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| **CRS Sudan Program**  **Annex 1: Terms of Reference (TOR)**  **Internally Conducted Final Evaluation Survey for:** Integrated Health, Nutrition and WASH  Project in Central Darfur ***(Moafa Project)*** |

**1. Evaluation Overview**

Following the vast and fast spread of COVID-19 and in order to better ensure the safety and well-being of project stakeholders, MOAFA is now operating under the guidance from the following bodies: the World Health Organization (WHO) and Sudanese health authorities, which released guidance specific for Sudan; CRS, which provided guidance to on protecting project staff and beneficiaries across its project globally; and USAID/OFDA, which released guidelines, including modified MEL guidelines, for all of its implementing partners[[1]](#footnote-1).

This evaluation will abide by CRS’s MEAL Policies and Procedures v3.0 (MPP 3.6), as well as USAID requirements for the Integrated Health, Nutrition and WASH Project in Central Darfur (MOAFA project) to conduct an internal evaluation. For this evaluation activity, the project will collect data against all variables identified within outcome and impact indicators in the project logframe. The evaluation data will be collected and analyzed, using high-quality, robust and clearly articulated methods. That said, this evaluation will strictly abide by the highest standards of the safety regulations and guidance mentioned above, making the necessary adjustments in the original approaches, methodology, and tools at each stage of the evaluation, e.g. training of enumerators, data collection, data validation, etc.) The same Base Line (BL) sampling design, precision and FANTA population-based sample size calculation formula is used to calculate the sample size. This allows for comparability of BL and Final Evaluation (FE) results (see section 6.2 sample size calculation).

**2. Objective of the baseline and evaluation**

The baseline and evaluation studies of the OFDA funded *MOAFA project* activities are designed to collect individual and household-related data (disaggregated by sex and by status whether IDPs or host communities) for key logframe indicators. Overall, the objectives of these two studies are as follows:

|  |  |
| --- | --- |
| Baseline Objectives | End-line Evaluation Objectives |
| * Determine the baseline values for key project outcome indicators, validate or modify project indicator target setting;   Investigate the proposed assumptions within logframe and provide feasible recommendations for adjusting them, as required; | Evaluate the achievements of the activity in relation to the goal, objectives, results, and targets.  Evaluate the activity’s effects on the health, nutrition and hygiene behavior of the targeted people (gender disaggregated.).  Evaluate the effectiveness and relevance of the integrated approach and complementary interventions to achieve activity outcomes.  Identify best practices, lessons learned, strengths, and challenges in the activity design, including the implementation. |

The specific objectives of each are as follows:

|  |  |
| --- | --- |
| Baseline Objectives | End-line Evaluation Objectives |
| * Analyze household’s current livelihood, nutrition and hygiene behaviors and access to health and nutrition services and identifying any gaps in the project’s current implementation accordingly; * Provide recommendations for adjusting programmatic approaches to address the aforementioned livelihood or nutrition needs of both refugee and host communities. | * Assess the extent to which Moafa project accomplished its stated goals and purposes; * Assess the effectiveness of program activities; * Answer key questions related to lessons learned, best practices, and recommendations for future programming; and * Document/summarize the overarching lessons learned for a wider audience including partner organizations, donors, Government of Sudan and other stakeholders |

**3. Evaluation Questions/Topics**

* 1. **Relevance: Is the intervention doing the right things?**
* To what extent did the intervention’s objectives and design respond to beneficiaries’ (men, women, boys, girls, young children and infants whether host communities or IDPs), states, country, and partner/institution needs, policies, and priorities?
* To what extent should the interventions be adapted to remain relevant and support self-reliance after the project phases out?
  1. **Effectiveness: Is the intervention achieving its objectives?**
* To what extent has the intervention achieved its objectives and planned results? Were there any differential results across sectors and sub-sectors?
* Which interventions appear to be the most influential to activity outcomes? Which elements of the Theory of Change correspond these actual achieved changes?
  1. **Efficiency: How well are resources being used?**
* To what extent did the intervention deliver results in an economic and timely way?
* How has management adapted the project design or implementation based on monitoring information and feedback from the target population throughout the life of the activity?
* What lessons were learned regarding program design and implementation?
* What was the level of efficiency with regards to cost-per-project participant and the delivery of the services?
  1. **Impact: What difference does the intervention make?**
* To what extent did the interventions generate significant positive or negative, intended or unintended, higher-level effects/change in the lives of the target population?
* What factors appeared to facilitate or inhibit the achievement of these changes?

**4. Background: Project Goal and Objectives**

The OFDA-funded *Moafa* project was implemented in the Jebel Marra and Um Dukhun areas of Central Darfur to improve the health and nutrition status of 164,645 beneficiaries (including 49,655 IDPs) in conflict-affected communities. This project built on a previous OFDA-funded health, WASH, and nutrition project implemented in March 2016 to December 2018 in conflict affected Jebel Marra but scaled up to include the Um Dukhun locality. The program engaged in emergency, health, nutrition and WASH activities to help communities rebound from displacement and conflict.

The *Moafa* program had three strategic objectives: (1) for targeted communities to have increased their use of primary health services, (2) for pregnant and lactating women and children under five in targeted communities to attain reduced levels of malnutrition, and (3) for targeted communities to have improved public health.

These three strategic objectives were to be achieved through the following outputs:

* Rehabilitate and support health facilities and the community networks that provide Social Behavior Change Communication (SBCC) and referrals for cases;
* Provide access to screening and referral for malnutrition and support households to adopt good nutrition practices including consuming nutrient-dense foods;
* Provide WASH services that help households consume safe drinking water, use improved sanitation facilities, adopt hygienic practices, and safely dispose of refuse through environmental management practices.

**5. Project Targeted Population**

MOAFA project was to provide services to the following populations, as highlighted in Tables 1 and 2 (below).

Table 1: Project Targeted Population – By Sector

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Intervention** | **# of people targeted** | **# of IDPs** | **Remarks** |
| 1 | Health | 164,645 | 49,655 | IDPs are targeted within the total number |
| 2 | Nutrition | 30,150 | 8,442 | 6030 HH with PLWs and CU5 |
| 3 | Agric and food security | 30,150 | 8,442 | Same as above: 6030 HH with PLWs and CU5 will also be targeted with nutrition sensitive agriculture. |
| 4 | WASH | 164,645 | 49,655 | Hygiene promotions targets all the population |

# Table 2: Project Targeted Population – By Community[[2]](#footnote-2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Locality/ Location** | **Village/Community** | **Individual in Target Community** | **Households in Target Community** | **Status of Phone Network** | **Remarks** |
| Um-Dukhun | Baltibe | 15713 | 3143 | Poor Coverage |  |
| Main V Murraya | 7992 | 1598 | No Coverage | Inaccessible during rainy season |
| Sorrei | 15000 | 3000 | No Coverage |  |
| Main V Ab Jaradel | 30365 | 6073 | No Coverage | Very difficult access during rainy season |
| Sub-total |  | **69070** | **13814** |  |  |
| Golo | Terro | 8271 | 1654 | No Coverage |  |
| Jokestei | 10535 | 2107 | No Coverage | Security Concern |
| Bardani | 10038 | 2008 | No Coverage |  |
| Saga Dir | 14100 | 2820 | No Coverage | Security Concern |
| Sub-total |  | **42944** | **8589** |  |  |
| Rokero | Rokero | 10644 | 2129 | Good Coverage |  |
| Funga Souq | 9630 | 1926 | Good Coverage |  |
| Abonga | 6792 | 1358 | No Coverage |  |
| Sollo | 13260 | 2652 | Poor Coverage |  |
| Dyia | 12305 | 2461 | No Coverage | Security Concern |
| Sub-total |  | **52631** | **10526** |  |  |
| **Total** |  | **164645** | **32929** |  |  |

# **6. Required Evaluation Methodology and Tools**

Unlike the baseline, this final evaluation study will be conducted during the time of the COVID-19 pandemic. Ideally, the results of this study should be comparable to the results identified during the baseline study; however, it is important to note that the baseline study was conducted before the pandemic (i.e. normal time, using a full sample, comprehensive in-person quantitative tools and qualitative tools traveling to key project locations), where this final evaluation will be adapted to follow strict COVID-19 guidance.

6.1: The MOAFA Final Evaluation methodology will be comprised of both secondary and primary (quantitative and qualitative) data sources:

6.1.1: Secondary data:

1. ***Literature Review***: Conduct a literature review of all relevant secondary sources (including a review of all project materials) and any other relevant CRS, OFDA documents on thematic areas of the Moafa project and records of the health centers. Includes:
   * Project records (patients and nutrition registers) as source of data for many Moafa Logframe indicators (Annex #1)
   * The Ministry of Health, with support from UNICEF, INGOs and other UN agencies, conducted the Simple Special Survey (S3M) for the whole country; therefore, S3M could constitute a source for additional health and nutrition data.

6.1.2: Primary data:

1. ***Quantitative Data Collection***: In accordance with the COVID-19 guidance the MEAL Manager and the MEAL SPO with support and overall supervision by the PM, will develop the survey design, including a sampling frame and sample size (122 households for this evaluation compared to 430 households sample size during the baseline). They will also prepare, field test, and finalize the remote survey tools (questionnaire and accompanying databases), survey manuals, and any other related guidance. Furthermore, they will prepare a data tabulation and analysis plan for collected data. Throughout this evaluation activity, they will provide detailed methodological guidance on preparation and design, data collection and management, training of survey teams and compilation of final evaluation survey report. All the tools and reference materials developed will be translated to Arabic. The draft household survey, inclusive of queries for relevant logframe indicators, is included in Annex # 1. The survey approach will rely on probability cluster sampling (See Section 6.2 for further information on Sampling for Quantitative Data Collection), and to permit for valid statistical comparisons, a representative sample size must be used. All data must be sex-disaggregated, as per the OFDA indicators’ definition and disaggregation (Annex #1). The following should be considered:
   * Each of the three localities will be considered as a cluster and random selection of interviewees will be from the accessible communities
   * The quantitative survey tool will be adapted to be used remotely, in particular, to decrease the time of the interview.
   * Phone calls with interviewees and scripting responses are to be relied upon, wherever phone coverage allows. Interviews could be done in more than one call to allow ample farming time for interviewees
   * For respondents where phone surveys are not an option (e.g. no network coverage, lockdown due to COVID-19, security issues making travel too risky, etc.), there will be face-to-face data collection. Teams will conduct surveys while maintaining the social distance and other precautions (e.g. wearing a mask, conducting the survey in an outdoor space, etc.).
2. **Qualitative Data Collection**: Focus Group Discussions (FGDs) and Key Informants Interviews (KII), to help triangulate and explain the quantitative data gathered through the household survey.

For *FGDs*:

* + The number of the participants in FGDs will be reduced to five participants while maintaining social distance and other precautions.
  + The length of the FGD checklists will reduced to capture the most important data that enriches areas that needed more clarification during the baseline study, and hence discussion will be shortened.
  + Will, only, apply PRA techniques that preserve social distance.

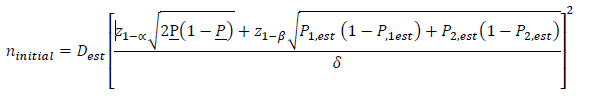
For *KIIs*:

* + KIIs will be conducted while maintaining social distancing and abiding by other COVID-19 precautions:

6.2: Sample Size Calculation

6.2.1 For Quantitative Data Collection (Household Survey)

OFDA funded MOAFA Project, the comparative for proportion formula suggested in “Feed the Future Population-Based Survey Sampling Guide and Calculator (2018)” is used to arrive at a sample size of **210** households for the evaluation study. The project used three key indicators. Proportion of children 6-23 months of age who receive foods from 4 or more food group”, “Percentage of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources” and “Percentage of households targeted by latrine construction/promotion program whose latrines are completed and clean” the sample size calculated separately and take the largest sample size. The baseline value will be used from ‘the project (Moafa) baseline survey April 2020’for the first and third indicators and for the second indicator, and the proposed project indicators sample size calculation is done as below with the required level of precision.

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Where: 𝑛initial = is the initial sample size required by the surveys for each of the two time points

1. 𝛿 = 𝑃1,est − 𝑃2,𝑒st = minimum effect size to be achieved over the time frame specified by the two surveys
2. 𝑃1,est = represents a survey estimate of the true population proportion 𝑃1 at baseline [If such an estimate is not available from prior surveys, 0.5 will be used]



1. 𝑃2,𝑒st = represents a survey estimate of the true population proportion 𝑃2 at evaluation
2. 𝑧1−∝ is the value from the normal probability distribution corresponding to a confidence level 1−∝.

For 1−∝ = 0.95, the corresponding value is 𝑧0.95= 1.64.

1. 𝑧1−𝛽 is the value from the normal probability distribution corresponding to a power level of 1−𝛽.For 1−𝛽 = 0.80, the corresponding value is 𝑧 0.80 = 0.84.
2. 𝐷est is the estimated design effect (DEFF) of the survey.

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**Values used in calculating the sample are:**

Calculations of the sample size for this Final Evaluation, used the same indicators of the baseline study and the same parameters mentioned above, with some changes in the baseline value (p1,est). for the first indicator: (Proportion of children 6-23 months of age who receive foods from 4 or more food group); where (p1,est) is the baseline value of the Moafa project baseline result[[3]](#footnote-3) 20.6% and (P2,est) is the milestone set at 25% increment (i.e 45.6%) and the percentage of children 6-23 months in the population at 4.53% and average household size 6 persons/household. With a reduced statistical precision of 90% confidence and 70% power, the sample size is calculated. The second indicator (Percentage of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources) is calculated at 95% confidence and power of 80%. Where (p1,est) is set at 54.9% and (P2,est) at 75%. A third WASH indicator is also used to calculate the sample size (Percentage of households targeted by latrine construction/promotion program whose latrines are completed and clean). The values used for this indicator are the baseline result of Moafa baseline with (p1,est) at 37.8% and a positive increment of approximately 20% for (P2,est) at 57.8% and at 95% confidence and power of 80%. Using FANTA sample size calculator, and the above formula, resulted (for the three above mentioned indicators) in sample sizes of 211, 153 and 170 respectively. The representative sample size of 210 will be used in this study. For details see the table below:

**Values used in calculating the sample are:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Indicators** | **Baseline** | **Assumed for end line** | **Z1-α) at 90% CI level** | **Z1-ᵦ** | **Design effect (Dest)** | ***ninitial*** | Non-response adjustments | 𝑛𝑓  households |
| **#** | **(p1,est)** | **(P2,est)** | **70% power** |
| 1 | Proportion of children 6-23 months of age who receive foods from 4 or more food group | 0.206 | 0.456 | 1.28 | 0.52 | 2 | 190 | 10% | **211** |
|  | **Indicators** | **Baseline** | **Assumed for end line** | **Z1-α) at 95% CI level** | **Z1-ᵦ** | **Design effect (Dest)** | ***ninitial*** | Non-response adjustments | 𝑛𝑓  households |
| **#** | **(p1,est)** | **(P2,est)** | **80% power** |
| 2 | Percentage of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources | 0.549 | 0.75 | 1.645 | 0.84 | 2 | 138 | 10% | **153** |
| 3 | Percentage of households targeted by latrine construction/promotion program whose latrines are completed and clean | 0.378 | 0.578 | 1.645 | 0.84 | 2 | 153 | 10% | **170** |

# **7. Key Roles and Responsibilities**

The CRS project team has strong experience in conducting participatory research. The project’s MEAL Manager will lead the overall management of the internal baseline design and implementation. While the Project Senior MEAL Officer will lead the supervision of field data collection. The project will seek inhouse support for data analysis and report writing, and if needed additional support from CRS EARO Regional Office.

# **8.** **Timeframe**

Considering the peak of the rainy season (mid-August) as a major limitation in carrying out the survey on the ground, and the time lapsed for the survey approval by the Humanitarian Aid Commission (HAC) and the closure of the project by the end of August, the survey is expected to be conducted within the possible shortest period. Mid July 2020 to 21st July is the proposed dates for data collection. Data feeding, cleaning, analysis will continue up to the 5th of August 2020, and ten days could be allocated for reporting. The first draft of the report is expected to be produced by the second week of August 2020.

The time from now to the 15th of July is for this process is allocated for the review of the TOR, development of tools, HAC approval for the survey tools. This would then be followed by five working days survey team training. For more details see timeline in the other attachment:

|  |  |  |  |
| --- | --- | --- | --- |
| # | Evaluation Activity | Dates for completion | Remarks |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 | See the Other attachment  [Cite your source here.] |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |

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# **9. Deliverables**

The following will be main deliverables of the evaluation study:

1. **Evaluation survey methodology/approach report** – sampling framework, data collection and management strategy, human resources requirement, detailed survey implementation plan, training.
2. **Training of project staff** (MEAL officers, supervisors) and data enumerators and clerks on COVID-19 guidelines and evaluation design, sampling framework, survey tools and ethics. Duration and content of training as stated above.

* When carrying out data collection over the phone, scripting and practice by interviewers is important; refer to: [JPAL’s best practices for conducting phone-based surveys](https://www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys) and [60 Decibels’ remote survey toolkit](https://60decibels.com/user/pages/03.Work/_remote_survey_toolkit/60_Decibels_Remote_Survey_Toolkit_March_2020.pdf)
* Conduct household data collection visits following distancing and other safety protocols Refer to: [ID Insight’s guidance on data collection](https://www.idinsight.org/data-collection-practices-and-recommendations-for-covid-19) has helpful tips

1. **Fully ‘cleaned-up’ dataset** in SPSS file format. Different sets of cross-tabulations breaking down the results for all questions and including appropriate statistical tests so that significant differences can easily be identified. The survey team shall also share with the project team SPSS syntax file that is utilized to clean the dataset and tabulate and analyze the quantitative data.
2. **Presentation of the evaluation survey findings** and validation with key stakeholders.
3. **Final Evaluation survey report** - that describes the current conditions (before the start of the project) of the project area against which progress can be measured or comparisons made to show the effects and outcomes of the project in the final project evaluation report. The main body of the evaluation study report should be no more than 30 pages, excluding additional annexes of data collection tools used in the study. The report should be submitted in English and in electronic form together with hard copies. Report shall be presented in the following template:

* **Adaptations in FE, compared to BL, due to COVID-19**: highlight any specific revisions or adaptations made in this FE due to COVID-19 **Methods and Data Sources**: Describe methods used, data sources, an explanation of the data collection process and tools, sample size, and sampling method. Specify if data were collected at the population-level of the implementation area or limited to direct beneficiaries. Primary data is preferred though secondary data is permissible.
* **Location and Timing**: List where and when you collected the data for the baseline report.
* **Limitations**: Describe limitations in your evaluation methodology or challenges you encountered while conducting the study.
* **Indicator Achievement Findings**: For every indicator in the proposal, state the evaluation result vs the baseline value and target, including any disaggregation. If targets need to be updated from the proposal submission, include such updates and explanations here. This should be interpreted and organized in accordance with and relevance to the evaluation questions above that relate to relevance, effectiveness, and impact.
* **Recommendations**: Describe if the final results will have an impact on your future programing for projects with the same goal and approach. Will you adjust any approaches or plans as a result? If so, which ones and how?

*Evaluation Report length*: USAID/OFDA encourages partners to be as concise as possible in reports.

Annex 2:

| **Indicators with disaggregates** | **BL value**  **#** | **BL value**  **%** | **Evaluation Result #** | **Evaluation Result %** | **Definition of indicator** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- |
| Health |  |  |  |  |  |  |
| 1. Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics | 3 | 1.9 |  |  | Attended: Presented to a health service delivery point and received services required for antenatal visits.  Comprehensive antenatal clinics: The complete package of antenatal services as prescribed by MoH policy and delivered by a trained health care worker. WHO guidelines on the content of ANC visits include the following components: • Clinical examination, • Blood testing to detect syphilis and severe anemia (and HIV, malaria, etc. according to the epidemiological context),  • Gestational age estimation, • Uterine height,  USAID/OFDA Proposal Guidelines Health pg. 9  • Blood pressure, • Maternal weight and height,  • Test for sexually transmitted infections (STIs), • Urine test,  • Request blood type and Rh, • Tetanus toxoid administration,  • Iron/folic acid supplementation, and recommendations for emergencies (WHO, 2002). | Patient registers/records from supported health facilities |
| 1. Number and percentage of newborns that received postnatal care within three days delivery   Disaggregated by: Sex | 6 | 3.8 |  |  | Received: Attended to or seen by a trained healthcare provider at a health facility, at home, or at the community-level.  Postnatal care: The complete package of interventions as prescribed by MoH policy delivered by a trained healthcare worker. WHO guidelines on the content of PNC visits include the following components:  • Assessment of the baby (e.g., breathing, feeding, temperature, jaundice),  • Exclusive breastfeeding support, and  • Cord care (WHO, 2013). | Patient registers/records from supported health facilities; CHW reports/registers |
| * Male | 3 | 3.4 |  |  |  |  |
| * Female | 3 | 4.3 |  |  |  |  |
| 1. Number and percentage of births assisted by a skilled attendant at birth   Disaggregated by: Type of birth attendant | 90 | 55.9 |  |  | Assisted by: Skilled (not traditional) Present and presiding over labor and delivery for a pregnant woman and trained/available to perform assessment and the seven signal functions of basic emergency obstetric and newborn care (BEmONC), including management of complications or recommending referral, as needed | Patient registers/records from supported health facilities; Community-based skilled attendant at birth reports/registers |
| * Midwives | 63 | 39.1 |  |  |  |  |
| * Doctors | 19 | 11.8 |  |  |  |  |
| * Nurses with midwifery and life-saving skills | 8 | 5 |  |  |  |  |
| Disaggregated by: Location of delivery |  |  |  |  |  |  |
| * Health facility | 27 | 16.8 |  |  |  |  |
| * Home | 63 | 39.1 |  |  |  |  |
| 1. Number and percentage of pregnant women in their third trimester who received a clean delivery kit | 13 | 8.1 |  |  | Third trimester: Visibly pregnant and/or weeks 27 to 40 of pregnancy.  Clean Delivery Kit: Kit contents should include the following: • Soap, 110 g • Plastic draw sheet, 100cm x 100cm • Razor Blade, single-edged, disposable • Tape, umbilical, 3mm x 15mm • Cotton cloth / town, 100cm x 100cm • Gloves, examination, single use • Plastic big, snap-lock - for disposal of the placenta | Patient registers/records from supported health facilities; Distribution reports/records |
| 1. Number and percentage of community members who can recall target health education messages   Disaggregated by: Sex | 16 | 3.8 |  |  | Community members: People living within the program catchment area.  Recall: May include spontaneous mention and/or aided recall.  Target health education message: Information specific to particular disease prevention/treatment or health seeking behaviors that are provided to the community  Seven messages were selected for the most common diseases (Malaria and diarrhea) | Knowledge, Attitudes, and Practice (KAP) Survey administered to a representative sample of the catchment population  Questions. C10, C11, C12 |
| * Male | 8 | 1.9 |  |  |  |  |
| * Female | 8 | 1.9 |  |  |  |  |
| Nutrition |  |  |  |  |  |  |
| 1. Percentage of infants 0 – < 06 months of age who are fed exclusively with breast milk   Disaggregated by: Sex | 2 | 3.5 |  |  | Fed exclusively: Infant is fed breast milk (including milk expressed from a wet nurse) and nothing else, not even water.  ● Infants may be given ORS, drops, syrups (vitamins, minerals, medicines).  ● This is based on recall of the previous day. | Survey data of mothers and caregivers of infants less than 6 months of age at the time of the intervention  Questions: D02 to D12 |
| * Male | 1 | 3.1 |  |  |  |  |
| * Female | 1 | 4 |  |  |  |  |
| 1. Proportion of children 6-23 months of age who receive foods from 4 or more food group   Disaggregated by: Sex | 6 | 20.6 |  |  | The 7 food groups used for tabulation of this indicator are: - Grains, roots and tubers - Legumes and nuts - Dairy products (milk, yogurt, cheese) - Flesh foods (meat, fish, poultry and liver/organ meats) - Eggs - Vitamin-A rich fruits and vegetables - Other fruits and vegetables. (based on previous day recall) | Survey data of mothers and caregivers of children 6-23 months of age at the time of the intervention  Questions: D02 to D12 |
| * Male | 3 | 19.7 |  |  |  |  |
| * Female | 3 | 21.5 |  |  |  |  |
| 1. a) Number of people admitted Management of Acute Malnutrition sites   Disaggregated by: Sex | 104 | 23.5 |  |  | Admitted: the number of malnourished people that enter a treatment program  Rates:  ● Recovery rate: Number of people who have reached the discharge criteria of success defined for the program  ● Defaulter rate: Number of people who did not return for treatment two consecutive times over the number of people enrolled in the program  ● Death rate: Number of people who died while registered in a community-based management of acute malnutrition program  ● Relapse rate: Number of beneficiaries re-admitted to the program after having been successfully discharged as recovered within the last two months (This is a new episode of Severe Acute Malnutrition [SAM]).  Length of stay: The number of days elapsed between admission and discharge. | CMAM Register (Compile data from supported health facilities and nutrition centers.)  (Note: This source of data is not available in all new facilities and there is doubt of completeness/quality in the others. So, decided to collect the required data using this survey. This is for all the indicators using the source) |
| * Male | 64 | 15.1 |  |  |  |  |
| * Female | 95 | 22.4 |  |  |  |  |
| Disaggregated by: Age |  |  |  |  |  |  |
| * Children 0<6 months | 16 | 10.1 |  |  |  |  |
| * Children 6<23 months | 46 | 28.9 |  |  |  |  |
| * Children 24-59 months | 15 | 9.4 |  |  |  |  |
| * Children ≥ 5 | 30 | 18.9 |  |  |  |  |
| * Pregnant and lactating women. | 52 | 32.7 |  |  |  |  |
| 1. Rates of recovery | 126 | 79.2 |  |  |  |  |
| 1. Default | 6 | 3.8 |  |  |  |  |
| 1. Death | 4 | 2.5 |  |  |  |  |
| 1. Relapse | 7 | 4.4 |  |  |  |  |
| 1. D’know | 5 | 3.1 |  |  |  |  |
| 1. others | 11 | 6.9 |  |  |  |  |
| 1. Average length of stay | 23 |  |  |  |  |  |
| 1. Number of animals owned per individual   Disaggregated by: Type |  |  |  |  | This indicator counts the number of domestic animals owned by individuals who have directly benefited from USAID/OFDA-funded project interventions (not including secondary beneficiaries such as related household members or community members). Animals are defined as any non-aquatic organism reared to produce commodities, including birds, mammals, reptiles, etc. An animal is considered owned if it possessed by a person who has full claim to that animal | Survey or official government statistics specific to area of intervention  **Questions: D13 to D15** |
| * Cattle and buffalo | 0.8 |  |  |  |  |  |
| * Camelids (e.g., camels, lamas) | 0.1 |  |  |  |  |  |
| * Goats and sheep | 2.9 |  |  |  |  |  |
| * Poultry (e.g., chickens, ducks) | 2.8 |  |  |  |  |  |
| * Horses, donkeys and mules | 1.4 |  |  |  |  |  |
| * Swine (pigs) | 0.0 |  |  |  |  |  |
| * Micro-stock (e.g., rabbits, guinea pigs, cane rats) | 0.1 |  |  |  |  |  |
| * Bees (queen or colony) | 0.1 |  |  |  |  |  |
| * Farmed wildlife (e.g., zebra, eland) | 0.0 |  |  |  |  |  |
| WASH |  |  |  |  |  |  |
| 1. Percent of households targeted by the WASH promotion program that are properly disposing of solid waste |  | 86 |  |  | This indicator measures the presence of proper solid waste disposal practices at household level.  Proper disposal of solid waste means that households  1. Have access to appropriate hardware for disposal of solid waste; and  2. Demonstrate appropriate usage of this hardware.  While “appropriate” hardware is contextual, it generally includes any household or communal refuse bin or pit which, when used properly, adequately reduces public health risks associated with vectors, flooding, and contamination of water sources.  Appropriate usage means that  1. There is no unhealthy accumulation of solid waste in the living area; and  2. The hardware is operated and maintained as designed (e.g., bins have lids, waste in pits is regularly covered with soil or ash, no obvious vector issues). | Records from statistically valid household surveys  The presence of proper household solid waste disposal practices is measured by interview and direct observation. To determine if the household’s solid waste disposal practice complies with the definition, enumerators will  1. Ask the respondent where his/her household disposes its solid waste; 2. Observe the stated disposal site and determine whether it is “appropriate” and properly operated and maintained; and  3. Assess the living area for unhealthy accumulations of solid waste.  Questions: E01, E02 |
| 1. Percentage of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands   Disaggregated by: Sex |  | 25.5 |  |  | This indicator measures individuals’ knowledge of the hand washing practices which are most effective at preventing the spread of pathogens along the fecal-oral cycle. The five critical times to wash hands are defined as 1. After defecation/using the toilet; 2. Before eating; 3. After changing diapers or cleaning a child’s bottom; 4. Before preparing food; and 5. Before feeding an infant. | Records from statistically valid household surveys are preferred  Questions: E03 to E05 |
| * Male |  | 5.2 |  |  |  |  |
| * Female |  | 20.3 |  |  |  |  |
| 1. Percentage of households targeted by the hygiene promotion program who store their drinking water safely in clean containers | 267 | 63.0 |  |  | This indicator measures the existence of safe household water storage practices that reduce the risks of post-collection water contamination.  This indicator requires that water be stored in safe containers and that those containers be clean. A safe water storage container is defined as a drinking water storage vessel which limits the risk of contamination and prevents dipping instruments or hands from coming in contact with the water (e.g. sealed/covered buckets with spigots or narrow-necked jerry cans). The determination of whether a container is clean is based on the presence/absence of dirt, grime, sediment, or other foreign substances on the interior or exterior surfaces of the container | Records from statistically valid household surveys. The existence of safe water storage practices is measured by direct observation during the household survey.  **Questions: E06** |
| 1. Percentage of households targeted by the hygiene promotion program with no evidence of feces in the living area |  | 80% |  |  | This indicator measures the effectiveness of hygiene promotion efforts to reduce the practice of open defecation in immediate living areas.  For this indicator, feces includes both human and animal feces | Records from statistically valid household surveys. The presence of feces in the living area is measured by direct observation during the household survey.  **Questions: E07, E08** |
| 1. Percentage of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional |  | 80 |  |  | This indicator measures the cleanliness and operational status of all excreta disposal facilities built or rehabilitated by the program in targeted health facilities.  For this indicator, an excreta disposal facility is defined as  • A simple pit latrine;  • A VIP latrine; or  • A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer  Clean is defined as  • The absence of feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the excreta disposal facility; and  • The absence of unreasonably noxious odors and excess flies which may cause users to avoid the facility.  A “functional” excreta disposal facility at a health facility must  1. Be constructed of cleanable material;  2. Be supplied with water if water is required for flushing or anal cleansing;  3. Be lockable from the inside; and  4. Have a handwashing station with soap and water located no more than ten meters away | For the numerator, records from an assessment of all excreta disposal facilities during a health facility survey. For the denominator, project records.  The functionality of all (100%) excreta disposal facilities built or rehabilitated by the program in health facilities should be assessed by direct observation during a cross-sectional survey no earlier than three months after building or rehabilitating.  Direct observation checklists are drafted to check cleanliness of excreta disposal facilities and hand-washing stations that the project has directly build/rehabilitate or assist building/rehabilitating. This will not be collected by the HH questionnaire but rather using cross-sectional survey as recommended. |
| 1. Percentage of hand washing stations built or rehabilitated in health facilities that are functional |  | 47.8 |  |  | This indicator measures the operational status of all hand washing stations built or rehabilitated by the program in targeted health facilities. Handwashing facilities are generally associated with either a latrine or common area accessible to staff, patients, and caregivers.  A “functional” handwashing station associated with a latrine must  1. Be located no more than 10 meters from the latrine;  2. Have both soap and water present; and  3. Appropriately manage gray water  A “functional” handwashing station associated with other common areas accessible to staff, patients, and caregivers must  1. Be in a location which makes hand washing convenient to patients, caregivers, and staff;  2. Have both soap and water present; and 3. Appropriately manage gray water. | For the numerator, records from an assessment of all handwashing stations during a health facility survey. For the denominator, project records.  The functionality of all (100%) hand washing USAID/OFDA Proposal Guidelines Water, Sanitation, and Hygiene PIRS pg. 26 stations built or rehabilitated by the program in health facilities should be assessed by direct observation during a cross-sectional survey no earlier than three months after building or rehabilitating.  This will not be collected by the HH questionnaire but rather using cross-sectional survey as recommended |
| 1. Percentage of households targeted by latrine construction/promotion program whose latrines are completed and clean |  | 37.8 |  |  | This indicator measures the program’s effectiveness in facilitating the construction of household latrines in order to prevent human excreta from being a source of contamination. Facilitation can range from direct construction by your organization (100% subsidy) to promotion of household latrines with no subsidy  A latrine is defined as  • A simple pit latrine;  • A ventilated improved pit (VIP) latrine; or • A flush latrine (pour-flush or cistern-flush) connected to a pit, septic, or sewer.  A “completed” latrine means that it is designed, located, built and maintained in a way that  1. Enables safe and convenient access to all users, and  2. Safely contains excreta so that it is not a source of contamination.  For this indicator, clean is defined as  1. the absence of feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the latrine; and  2. The absence of unreasonably noxious odors and excess flies which may cause users to avoid the latrine. | If a census of targeted households is conducted, the data source for the numerator will be observation records from household visits. For the denominator, the data source will simply be an enumeration of the targeted households.  If a representative, household survey is conducted, then the data source will be records from statistically valid household surveys  The enumeration of households whose latrines are completed and clean (the numerator) is measured by direct observation during a census or sample survey of households targeted by the program.  **Questions: E09** |
| 1. Percentage of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources |  | **54.9** |  |  | This indicator measures the proportion of the population that is collecting water for drinking, cooking, and hygiene solely from improved water sources.  This indicator focuses only on water collected for the drinking, cooking, and hygiene needs of household members. This excludes water collected for livestock, agriculture, gardening, construction, or other livelihood generating purposes  An “improved source” is one which has the potential to deliver safe water by nature of its design and construction. Specifically, for this indicator, an improved source is limited to: piped water; boreholes or tubewells; protected dug wells; protected springs; protected rainwater collection systems; packaged or delivered water; and emergency water treatment systems. | Records from interviews conducted during statistically valid household surveys are preferred. Other reliable population-based survey methods (e.g., people at water points) may be used when household surveys are not possible.  Questions must be open ended, e.g.: “From which source(s) do you collect water for drinking, cooking, and hygiene?”, “Are there times when water is unavailable from these sources?”; “If yes, where do you collect water for drinking, cooking, and hygiene when it is unavailable from these sources?;” “Do you collect water for drinking, cooking, and hygiene from any other sources other than those mentioned?”  **Questions: E10 to E17** |
| 1. Percentage of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers |  | 8.8% |  |  | This indicator assesses beneficiary households’ satisfaction with the contents of WASH NFIs (non-food items) received.  The primary purpose of WASH NFIs is to enable water, sanitation, or hygiene related behaviors | Records from PDM surveys.  When reporting, please state the type of survey conducted (e.g., household survey or focus group discussions). In either case, the sampling frame is limited to those households receiving WASH NFIs either through direct distribution or vouchers  Questions to assess satisfaction may include 1. Were you satisfied with the variety of hygiene items your household received in the kit (or was able to purchase with the voucher)?  2. Why or why not?  3. What additional items would you have liked to receive in the kit (or have included in the voucher)?; and  4. Were there any items which you did not use? If so, why not?  Please refer to the WASH NFI section in the Proposal Guidelines for a full list of sample questions recommended for PDM surveys.  **Questions: E18 to E25** |
| 1. Percentage of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers or cash. |  | 7.4% |  |  | This indicator assesses beneficiary households’ satisfaction with the quantity of WASH NFIs received. | Records from PDM surveys. When reporting, please state the type of survey conducted (e.g., household survey or focus group discussions). In either case, the sampling frame is limited to those households receiving WASH NFIs either thru direct distribution or vouchers, or cash.  Questions to assess satisfaction with the quantity of WASH NFIs may include  1. Were there any issues with the quantity of items provided (or purchased with the voucher/cash?; and  2. If yes, which items and why.  Refer to the WASH NFI section in the Proposal Guidelines for a full list of sample questions recommended for PDM surveys.  **Questions: E26, E27** |

## Annex 3: Data Collection Tools

**Identification:**

***Moafa* Evaluation Survey**

**(WASH, Nutrition and Health Integrated Project – Central Darfur – USAID OFDA Funded)**

**(Quantitative Households’ Survey)**

Questionnaire for Randomly Selected Households

**INTRODUCTION AND CONSENT**

| **Guidance for introducing yourself and the purpose of the interview:**  **Assalamualaikum!** My name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and I am representing *CRS Organization.*   * CRS is implementing an integrated Health Nutrition and WASH Project called (Moafa). You are one among the project beneficiaries. Now we are conducting a survey at the beginning of the project to obtain evaluation information that can be used to learn about the project outcomes in meeting its objectives. * You have been selected **by chance** for this interview. Your participation in the survey is ***voluntary***. * The information that you (and your family) give will be ***confidential***. It will be used to prepare report but will not include any specific names. There will be no way to identify that you gave this information. * Could you please spare some time (around 40 minutes) for the interview?   At this time, do you want to ask me anything about the survey?  May I begin the interview now? | |
| --- | --- |
| **RESPONDENT AGREES TO BE INTERVIEWED 1 →START**  **RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →Fill-up SAMPLE IDENTIFICATION→END**  20.5  0  2  0 | |
| Name of the interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: --  dd mm yyyy |

|  |  |
| --- | --- |
| Locality name/code:…………..…………….. | Name of the village/code: …………………..………… |

**MODULE – A: Respondant’s Information**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| --- | --- | --- | --- |
| A01 | Who is the prime respondent?  ***[SINGLE RESPONSE]*** | Household Head 1  Spouse 2  Son/daughter 3  Other household member 4 |  |
| A02 | Sex of the respondent? | Male 1  Female 2 |  |
| A03 | Age of the respondent? | Years |  |
| A04 | Sex of the HH Head? | Male 1  Female 2 |  |

**MODULE - B: Household Demographics**

*[****INSTRUCTION:*** *PLEASE ASK THIS QUESTION FOR THE HOUSEHOLD MEMBERS WHO LIVES IN THE SAME HOUSE UNDER THE SAME ROOF AND TAKE MEAL TOGETHER BY COOKING IN THE SAME POT. HOUSEHOLD MEMBERS LIVE OUTSIDE FOR MORE THAN six MONTHS SHOULD BE EXCLUDED FROM NUMBER OF HOUSEHOLD MEMBER COUNTING].*

***INTRODUCTION:*** *Now I would like to ask you about the members living in this household and their sex and age groups*

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | **SKIP** | |
| --- | --- | --- | --- | --- | --- | --- |
| B01 | How many persons in total in this household (including the HH Head)? | Persons | | |  | |
| B02 | How many household members are in the following age group by sex?  ***[INSTRUCTION: CHECK THE TOTAL AND VERIFY IT WITH B01. IF DIFFERENT CORRECT WITH RESPONDENT]*** |  | Male | Female |  | |
| 1. 0 to 23 months 2. 24 to 59 months |  |  |
| 1. 5 – 14 years |  |  |
| 1. 15 – 49 years |  |  |
| 1. 50 – 64 years |  |  |
| 1. 65 years and above |  |  |
| 1. TOTAL |  |  |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | **SKIP** |
| B03 | Are there pregnant women in this HH? | Yes 1  No 2  Don’t know 3 | | | **2 →B05 3→B05** |
| B04 | Please tell us how many pregnant women do have in this HH? | women | | |  |
| B05 | Are there lactating women in this HH? | Yes 1  No 2  Don’t know 3 | | | **2 →B07 3→B07** |
| B06 | Please tell us how many lactating women do have in this HH? | women | | |  |
| B07 | Is there any disabled person in this HH? | Yes 1  No 2  Don’t know 3 | | | **2 →C01 3→C01** |
| B08 | Please tell us how many disabled persons in this HH? | persons | | |  |

**MODULE C: Health**

[**INTRODUCTION**: Now we will discuss about health and health care seeking of members in this household including of pregnant women and newborn babies, PLWS’ nutrition and community health**]**

| NO. | Question | Answers Categories and coding | | Skip |
| --- | --- | --- | --- | --- |
| **Sub Sector: Communicable Diseases** | | | | |
| C 01 | Where do household members usually go for treatment?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE, Anywhere else? Anywhere else?]** | **Yes=1, No=2**   1. At home 2. Faki 3. Imam 4. Traditional Healer 5. Community Health Worker (Moawin) 6. Health Facility (health Center) 7. Health Facility (Hospital) 8. Other (Specify) | |  |
| **Sub Sector: Reproductive Health** | | | | |
| C02 | Have any women in your HH given birth in last one year? | Yes ………………………….……………………………………………. 1  No …………………………………………………………………………. 2  Don’t Know …………….……………………………………………. 3 | | **2→C16a**  **3→C16a** |
| C03 | How many women in your HH given birth in last one year? | women | |  |
| **PLEASE ASK THE FOLLOWING QUESTIONS TO ALL WOMEN DELIVERED IN LAST ONE YEAR SEPERATELY, ONE AT A TIME** | | | | | |
|  | Name of the mother | **1st mother (Name)** | **2nd mother (Name)** |  |
| **C04** | **Pregnant and Lactating Women (PLW) Nutrition: PLEASE FILL-IN THIS SECTION IF B03 OR B05 ARE “YES”, FOR MAXIMUM TWO WOMEN WHO ARE EITHER CURRENTLY PREGNANT OR LACTATING. IF NO PLW, SKIP TO C10** | | | | |
|  | Name of PLW? | **1st Women ……………………** | **2nd Women ……………………** |  |
| **C05** | How old are you? |  |  |  |
| **C06** | Have you ever received education or messaging about proper feeding for a pregnant woman? | Yes 1  No 2 | Yes 1  No………………………….. 2 | **2→C10** |
| **C07** | Who trained you or offered the messages?  Anybody else? Anybody else?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]** | Yes=1, No=2   1. The midwife 2. NGO Worker 3. Neighbor 4. Moawin 5. Other specify | Yes=1, No=2   1. The midwife 2. NGO Worker 3. Neighbor 4. Moawin 5. Other specify … |  |
| **C08** | What types of food a pregnant woman should eat? Anything else? Anything else?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]** | Yes=1, No=2   1. Cereals 2. Legumes 3. Milk and milk product 4. Fruit and vegetables 5. Tuber and root 6. Oil, butter or ghee 7. Other specify | Yes=1, No=2   1. Cereals 2. Legumes 3. Milk and milk product 4. Fruit and vegetables 5. Tuber and root 6. Oil, butter or ghee 7. Other specify |  |
| **C09** | How many times a pregnant woman should eat during the day | #: …………………………………… | |  |
| **Sub sector Community health: This sector covers community health, both preventive and treatment for Malaria and diarrhea** | | | | |
| C10 | Did you or any HH member receive any health education messages in last one year? | Yes ………………………….……………………………………………. 1  No …………………………………………………………………………. 2 | | **2 →D01** |
| C11 | How many family members received health education messages | 1. Number of women 2. Number of men | |  |
| C12 | What health education messages do you know/remember about prevention, treatment or health seeking behavior of Malaria and diarrhea? Any other? Any other?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]** | **Yes=1, No=2**   1. Using mosquito net 2. Cover/dry Stagnant water to break mosquito life-cycle 3. Washing hands 4. Treating water for domestic use 5. Take Oral Rehydration Salts (ORS) 6. Prepare and take Salt Sugar Solution (SSS) 7. Seeking treatment at the health facility 8. Other specify | |  |

**MODULE D: NUTRITION**

**Sub sector: Infant and Young Child Feeding in Emergencies**

[**INTRODUCTION**: Now we will talk about all the children of age under 2 years in this HH. We will discuss about their feeding practices, illness and care seeking**]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D01** | How many children are U2 years in the HH? [**CONFIRM THE RESPONSE WITH B02 A.**] | a. Number of children 0-23 months: | | | **0→D13** |
| **PLEASE ASK THE FOLLOWING QUESTIONS TO CAREGIVERS OF ALL CHILDREN OF AGE 0-23 MONTHS SEPERATELY, ONE AT A TIME** | | | | | |
| D02 | Name of U2 | **1st child 0-23 months [NAME]** | **2nd child 0-23 months [NAME]** | **3rd child 0-23 months [NAME]** |  |
| **D03** | Age of the child? | months | months | months |  |
| **D04** | Sex of the child? | Boy 1  Girl 2 | Boy 1  Girl 2 | Boy 1  Girl 2 |  |
| **D05** | Did you ever breastfeed [NAME]? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 | **2→D09** |
| **D06** | How long after birth did you first put (NAME) to the breast? | 1. Days 2. Hours 3. Minutes | 1. Days 2. Hours 3. Minutes | 1. Days 2. Hours 3. Minutes |  |
| **D07** | In the first three days after the delivery, was (NAME) given anything to drink other than breast milk? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 |  |
| **D08** | Did **[NAME]** breastfed yesterday during the day or at night? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 |  |
| **D09** | Did (NAME) drink anything from a spoon/cup/bottle with a nipple yesterday during the day or at night? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 |  |
| **D10** | Did (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 |  |
| **D11** | Did (NAME) given **[local name for oral rehydration solution]** yesterday during the day or at night? | Yes 1  No 2 | Yes 1  No 2 | Yes 1  No 2 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Now I would like to ask you about liquids or foods that (NAME) **had yesterday** during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. **[INSTRUCTION: ASK ABOUT ALL FOODS/FOOD GROUPS ONE BY ONE]** | | | | | | | |
| **D12** | 1. Plain water | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Fresh Juice or juice drinks | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Milk such as tinned, powdered, or fresh animal milk? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? |
| 1. Infant formula (e.g. leben el um, Lactogen)? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? |
| 1. Any other liquids? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? |
| 1. Yogurt? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? | Yes 1  No 2 | If yes, how many times? |
| 1. Any commercially fortified baby food like Cerelac? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Bread, rice, noodles, porridge, or other foods made from grains? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. White potatoes, white yams, manioc, cassava, or any foods made from roots? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Any dark green, leafy vegetables (eg. rudu or tamleka) | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Ripe mangoes, papayas, jackfruit or other Vitamin A rich fruits? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Any other fruits like banana, grapes, apple, guava or other? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Liver, kidney, heart or other organ meats? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Any meat, such as beef, camel, lamb, goat, chicken, or duck? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Eggs? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Fish, seafood, shellfish? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Any foods made from beans, peas, lentils, or nuts? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Cheese or other food made from milk? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. Any other foods (SPECIFY)? | Yes 1  No 2 | | Yes 1  No 2 | | Yes 1  No 2 | |
| 1. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids **yesterday** during the day and at night as meal or snacks? | How many times? | | How many times? | | How many times? | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub sector Livestock: This section discusses ownership of livestock by type and number per HH and vet services/support received by the HH.** | | | | |
| D13 | How many animals do the HH own by type?  ASK FOR EACH ANIMAL LISTED. RECORD 0 IF THE TYPE IS NOT OWNED. | 1. Cattle? 2. Camels? 3. Goats and sheep? 4. Poultry (e.g., chickens, ducks) ? 5. Horses, donkeys and mules? 6. Bees (queen or colony) ? 7. Micro-stock (e.g., rabbits) ? 8. Farmed wildlife (e.g., ghazzal) ? 9. Others (specify) ? | |  |
| D14 | Did your household receive any livestock assistance from Community Animal Health Workers or Gov. veterinary services in last one year? | | Yes ………………………………………………………………. 1  No ………………………………………………………………. 2  Don’t Know …………….……………………………………. 3 | 2 →E01 3→E01 |
| D15 | What vet services/support did they receive? Anything else? Anything else?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]** | Yes=1, No=2   1. Training on poultry production, animal health and safe handling 2. Awareness on nutrition value (egg, meat) 3. Other (specify)   ……………………………………………………………………………………… | |  |

**MODULE – E: Access to Water, Sanitation and Hygiene**

***[INTRODUCTION:*** *Now I would like to ask you about the household access in essential services for water, sanitation, hygiene. I will ask you one by one for each of the services]*

| **NO.** | | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | ***SUB SECTOR: Environmental Health*** |  | | | |  |
| E01 | | What Environmental Health services did your household receive in last one year? Anything else? Anything else?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. Solid waste Management 2. Vector control 3. Drainage system 4. Treatment of stagnant water 5. Other specify | | | |  |
| E02 | What do you do with the solid waste (garbage) from your house?  [SINGLE RESPONSE]  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | household refuse bin 1  Pit within the yard 2  Communal refuse bin 3  Pit at the outskirts of the village 4  Solid waste disposal site created by the program 5  Solid waste burning site 6  Just through over the wall/fence 7  Take to the water stream/wadi 8  Other specify 9 | | | |  |
| **Sub-sector: Hygiene Promotion** | | | | | | | |
| E03 | | Please state all the occasions when it is most important to wash one’s hands? Any other? Any other?  ***Instruction:*** *Better to ask this question the mother/caregiver of children under 5 years of age. If not available, then ask the respondent.*  *(Multiple response possible. DO NOT read the choices but probe and mark all that)* | Yes=1, No=2   1. Before eating 2. Before preparing food 3. After using the latrine 4. After washing children bottoms 5. Before feeding a child 6. After eating 7. After shaking hands with others 8. When hands are dusty/dirty 9. Other specify…………………………………………………….   …………………………………………………………………. | | | |  |
| E04 | | For the occasions mentioned in E03, what do you use to wash your hands?  ***Instruction:*** *ask the question only for the options mentioned in E03* | **Handwashing** (Critical time)  **Yes = 1**  **No = 2** | | **What do you use to wash hand?**  1= Soap or detergent  2= Ash, 3= Sand, 4=Nothing | |  |
| 1. Before eating **1→** 2. Before preparing food **1→** 3. After using the latrine **1→** 4. After washing children bottoms **1→** 5. Before feeding a child **1→** 6. After eating **1→** 7. Before feeding a child **1→** 8. When hands are dusty/dirty **1→** 9. Other specify…………………………….**1→**   ……………………………………………… | | |  |
| E05 | Why is it important to wash your hands? Any other? Any other?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. Don’t know 2. For cleanliness 3. To prevent diarrhea 4. Other specify……………………………………………………. | | | |  |
| E06 | | **Observe**: How do the HH stores the drinking water? | Keep water ***COVERED*** Clean in the container 1  Keep water ***UNCOVERED*** Clean in the container 2  Keep water ***COVERED* DIRTY** in the container 3  Keep water ***UNCOVERED*** **DIRTY** in the container 4 | | | |  |
| E07 | | Observe: is there **HUMAN** feces inside or around the compound? | Yes 1  No 2 | | | |  |
| E08 | | Observe: is there **ANIMAL** feces inside or around the compound? | Yes 1  No 2 | | | |  |
| **Sub-sector: Sanitation** | | | | | | |
| E09 | | **OBSERVE** if the HH latrine is complete and clean  Completed and clean means options A, B, C and D  Note: Clean slab and around the latrine mean:  1- the absence of feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the latrine  2- The absence of unreasonably noxious odors and excess flies which may cause users to avoid the latrine | | **Yes=1, No=2**   1. Enables safe and convenient access to all users 2. Safely contains excreta (not a source of contamination) 3. Clean slab and around the latrine 4. Absence of odor and flies 5. Household don’t have latrine | | |  |
| **Sub-sector: Water Supply** | | | | | | |
| E10 | | From which source(s) do you collect water for drinking, cooking, and hygiene? Any other? Any other?  [MULTIPLE RESPONSE]  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. piped water 2. boreholes or tube wells (hand-pump) 3. protected dug wells 4. protected springs 5. protected rainwater collection systems 6. delivered/emergency water (treated) 7. Surface water (pond, river, canal) 8. Unimproved hand dug well 9. underground tank 10. From water venders (unknown sources) 11. Other (specify) | | | |  |
| E11 | | Are there times when water is unavailable from these sources? | Yes 1  No 2 | | | | **2 →E17** |
| E12 | | Where do you collect water for drinking, cooking, and hygiene when it is unavailable from these sources? Any other? Any other?  ***[MULTIPLE RESPONSE]***  **[INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]** | **Yes=1, No=2**   1. piped water 2. boreholes or tube wells (hand-pump) 3. protected dug wells 4. protected springs 5. protected rainwater collection systems 6. delivered/emergency water (treated) 7. Surface water (pond, river, canal) 8. Unimproved hand dug well 9. underground tank 10. From water venders (unknown sources) 11. Other (specify) | | | |  |
| E13 | | How long does it take you to go there, get water, and come back in the dry season? | a. Round trip Minutes | | | |  |
| E14 | | How far is the water point from your home to fetch water in the dry season?  Give some hints to get the right answer | Km  *[RECORD 00 IF LESS THAN 1 KM]* | | | |  |
| E15 | | Do you think the water source that you are using for household consumption for drinking is safe? | Yes 1  No 2 | | | |  |
| E16 | | What do you usually do to make the water safer to drink? Anything else? Anything else?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. Do nothing 2. Use filter 3. Boil water 4. Use chlorine tablet 5. Use halogen tablet 6. Use solar disinfection process 7. Other specify……………………………………………………. | | | |  |
| E17 | | How much water do you collect per day (number of jerry cans of 20 liter)  [Even if the HH is using small size containers, convert to 20-liter size] | Jerry-cans | | | |  |
| **Sub-sector: WASH Non-food Items** | | | | | | |
| E18 | | Did the HH receive any WASH Non-food items (NFIs) in last one year? | Yes 1  No 2 | | | | **2→END** |
| E19 | | In what form the WASH Non-food items were received? | 1. Kits 2. voucher 3. other (specify) | | | |  |
| E20 | | What WASH items did the HH receive? Anything else? Anything else?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]  *(miscellaneous hygiene items include: shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.)* | **Yes=1, No=2**   1. water transport/storage containers (Jerrycans) 2. Soap 3. menstrual hygiene management materials 4. miscellaneous hygiene items 5. Others (specify) | | | |  |
| E21 | | Were you satisfied with the variety of hygiene items received in the kit (or was able to purchase with the voucher)? | Yes 1  No 2  Don’t know 3 | | | |  |
| E22 | | Were there any items you did not use? | Yes 1  No 2 | | | | **2→E31** |
| E23 | | What items you did not use? Any other? Any other?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]  ***COMPARE THE ANSWER WITH E27*** | **Yes=1, No=2**   1. water transport/storage containers (Jerrycans) 2. Soap 3. menstrual hygiene management materials 4. miscellaneous hygiene items | | | |  |
| E24 | | Why you did not use the items?  Any other? Any other?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. the item is not needed 2. no one know what to do with the item 3. the item is not useful 4. other (specify) | | | |  |
| E25 | | What additional items would you like to receive in the kit (or have included in the voucher)  Any other? Any other?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE] | **Yes=1, No=2**   1. Ebreeg (water container for ablution) 2. Bucket (for Bathroom) 3. Tipi-tap 4. other (specify) | | | |  |
| E26 | | Were you satisfied with the Quantities of WASH NFIs received? | Yes 1  No 2  Don’t know 3 | | | | **1→END** |
| E27 | | What items would you like to receive more? Any other? Any other?  ***[MULTIPLE RESPONSE]***  [INSTRUCTION: DO NOT READ THE ANSWERS BUT PROBE]  ***COMPARE THE ANSWER WITH E27*** | **Yes=1, No=2**   1. water transport/storage containers (Jerrycans) 2. Soap 3. menstrual hygiene management materials 4. miscellaneous hygiene items | | | |  |

***End of Questionnaire Thank the respondent for the information***

***Annex 3 - Checklist***

***MOAFA* Evaluation Survey**

**(WASH, Nutrition and Health Integrated Project – Central Darfur – OFDA Funded)**

**(Excreta Disposal Facilities and Hand washing stations – Direct Observation checklist)**

|  |  |
| --- | --- |
| Locality: ………………………………….. | Name of the village: ………………………… |
| Name of the interviewer:…………………. | Date the facility was built: …………………….. |
| Date of the interview: …………………….. | GPS location of the Health Center: ……………… |

**Instructions:**

1. Fill-in this checklist only for facilities built or rehabilitated by the program in health facilities;
2. Your assessment should be through direct observation

**Excreta Disposal Facilities**

1. Type of the excreta disposal facilities
2. A simple pit latrine;
3. A VIP latrine; or
4. A flush latrine.
5. Check the excreta disposal Cleanliness by observing the following:
6. Do you observe feces or used anal cleansing material on the slab and within a five-meter radius around the exterior of the excreta disposal facility? YES  No:

Notes:

1. Do you observe any unreasonably noxious odors and excess flies which may cause users to avoid the facility? YES  No:

Notes:

1. Is the excreta disposal facility built from cleanable materials? YES  No:

Notes:

1. Is the facility supplied with water? Do you observe adequate quantity of water and water containers sufficient for flushing or anal cleansing YES  No:

Notes:

1. Is the facility lockable from the inside? YES  No:

Notes:

**Hand Washing Station:**

1. How far is the station from the latrine?
2. Is it located no more than 10 meters from the latrine?

YES  No:

Notes:

1. . Does it have both soap and water present? YES  No:

Notes:

1. What is the status of grey water? Is it appropriately managed? YES  No:

Notes:

1. Is the location of the station makes hand washing convenient to patients, caregivers, and staff? YES  No:

Notes:

General Remarks:

**Annex 4: FGD & KIIs Checklists**

**MOAFA Final Evaluation Survey**

**(WASH, Nutrition and Health Integrated Project – Central Darfur – OFDA Funded)**

**(Qualitative Topical Checklists- FGD and KII)**

1. **General Instruction:**

* The group needs to be large enough to generate rich discussion but not so large that some participants are left out. The focus group should be of ***six to ten*** people led through an open discussion by a skilled moderator.
* The participants should know in advance on place, time and how long they will be engaged.
* The FGD will be conducted by a team consisting of a moderator and assistant moderator. The moderator will facilitate the FGD and assistant moderator will take note.
* Both FGD moderators need to conceptualize the TO before conducting FGD. Please ***DO NOT*** read the questions during conducting FGD.
* To conduct mini PRA make sure you have enough flip chart, vip card (rectangle and circle shape of different colors) marker of 5 colors (red, black, blue, violet, green), note book and ball point pen and markers with different colors.

1. **Basic Information:**
2. Locality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Community : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Composition of FGD participants : Male \_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_
5. Name of the moderators 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of interview : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Introduction:**

Purpose of the Group Discussion:

***INSTRUCTION:***

1. *At this stage moderator will get consent to move forward by asking “shall we start now?”*
2. *The moderator needs to be careful that it does not grow any expectation to the participants during discussion. The approach should be - we are just collecting some information that will not give any insurance of program support as an incentive to participate in the FGD. This is important to get true information from the community.*
3. *Record quotation exactly if it comes from the participants (with name of the participant who quoted) during discussion.*
4. **WASH - FGD Questions:**

**Hygiene Promotion:**

Let the group list out the types of the Hygiene Promotion activities, they noted in the community?

***INSTRUCTION*** Let the group list the types of the hygiene activities, they observed in the community, Ask, do the group received any hygiene awareness messages before, where, who did and frequency. Let group explain the effective methods for treating a household drinking water, Let the group explain the appropriate disposal of faeces for children under U 5, Ask the group did they receive the same hygiene practice messages in two different places that including hygiene sessions, home visits and other, Ask the group, how many out of 10 persons of the community members, could receive the same hygiene education message in two different places.

1. What are the berries prevented community from adopting Hygiene promotion practices messages?

*[****INSTRUCTION:*** Ask, did they adopt received messages in their daily life, what are the changes the messages created in the community, list, ask did you faced any berries or challenges, to adopt the awareness messages. Prepare a list of challenges, Let the group explain why barriers and challenges (Social -Economic) effecting the hygiene practice in the community, Let the group discuss the difficulties and challenges. Let the group generate solution and recommendation

1. What are the factors prevent community member to adopting water treatment messages?

*[****INSTRUCTION:*** Ask the group whether they adopt the messages received, in their daily life. What changes happened to the community because of the treatment messages? Ask the group whether they faced any challenges/barriers to adopt the awareness messages. Prepare a list of challenges, and let the group explain why barriers and challenges (Social -Economic) are affecting the hand washing practice in the community Let the group to generate solution and recommendation for highlighted barriers and challenges

**Sanitation:**

1. In this community, did you noted, any of the sanitation activities conducted.

*[****INSTRUCTION:*** let the group describe these types of conducted activities, List the mentioned activities, let the group discuss each activity including accessibility, reliability, and/or affordability and quality of delivered services, (VIP) latrines and hand washing stations. Ask the group did they receive any awareness messages, concerning sanitation practice who did, where and frequency.

1. What the berries prevent community from adopting sanitation practices message?

*[****INSTRUCTION:*** Ask the group to recall some of the identified messages, ask how many out of 10 persons of the community members adopted sanitation practice messages, Ask, did they adopt received messages in their daily life, what are the changes the messages created in the community? List, ask did you faced any berries or challenges, to adopt the awareness messages? Prepare a list of challenges. Let the group explain reasons of the barriers and challenges (Social -Economic) effecting the hygiene practice in the community, let the group to discuss each challenge and generate solution and recommendation

**Environmental Health:**

1. Ask, the group, do they observe any solid waste management, activities concocted in this community.

*[***INSTRUCTION:** List the types of activities, draw a table of three columns of solid waste, drainage and vector control. Let the group sort the listed activities according the categories. Ask whether there are any cleanup/debris removal activities. Ask the group whether they received any messages regarding Environmental Health, who convey the messages, where and frequency. Let the group recall some of the received messages in this community, and let the group illustrates the types activities; focusing on accessibility, reliability, and/or affordability to services. Who delivered the services and frequency of delivery? Estimate the number of people engaged number cleanup campaigns, and ask about the quality of services delivered, on the three areas related Environmental Health

1. What are the berries prevent communities from adopting environmental health awareness messages?

*[***INSTRUCTION:** Ask, the group, whether they adopt the messages received in their daily life. What are the changes the messages created in the community? List/ask whether they faced any barriers or challenges to adopt the awareness messages. Prepare a list of challenges, Let the group explain why barriers and challenges (Social -Economic) effecting the Environmental Health practice in the community. Create a list with identified messages and ask the group to generate solutions and recommendations.

**Water Supply and NFIs:**

1. Ask the group to inform you, where they are fetching water, did they observe any activities related to the water improved service activities in the area?

*[****INSTRUCTION:*** List the types of water improved service activities., who did and when, List the source of water and types of water improved service activities., who did, use PRA map exercise let the group localize the source of water, ask about the types of water sources, quantity and quality of water in each water source, Ask about the distance, seasonal availability of water in each water source

1. Try exploring the quality of water and improved services conducted in the area?

*[****INSTRUCTION:*** Let the community inform you. How does the water improvement services, affected the water quality, and/or increased water quantity available for drinking, personal hygiene, cooking, or other households uses? Ask do they have Water-User Committee established? What are the duties of WUC? Ask the group, how do they rate WUC performance? Ask the group whether they received any awareness messages on water treatment? Who conducted the awareness? Where and at what frequency? Aske the group to recall some of water treatment messages and why water treatment is important

1. Ask the group is there any NFI distribution took place on the area, If Yes who did and when?

*[****INSTRUCTION:*** Ask the group to list the NFI package content, aske the group do they satisfied with quantity of NFI package content and why, aske the group do they satisfied with quality of NFI package content and why, Let the group generate solution and recommendation and alternatives

***[End discussion giving thanks to all participants by appreciating their valuable information and time]***

**MOAFA Final Evaluation Survey**

**(WASH, Nutrition and Health Integrated Project – Central Darfur – OFDA Funded)**

**(Qualitative Topical Checklists)**

**Nutrition**

**FGD Questions:**

1. Ask, in this community how people practice the infant and young child feeding, could you tell me do you note or hear about any of the awareness activities related Health, Nutrition and WASH sectors conducted in this community?

*[****INSTRUCTION:*** List mentioned awareness activities, ask the group, to recall of some of received messages and create a list, Draw a table of three columns, ask the group to list the received messages according to the sector: Health, Nutrition( improve infant and young child feeding practices and WASH), Ask the group who delivered the awareness messages related to improve infant and young child feeding practices, where and the frequency , ask about the importance of identified messages

1. What are the factors prevent community member from adopting awareness massages?

*[****INSTRUCTION:*** Ask do they adopt awareness message in their daily life, what are the changes the messages create in the community, list ask in your opinion what is the appropriated way of deliver awareness messages, Ask do they find any difficulties or challenges (Social - Economic – Other) to adopt received awareness messages, prepare list of challenges, Let the group generate solution and recommendation, for identified challenges.

1. In this community, which types of foods mothers are giving to the babies (0 to 5 months). Ask, what is the best food for a baby, in the age of (0 to 5 months)?

*[****INSTRUCTION:*** Create list of the answers, let the group discuss, each answer listed, From the list pick up breastfed exclusively, ask why it is important for the children 0 – 5 months. Draw a table to compare between the advantages and disadvantages of exclusive breastfeeding, ask if the group received any awareness messages on exclusive breastfeeding. Ask who did, where and frequency, Ask the group to recall some of the messages, let the group. explain appropriate and ideal breastfeeding process including duration and actions Ask, why they are important

1. What are the berries prevent community member to adopting breastfeeding messages?

*[****INSTRUCTION:*** Ask, did they adopt received messages in their daily life, what are the changes the messages created in the community, list, ask did you faced any berries or challenges, to adopt the awareness messages. Prepare a list of challenges, Let the group explain why barriers and challenges (Social -Economic) effecting the exclusive breastfeeding in the community, Let the group to generate solution and recommendation for highlighted barriers and challenges

1. In this community usually which types of food, usually mothers give to the children 6 to 23? Ask, what is the best to the children 6 to 23?

*[***INSTRUCTION:** List the types of food and with helping the group categorized according to the 7 food groups , give the group idea about the advantages of using food from the 7 food group, [ Ask the group, did you received awareness messages on using food from the 7 groups, Ask the group to recall some of the awareness messages, Ask do the group satisfied the way of delivered messages, Ask, what are the appropriate ways of deliver the awareness messages

**7 Food Groups**

1. Grains, roots and tubers 2. - Legumes and nuts

3. Dairy products (milk, yogurt, cheese) 4. Flesh foods (meat, fish, poultry

5. liver/organ meats 6. Eggs

7. Vitamin-A rich fruits and vegetables and other fruits and vegetables

1. Are there berries prevent community member to adopt/use food from the 7 groups messages?

*[***INSTRUCTION:** Did they adopt received messages in their daily life, what are the changes the messages created in the community, list, ask did you faced any berries or challenges, to adopt the awareness messages. Prepare a list, Let the group explain why barriers and challenges (Social -Economic) effecting using food from the 7 groups in the community, Let the group to generate solution and recommendation for highlighted barriers and challenges

***[End discussion giving thanks to all participants by appreciating their valuable information and time]***

**Annex 5:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Targeted Population and sample size by village** | | | | **sample size:** | | **211** | |  |  |  |
| **Locality/ Location** | **Code** | **Village/Community** | **Individual in Target Community** | **Households in Target Community** | **Status of Phone Network** | | **Remarks** | | **Sample** | **Interval** |
| Um-Dukhun | 01 | Baltibe | 15713 | 3143 | Poor Coverage | |  | | 46 | 69 |
|  | Main V Murraya | 7992 | 1598 | No Coverage | | Inaccessible during rainy season | |  |  |
|  | Sorrei | 15000 | 3000 | No Coverage | |  | | 43 | 69 |
|  | Main V Ab Jaradel | 30365 | 6073 | No Coverage | | inaccessible during rainy season | |  |  |
| Sub-total |  |  | **69070** | **13814** |  | |  | | 89 |  |
| Golo | 02 | Terro | 8271 | 1654 | No Coverage | |  | | 25 | 67 |
|  | Jokestei | 10535 | 2107 | No Coverage | | Security Concern | |  |  |
|  | Bardani | 10038 | 2008 | No Coverage | |  | | 30 | 67 |
|  | Saga Dir | 14100 | 2820 | No Coverage | | Security Concern | |  |  |
| Sub-total |  |  | **42944** | **8589** |  | |  | | 55 |  |
| Rokero | 3 | Rokero | 10644 | 2129 | Good Coverage | |  | | 35 | 60 |
| Funga Souq | 9630 | 1926 | Good Coverage | |  | | 32 | 60 |
| Abonga | 6792 | 1358 | No Coverage | |  | |  |  |
| Sollo | 13260 | 2652 | Poor Coverage | |  | |  |  |
| Dyia | 12305 | 2461 | No Coverage | | Security Concern | |  |  |
| Sub-total |  |  | **52631** | **10526** |  | |  | | **67** |  |
| **Total** | **Total** |  | **164645** | **32929** |  | |  | | **211** |  |

* Communities selected for the study two from each locality. Villages with phone network coverage are prioritized to the others.
* Un-accessible villages due to security reasons or road accessibility because of the rainy season were excluded from the selection.
* Number of respondents are calculated in two steps: the 1st relative to the sample size (211) based on the locality population size and the 2nd is based on the number of households in each community.

1. USAID - Gide for Adopting Remote Monitoring Approaches During COVID-19 – May 2020 [↑](#footnote-ref-1)
2. IDPS are hosted in these communities [↑](#footnote-ref-2)
3. Moafa baseline study April 2020 [↑](#footnote-ref-3)