

TECHNICAL PROTOCOL

FOR

SMART Survey in Tonj North County, Warrap State, South Sudan

Submitted by

REACH Initiative

REACH An initiative of
IMPACT Initiatives
ACTED and UNOSAT

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1.0 BACKGROUND

1.1 Introduction

Warrap State, South Sudan lies between longitudes 28 and 30 degrees east of the meridian and latitudes 7 and 9 degrees north of the Equator. Its altitude ranges between 456m above sea level in the south and 428m above the sea level in the north. The state is bordered by the following six states: Western Equatoria in the southwest, Western Bahr El Ghazal in the west, Northern Bahr El Ghazal in the Northwest, Southern Kordofan in the North, Warrap in the Northeast, and Lakes in the southeast. The State has six counties: Tonj South, Tonj East, Tonj North, Gogrial East, Gogrial West and Twic Counties, and a total area of 31,027 km². The population of Warrap State was estimated to be 920,045 in the 2008 census and currently projected at 1,696,671¹.

In terms of access, the areas where frequent attacks, mainly related to cattle raiding across neighboring counties and communal (inter-clan) conflicts, have been reported are located along the borders with Warrap and Lakes States, and include Tonj and Manyang Ngok Payams in Tonj South County, Wunlit, Makuac, Paliang and Paweng Payams in Tonj East County, Marial Lou, Akop, Alabek and Aliek Payams in Tonj North County, Toch North, Toch East (ibid).

According to the South Sudan Conflict Sensitivity Resource Facility (CSRF) county profiles², the information available for Tonj North includes the following: "Tonj North is one of the counties located in Warrap state. It borders Tonj East to the south-east, Tonj South County to the south, and Gogrial East County to the north-west. It also borders Unity state (Mayom, Koch and Mayendit counties) to the east and Western Bahr El-Ghazal state (Jur River county) to the south-west. The county is situated in the western floodplain's sorghum and cattle livelihoods zone³. It is the largest county in Warrap State and stretches from Western Bahr El-Ghazal State in the west to Warrap State in the east. The landscape is characterized by flat grassland and tropical savannah. A recent study indicates that 70% of households engage in agriculture⁴. Planting is conducted during the rainy season and the main crops are sorghum, simsim, millet, ground nut peas, okra, and pumpkin. Fishing is also a key livelihood in the county, and dry fish is exported to markets such as Wau. Culturally, cattle are highly valued and play a significant role in society as a sign of social status and wealth. FAO and WFP reported in 2019 that ox-ploughs were used in the area, allowing for higher crop yields. However, access to such tools to maintain livelihoods may be lost during times of insecurity and displacement, and there can be cultural barriers to using cattle to pull ox-ploughs. Pastoralists throughout Tonj North – like others from Tonj South, Abyei and Lakes/Warrap States – migrate during the dry season in search of water in various parts of the northeastern and eastern Warrap State. Livelihoods can be disrupted by recurring resource and migration disputes and cattle raiding in conflict-prone payams of Tonj North that border Tonj East County (Kirrik, Rualbet, Marial Lou) and Warrap State (Akop and Alebek)".

The latest Inter-Agency Needs Assessment (IRNA) in Tonj North, dated from August 2022, states that at least 54% of the population in the county (165,000 people) are affected each year by recurrent subnational violence and seasonal flood⁵. Information coming from this assessment also shows that, "As of 2021, 90,000 people were displaced within Warrap state due to subnational violence triggered by cattle raid and revenge attacks. Among the displaced people, there were 25,000 people who faced emergency and crises situation

¹ [South Sudan Population Projections, 2020-2040](#)

² [CSRF, South Sudan](#)

³ [FEWSNET, 2018](#)

⁴ [FAO & WFP, 2018](#)

(IPC4 and IPC5) between January and June 2021. Their situation was mitigated through massive humanitarian assistance from partners in Warrap and Wau”⁵.

It also states that, “The humanitarian needs of the vulnerable people in Tonj North have been further deteriorated by limited access, and difficulties in delivering humanitarian supplies. Several incidents including ambush and looting of convoys carrying food and humanitarian supplies took place in 2021 and 2022. Health facilities including Marial Luo Referral Hospital were attacked, partially burned and supplies looted in mid-2022. Over 4000 people fled the town and sought protection from UNMISS TOB in the area. While security situation remains fragile, torrential rain and flood has severely affected many payams in Tonj North this year. Many families have been displaced from their villages to higher grounds. The flood submerged crops, affected public facilities, and forced many cattle to leave. Partners described the current situation as crises” (Ibid).

The last SMART survey in Tonj North was conducted by Action Against Hunger (ACF) in March 2021, and showed the Global Acute Malnutrition (GAM) rate was 18.4% (14.2 – 23.7 95% C.I) which is above the emergency threshold (15%) of the World Health Organization (WHO). Furthermore, the recent Integrated Food Security Phase Classification for Acute Malnutrition (IPC-AMN) report published in October 2023 classified Tonj North in the serious phase for the current analysis period (July - September 2023) and critical for both the first (October 2023 - March 2024) and second (April - June 2024) projections periods of IPC-AMN analysis. Like this, IPC Acute Food Insecurity (AFI) will remain in phase 3 for both projections, with 30% of the population in phase 3 and 10% of the population in phase 4, and 35% of the population in phase 3 and 15% of the population in phase 4, for both periods, respectively. For the current analysis period (September – November 2023), AFI was classified in phase 3 with 30% of the population in phase 3 and 5% of the population in phase 4.⁶

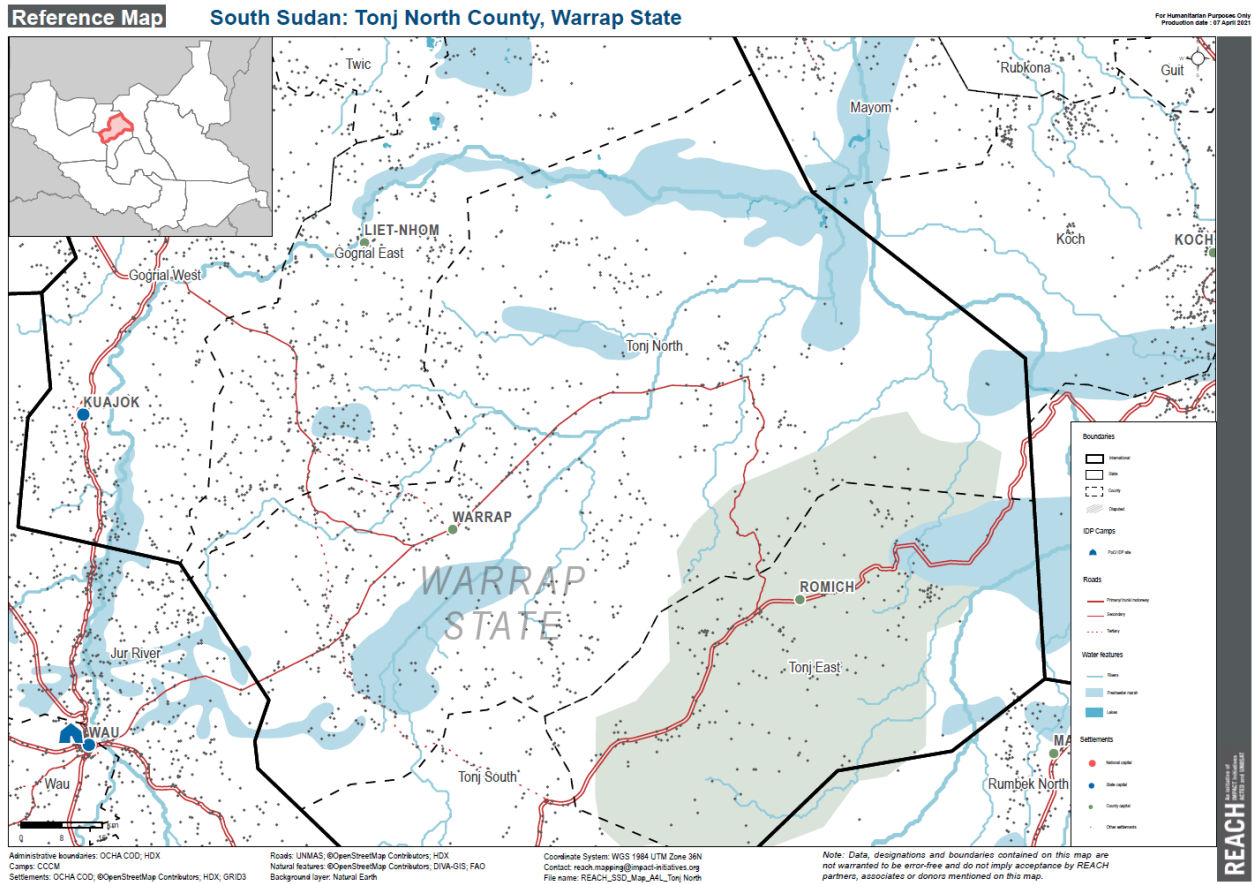
The nutrition situation in Tonj North County remains an information gap for implementing partners as well as for the IPC AMN, therefore Tonj North has been flagged as one of the twenty-two priority counties where SMART surveys should be conducted in 2023, according to the Nutrition Information Working Group (NIWG) classification of counties with information gaps.

REACH Initiative, present in South Sudan since 2012, has been conducting needs assessments and providing evidence-based information to inform the humanitarian response in South Sudan. And since 2019, REACH has engaged with the NIWG, participating in the IPC Acute Malnutrition analysis workshops, and providing technical support to nutrition partners for SMART surveys implementation in the country. Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey is a methodology widely used in Sub-Saharan Africa to conduct timely nutrition surveys, by governments and humanitarian partners alike, in all type of contexts (emergency, development, displaced populations). SMART surveys are conducted on a regular basis, often in connection with seasonal malnutrition, and can be conducted at the national or regional level, and even on a smaller scale. With the intention to close the information gap related to the nutrition situation in Tonj North County, REACH Initiative is planning to conduct a SMART survey from, approximately, November 16th to December 1st 2023, collecting anthropometric and mortality data, as well as key multi-sectoral indicators - Food Security and Livelihoods (FSL), Water, Sanitation and Hygiene (WASH), and Health - to better understand the status of AMN in Tonj North County as well as its key drivers.

⁵ [IRNA Report, August 2022](#)

⁶ [South Sudan IPC Findings 2023/2024](#)

Figure 1 Tonj North County Reference Map



1.2 Survey Objectives

General Objectives

To assess the nutrition situation among children (Boys and Girls) aged 6 – 59 months and retrospective mortality rates amongst the population and to analyse the possible factors contributing to acute malnutrition of the community in Tonj North County, Warrap State, South Sudan to inform humanitarian actors and contribute to a more effective planning and implementation of nutrition services. In particular, the following are the specific objectives of the assessment:

Specific Objectives

1. To estimate the prevalence of acute malnutrition, stunting and underweight among children (boys and girls) aged 6 – 59 months (about 5 years) in Tonj North County.
2. To estimate retrospective (using a 93 days recall period) Crude Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR) in Tonj North County
3. To estimate the proxy coverage of acutely malnourished children 6-59 months (about 5 years) in any nutrition program in Tonj North County.
4. To estimate the coverage of various immunizations in Tonj North County including:

- Vitamin A supplementation (for children 6-59 months)
 - Deworming (for children 12 to 59 months)
 - Measles vaccination coverage among children 9-59 months (about 5 years).
5. To assess childhood morbidity and health seeking behaviors among children aged 6-59 months (about 5 years) in Tonj North County.
 6. To assess the nutritional status of women of reproductive age (15-49) in Tonj North County.
 7. To assess IYCF Practices such as breastfeeding and complementary feeding among mothers who have children under the age of two years in Tonj North County.
 8. To assess the WASH situation in Tonj North County (Main water source, distance/time to water source, water treatment status, access to soap, access to latrine)
 9. To assess the food security and livelihoods situation in Tonj North County [Food Consumption Scores (FCS), Household Hunger Scale (HHS), main livelihoods, and Livelihood Coping Strategies (LCS)]
 10. To formulate practical interventions and recommendations for both emergency and long-term programs of Nutrition actors in Tonj North County.

1.3 Survey Areas

The SMART survey will be implemented in the whole Tonj North County, consisting of the following payams: Awul (County Headquarters in Warrap), Marial Lou / Marialou, Rual Bet / Rualbet, Alabet / Aliebek, Aliek, Kirrik, Pagol, Manalor and Akop.

2.0 METHODOLOGY

2.1 Survey Design

The survey will apply two stage cluster sampling using the SMART methodology with the clusters being selected using the probability proportional to population size (PPS). Stage one sampling will involve the sampling of the clusters (the smallest geographical units, in our case villages) to be included in the survey while the second stage sampling will involve the selection of the households from the sampled clusters.

2.2 Study Population

The target population for this survey will be: 1) Children aged 0 – 59 months (about 5 years) for the anthropometric, Infant and Young Child Feeding practices (IYCF), and 2) General population for the Mortality, Food Security and Livelihoods (FSL) and Water, Sanitation and Hygiene (WASH) components, including in this group Pregnant and Lactating women (PLW) to investigate about child health seeking behavior components.

2.3 Sample Size Estimation

Sample size calculation for the survey will be based on the expected prevalence of Global Acute Malnutrition (GAM) and Mortality Rate in the survey areas. The parameters used have been extracted from the previous survey reports conducted by Action Against Hunger (ACF) between March 17th – 22nd, 2021. Anthropometric

and Mortality Sample sizes have been calculated using Emergency Nutrition Assessment (ENA) software (January 11th, 2020, version) following SMART methodology.

2.3.1 Anthropometric Sample Size

Table 1: Sample Size (Anthropometric)

Parameter	Tonj North County	Justification
Estimated Prevalence (%)	18.2%	Tonj North SMART survey was conducted in March 17 to 22, 2021 by ACF, 18.4 % (14.2 - 23.7 95% CI). The point estimate was taken as the recent FSNMS conducted in August 2023 showed that the GAM rate was at 13.4.
Desired Precision	4.3	Based on the SMART survey Guide
Design Effect	1.49	From the 2021 SMART Survey Conducted by ACF
Children to be Included	502	
Average Household Size	5.9	From the 2021 SMART Survey Conducted by ACF
% children Under-Five	18.7%	From the 2021 SMART Survey Conducted by ACF
% Non-Respondents	3%	From previous experience
Households to be Included	521	

2.3.2 Mortality Sample Size

Table 2: Sample Size (Mortality)

Parameter	Tonj North County	Justification
Estimated death rate per 10,000/day	0.85	Tonj North County SMART survey, March 17 - 22, 2021 by ACF, 0.85 % (0.53 -1.37, 95% CI). Point estimate taken as no special events happened since the last survey.
Desired Precision	0.4	This is taken as per the SMART guidance
Design Effect	1.03	Tonj North County SMART survey, 17 - 22, 2021 by ACF
Recall Period	93	Will be Updated When the SMART survey starts
Population to be Included	2461	
Average Household Size	5.9	Tonj North County SMART survey, 17 - 22, 2021 by ACF
% Non-Respondents	5%	From previous experience
Households to be Included	439	

The maximum sample size is found to be anthropometry sample size calculation, and this will be considered the final sample size, with 620 households in Tonj North County to be included in the survey.

2.3.3 Number of Clusters

To determine the number of clusters required, the number of households that a team can comfortably survey in a day was estimated using the parameters found in the Table 3 below:

Table 3: Number of Households a Team can Sample in a Day

Activity	Estimated Time
Departure from Office	7:30 AM
a. Daily morning Briefings	15min
b. Travel to clusters	60 min
c. Introduction and HH list development	30 min
d. Lunch break	30 min
e. Total Time from one HH to another	5 min
f. Travel back to base	60 min
Total time for HH listing, travelling and breaks (a + b + c + d + f)	195 min
Arrival back to Base	5:30 PM
Total Available time in a day	10:00hrs (570 minutes)
Available time for work	600 - 195 minutes= 405 minutes
Time taken to complete one questionnaire	30 minutes
Total time per household + e	35 minutes

Note: The above are only estimates based on past experience but will be updated after the pilot survey has been conducted and thus, slight changes may be expected.

Given the above, the number of households that a team can comfortably visit in a day is calculated as follows:

$$405 \text{ (min)} / 35 \text{ (min)} = 11.5 \text{ HH/per day} \sim 12 \text{ HH}$$

Given the above, the number of clusters per survey area is presented in the table below:

	Tonj North
Total number of HH based on sample size calculation	521
Total number of HH to be assessed per day per team	12
Clusters Needed	43.4
Rounded UP	44

2.4 Sampling Procedure: Selection of Clusters

A two-stage cluster sampling design will be used to sample the survey clusters and households. In the first stage, clusters will be assigned using Probability Proportional to Size (PPS). The sampling frame for the 1st stage sampling will be the list of villages with the population estimates in each of the survey areas. The list of villages will then be entered into ENA for SMART software (version Jan 2020) and clusters assigned using probability proportional to size (PPS).

2.5 Sampling Procedure: Selection of Households and Children

Definition of household for the survey: A household (HH) will be defined as a group of people living together, who cook and eat from the same cooking pot. Polygamous families will be defined based on the same, if each wife has her own pot, even if living in the same compound, this will be treated as different households. On arrival in the selected clusters, the team leader will meet with the village elders. The team will introduce themselves, explaining the survey objectives as well as expectations from the elder.

Household selection techniques: The standard definition of a HH will be shared to aide in developing the HH listing within the cluster. One of two methods will be used for household listing: 1) A verbal listing from one or more community leaders, and, if not possible, then 2) A manual house to house listing. Twelve households will then be randomly selected from the complete list of HHs. They will each be assigned a number, and the numbers will be selected randomly using the random number generator application in Smart phones. These are the HHs that will be visited by the survey team. The village guide and community leaders will support the teams in updating the list of households.

For clusters with more than 150 HHs segmentation will be used to select one portion of the cluster that will represent the cluster. Selection of segments will be done using either PPS or simple random sampling, depending on the population sizes of the specific segments⁷. In the selected segment, the process of HH selection will follow the same process done in each cluster for the selection of the 12 HH.

In selected households, all eligible children (aged 6-59 months) will be measured, and the household questionnaire applied. Empty households and households with absent children will be re-visited and information of the outcome recorded on the cluster control form. This form will also be used to record information on empty and non-responding households.

2.6 Survey Teams, Training, Data Collection and Data Management

- **Survey Teams:** Six teams with four members (1 Team Leader, 1 measurer, 1 assistant, 1 enumerator) in each team will be involved in the execution of the survey. At each cluster, a local guide will be employed to facilitate data collection at the household level. The survey teams will be recruited by World Vision International (WVI) with the involvement of the local officials at Tonj North County level. To the extent possible, the team members will be a mix of both males and females and will be recruited from the local communities. Supervisors will consist of a mix of WVI and REACH staff.
- **Training:** The survey teams will be trained for five days, with the training planned to start on November 20th, 2023. The training will cover various components including taking anthropometric measurements, sampling of households, data collection tools, digital data collection, data quality checks, and standardization exercise among other themes. The training of the enumerators will be facilitated by SMART certified staff and staff with experience conducting SMART surveys.
- **Supervision:** The overall management of the survey will be done by REACH Initiative with support from WVI. Maximum supervision of the survey teams will be ensured to facilitate quality data.
- **Data Entry and Management:** Data will be collected through REACH tablets using Kobo/ODK. The data collection tools will be programmed and uploaded onto the tablets which will be used by the survey teams. The teams will be uploading the collected data to a central server on a daily basis to allow the Survey Manager to review the data collected each and every day and clean the data and give the feedback every morning to the teams.

⁷ As per the SMART Guidelines, if the Segments will have almost equal population sizes, then, SRS will be used; but if the population sizes will be different, then PPS method will be use

NB: Backup manual forms will be carried by each team as a contingency plan in any eventuality that teams face challenges with the SMART phones

2.7 Data Quality

In order to ensure optimal and high data quality, a number of measures will be put in place which includes:

- a) The survey will be done in accordance with the submitted protocol, and the following will be ensured:
 - Training of survey teams is done using standardised material as recommended by SMART Methodology
 - Undertake standardisation test as part of the training; taking appropriate steps thereafter based on performance of the survey teams
 - Appropriate calibration of survey equipment, during the training and on every morning before proceeding to the field for data collection
 - Plausibility checks will be conducted on a daily basis and inform the daily debriefing sessions which will be conducted every day
- b) Data will be collected through digital platform, and control checks and skip patterns will be programmed to improve the data quality.
- c) Anthropometry data will be auto analysed using ENA software anthropometry section. The same software will be used to analyse the mortality data.

2.8 Questionnaire

The survey will adopt the data collection tools which have been developed by the Global SMART Team for both anthropometric and mortality surveys. Other indicators will be collected using the modules in line with current FSNMS questionnaires as much as possible.

2.9 Data to be Collected

1. Anthropometry

- **Age:** Will be determined using birth/health cards/ records if available and local calendar of events which will be jointly developed by local leaders and survey enumerators.
- **Sex:** Male or female
- **Weight:** Children's weights will be taken without clothes using mother and child digital weighing scales (SECA scales with precision of 100gm).
- **Height/length:** Children will be measured using the wooden UNICEF measuring boards (precision of 0.1cm). Children less than 2 years of age will be measured lying down, while those greater than or equal to 2 years of age will be measured standing up.
- **Mid-upper arm circumference:** MUAC measurements will be taken at the mid-point of the left upper arm using both the child and adult MUAC tapes (precision of 0.1cm) for children 6-59 months and for women of reproductive age between 15-49 years of age.
- **Bilateral pitting oedema:** Will be assessed by the application of normal thumb pressure on both feet for 3 seconds.
- **Referral:** All children with acute malnutrition and not already enrolled in treatment will be referred using referral forms to existing TSFP and OTP programs in the county.

2. **Demographics and Mortality:** The following information will be collected for all current household members: age in years, sex, whether they were born, or had joined the household during the recall period. For household members that left during the recall period, will collect the age in years, sex, and

whether they had joined or born into the household during the recall period. For persons who have died during the recall period, will collect age in years, sex, whether born or joined the household during the recall period, as well as estimated cause and location of death.

3. **Health Interventions Data:** Vitamin A supplementation, Deworming and Measles immunization data will be collected through health cards or recall.
4. **Morbidity:** Two-week retrospective morbidity data will be collected from mothers/caregivers of all children (6-59 months) included in the anthropometric survey.
5. **Food Security Indicators:**
 - a. **Food Consumption Scores (FCS):** is an indicator of the general quantity and quality of foods being consumed in a household, based on how many days any household members have consumed 9 distinct food groups within a 7-day recall period. Households are categorized into different categories of severity based on their responses. FCS is often used as a proxy for quality of food consumed. Standard FCS thresholds are <21 for 'poor', 21-<=35 for 'borderline' and 35+ for 'acceptable'.
 - b. **Household Hunger Scale (HHS):** measures the perceived hunger by asking the frequency a household has experienced three common experiences associated with hunger in the past 30 days (no food in the house, slept hungry, gone whole day and night without food). HHS is often used as a proxy for quantity of food consumed. Thresholds and categories used for analysis are those used for IPC AFI in South Sudan.
 - c. **Livelihood Coping Strategies (LCS)** – measures what behaviours or actions that household are taking to cope with not having enough food or resources to get food. Ten coping strategies are asked about which are categorized as Emergency, Crisis, or Stress strategies.
6. **WASH** – indicators on main water source, access to latrines, distance/time to water source, access to soap and water treatment will be asked.

2.10 Data Analysis

The anthropometric and mortality data will be analysed using ENA for SMART (Jan 2020 version). The other additional data (immunization, maternal nutrition, morbidity etc.) will be analysed using other software like R and SPSS. Various statistics will be used to summarize the data including percentages, means, and median, among others. The analysed data will be presented in both tabular and graphical presentations. The preliminary datasets will be available within 7 days after the last day of data collection, and the preliminary report within 14 days. The preliminary report will get feedback from WVI and REACH, before submission to the Nutrition Information Working Group (NIWG) for validation.

2.11 Ethical Considerations

Informed consent – All households will be asked for informed consent prior to the survey. If a household does not wish to participate, they will be counted as non-response and the team will move to the next sampled household.

Referral – children identified as having acute malnutrition (either by MUAC, weight for height, or oedema) will be appropriately referred to health/nutrition services by the survey team leader.

COVID-19 Precautions – Per recommendations in-country and global recommendations, the following procedures will be followed during the survey to mitigate COVID-19 risk.

- Participants will be informed of the risks of COVID-19 during the consent statement, before agreeing to participation in the survey.
- Face masks will be provided to survey team members. Each team member will be provided with 3 disposable face masks per day.
- Face masks will be offered to household members, survey participants and children over 2 years of age during the survey.
- Team members will use hand sanitizer or soap and water before entering each household.
- Social distancing will be kept during household interviews, with interviewer and respondent staying 2 meters apart at all times, unless measurements are being taken.
- Temperature screenings will be implemented for household members of selected households. If any persons have a temperature ≥ 38 degree Celsius, the household will be excluded from data collection.
- Weighting scales, height boards and MUAC tapes will be continuously disinfected between households.

Annex 1. Survey Plan

Activity	16-Nov	17-Nov	18-Nov	19-Nov	20-Nov	21-Nov	22-Nov	23-Nov	24-Nov	25-Nov	26-Nov	27-Nov	28-Nov	29-Nov	30-Nov	1-Dec	2-Dec	3-Dec	4-Dec	5-Dec	6-Dec	7-Dec	8-Dec	9-Dec	10-Dec	11-Dec	12-Dec	13-Dec	14-Dec	15-Dec	16-Dec	17-Dec	18-Dec	19-Dec		
Travel to Tonj North from Juba	█																																			
Field Meetings (sampling, staffing)		█	█																																	
Training of Enum/field test					█	█	█	█																												
Field Test / Pilot									█																											
Data Collection										█		█	█	█	█	█																				
Data Collection "Flex" Days																		█	█																	
Debrief with Teams																				█	█															
Discussion with partners and agencies (SMOH, CHD, UNICEF, WFP, WVI)																					█	█														
Travel to Wau from Tonj then to Juba																						█	█													
Prepare and Submit Preliminary Datasets																										█	█	█								
Submit Preliminary Presentation and Report																												█	█	█			█	█		

Annex 2. Cluster control form

State: _____ County: _____ Payam: _____ Boma: _____ Village: _____ Cluster No.: _____ Team No.: _____								
Survey Date: ____/____/____ Team Leader: _____								
no		4 = absent*					2 = partly completed 3 = refused	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Annex 4. FOOD CONSUMPTION LISTING

Cluster No:		Site Name:			
Team No:		Household No.		County:	
Day	Breakfast	Lunch	Dinner	Other	
[Yesterday]				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk
				<input type="checkbox"/> None <input type="checkbox"/> Oil <input type="checkbox"/> Sugar	<input type="checkbox"/> Salt <input type="checkbox"/> Onions <input type="checkbox"/> Milk

Annex 5. IYCF – 24 hours diet recall form

Cluster No:		Site Name:			
Team No:		Household No.		County:	
Day	Breakfast	Lunch	Dinner	Other	
Morning / Breakfast				<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Breastmilk	<input type="checkbox"/> Sugar <input type="checkbox"/> Sweets
Snacks?				<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Breastmilk	<input type="checkbox"/> Sugar <input type="checkbox"/> Sweets
Lunch				<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Breastmilk	<input type="checkbox"/> Sugar <input type="checkbox"/> Sweets
Snacks				<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Breastmilk	<input type="checkbox"/> Sugar <input type="checkbox"/> Sweets
Evening / Dinner				<input type="checkbox"/> None <input type="checkbox"/> Water <input type="checkbox"/> Breastmilk	<input type="checkbox"/> Sugar <input type="checkbox"/> Sweets