Salimo Pedro
	Sonia Mabula
	Stelio Traquino
	Terezinha John Geraldo
	Albertina Sacramento
Interpreters	John Songa
	Bucumi Charlotte
	Iragi Muniali
	Prosper Menge
	David
	Balondani Yala Mado Abedi
Data entry team	Geraldo John Geraldo
	Flavio Filipe Eugenio Dombo

Appendix 2 Plausibility Report

Standard/Reference used for z-score calculation: WHO standards 2006

(If it is not mentioned, flagged data is included in the evaluation. Some parts of this plausibility report are more for advanced users and can be skipped for a standard evaluation)

Overall data quality

Criteria	Flags*	Unit	Excel.	Good	Accept	Problematic	Score
Missing/Flagged data (% of in-range subjects)	Incl	%	0-2.5	>2.5-5.0	>5.0-10	>10	
			0	5	10	20	0 (1.7 %)
Overall Sex ratio (Significant chi square)	Incl	p	>0.1	>0.05	>0.001	<0.000	
			0	2	4	10	0 (p=0.408)
Overall Age distrib (Significant chi square)	Incl	p	>0.1	>0.05	>0.001	<0.000	
			0	2	4	10	4 (p=0.009)
Dig pref score - weight	Incl	#	0-5	5-10	10-20	> 20	
			0	2	4	10	2 (6)
Dig pref score - height	Incl	#	0-5	5-10	10-20	> 20	
			0	2	4	10	4 (16)
Standard Dev WHZ	Excl	SD	<1.1	<1.15	<1.20	>1.20	
			0	2	6	20	0 (0.99)
Skewness WHZ	Excl	#	<±1.0	<±2.0	<±3.0	>±3.0	
			0	1	3	5	0 (-0.02)
Kurtosis WHZ	Excl	#	<±1.0	<±2.0	<±3.0	>±3.0	
			0	1	3	5	0 (0.27)
Poisson dist WHZ-2	Excl	p	>0.05	>0.01	>0.001	<0.000	
			0	1	3	5	0 (p=)
Timing	Excl	Not determined yet					
			0	1	3	5	
OVERALL SCORE WHZ =			0-5	5-10	10-15	>15	10 %

At the moment the overall score of this survey is 10 %, this is good.

Appendix 3 Evaluation of Enumerators

Weight:

	Precision: Sum of Square [W2-W1]	Accuracy: Sum of Square [Superv.(W1+W2)- Enum.(W1+W2)]	No. +/- Precision	No. +/- Accuracy
Supervisor	0.04		3/1	
Enumerator 1	0.04 OK	0.20 POOR	3/1	1/3
Enumerator 2	0.13 POOR	0.27 POOR	4/1	1/5
Enumerator 3	0.02 OK	0.16 POOR	2/0	1/6

Height:

	Precision: Sum of Square [H2-H1]	Accuracy: Sum of Square [Superv.(H1+H2)- Enum.(H1+H2)]	No. +/- Precision	No. +/- Accuracy
Supervisor	81.02		6/3	
Enumerator 1	6.85 OK	108.21 OK	6/3	1/8
Enumerator 2	6.73 OK	73.65 OK	4/4	1/8
Enumerator 3	3.25 OK	52.81 OK	0/2	2/7

MUAC:

	Precision: Sum of Square [MUAC2-MUAC1]	Accuracy: Sum of Square [Superv.(MUAC1+MUAC2)- Enum.(MUAC1+MUAC2)]	No. +/- Precision	No. +/- Accuracy
Supervisor	60.00		4/3	
Enumerator 1	315.00 POOR	497.00 POOR	6/1	3/6
Enumerator 2	52.00 OK	414.00 POOR	5/3	2/7
Enumerator 3	38.00 OK	234.00 POOR	1/2	3/5

*Following the test, teams with poor scores were changed. The measurer and assistants were replaced or re-assigned.

Appendix 4 Result Tables for NCHS growth reference 1977

Table 3.2: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by sex

	All n = 521	Boys n = 249	Girls n = 272
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(12) 2.3 % (1.3 - 4.0 95% C.I.)	(7) 2.8 % (1.4 - 5.7 95% C.I.)	(5) 1.8 % (0.8 - 4.2 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(12) 2.3 % (1.3 - 4.0 95% C.I.)	(7) 2.8 % (1.4 - 5.7 95% C.I.)	(5) 1.8 % (0.8 - 4.2 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(0) 0.0 % (0.0 - 0.7 95% C.I.)	(0) 0.0 % (0.0 - 1.5 95% C.I.)	(0) 0.0 % (0.0 - 1.4 95% C.I.)

The prevalence of oedema is 0.0 %

Table 3.3: Prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or oedema

Age (mo)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (≥ -3 and <-2 z-score)		Normal (≥ -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	128	0	0.0	5	3.9	123	96.1	0	0.0
18-29	126	0	0.0	3	2.4	123	97.6	0	0.0
30-41	113	0	0.0	2	1.8	111	98.2	0	0.0
42-53	123	0	0.0	2	1.6	121	98.4	0	0.0
54-59	31	0	0.0	0	0.0	31	100.0	0	0.0
Total	521	0	0.0	12	2.3	509	97.7	0	0.0

Table 3.4: Distribution of acute malnutrition and oedema based on weight-for-height z-scores

	<-3 z-score	≥-3 z-score
Oedema present	Marasmic kwashiorkor No. 0 (0.0 %)	Kwashiorkor No. 0 (0.0 %)
Oedema absent	Marasmic No. 0 (0.0 %)	Not severely malnourished No. 521 (100.0 %)

Table 3.5: Prevalence of acute malnutrition based on MUAC cut off's (and/or oedema) and by sex

	All n = 527	Boys n = 254	Girls n = 273
Prevalence of global malnutrition (< 125 mm and/or oedema)	(6) 1.1 % (0.5 - 2.5 95% C.I.)	(3) 1.2 % (0.4 - 3.4 95% C.I.)	(3) 1.1 % (0.4 - 3.2 95% C.I.)
Prevalence of moderate malnutrition (< 125 mm and ≥ 115 mm, no oedema)	(5) 0.9 % (0.4 - 2.2 95% C.I.)	(3) 1.2 % (0.4 - 3.4 95% C.I.)	(2) 0.7 % (0.2 - 2.6 95% C.I.)
Prevalence of severe malnutrition (< 115 mm and/or oedema)	(1) 0.2 % (0.0 - 1.1 95% C.I.)	(0) 0.0 % (0.0 - 1.5 95% C.I.)	(1) 0.4 % (0.1 - 2.0 95% C.I.)

Table 3.6: Prevalence of acute malnutrition by age, based on MUAC cut off's and/or oedema

Age (mo)	Total no.	Severe wasting (< 115 mm)		Moderate wasting (>= 115 mm and < 125 mm)		Normal (> = 125 mm)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	128	0	0.0	5	3.9	123	96.1	0	0.0
18-29	131	0	0.0	0	0.0	131	100.0	0	0.0
30-41	114	0	0.0	0	0.0	114	100.0	0	0.0
42-53	123	0	0.0	0	0.0	123	100.0	0	0.0
54-59	31	1	3.2	0	0.0	30	96.8	0	0.0
Total	527	1	0.2	5	0.9	521	98.9	0	0.0

Table 3.5: Prevalence of acute malnutrition based on the percentage of the median and/or oedema

	n = 521
Prevalence of global acute malnutrition (<80% and/or oedema)	(5) 1.0 % (0.4 - 2.2 95% C.I.)
Prevalence of moderate acute malnutrition (<80% and >= 70%, no oedema)	(5) 1.0 % (0.4 - 2.2 95% C.I.)
Prevalence of severe acute malnutrition (<70% and/or oedema)	(0) 0.0 % (0.0 - 0.7 95% C.I.)

Table 3.6: Prevalence of malnutrition by age, based on weight-for-height percentage of the median and oedema

Age (mo)	Total no.	Severe wasting (<70% median)		Moderate wasting (>=70% and <80% median)		Normal (> =80% median)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	128	0	0.0	2	1.6	126	98.4	0	0.0
18-29	126	0	0.0	0	0.0	126	100.0	0	0.0
30-41	113	0	0.0	1	0.9	112	99.1	0	0.0
42-53	123	0	0.0	2	1.6	121	98.4	0	0.0
54-59	31	0	0.0	0	0.0	31	100.0	0	0.0
Total	521	0	0.0	5	1.0	516	99.0	0	0.0

Table 3.7: Prevalence of underweight based on weight-for-age z-scores by sex

	All n = 523	Boys n = 250	Girls n = 273
Prevalence of underweight	(38) 7.3 %	(23) 9.2 %	(15) 5.5 %

(<-2 z-score)	(5.3 - 9.8 95% C.I.)	(6.2 - 13.4 95% C.I.)	(3.4 - 8.9 95% C.I.)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)	(32) 6.1 % (4.4 - 8.5 95% C.I.)	(19) 7.6 % (4.9 - 11.6 95% C.I.)	(13) 4.8 % (2.8 - 8.0 95% C.I.)
Prevalence of severe underweight (<-3 z-score)	(6) 1.1 % (0.5 - 2.5 95% C.I.)	(4) 1.6 % (0.6 - 4.0 95% C.I.)	(2) 0.7 % (0.2 - 2.6 95% C.I.)

Table 3.8: Prevalence of underweight by age, based on weight-for-age z-scores

Age (mo)	Total no.	Severe underweight (<-3 z-score)		Moderate underweight (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	128	2	1.6	16	12.5	110	85.9	0	0.0
18-29	130	2	1.5	5	3.8	123	94.6	0	0.0
30-41	112	1	0.9	5	4.5	106	94.6	0	0.0
42-53	122	1	0.8	6	4.9	115	94.3	0	0.0
54-59	31	0	0.0	0	0.0	31	100.0	0	0.0
Total	523	6	1.1	32	6.1	485	92.7	0	0.0

Table 3.9: Prevalence of stunting based on height-for-age z-scores and by sex

	All n = 510	Boys n = 243	Girls n = 267
Prevalence of stunting (<-2 z-score)	(101) 19.8 % (16.6 - 23.5 95% C.I.)	(48) 19.8 % (15.2 - 25.2 95% C.I.)	(53) 19.9 % (15.5 - 25.0 95% C.I.)
Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)	(82) 16.1 % (13.1 - 19.5 95% C.I.)	(41) 16.9 % (12.7 - 22.1 95% C.I.)	(41) 15.4 % (11.5 - 20.2 95% C.I.)
Prevalence of severe stunting (<-3 z-score)	(19) 3.7 % (2.4 - 5.7 95% C.I.)	(7) 2.9 % (1.4 - 5.8 95% C.I.)	(12) 4.5 % (2.6 - 7.7 95% C.I.)

Table 3.10: Prevalence of stunting by age based on height-for-age z-scores

Age (mo)	Total no.	Severe stunting (<-3 z-score)		Moderate stunting (>= -3 and <-2 z-score)		Normal (> = -2 z score)	
		No.	%	No.	%	No.	%
6-17	123	4	3.3	16	13.0	103	83.7
18-29	124	4	3.2	21	16.9	99	79.8
30-41	110	4	3.6	17	15.5	89	80.9
42-53	122	4	3.3	25	20.5	93	76.2

54-59	31	3	9.7	3	9.7	25	80.6
Total	510	19	3.7	82	16.1	409	80.2

Table 3.11: Mean z-scores, Design Effects and excluded subjects

Indicator	n	Mean z-scores \pm SD	Design Effect (z-score < -2)	z-scores not available*	z-scores out of range
Weight-for-Height	521	0.02 \pm 0.94	1.00	0	6
Weight-for-Age	523	-0.66 \pm 0.98	1.00	0	4
Height-for-Age	510	-1.06 \pm 1.08	1.00	0	17

* contains for WHZ and WAZ the children with edema.

Appendix 5 Questionnaires

UNHCR Standardised Expanded Nutrition Survey (SENS) Questionnaire English version

Hello, my name is _____ and I work with *UNHCR*. We would like to invite your household to participate in a survey that is looking at the nutrition and health status of people living in this camp.

- Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time for any reason. If you stop being in this survey, it will not have any negative effects on how you or your household is treated or what aid you receive.
- If you agree to participate, I will ask you some questions about your family and I will also measure the weight and height of all the children in the household who are older than 6 months and younger than 5 years. In addition to these assessments, I will test a small amount of blood from the finger of the children and women to see if they have anaemia.
- Before we start to ask you any questions or take any measurements, we will ask you to state your consent on this form. Be assured that any information that you will provide will be kept strictly confidential.
- You can ask me any questions that you have about this survey before you decide to participate or not.
- If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

Zone:_____ **Consent :** yes / no / absent

[illegible]

No	QUESTION	ANSWER CODES	
SECTION FS1			
FS1	Does your household have a ration card?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> IF ANSWER IS 1 GO TO FS3 </div>
FS2	Why do you not have a ration card?	Not given one at registration 1 Lost card..... 2 Traded card..... 3 Not registered but eligible 4 Not eligible (not in targeting criteria) 5 Other 6	<div> <div> <div></div> <div></div> </div> GO TO FS4 </div>
FS3	How many days did the food from the August ration last?	INSERT DAYS	<div> <div> <div></div> <div></div> </div> <div></div> </div>
FS4	In the last month, have you or anyone in your household borrowed cash, food or other items without interest?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS5	In the last month, have you or anyone in your household borrowed cash, food or other items with interest?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS6	In the last month, have you or anyone in your household sold any assets (furniture, seed stocks, tools, other NFI, livestock etc.)?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS7	In the last month, have you or anyone in your household requested increased remittances or gifts as compared to normal?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS8	In the last month, have you or anyone in your household reduced the quantity and/or frequency of meals?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS9	In the last month, have you or anyone in your household begged?	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS10	In the last month, have you or anyone in your household engaged in potentially risky or harmful activities such as: [Crime, violence, prostitution, theft, sexual violence, selling drugs]	Yes 1 No 2	<div> <div> <div></div> <div></div> </div> </div>
FS11	Do you have one or more children 14 years of age or	Yes 1	

	younger currently living in the household?	No2	<input type="checkbox"/> IF ANSWER IS 2 GO TO SECTION FS2
FS12	In the last month, have you or anyone in your household sent your child or children of 14 years of age or younger to work outside the household in order to get cash or in-kind goods or services?	Yes1 No2	<input type="checkbox"/>
SECTION FS2			
FS13	<p>Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. I am interested in whether you or anyone else in your household had the item even if it was combined with other foods.</p> <p>READ THE LIST OF FOODS AND DO NOT PROBE. PLACE A <i>ONE</i> IN THE BOX IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION, PLACE A <i>ZERO</i> IN THE BOX IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.</p>		
	<p>1A. Any maize or rice (food aid aid)</p> <p>1B. Any rice, maize. Wheat, sorghum, millet, bread, noodles (non food aid)</p> <p>2. Plantains, white potatoes, white yam, cassava</p> <p>3A. Any carrot, pumpkin, squash, or sweet potato, red pepper</p> <p>3B. Any dark green leafy vegetables, amaranth/<i>nyewe</i>, , cassava leaves, spinach, <i>couve</i></p> <p>3C. Any other vegetables: cabbage, green pepper, tomato, onion)</p> <p>4A. Any mango (ripe, fresh and dried), water melon (ripe), apricot (fresh or dried), ripe papaya, passion fruit (ripe), dried peach, and 100% fruit juice made from these</p> <p>4B. Any other fruits such as oranges, apple, avocados, banana, coconut flesh, lemon , including wild fruits and 100% fruit juice made from these</p> <p>5A. Any liver, kidney, heart or other organ meats or blood-based foods</p> <p>5B. Any beef, goat, lamb, mutton, pork, rabbit or other large wild (bush meat) or domesticated mammals chicken, duck, or other wild or domesticated birds cane rat, guinea pig, rat, agouti or other small wild (bush meat) or domesticated mammals frogs, snakes, and other reptiles insects</p> <p>6. Any eggs from chicken, duck, guinea fowl or any other egg</p> <p>7. Any fresh or dried fish, canned fish (anchovies, tuna, sardines), or shellfish</p>	<p>1A.....<input type="checkbox"/></p> <p>1B.....<input type="checkbox"/></p> <p>2.....<input type="checkbox"/></p> <p>3A.....<input type="checkbox"/></p> <p>3B.....<input type="checkbox"/></p> <p>3C.....<input type="checkbox"/></p> <p>4A.....<input type="checkbox"/></p> <p>4B.....<input type="checkbox"/></p> <p>5A.....<input type="checkbox"/></p> <p>5B.....<input type="checkbox"/></p> <p>6.....<input type="checkbox"/></p> <p>7.....<input type="checkbox"/></p>	

	8A. Any dried beans, pigeon peas	8A..... _	
	8B Any beans, dried peas, lentils, peanuts, other nuts, seeds or foods made from these (eg. peanut butter)	8B..... _	
	9 Any milk, infant formula, cheese, yogurt or other milk products	9..... _	
	10A. Vegetable oil	10A..... _	
	10B. Any oil, fats, ghee or butter added to food or used for cooking	10B..... _	
	11. Any sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies, sweet biscuits and cakes	11..... _	
	12. Any spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages	12..... _	
FS14	Have you or anyone else in your household eaten CSB or any food made from these yesterday during the day and at night?	Yes.....1 No.....2 DK.....8	_

WASH: 1 questionnaire per household (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MAIN CARETAKER OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD)

Zone: _____ **Consent :** yes / no / absent

Date of interview (dd/mm/yyyy)	
_ _ _ / _ _ _ / _ _ _ _ _ _	
Team Number	HH Number
_ _	_ _ _ _ _ _

No	QUESTION	ANSWER CODES	
SECTION WS1			
WS1	How many people live in this household?	_ _ _	
WS2	What is the <i>main</i> source of drinking water for members of your household? DO NOT READ THE ANSWERS SELECT ONE ONLY	Piped water01 Public tap/standpipe02 Tubewell/borehole (& pump)03 Protected dug well.....04 Protected spring05 Rain water collection.....06 UNHCR Tanker07 Unprotected spring08 Unprotected dug well09 Small water vendor10 Tanker truck.....11 Bottled water.....12 Surface water (e.g. river, pond)13 Other.....96 Don't know98	_ _ _
WS3	How long does it usually take you to go to your main water source, get water, and come back? THIS RELATES TO DRINKING WATER	RECORD THE NUMBER OF MINUTES IF KNOWN (RECORD 000 IF ON PREMISE AND 998 IF UNKNOWN) SUPERVISOR TO SELECT ONE ONLY On premises1 Less than 30 minutes2 More than 30 minutes.....3 Don't know8	_ _ _ Minutes
WS4	Are you satisfied with the water supply? THIS RELATES TO THE DRINKING WATER SUPPLY	Yes1 No.....2 Other.....6	_ _
WS5	What kind of toilet facility does this household use? _____ DO NOT READ THE ANSWERS SELECT ONE ONLY	Flush to piped sewer system01 Flush to septic system.....02 Pour-flush to pit03 VIP/simple pit latrine with floor/slab04 Composting/dry latrine.....05 Flush or pour-flush elsewhere.....06 Pit latrine without floor/slab07 Service or bucket latrine08 Hanging toilet/latrine09	_ _ _ IF ANSWER IS 10 GO TO WS7

		No facility, field, bush, plastic bag .. 10		
WS6	How many <i>households</i> share this toilet?	RECORD NUMBER OF HOUSEHOLDS IF KNOWN (RECORD 96 IF PUBLIC TOILET OR 98 IF UNKNOWN)	<input type="text"/> <input type="text"/> Households	
		SUPERVISOR SELECT ONE ONLY Not shared (1 HH)1 Shared family (2 HH).....2 Communal toilet (3 HH or more)3 Public toilet (in market or clinic etc.)4 Don't know8	<input type="text"/>	
WS7	Do you have children under three years old?	Yes1 No.....2	<input type="text"/> IF ANSWER IS 2 GO TO WS9	
WS8	The last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?	Child used toilet/latrine01 Put/rinsed into toilet or latrine02 Buried03 Thrown into garbage04 Put/rinsed into drain or ditch05 Left in the open06 Other (specify)96 Don't know98	<input type="text"/> <input type="text"/>	
	DO NOT READ THE ANSWERS CHECK ONE ONLY			
SECTION WS2				
Observation Based Questions (<i>done after the initial questions to ensure the flow of the interview is not broken</i>)				
No	OBSERVATION / QUESTION	ANSWER		
WS9	CALCULATE THE TOTAL AMOUNT OF WATER USED BY THE HOUSEHOLD PER DAY THIS RELATES TO ALL SOURCES OF WATER (DRINKING WATER AND NON-DRINKING WATER SOURCES)	Please show me the containers you used yesterday for collecting water ASSIGN A NUMBER TO EACH CONTAINER	Capacity in litres Number of journeys made with each container Total litres SUPERVISOR TO COMPLETE HAND CACULATION	
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
		Total litres used by household		

WS10	Please show me where you store your drinking water. ARE THE DRINKING WATER CONTAINERS COVERED OR NARROW NECKED?	All are 1 Some are..... 2 None are 3	<input type="text"/>
WS11	Please show me the toilet facility that is usually used by family members.	ONLY ANSWER THIS FOR TOILETS USED BY 1 OR 2 HH (SEE WS6). IF TOILETS USED BY 3 HH OR MORE, SKIP TO NEXT MODULE AND LEAVE BLANK Toilet in use 1 Toilet not in use 2 Not observed..... 3	<input type="text"/>

MOSQUITO NET COVERAGE: 1 questionnaire per household (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE HEAD OF THE HOUSEHOLD OR, IF THEY ARE ABSENT, ANOTHER ADULT MEMBER OF THE HOUSEHOLD.

Zone: _____ **Consent :** yes / no / absent

Date of interview (dd/mm/yyyy)	
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
Team Number	HH Number
<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div>

No	QUESTION	ANSWER CODES			
SECTION TN1					
TN1	How many people live in this household and slept here last night? INSERT NUMBER				<div> <div></div> <div></div> </div>
TN2	How many children 0-59 months live in this household and slept here last night? INSERT NUMBER				<div> <div></div> <div></div> </div>
TN3	How many pregnant women live in this household and slept here last night? INSERT NUMBER				<div> <div></div> <div></div> </div>
TN4	When did you last receive mosquito nets?	This month..... 1 Last month..... 2 In past 3 months..... 3 More than 6 months ago..... 4 Don't know..... 8			<div> <div></div> </div>
TN5	Do you currently have mosquito nets in this household that can be used while sleeping?	Yes 1 No 2			<div> <div></div> </div> IF ANSWER IS 2 STOP NOW
TN6	How many of these mosquito nets that can be used while sleeping does your household have? INSERT NUMBER	IF 4 NETS OR MORE, ENTER THE NUMBER AND USE ADDITIONAL NET QUESTIONNAIRE SHEETS ENTERING THE NUMBER OF THE NETS SEQUENTIALLY AT THE TOP			<div> <div></div> </div> Nets
TN7	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HH. IF NETS ARE NOT OBSERVED → CORRECT TN6 ANSWER	NET # _ _	NET # _ _	NET # _ _	NET # _ _
TN8	OBSERVE NET AND RECORD THE BRANDNAME OF NET ON THE TAG. IF NO TAG EXISTS OR IS UNREADABLE RECORD 'DK' FOR DON'T KNOW.				
TN9	For supervisor only (not to be done during interview): WHAT TYPE OF NET IS THIS? BASED ON THE TAG INDICATE IF THIS IS A LLIN OR OTHER TYPE OF NET OR DON'T KNOW.	1=LLIN 2=Other/DK <div> <div></div> </div>	1=LLIN 2=Other/DK <div> <div></div> </div>	1=LLIN 2=Other/DK <div> <div></div> </div>	1=LLIN 2=Other/DK <div> <div></div> </div>
TN10	For supervisor only (not to be done during interview): RECORD THE TOTAL NUMBER OF LLINs IN HH BY COUNTING THE NUMBER OF '1' IN TN9.				<div> <div></div> </div> LLINs

SECTION TN2											
Line no	Household members	Sex	Age	Pregnancy status	Slept under net	Which net	Type of net				
#	COL1	COL2	COL3	COL4	COL5	COL6	COL7				
	Please give me the names of the HH members who live here and who slept in your house last night	Sex m/f	Age years	FOR WOMEN ≥ 15 years, ASK: Is (NAME) currently pregnant? (CIRCLE not applicable '99' if female < 15 or male) Yes No/DK N/A	Did (NAME) sleep under a net last night? Yes No/DK	ASK THE RESPONDENT TO PHYSICALLY IDENTIFY WHICH OF THE OBSERVED NETS THEY SLEPT UNDER. CIRCLE THE NUMBER CORRESPONDING TO THE NET THEY USED. net#1 net#2 net#3 net#4	For supervisor only: BASED ON THE OBSERVED NET BRANDNAME RECORDED (TN8) INDICATE IF IT IS AN LLIN OR OTHER OR UNKNOWN (DK) LLIN OTHER/DK				
01		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
02		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
03		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
04		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
05		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
06		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
07		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
08		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
09		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
10		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
11		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
12		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
13		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
14		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				
15		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2				

Mosquito net summary (for supervisor only, not to be done during interview)						
	Total HH members		Total <5		Total Pregnant	
Slept under a net of any type	Count the number of '1' in COL5	TN11 _ _	For children < 5 (COL3 is '<5'), count the number of '1' in COL5	TN13 _ _	For pregnant women (COL4 is '1'), count the number of '1' in COL5	TN15 _ _
Slept under an LLIN	Count the number of '1' in COL7	TN12 _ _	For children <5 (COL3 is '<5'), count the number of '1' in COL7	TN14 _ _	For pregnant women (COL4 is '1'), count the number of '1' in COL7	TN16 _ _

WOMEN ANAEMIA: 1 questionnaire per cluster / zones / sections (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL WOMEN AGED BETWEEN 15 AND 49 YEARS IN THE SELECTED HOUSEHOLD)

Zone: _____

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _ _ _				HH No _ _ _ _		Team number _	
WM1	WM2	WM3	WM4	WM5	WM6	WM7	WM8
ID	HH	Consent given 1=yes 2=no 3=absent	Age (years)	Are you pregnant? 1=yes 2=no (GO TO WM8) 8=DK (GO TO WM8)	Are you currently enrolled in the ANC programme? 1=yes 2=no 8=DK	Are you currently receiving iron-folate pills (<i>SHOW PILL</i>)? 1=yes (STOP NOW) 2=no (STOP NOW) 8=DK (STOP NOW)	Hb (g/L or g/dL)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
...							

CHILDREN 6-59 MONTHS ANTHROPOMETRY, HEALTH AND ANAEMIA: 1 questionnaire per cluster / zones / sections (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL CARETAKERS OF A CHILD THAT LIVES WITH THEM AND IS BETWEEN 6 AND 59 MONTHS OF AGE)

Zone: _____

Date of interview (dd/mm/yyyy): _ _ / _ _ / _ _						Team number _ _					HH No _ _ _ _ _		
CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH12	CH13	CH14	CH15
ID	HH	Consent given 1=yes 2=no 3=absent	Sex (m/f)	Birthdate* dd/mm/yyyy	Age** (months)	Weight (kg) ±100g	Height (cm) ±0.1cm	Oedema (y/n)	MUAC (mm)	Measles 1=yes card 2=yes recall 3=no or don't know	Vit. A in past 6 months (SHOW CAPSULE) 1=yes card 2=yes recall 3=no or don't know	Diarrhoea in past 2 weeks 1=yes 2=no 8=DK	Hb (g/L or g/dL)
01				/ /									
02				/ /									
03				/ /									
04				/ /									
05				/ /									
06				/ /									
07				/ /									
08				/ /									
09				/ /									
10				/ /									
11				/ /									
...				/ /									

*The exact birth date should only be taken from an age documentation showing day, month and year of birth. It is only recorded if an official age documentation is available; if the mother recalls the exact date, this is not considered to be reliable enough. **Leave blank if no official age documentation is available.**

**If no age documentation is available, estimate age using local event calendar. If an official age documentation is available, record the age in months from the date of birth.

IYCF: 1 questionnaire per child 0-23 months (THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO THE MOTHER OR THE MAIN CAREGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE)

Zone: _____ **Consent :** yes / no / absent

Date of interview (dd/mm/yyyy)	HH No
____/____/____	____
Team Number	ID Number
____	____

No	QUESTION	ANSWER CODES	
SECTION IF1			
IF1	Sex	Male 1 Female..... 2	____
IF2	Birthdate RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION	Day/Month/Year.....____/____/____	
IF3	Child's age in months	IF AGE DOCUMENTATION NOT AVAILABLE, ESTIMATE USING EVENT CALENDAR. IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH	____
IF4	Has [NAME] ever been breastfed?	Yes 1 No 2 DK 8	____ IF ANSWER IS 2 or 8 GO TO IF7
IF5	How long after birth did you first put [NAME] to the breast?	Less than one hour 1 Between 1 and 23 hours 2 More than 24 hours 3 DK 8	____
IF6	Was [NAME] breastfed yesterday during the day or at night?	Yes 1 No 2 DK 8	____
SECTION IF2			
IF7	<p>Now I would like to ask you about liquids that [NAME] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] receive any of the following?</p> <p>ASK ABOUT EVERY LIQUID. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE.</p> <p style="text-align: right;">Yes No DK</p>		
	7A. Plain water	7A.....1	2 8

	7B. Infant formula: for example [Lactogen, NAN1]	7B.....1	2	8
	7C. Milk such as tinned, powdered, or fresh animal milk: for example [Ultra Mel, Parmalat, NIDO, Vega, Milko, Cremora]	7C.....1	2	8
	7D. Juice or juice drinks [Santal, Ceres, Nazu, Fizzy, Davita]	7D.....1	2	8
	7E. Clear broth/soups	7E.....1	2	8
	7F. Sour milk or yogurt for example: [Danone, Mayo, Bashqual]	7F.....1	2	8
	7G. Thin porridge for example: [Maheu]	7G.....1	2	8
	7H. Tea or coffee with milk	7H.....1	2	8
	7I. Any other water-based: for example sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids	7I.....1	2	8
IF8	Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?	Yes.....1 No.....2 DK.....8	_	
SECTION IF3				
IF9	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night?	Yes.....1 No.....2 DK.....8	_	
SECTION IF4				
IF10	Is child aged 6-23 months? REFER TO IF2	Yes.....1 No.....2	_ IF ANSWER IS 2 STOP NOW	
IF11	<p>Now I would like to ask you about some particular foods [NAME] may eat. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] consume any of the following?</p> <p>ASK ABOUT EVERY ITEM. IF ITEM WAS GIVEN, CIRCLE '1'. IF ITEM WAS NOT GIVEN, CIRCLE '2'. IF CAREGIVER DOESN'T KNOW, CIRCLE '8'. EVERY LINE MUST HAVE A CODE.</p> <p style="text-align: right;">Yes No DK</p>			
	11A. Flesh foods [list common meat, fish, poultry and liver/organ flesh foods used the local setting] for example: beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart	11A.....1	2	8
	11B. FBF [Corn Soya Blend]	11B.....1	2	8
	11G. Infant formula: for example [add locally available brand names of iron fortified infant formula] .	11G.....1	2	8

Questionário sobre o Inquérito Standard de Nutrição do ACNUR

Ola, chamo-me _____ e eu trabalho com o ACNUR, gostaríamos de convidar sua família para participar em um inquérito que é uma análise sobre a nutrição e o estado da saúde da população residente neste campo.

- A participação neste estudo é totalmente a sua escolha. Podes decidir não participar, ou se participares poderes parar de tomar parte deste inquérito a qualquer momento, por qualquer motivo. Se deixares de fazer parte deste inquérito, isso não terá quaisquer efeitos negativos sobre em ti ou na forma que sua família é tratada ou no tipo de assistência que recibes.
- Se concordar em participar, vou fazer algumas perguntas sobre a sua família e eu também vou medir o peso e altura de todas as crianças da casa que têm mais de 6 meses e menores de 5 anos Além dessas avaliações, eu irei testar uma pequena quantidade de sangue do dedo das crianças e mulheres para ver se eles têm anemia.
- Antes de começarmos a fazer as questões ou tomar qualquer medidas, vamos pedir-lhe para declarar o seu consentimento neste formulário. Tenha a certeza de que qualquer informação que você fornecer serão estritamente confidenciais.
- Podes fazer me qualquer pergunta que tiveres sobre este inquérito antes de decidires se irás participar ou não.
- Se não entenderes a informação ou se as suas questões não forem respondidas com satisfação, não declare o seu consentimento neste formulário. Muito obrigado

SEGURANÇA ALIMENTAR: 1 questionário por família (Este questionário é para ser administrado ao cuidador principal que é RESPONSÁVEL POR cozinhar as refeições)

Zona: _____ Bloco _____ Consentimento : sim / não / ausente

Data da entrevista (dd/mm/aaaa)	Casa No:
____/____/____	____
Equipa No	HH Numero
____	____

No	QUESTÃO	CÓDIGO DE RESPOSTAS	
SECC FS1			
FS1	A sua família tem um cartão de comida?	Sim..... 1 Não..... 2	<input type="text"/> SE A RESPOSTA FOR 1 IR PARA FS3
FS2	Porquê não tem um cartão de comida?	Não recebeu um no acto de registo1 Perdeu cartão2 Cartão negociado3 Não é registado, mas elegível4 Não elegível (não no critério de segmentação) 5 Outros 6	<input type="text"/> IR PARA FS4
FS3	Quantos dias a comida de Julho/Agosto durou?	INSERIR DIAS	<input type="text"/>
FS4	Último mês, você ou alguém em sua casa emprestou alimentos, dinheiro ou outro, sem interesse?	Sim..... 1 Não.....2	<input type="text"/>
FS5	Último mês, você ou alguém em sua casa emprestou alimentos, dinheiro ou outros com interesse?	Sim..... 1 Não.....2	<input type="text"/>
FS6	No último mês, você ou alguém de sua família vendeu quaisquer bens (ações móveis, sementes, ferramentas, NFI, os animais, etc)?	Sim..... 1 Não.....2	<input type="text"/>
FS7	No último mês, você ou alguém em sua casa solicitou acrescimo nas remessas, ou ofertas em comparação ao normal?	Sim..... 1 Não.....2	<input type="text"/>
FS8	No último mês, você ou alguém em sua casa reduziu a quantidade e / ou frequência das refeições?	Sim..... 1 Não.....2	<input type="text"/>
FS9	No último mês, você ou alguém em sua casa mendigou?	Sim..... 1 Não.....2	<input type="text"/>
FS10	No último mês, você ou alguém de sua família envolveu-se em actividades potencialmente perigosas ou prejudiciais, tais como: [crime, prostituição, roubo, venda de droga]	Sim..... 1 Não.....2	<input type="text"/>
FS11	Você tem um ou mais filhos de 14 anos de idade ou mais jovens, vivendo atualmente na casa?	Sim..... 1 Não..... 2	<input type="text"/> SE A RESPOSTA FOR 2 IR

			PARA FS2
FS12	No último mês, você ou alguém de sua família mandou seu filho ou filhos de 14 anos de idade ou mais jovens para trabalhar fora de casa, a fim de obter dinheiro ou em espécie, bens ou serviços?	Sim..... 1 Não.....2	<div></div>
SECCÃO FS2			
FS13	Agora eu gostaria de lhe perguntar sobre os tipos de alimentos que você ou alguém em sua casa comeu ontem durante o dia e à noite. Estou interessado em saber se você ou alguém em sua casa tinha o item, mesmo que ele foi combinado com outros alimentos. Leia a lista de ALIMENTOS E NÃO sonde. COLOQUE um na caixa se alguém na família comeu o alimento em questão, coloque um zero na caixa, se ninguém da CASA comeu a comida.		
	1A. Cereais que fazem parte da ajuda alimentar: trigo, milho / milho ou quaisquer alimentos feitos a partir destes (por exemplo: arroz, farinha de milho) 1B. Cereais que não fazem parte da ajuda alimentar: arroz, milheto, ou quaisquer outros grãos ou alimentos feitos destes alimentos (por exemplo, pão, macarrão, papas ou outros grãos) + inserir locais por exemplo: xima, papas ou massa. 2. Raízes brancas e tubérculos: bananas, batata, inhame, mandioca, ou outros alimentos feitos a partir de raízes. 3A. Vitamina A vegetais ricos e tubérculos: Qualquer cenoura, abóbora, batata-doce de polpa alaranjada + vitamina A disponível localmente outros vegetais ricos (por exemplo, pimenta vermelha) 3B. Vegetais folhosos verde escuro: Qualquer vegetais folhosos verde escuro, incluindo formas selvagens + vitamina A disponível localmente folhas ricas como o amaranto, folhas de mandioca, couve. 3C. Outras hortícolas: Quaisquer outros vegetais (por exemplo, brotos de bambu, repolho, pimenta verde, tomate, cebola, berinjela, abobrinha) + outros vegetais disponíveis localmente. 4A. Frutas ricas em Vitamina A: Qualquer tipo de manga (madura, frescas e secas), melão cantaloupe (maduro), damasco (fresco ou seco), papaia, maracujá (maduro), pêssago seco, e suco de fruta 100% feita a partir desses outros + e outras frutas ricas em vitamina A disponível localmente. 4B. Outras frutas: Quaisquer outras frutas, como maçã, abacate, banana, lanho, limão, incluindo frutas silvestres e suco de fruta 100% feitos a partir desses. 5A. Órgãos de animais: Qualquer fígado, coração, rim ou carnes de outros órgãos ou sangue alimentos à base de sangue. 5B. Carnes: Qualquer carne, cabra, cordeiro, carneiro, coelho, porco ou outro selvagem grande (carne de caça) ou mamíferos domesticados, pato, frango ou outras aves selvagens ou rato domesticadas, cobaia, rato, cutia ou outro selvagem pequeno (carne de caça) ou mamíferos domesticados sapos, cobras e outros répteis. 6. Ovos: todos os ovos de galinha, pato ou qualquer outro ovo 7. Peixes e mariscos: Qualquer peixe fresco ou seco, conservas de peixe (anchovas, atum, sardinha), ou marisco 8A. Ajuda em limentos leguminosos: nozes e sementes:	1A..... <div></div> 1B..... <div></div> 2..... <div></div> 3A..... <div></div> 3B..... <div></div> 3C..... <div></div> 4 A..... <div></div> 4B..... <div></div> 5A..... <div></div> 5B..... <div></div> 6..... <div></div> 7..... <div></div> 8A..... <div></div>	

	Qualquer feijão ou alimentos feitos a partir desses: feijão cute		
	8B. Alimentos leguminosos que não fazem parte da ajuda, nozes e sementes: Todas as ervilhas secas, lentilhas, nozes, sementes ou alimentos feitos a partir destes (por exemplo: pasta/manteiga de amendoim)	8B..... _	
	9. Leite e produtos lácteos: Qualquer leite, fórmula infantil, queijo, iogurte ou outros produtos lácteos (por exemplo:)	9..... _	
	10A. Ajuda em óleos alimentares e gorduras: óleo vegetal	10A..... _	
	10B. Óleos e gorduras que não fazem parte da ajuda alimentares: qualquer óleo, gorduras ou manteiga adicionado ao alimento ou usado para cozinhar.	10B..... _	
	11. Doces: o açúcar, o mel, refrigerante adoçado ou sucos adoçados, alimentos açucarados, como chocolates, rebuçados, biscoitos, bolachas doces e bolos.	11..... _	
	12. Especiarias, condimentos, bebidas: Qualquer especiarias (pimenta preta, sal), condimentos (molho de soja, molho quente), café, chá, bebidas alcoólicas	12..... _	
FS14	Ajuda alimentar em alimentos fortificados misturado: Você ou alguém em sua casa comeu CSB ou qualquer alimento feito a partir destes durante o dia de ontem e à noite?	Sim.....1 Não.....2 Não sei8	_

LAVAGEM: 1 questionário por família (ESTE QUESTIONARIO E PARA SER ADMINISTRADO AO CUIDADOR PRINCIPAL OU, SE ELES ESTAREM AUSENTES, PODE SER ADMINISTRADO A OUTRO MEMBRO ADULTO DA FAMILIA)

Zona: _____ **Bloco** _____ **Consentimento** : Sim / nao / ausente

Data da entrevista (dd/mm/aaaa)	Casa No:
____/____/____	____
Equipa No	HH No
____	____

No	QUESTÃO	CÓDIGO DE RESPOSTAS
SECCAO WS1		
WS1	Quantas pessoas vivem nesta casa??	____
WS2	Qual é a principal fonte de água potável para os membros do seu agregado familiar? Adaptar a lista com a realidade local antes do inquérito NÃO LEIA AS RESPOSTAS SELECIONE UMA SÓ	Água canalizada..... 01 Torneira pública / fontanário 02 furo (e bomba) 03 Poço escavado protegido 04 Nascente protegida..... 05 Colecta de água da chuva 06 Tanque do ACNUR 07 Nascente desprotegida 08 Poço escavado desprotegido 09 Pequeno vendedor de água 10 Camião-tanque..... 11 A água engarrafada 12 A água de superfície (por exemplo, rio, lago)) 13 Outros 96 Não sei 98
WS3	Quanto tempo é geralmente levá para ir buscar água, na sua principal fonte, e voltar? TRATA-SE DE REGISTRO DE ÁGUA POTÁVEL CONHECIDO	REGISTRE O NUMERO DE MINUTOS SE SABER (REGISTRE 000 ESTA SUA CASA OU 988 SE DESCONHECER) _____ Minutos SUPERVISOR SELECIONE APENAS UMA OPÇÃO Esta na sua casa 1 Menos de 30 minutos..... 2 Mais de 30 minutos..... 3 Não sei 8
WS4	Você está satisfeito com o abastecimento de água? ISSO ESTA RELACIONADO AO ABASTECIMENTO DE AGUA POTAVEL	Sim..... 1 Não 2 Outros 6
WS5	Que tipo de instalações sanitárias a família usa? Adaptar a lista a realidade local antes do inquerito NÃO LEIA AS RESPOSTAS SELECIONE UMA SÓ	Latrina que evacua para o tubo de esgoto.....01 Evacuação para sistema septico02 Descarrega e lava na pia03 Latrina com tampa04 Compostagem / latrina seca05 Latrina com autoculismo06 Latrina sem tampa.....07 Serviço ou balde latrina08 Casa de banho improvisada/ latrina.....09 Nenhuma instalação, campo, mato, sacos de plástico..... 10
WS6	Quantas famílias partilhar esse banheiro?	REGISTRE O NÚMERO DE FAMÍLIAS SE

SE A RESPOSTA É 10 VAI PARA WS7

		SOUBER (REGISTRE 96 SE E SANITÁRIO PÚBLICO OU 98 SE NÃO SABE)		<input type="text"/> <input type="text"/> Agregado familiar	
		SUPERVISOR SELECIONE APENAS UMA OPCAO Não compartilhada(1 Família) 1 Família compartilhada (2 Famílias) 2 Sanitário comum (3 Famílias ou mais)..... 3 Sanitário publico público (no mercado, hospital, etc.) 4 Não sei 8			
WS7	Você tem crianças com menos de três anos de idade?	Sim..... 1 Não2		<input type="text"/> SE A RESPOSTA FOR 2 VAI PARA WS9	
WS8	A última vez [NOME DA CRIANÇA MAIS NOVA] fez fezes, o que foi feito com as fezes? NÃO LEIA AS RESPOSTAS MARQUE UMA ALINEA	A criança usou casa de banho/latrina01 Depositou e lavou na casa de banho/latrina...02 Enterrou.....03 Depositou no lixo.....04 Depositou num buraco ou vala05 Deixou ao relento.....06 Outros (especifique).....96 Não sabe 98		<input type="text"/> <input type="text"/>	
SECÇÃO WS2 Perguntas baseadas na observação (fez-se as perguntas iniciais para garantir o fluxo de a entrevista não está quebrado).					
No	OBSERVAÇÃO/ QUESTÃO	RESPOSTA			
1. S9	Calcule a quantidade total de água utilizada pela família POR DIA	Por favor, mostre os recipientes que você usou ontem para a recolha de água	Capacidade em litros	Numero de viagens feitas com cada recipiente	Litro total
2.	Isto diz respeito a todas as fontes de água (água potável e FONTES água não potável)	ATRIBUIR UM NUMERO A CADA RECIPIENTE			SUPERVISOR DEVE COMPLETAR APOS O CALCULO MANUAL
		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
		Total de litros utilizados pelo agregado familiar			

3. S10	Por favor, mostre-me onde armazena sua água potável. Os recipientes de água potável TAPADOS ou ABERTOS?	Todos são..... 1 Alguns são2 Nenhum são.....3	<input type="text"/>
4. S11	Por favor, mostre-me as instalações sanitárias que normalmente são usada pelos membros da família.	SÓ RESPONDER PARA SANITÁRIOS UTILIZADOS POR 1 OU 2 HH (ver WS4). SE SANITÁRIOS UTILIZADOS POR 3 HH OU MAIS, PULE PARA O PRÓXIMO MÓDULO E DEIXE EM BRANCO. Casa de banho em uso 1 Casa de banho não esta em uso2 Não observado.....3	<input type="text"/>

COBERTURA DE REDE MOSQUITEIRA: um questionário por família (ESTE questionário deve ser administrado AO CHEFE DE FAMÍLIA OU, SE ELES ESTÃO AUSENTES, OUTRO MEMBRO ADULTO DA FAMÍLIA .

Zona: _____ **Bloco** _____ **Consentimento** : sim / não / ausente

Data da entrevista (dd/mm/aaaa)	Casa No:
____/____/____	____
Equipa No	No de HH
____	____

No	QUESTÃO	CÓDIGOS DE RESPOSTAS			
SECÇÃO TN1					
TN1	TN1 quantas pessoas vivem nesta casa e dormiram aqui ontem à noite? INSERIR O NUMERO				____
TN2	Quantas crianças 0-59 meses viver nesta casa e dormiram aqui ontem à noite? INSERIR O NUMERO				____
TN3	Quantas mulheres grávidas vivem nesta casa e dormiram aqui ontem à noite?? INSERIR O NUMERO				____
TN4	Quando foi a última vez que recebeu rede mosquiteira?	Este mes.....1 No mês passado2 Nos últimos 3 meses3 Mais de 6 meses atrás4 Não sabe8	____		
TN5	Você tem atualmente redes mosquiteiras nesta casa que podem ser usadas durante o sono?	Sim1 Não2	____ SE A REPOSTA É 2 PARE AGORA		
TN6	Quantas destas redes mosquiteiras são usadas durante o sono na sua casa ? INSERIR NUMERO	Se forem 4 REDES insira o número, e se for mais de 4 introduza o numero usando um questionário adicional de mosquiteiros digitando o número das redes em sequência no topo.			____ Nets
TN7	Peca o entrevistado para lhe mostrar a/as rede (s) da Família. SE as redes não forem mostradas → CORRIJA A RESPOSTA TN6	Rede # ____	Rede # ____	Rede # ____	Rede # ____
TN8	OBSERVE A REDE E REGISTRE A MARCA DA REDE QUE ESTA NA ETIQUETA. SE NAO EXISTIR A ETIQUETA OU NAO ESTAR VISIVEL REGISTRE 'DK' QUE SIGNIFICA QUE NÃO SABE				
TN9	Somente para os Supervisores (não é para ser feito durante a entrevista): QUE TIPO DE REDE É ESTA? BASEADA NA ETIQUETA INDICAR SE É REDE MOSQUITEIRA LLIN OU UM	1=LLIN 2=Outras/Não sabe ____	1=LLIN 2=Outras/Não sabe ____	1=LLIN 2=Outras/Não sabe ____	1=LLIN 2=Outras/Não sabe ____

	OUTRO TIPO QUE NÃO SABE			
TN10	Somente para os Supervisores (não é para ser feito durante a entrevista): Registrar o número TOTAL DE REDE LLINs em POR HH CONTANDO DO No '1' NO TN9			<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> LLINs

SECÇÃO TN2							
Linh a No	Membros do Agregado Familiar HH	Sexo	Idade	Estado da Gravidez	Dormiu na rede	Qual Rede	Tipo de Rede
#	COL1	COL 2	COL3	COL4	COL5	COL6	COL7
	Por favor, me dê os nomes dos membros da família que vivem aqui e que dormiram em sua casa na noite passada.	Sexo m/f	Idade Anos	PARA MULHERES ≥ 15 anos, PERGUNTE: O (NOME) E SE ACTULMENTE ESTA GRÁVIDA? (Faça um circulo no '99' se for menina < 15 ou rapaz) Sim Não/ Não é aplicável	(NOME) dormiu na rede na noite passada? Sim Não/Não sabe	PERGUNTE AO ENTREVISTADO PARA FISICAMNETE IDENTIFICAR EM QUAL DAS REDES OBSERVADAS ELA DORMIU. FAÇA UM CIRCULO NO NUMERO CORRESPONDENTE REDE USADA. Rede#1 Rede#2 Rede#3 Rede#4	Somente para os supervisores: COM BASE NA MARCA OBSERVADA REGISTRE (TN8) INDICANDO SE É UMA LLIN OU OUTRAS OU ENTÃO UMA DESCONHECIDA
01		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
02		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
03		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
04		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
05		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
06		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
07		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
08		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
09		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
10		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
11		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
12		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
13		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
14		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2
15		m f	<5 ≥5	1 0 99	1 0	1 2 3 4	1 2

Resumo da rede mosquiteira (somente para os supervisores,não é para ser feito durante a entrevista)						
	Numero total do Agregado familiar HH		Total <5		Total de mulheres grávidas	
Dormiram debaixo de uma rede de qualquer tipo	Contar de número '1' na COL5	TN11 _ _	Para as crianças < 5 (COL3 é '<5'), contar de '1' na COL5	TN13 _ _	Para mulheres grávidas (COL4 é '1'), contar de '1' na COL5	TN15 _ _
Dormiram na rede LLIN	Contar de número '1' na COL7	TN12 _ _	Para as crianças <5 (COL3 é '<5'), contar de '1' na COL7	TN14 _ _	Para mulheres grávidas (COL4 é '1'), contar de '1' na COL7	TN16 _ _

MULHERES COM ANEMIA: 1 questionário por casa / zonas / blocos (ESTE QUESTIONÁRIO É PARA SER ADMINISTRADO A TODAS MULHERES COM IDADE ENTRE 15 E 49 ANOS NA CASA SELECIONADA)

Zona: _____ Bloco: _____

Data da entrevista (dd/mm/aaaa): _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ _ _ _ _				Número da Casa: _ _ _ _		Equipa No _ _ _ _	
WM1	WM2	WM3	WM4	WM5	WM6	WM7	WM8
BI	HH	Consentimento dado 1=Sim 2=Não 3=Ausente	Idade (anos)	Estas grávida? 1=sim 2=não(vai para HB) 8=Não sabe (vai para HB)	Está actualmente inscrita no programa de consulta Pré-Natal? 1=sim 2=não 8=NS	Está actualmente a receber Acido Fólico/Sal ferroso? 1=sim (PARE AGORA) 2=não (PARE AGORA) 8=Não sabe (PARE AGORA)	Hb (g/L ou g/dL)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
...							

CRIANCAS DOS 6-59, ANTROPOMETRIA, SAUDE E ANEMIA : 1 questionário por casas, zonas, blocos (ESTE QUESTIONÁRIO É PARA SER ADMINISTRADO A TODOS QUE TOMAM CONTA DAS CRIANÇAS, VIVEM COM ELAS E ESTÃO ENTRE 6-59 MESES DE IDADE)

Zona: _____ Bloco: _____

Date da entrevista (dd/mm/aaaa):													
CH1	CH2	CH3	CH4	CH5	CH6	CH7	CH8	CH9	CH10	CH11	CH12	CH13	CH14
BI	HH	Consentimento dado 1=sim 2=nao 3=ausente	Sexo (m/f)	Data de Nascimento * dd/mm/aaaa	Idade** (mese)	Peso (kg) ±100g	Altura (cm) ±0.1cm	Edema (s/n)	Perimet ro Branqui al (mm)	Sarampo 1=Sim,tem cartão 2=Sim, recorda 3=não ou não sabe	Vit. A nos passados 6 meses (Mostrar os comprimido s) 1=Sim, tem cartao 2=Sim,recor da 3=não ou não sabe	Diarreia nas passadas duas semanas 1=sim 2=nao 8=não sabe	Hb (g/L or g/dL)
01				/ /									
02				/ /									
03				/ /									
04				/ /									
05				/ /									
06				/ /									
07				/ /									
08				/ /									
09				/ /									
10				/ /									
11				/ /									
12				/ /									
...				/ /									

AMAMENTAÇÃO: 1 questionário por criança de 0-23 mese (ESTE QUESTIONARIO DEVE SER ADMINISTRADO A MÃE OU O CUIDADOR PRINCIPAL, QUE É RESPONSÁVEL POR ALIMENTAR E A CRIANÇA DEVE TER A IDADE COMPREENDIDA DE 0-23 MESES DE IDADE)

Zona: _____ Bloco: _____ Consentimento: sim / não / ausente

Data da entrevista (dd/mm/aaaa)	Casa No:
____/____/____	____
Equipa No	Identificação No
____	____

No	QUESTÃO	Códigos de respostas
SECÇÃO IF1		
IF1	Sexo	Masc. 1 Fem. 2
IF2	Data de nascimento Registrar a partir de um documento de nascimento. DEIXE EM BRANCO CASO NAO HAJA UMA DOCUMENTACAO	Dia/Mes/Ano..... ____ /____ /____
IF3	Meses de idade da criança	SE A DUMENTAÇÃO DE IDADE NÃO ESTA DISPONIVEL, FAÇA UMA ESTIMATIVA USANDO O CALENDÁRIO DE EVENTOS. SE A DOCUMENTAÇÃO DE IDADE ESTAR DISPONIVEL, REGISTRE A IDADE EM MESES
IF4	[NOME] Foi amamentado?	Sim 1 Não 2 Não sabe 8
IF5	Quanto tempo após o nascimento foi levado para para amamentar?	Menos de uma hora 1 Entre 1 e 23 horas 2 Mais que 24 horas 3 Não sabe 8
IF6	[NOME] foi amamentado durante o dia ou noite?	Sim 1 Não 2 Não sabe 8
SECÇÃO IF2		
IF7	Agora gostaria de lhe perguntar sobre os líquidos que o [nome] pode ter tomado ontem durante o dia e à noite. Estou interessado/a em saber se o seu filho tem consumido esse liquido, ou se tem sido combinado com outros . Ontem, durante o dia ou à noite, o [NOME] consumiu algumas desses alimentos? PERGUNTE SOBRE CADA LÍQUIDO.SE O LIQUIDO FOI DADO, FAÇA UM CIRCULO NO '1'. SE NAO FOI DADO, FAÇA UM CIRCULO NO '2'.SE A PESSOA QUE TOMA CONTA NAO SABE, FAÇA UM CIRCULO NO '8'. CADA LINHA DEVE TER UM CODIGO.	
	7A. Água pura 7B. Fórmula infantil: por exemplo [Nani, Lactogen] 7C. Leite, como enlatados leite animal, em pó, ou fresco: por exemplo	Sim Não Não sabe 7A.....1 2 8 7B.....1 2 8 7C.....1 2 8

	[Ultramel, Parmalat, Nido, Vega, Milgro]		
	7D. Sumos[Santal, Ceres, Nazu, Fizzi, Davita, Super 7]	7D.....1	2 8
	7E. Sopas	7E.....1	2 8
	7F. Leite azedo ou iogurte, por exemplo: [Danone, Mayo, Bashanal]	7F.....1	2 8
	7G. Papas magras por exemplo: [Maheu]	7G.....1	2 8
	7H. Chá ou café com leite	7H.....1	2 8
	7I. Quaisquer outros líquidos à base de água [lista outros líquidos à base de água, a disponível no ambiente local] por exemplo: refrigerantes, outras bebidas doces, infusão de ervas, água, chá claro, gripe water, café preto	7I.....1	2 8
IF8	Ontem, durante o dia ou à noite, o [NOME] comeu alimento sólido ou semi-sólido (macio, mole)?	Sim.....1 Nao.....2 NS.....8	<input type="text"/>
SECÇÃO IF3			
IF9	Será que [nome] bebeu algo no biberão, ontem, durante o dia ou à noite?	Sim.....1 Não.....2 NS8	<input type="text"/>
SECÇÃO IF4			
IF10	A criança tem idade entre 6 – 23 meses? CONSULTE IF2	Sim.....1 Não.....2	<input type="text"/> SE A RESPOSTA FOR 2 PARE AGORA
IF11	Agora eu gostaria de lhe perguntar sobre alguns alimento em particular que [NOME] pode comer. Estou interessado em saber se o seu filho tem comido esse alimento, ou se o mesmo sido combinado com outros alimentos. Ontem, durante o dia ou à noite, [NOME] consumiu qualquer um desses alimentos? PERGUNTE SOBRE CADA ALIMENTO. SE O ALIMENTO FOI DADO, FAÇA UM CÍRCULO NO '1'. SE NÃO FOI, FAÇA UM CIRCULO NO 2. SE O RESPONSÁVEL POR CUIDAR DA CRIANÇA NÃO SABE, FAÇA UM CIRCULO NO '8'. CADA LINHA DEVE TER UM <div style="text-align: right;">Sim Não Não sabe</div>		
	11A. Carnes [carne de vaca, cabra, ovelha, carneiro, porco, coelho, galinha, pato, fígado, rim, coração]	11A.....1	2 8
	11. B. FBF [FBF lista disponível no cenário local] : por exemplo CSB	11 B1	2 8
	11. G. Formula Infantil : [Nani, Lactogen]	11. G.....1	2 8

Appendix 6 Local event calendar used during the survey to estimate age of young children

Religious Holidays	Other events	Local Events	Months / Years	Age (M)
		Nampula day 22	August 2012	1
	African Women day 31		July 2012	2
	International Child day 1 Day of the African Child 16 World Refugee Day 20 Independence day 25		June 2012	3
	Labour day 1		May 2012	4
Easter	Women's national day 7		April 2012	5
	Women's international day 8		March 2012	6
			February 2012	7
	New year's day 1		January 2012	8
Christmas	16 days of activism World Aids day 1 Human rights day 10		December 2011	9
	16 days of activism		November 2011	10
	Peace day 4		October 2011	11
			September 2011	12
		Nampula day 22	August 2011	13
	African Women day 31		July 2011	14
	International Child day 1 Day of the African Child 16 World Refugee Day 20 Independence day 25		June 2011	15
	Labour day 1		May 2011	16
Easter	Women's national day 7		April 2011	17
	Women's international day 8		March 2011	18
			February 2011	19
	New year's day 1		January 2011	20
Christmas	16 days of activism World Aids day 1 Human rights day 10		December 2010	21
	16 days of activism		November 2010	22
	Peace day 4		October 2010	23
			September 2010	24
		Nampula day 22	August 2010	25
	African Women day 31		July 2010	26
	International Child day 1 Day of the African Child 16 World Refugee Day 20 Independence day 25		June 2010	27
	Labour day 1		May 2010	28
Easter	Women's national day 7		April 2010	29
	Women's international day 8		March 2010	30
			February 2010	31
	New year's day 1		January 2010	32
Christmas	16 days of activism World Aids day 1 Human rights day 10		December 2009	33
	16 days of activism		November 2009	34
	Peace day 4		October 2009	35
			September 2009	36
		Nampula day 22	August 2009	37
	African Women day 31		July 2009	38
	International Child day 1 Day of the African Child 16 World Refugee Day 20 Independence day 25		June 2009	39
	Labour day 1		May 2009	40
Easter	Women's national day 7		April 2009	41
	Women's international day 8		March 2009	42
			February 2009	43
	New year's day 1		January 2009	44

Christmas	16 days of activism World Aids day 1 Human rights day 10		December 2008	45
	16 days of activism		November 2008	46
	Peace day 4		October 2008	47
			September 2008	48
		Nampula day 22	August 2008	49
	African Women day 31		July 2008	50
	International Child day 1 Day of the African Child 16 World Refugee Day 20 Independence day 25		June 2008	51
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Easter	Women's national day 7		April 2008	53
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