Research Terms of Reference

Integrated Public Health Rapid Assessment in Luakpiny/Nasir County, Upper Nile State
SSD2610
South Sudan

September 2026
V1

1. Executive Summary

Country of intervention	*South Sudan*					
Type of Emergency	x	Natural disaster	x	Conflict	□	Other *(specify)*
Type of Crisis	□	Sudden onset	□	Slow onset	x	Protracted
Mandating Body/ Agency	*FCDO*					
IMPACT Project Code	*32GBK*					
Overall Research Timeframe *(from research design to final outputs / M&E)*	25/08/2026 to 04/10/2026					
Research Timeframe *Add planned deadlines*	1. Pilot/ training: 18/09/2026		6. Preliminary presentation: N/A			
	2. Start collecting data: 22/09/2026		7. Outputs sent for validation: 16/10/2026			
	3. Data collected: 30/09/2026		8. Outputs published: 23/10/2025			
	4. Data analysed: 09/10/2026		9. Final presentation: NA			
	5. Data sent for validation: 09/10/2026					
Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline (can be tentative)**			
	x	Donor plan/strategy	ASAP			
	x	Inter-cluster plan/strategy	ASAP			
	x	Cluster plan/strategy	ASAP			
	□	NGO platform plan/strategy				
	x	IPC analysis	September 2026			
Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**		**Dissemination**			
	x Strategic x Programmatic x Operational x Advocacy		**x** General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) x Cluster Mailing (Health, Nutrition, Shelter and WASH) and presentation of findings at the next cluster meeting x Presentation of findings (e.g. a; Cluster meeting, and donor forums) x Website Dissemination (Relief Web & REACH Resource Centre) □ [Other, Specify]			

Stakeholder mapping *Has a detailed stakeholder mapping been conducted during research design to identify all actors that could **contribute** to and/or **benefit from** the research?*	x	Yes	□	No
General Objective	• *To assess the severity of public health outcomes and identify initial public health priorities for humanitarian response to mitigate excess morbidity, malnutrition, and mortality in three selected sites in Kuertreng-Ke Payam, Luakpiny/Nasir County, with a recall period of 90 days prior to data collection.*			
Specific Objective(s)	***Population Demographics*** • *To understand the demographic composition of the target population.* ***Health and Nutrition*** • *To estimate the proportion of the population with health care needs in the two weeks prior to data collection (any health care needs, unmet needs, needs by sex/age/symptom)* • *To understand the main barriers for the target population in accessing health and nutrition services.* • *To assess broad infant and young child breastfeeding and consumption patterns in emergency for children under 2 years of age.* • *To identify any challenges for caregivers in infant and young child feeding practices.* • *To estimate the proportion of children 6-59 years of age severely or moderately acutely malnourished by MUAC.* • *To estimate the coverage of Vitamin A supplementation among children 6-59 months of age* • *To estimate the coverage of measles vaccination among children 9-59 months of age* • *To estimate the coverage of oral cholera vaccinations among people 5+ years of age* • *To estimate the crude mortality rate of the assessed population since [recall date].* ***Food Security & Livelihoods*** • *To estimate the proportion of the target population experiencing food consumption gaps, both in terms of quantity and diversity.* • *To estimate the proxy coverage of emergency food security interventions in the target population.* • *To understand the availability and utilisation of food at the household level.* • *To understand the main barriers for the target population in accessing food.* • *To estimate the proportion of the population using livelihood-based coping strategies to access food, or other basic needs, and their severity.* ***Water, Sanitation, and Hygiene*** • *To estimate the proportion of the population with access to improved sanitation facilities.* • *To understand the main barriers for the target population in accessing water.* • *To understand the distance of water collection for the targeted population.* • *To understand what kind of water treatment methods households in the assessed population are using.* • *To assess the functionality of water points used by the target population in the community and at health or nutrition facilities.* • *To understand what proportion of households in the assessed population have access to improved sanitation facilities.* • *To estimate the proportion of households with access to basic WASH NFIs.* ***Shelter and NFIs*** • *To assess the main shelter types being used by the population.* • *To assess the prevalence of shelter damage among the population.*			

	• *To estimate the proportion of the population with access to critical non-food items (soap, mosquito nets, water treatment tablets, blankets, tarpaulin, cooking supplies, jerry cans, etc.)*
Research Questions	***RQ1 - What is the demographic composition of the population?*** • *RQ 1.1 – What is the sex and age distribution of the assessed population?* ***RQ2 – What is the severity of health needs and service gaps in the population?*** • *RQ 2.1 - What proportion of the population is experiencing unmet health care needs in the two weeks prior to data collection?* • *RQ 2.2 – How do these unmet needs differ by sex, age, and symptom?* • *RQ 2.3 – What are the self-reported perceptions of health needs and access to care in the assessed population?* • *RQ 2.4 – What are the availability of services at health facilities serving the assessed population?* • *RQ 2.5 – What are the basic breastfeeding and food consumption patterns for under-2 children?* • *RQ 2.6 – What challenges are caregivers having in breastfeeding and complementary feeding for under-2 children?* • *RQ 2.7 – What proportion of children 6-59 months are acutely and moderately malnourished?* • *RQ 2.8 – What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population?* • *RQ 2.9 – What proportion of children 6-59 months have received Vitamin A supplementation in the last 6 months?* • *RQ 2.8 – What proportion of children 9-59 months have received any measles vaccination?* • *RQ 2.9 – What proportion of people 5 years and older have received any cholera vaccination?* • *RQ 2.10 – What is the crude mortality rate in the assessed population since [recall date]?* • *RQ 2.11 – What morbidity and mortality patterns are observed from health facility data over the last 3 months?* ***RQ 3 - What is the severity of food security and livelihoods needs and service gaps in the population?*** • *RQ 3.1 – What is the proportion of households in the assessed population experiencing food consumption gaps in terms of quantity and diversity?* • *RQ 3.2 – What are the self-reported perceptions of food needs in the assessed population?* • *RQ 3.3 – What is the household coverage of emergency food security interventions in the assessed population?* • *RQ 3.4 – What are the main sources of food utilised by the assessed population in the last 7 days?* • *RQ 3.5 – What are the main sources of water and fuel utilised by households for cooking in the assessed population?* • *RQ 3.6 – What are the main sources of income of the assessed population in the last 30 days?* • *RQ 3.7 – What proportion of households in the assessed population are utilising stress-, crisis-, and emergency-level livelihoods coping strategies to access food and other basic needs?* • *RQ 3.8 – What is the availability of critical food and non-food items within markets used by the assessed population?*

	• *RQ 3.9 – What are the availability and barriers to provision of FSL emergency services for the assessed population?* **RQ 4 – What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?** • *RQ 4.1 – What proportion of households have access to safe, improved drinking water in the assessed population?* • *RQ 4.3 – What proportion of households can collect water within 30 minutes, including travel to, from, and queuing time?* • *RQ 4.4 – What kinds of water treatment methods are households in the assessed population using?* • *RQ 4.5 – What are the self-reported perceptions of water needs and barriers to access in the assessed population?* • *RQ 4.6 – What proportion of households in the assessed population have access to improved sanitation facilities?* • *RQ 4.7 – What proportion of households in the assessed population have access to basic WASH NFIs, such as water containers, soap, and mosquito nets?* **RQ 5 – What are severity of the Shelter and NFIs needs and service gaps in the population?** • *RQ 5.1 – What types of shelter are the assessed population living in?* • *RQ 5.2 – What are the self-reported perceptions of shelter and NFI needs in the assessed population?* **RQ 6 – What are the community's self-perceived priority needs and humanitarian assistance?** • *RQ 6.1 – What are the self-reported priority needs for the population?* • *RQ 6.2 – Are there any perceived safety concerns for the assessed population?*
Geographic Coverage	One site, which has IPD's and the Host community, will be assessed in this assessment: Kuertreng-Ke Payam, Luakpiny/Nasir County, Upper Nile State
Secondary data sources	CSRF: Luakpiny/Nasir County, Upper Nile State Public Health Situation Analysis (PHSA) Public Health Crisis in Nasir and Ulang, South Sudan: July 2025 Situation Overview Sobat Health: An extreme public health crisis persists on the Sobat River-Corridor (July 2025) South Sudan OCHA: South Sudan Humanitarian Update 1-17 April 2026 South Sudan: IPC analysis update for April - July 2026

Population(s)				
Select all that apply	□	IDPs in camp	□	IDPs in informal sites
	x	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees
	x	Host communities	□	

Stratification *Select type(s) and enter the number of strata*						
	x	Geographical #: 1 (Payam) Is the population size per strata known? x Yes □ No	□	Group #: N/A Population size per strata is known. □ Yes □ No	□	*Other* #: N/A Population size per strata is known. □ Yes □ No

Data collection tool(s)	**Sampling method**	**Data collection method**
Tool 1: Household Survey Module *Select sampling and specify target # interviews*	□ Probability / Simple random x Probability / Stratified simple random □ Probability / Random Location Sampling (RLC)	x Household interview (Target #): 605 (across the selected settlements)

Target level of precision if probability sampling for household survey	95% level of confidence				+/- 5 % margin of error		
Tool 2: Community Leader Key Informant Interview *Select sampling method and specify target # interviews*	x Purposive □ Random □ Snowballing □ [Other, Specify]				x Key informant interviews (Target #): 6-10 KIIs with community leaders and members.		
Tool 3: Health Facility Key Informant Interview	x Purposive □ [Other, Specify]				x Key informant interviews (Target #): 2-3 KIIs with healthcare providers		
Tool 4: FSL Assistance Provider Key Informant Interview	x Purposive □ [Other, Specify]				x Key Informant Interviews (Target #): 2-3 KIIs with FSL service providers		
Tool 5: Nutrition Facility Key Informant Interview	x Purposive □ [Other, Specify]				x Key Informant Interviews (Target #): 2-3 KIIs with nutrition providers		
Tool 6: Community Observation	x Purposive				x Direct observations (Target #): 3 (1 per site)		
Disaggregation by gender and age *Are you planning to conduct sex- and age-disaggregated analysis?*	Gender				Age		
	x	Yes (MUAC screening data will be disaggregated by age and sex in line with NIWG standards)			x	Yes (MUAC screening data will be disaggregated by age and sex in line with NIWG)	
	x	No (For entire population no disaggregation)			x	No (For entire population no disaggregation)	
Data management platform(s)	X	IMPACT			□	UNHCR	
Expected output type(s)	□	Situation overview #: _ _	X	Report #: 1	x	Preliminary findings document (as needed)	
	X	Presentation (Preliminary findings) #: _ _	□	Presentation (Final) #: _ _	□	Factsheet #: _ _	
	□	Interactive dashboard #: _ _	□	Webmap #: _ _	□	Map #: _ _	
Access	x	Public (available on REACH resource centre and other humanitarian platforms)					
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)					
Visibility: *Specify which* ***logos*** *should be on outputs*	***REACH***						
	Donor: *FCDO*						
	Coordination Framework: NA						
	Partners: NA						

2. Rationale

2.1 Background

Luakpiny/Nasir County is located in Upper Nile State, South Sudan, and shares borders with Ethiopia to the southeast, Maiwut County to the east, and Baliet and Ulang counties to the west.[1] The county is situated within the Sobat River Basin, with the Pibor and Baro rivers converging along its southern boundary before flowing into the Sobat River, which passes through Nasir town. These interconnected rivers serve as important riverine transportation routes, providing critical links for movement, trade, and humanitarian access, particularly given the limited road infrastructure and seasonal flooding challenges affecting the county. The county's extensive river systems and flood-prone environment significantly influence local livelihoods, access to services, and humanitarian operations. During the rainy season, flooding frequently disrupts transportation networks, limits access to health and nutrition services, and affects agricultural activities and household food security.

In March 2025, violence escalated again in Nasir when the White Army attacked a government military position. The fighting subsequently triggered wider military operations and heightened political tensions between forces aligned with the government and the government in opposition. The escalation resulted in displacement, insecurity, and significant disruption to civilian life and humanitarian access. The renewed conflict has compounded existing vulnerabilities in Luakpiny/Nasir, particularly through population displacement, restricted movement, disruption of markets and livelihoods, and reduced access to basic services. The area therefore remains highly sensitive to further insecurity and conflict-related shocks.[2]

Livelihoods have been critically disrupted. Most households have lost access to farmland and livestock, while functional markets and income-generating activities have been severely impacted. Access to clean water, adequate shelter, and health services has deteriorated significantly, with overcrowding in highland areas contributing to rising public health risks and increasing disease transmission. Preliminary reports indicate suspected cases of acute watery diarrhoea, malaria, and respiratory infections, linked to contaminated floodwaters and poor sanitation.[3]

Humanitarian operations have also been heavily constrained. Partners such as Relief International (RI) report service delivery disruptions due to ongoing conflict and submerged facilities, inaccessibility, and movement restrictions. Health facilities in low-lying areas are non-functional, and mobile clinics operate intermittently.[4]

The latest IPC analysis (April 2026) indicates persistently severe acute food insecurity and acute malnutrition in Luakpiny/Nasir. During the April-July period, Luakpiny/Nasir was classified in IPC Acute Food Insecurity (AFI) Phase 4 (Emergency), while acute malnutrition was classified in IPC Acute Malnutrition (AMN) Phase 5 (Extremely Critical), based primarily on MUAC evidence. The IPC analysis also identified populations in Catastrophe (AFI Phase 5) and a risk of Famine in Luakpiny/Nasir under a plausible worst-case scenario.[5]

Table 1: April IPC analysis update- projection period:

County	AFI Phase (April - July 2026)	AMN Phase (April - July 2026)

[1] CSRF: Luakpiny/Nasir County, Upper Nile State
[2] Conflict in Luakpiny/Nasir March 2025
[3] Public Health Situation Analysis (PHSA)
[4] Sobat Health: An extreme public health crisis persists on the Sobat River-Corridor (July 2025)
[5] South Sudan IPC AFI/AMN: Acute Food Insecurity Situation for September - November 2025 and Projections for December 2025 - March 2026 and for April - July 2026.



2.2 Intended impact

This assessment aims to generate timely, site-specific, and multi-sectoral evidence on humanitarian needs among IDPs and host community members in Luakpiny/Nasir County, particularly in Kuetreng-ke Payam. Data collection will occur in Torechkey, Thuokwath and Bhordeng settlements, where partners report IDPs and host communities are residing together. The findings will inform evidence-based advocacy and strategic decision-making at the national level, including inputs into ongoing deliberations within the Needs Analysis Working Group (NAWG), the Inter-Cluster Coordination Group (ICCG) and the Integrated Food Security Phase Classification (IPC). In addition, the results will support targeted advocacy with relevant clusters and partners to address critical service gaps and prioritize life-saving interventions for one of the most vulnerable populations in Upper Nile State.

3. Methodology

3.1 Methodology overview

The research design for REACH's Integrated Public Health Rapid Assessments (IPHRA) is a mixed-methods approach consisting of household surveys, key informant interviews (KIIs), and observation checklists. Building on this framework, the assessment for Kuetrenge-ke, Luakpiny/Nasir County, will combine household surveys with a MUAC screening exercise among children aged 6–59 months, bilateral pitting oedema testing, key informant interviews (KIIs) with humanitarian actors and community leaders, and structured observations of WASH, shelter, and health facility conditions.

The household survey will use a stratified simple random sampling approach, intended to provide localised results that are not generalisable beyond the assessed population. The population of interest includes residents of Torechkey, Thuokwath and Bhordeng. The assessment will focus on two population strata: the host community (HC)[6] and internally displaced persons (IDPs).[7] This stratification is based on the understanding that these two groups experience different levels of vulnerability. IDPs are considered more vulnerable due to the combined impact of conflict and repeated displacement in their areas of origin. Many have lost livelihoods, productive assets, and access to land and livestock, and often arrive in displacement locations with limited resources. In addition, IDPs typically face reduced access to basic services, weakened social support networks, heightened protection risks, and increased food insecurity compared to host community members, making them more dependent on humanitarian assistance.

Community key informants – comprising community leaders and members – will be purposively selected across the three assessed sites. Where feasible, one community key informant interview will be conducted in each selected settlement during the data collection period. Service provider key informants, including healthcare providers, FSL and nutrition actors, will be identified through existing humanitarian coordination mechanisms at the county and site levels. A maximum of 19 key informant interviews will be conducted across three sites.

3.2 Population of interest

The population of interest for this IPHRA comprises households in Torechkey, Thuokwath and Bhordeng communities of Kuetrenge-ke Payam, Luakpiny/Nasir County, including internally displaced persons displaced since onset of the conflict across the Sobat corridor in March 2025.[8] Luakpiny/Nasir County is characterised by multidimensional and protracted vulnerability, driven primarily by recurrent and severe flooding from the Sobat River, intercommunal conflict, cattle raiding

[6] **Host Community:** HH who have never been displaced by the crisis and consider the assessed location as their area of origin and places of habitual residence.

[7] In this context, IDPs are those who have been forced or obliged to flee or leave their homes or places of habitual residence, particularly due to armed conflict, generalized violence, or human rights violations. They were displaced from Greater Lou counties (Nyirol and Uror) since the onset of the Jonglei crisis and are currently living in Luakpiny/Nasir County, without having crossed any internationally recognized border.

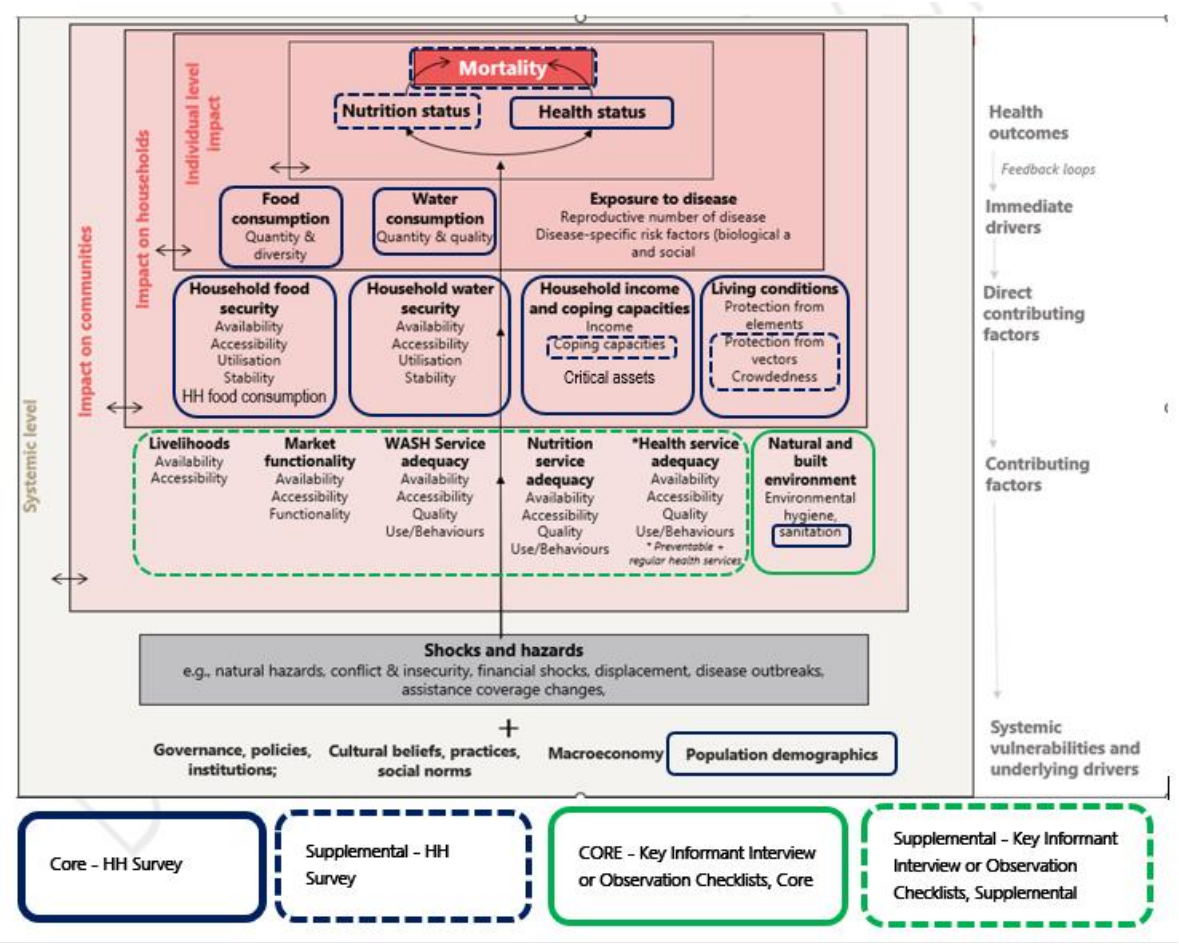
[8] South Sudan power-sharing collapse drives violence and mass displacement.

perpetrated by individuals from Greater Pibor, and persistent clashes between government and opposition forces. Repeated flooding damages homes, crops, livestock, and infrastructure, while conflict, cattle raiding, and insecurity restrict population movement, disrupt access to markets and basic services, and undermine livelihoods. Together, these shocks have contributed to displacement, loss of productive assets, reduced food and livelihood security, and weakened household resilience.

3.3 Secondary data review

This assessment is based on guidance documents and tools developed by REACH's Public Health Unit, specifically for Integrated Public Health Rapid Assessments (IPHRA). The IPHRA toolkit is designed to align with the IMPACT Risk of Excess Mortality (RoEM) framework utilised by IMPACT's Global Emergencies Team. The section below shows how the RoEM framework aligns with the tools in the IPHRA toolkit.

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The sampling frame for this assessment was determined based on data from local partners and RRC figures. Additional sources were consulted to better understand the operational context and the target population's vulnerability profile.

List and summarise any secondary data sources that describe the population at risk and planning for the assessment:

Secondary source	Purpose of source
RRC and local partner inputs	• Delineation of sampling frame and strata; demographic breakdown of population.
CSRF: Luakpiny/Nasir County, Upper Nile State Public Health Situation Analysis (PHSA) Public Health Crisis in Nasir and Ulang, South Sudan: July 2025 Situation Overview	• Building contextual understanding of humanitarian needs and shock profile.

Sobat Health: An extreme public health crisis persists on the Sobat River-Corridor (July 2025) South Sudan OCHA: South Sudan Humanitarian Update 1-17 April 2026 South Sudan: IPC analysis update for April - July 2026	
South Sudan: An extreme public health crisis persists on the Sobat River-Corridor (July 2025) South Sudan: IPC analysis update for April - July 2026	• Building understanding of available services, infrastructure, context, and shock profile.
Joint Market Monitoring Initiative Dashboard and Data sets.	• Background information on market functionality and prices.
REACH. Integrated Public Health Rapid Assessment Guidelines. 2024. (On file with REACH).	• Guidance on methods, including sampling and tools.
South Sudan OCHA: South Sudan Humanitarian Update 1-17 April 2026 South Sudan: IPC analysis update for April - July 2026	• Context on state of public health, specifically acute food insecurity and acute malnutrition.

Key Definitions

- **GAM (Global Acute Malnutrition),** also called wasting, refers to the prevalence of acute malnutrition among children under five years. It is measured using weight-for-height Z-scores (WHZ), the presence of bilateral oedema, or mid-upper arm circumference (MUAC). A child is classified as acutely malnourished if bilateral oedema is present, if the WHZ is below -2, or if the MUAC is less than 125 mm.
- **MUAC:** Middle-Upper Arm Circumference, a proxy measure for acute malnutrition among children aged either 0-59 months or 6-59 months. For this IPHRA, MUAC is measured only among children aged 6-59 months.
- **CMR** (Crude Mortality Rate): An incidence rate of deaths that includes all deaths regardless of cause, age, or sex. It is measured for a given population for a specified recall period. This should include deaths both in the community and facility-based deaths. During humanitarian emergencies, it is usually reported as deaths per 10,000 per day but can also be reported as deaths per 1000 per month or per person-time. Crude Mortality Rate (CMR) and Crude Death Rate (CDR) are interchangeable.[9]
- **Complementary Feeding:** Complementary feeding is defined as the process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk.[10]
- **Household:** The household definition for this assessment is: "A group of people who ate from the same cooking pot and slept under the same roof the previous night"
- **Internal Displaced Persons:** In this context, IDPs are those who have been forced or obliged to flee or leave their homes or places of habitual residence, particularly due to armed conflict, generalized violence, or human rights violations. They were displaced from Ulang, Akobo, and Nyirol counties since the onset of the Upper Nile and Jonglei crisis and are currently living in Kuetrenge-ke Payam, Luakpiny/Nasir County, without having crossed any internationally recognized border.
- **Host Community:** HH who have never been displaced by the crisis and consider the assessed location as their area of origin and places of habitual residence.

[9] United Nations High Commissioner for Refugees (2023): Guidelines for Mortality Surveillance. *A Practical Guide for Collecting, Reporting, and Using Surveillance Data for Estimating Mortality in Refugee Settings*. Geneva. Switzerland.
[10] *Guiding Principles for Complementary Feeding of the Breastfed Child*, World Health Organization, 2003.

3.4 Primary Data Collection

The following section describes the sampling and data collection methods for the household survey, key informant interviews, and observation tools within the assessment.

Household surveys

Site Selection Methods

During the design phase, several settlements across Luakpiny/Nasir County were considered for inclusion in the IPHRA. While many of these locations were deemed suitable for assessment based on vulnerability levels, widespread insecurity at the time of survey design significantly constrained safe access to several areas. These security concerns were compounded by logistical obstacles, including poor road conditions, limited transport options, and restrictions on field movement, which reduced the feasibility of conducting assessments in more remote settlements.

Therefore, based on a review of secondary data and consultations with humanitarian partners and local authorities, Torechkey, Thuokwath and Bhordeng in Kuetrenge-Ke Payam were selected for assessment. These locations were identified as hosting a substantial proportion of populations facing severe humanitarian needs, including internally displaced persons, while remaining relatively accessible under prevailing security and operational conditions. In addition, stakeholders highlighted significant information gaps for Torechkey, Thuokwath and Bhordeng, as these communities had received limited recent, location-specific humanitarian assessments.

Sampling

For the household-level component of the IPHRA, **stratified simple random sampling** will be applied. The survey integrates both mortality and nutrition (MUAC) components, and the final sample size was determined based on the larger requirement of mortality to ensure sufficient statistical precision for both outcomes.

Sample Size Determination

Sample sizes were calculated for each stratum (IDPs and HC) and for key indicators, including MUAC and mortality, using ENA for SMART, based on standard assumptions and anticipated prevalence rates as indicated below.

MUAC Sample Size *Calculation for both strata (Host and IDP)*

Table 2: Sample Size Calculation – IDP Stratum

Host community stratum			**IDP community stratum**	
Estimated prevalence	25.4% [20.9-32.4 95% CI] (REACH, July 2025)-		Estimated prevalence	25.4% [20.9-32.4 95% CI] (REACH, July 2025)-
Precision	4.5 (IPHRA guidelines)		Precision	4.5 (IPHRA guidelines)
Design effect	1.0 (Kuetreng-ke Payam is expected to be homogeneous)		Design effect	1.0 (Kuetreng-ke Payam IDPs are expected to be more homogeneous)
Average HH size	7 ()		Average HH size	7 ()
% children < 5 years	20% (confirm with any recent surveys in Nasir/nearby areas)		% children < 5 years	20% (confirm with any recent IDP surveys in Nasir/nearby areas)
% non-response rate	3%		% non-response rate	3%

Households target	**N=294**		Households target	**N=294**

Mortality Sample Size ***Calculation for both Strata (Host and IDP)***

Table 3: Sample Size Calculation Mortality Sample size for both Strata (Host and IDP)

Parameter	Host	IDP	Justification
Indicator Name	CDR	CDR	
Sampling Design	Simple Random	Simple Random	
Expected Rate	1	1	Use 1 in absence of any recent estimate, given severe conditions
Rate Precision	0.45	0.45	IPHRA guidelines
Rate Period	90	90	A default three-month recall period was applied; this will be adjusted once the survey starts.
Population size (overall)	30000	16000	
Design Effect	1	1	SMART Survey Methodology Guidelines
Finite Population Correction (FPC) used?	No	No	
Population to be Included	2108 people	2108 people	
Person-Time to be Included	153,720 person-days	153,720 person-days	
Average Household Size	7	7	National Standard
% Non-Respondents	0.03	0.03	SMART Survey Methodology Guidelines
Households to be Included	**311 households**	**311 households**	

Table 4: Total Household Sample Size by Population Group

Population Group	Final Sample Size (Households)
IDPs	311
Host Community	311
Total	**622**

Approximately 622 households will be surveyed in Kuetrenge-ke Payam, which will be distributed across three settlements: Torechkey, Thuokwath, and Bhordeng. In each selected household, all age-eligible children (6–59 months) will be screened for MUAC and oedema. Within selected sites, households will be sampled using accepted emergency methods to ensure that, as much as possible, each household has an equal probability of selection.[11]

Table 5: Population and sample size. Source: local authority and implementing partners

Kuetrenge-ke Payam					
Sub area	**Pop HC**	**HH**	**% of total**	**Sample**	**Geopoints**
Torechkey	21000	3000	51%	159	53
Thuokwath	15000	2143	37%	115	38
Bhordeng	5000	714	12%	37	12
Total	**41,000**	**5857**		**311**	**103**
Sub Area	**Pop IDP**	**HH**	**% of total**	**Sample**	**Geopoints**
Torechkey	8000	1143	53%	165	55
Thuokwath	5000	714	33%	103	35
Bhordeng	2000	286	14%	44	15
Total	**15,000**	**2143**		**312**	**98**

Household selection methods

Using the REACH GeoRand tool, the boundary of each site will be delineated, and random GPS points will be generated within the site boundary. The number of random points created will equal the number of required households divided by three. For example, to survey 300 target households, at least 100 random GPS points will be needed across the selected assessment sites. The survey team will visit each GPS point and i2nterview the three closest households to that point, completing the survey tool and recording the GPS coordinates for each household.

In the event there are very different population densities in the different sites, it is possible to weight the results per GPS point or "cluster" based on the density of the three households around the GPS point. Otherwise, if there are no major differences, the results will be unweighted.

In every household that is selected, the assessment team will conduct two exercises:

1. A quantitative household survey with the head of the household (or another adult, if the HoH is unavailable).
2. MUAC screening, which will target every child (boy or girl) aged between 6-59 months in the household

For special sampling cases that may occur during data collection:

- *Non-response and buffer*
  Non-response (including refusal or absence) has been accounted for in the sample size calculation through an anticipated non-response rate (buffer). Selected households that do not participate will be recorded and retained in the final sample as non-response.
- *Absent households*
  If the selected household is not present at the time of the visit, the enumerator will notify the field supervisor. The household will be classified as either:
  Temporarily absent (household members are expected to return) or Abandoned (the structure is no longer occupied as a residence).
- *A household will be considered abandoned only if there are clear indicators (e.g., neighbors confirm no one lives there, structure is visibly uninhabitable).*

[11] UNHCR: Rapid Methods for Assessing Water, Sanitation and Hygiene (WASH) Services in Emergency Settings

- *For temporarily absent households, enumerators will make up to [e.g., two] repeat visits at different times of the day, where feasible. If the household remains unavailable after the maximum number of visits, it will be recorded as a non-response due to absence.*
- *No substitution will be made for absent households unless a pre-defined random replacement procedure has been specified in advance.*
- *Structures with multiple households*
  If a selected structure contains more than one household, the operational definition of a household will be applied to list all eligible households within the structure. One household will then be randomly selected using a simple random method (e.g., numbered listing and random draw).

MUAC screening methods:

1. How will the screening be conducted

Teams of enumerators will record Mid Upper Arm Circumference (MUAC) scores for children (boys and girls) aged 6-59 months living in selected households. MUAC measurements will be taken at the mid-point of the left upper arm, using MUAC tapes. MUAC screening will occur at the household-level.

a. How many children will be screened?

As of now, we do not know. This will depend on the number of children (boys and girls) aged between 6-59 months living in selected households, something we will not know until data collection begins. The team(s) aims to survey a minimum of 622 households across the three settlements of Torechkey, Thuokwath, and Bhordeng in Kuetrenge-ke Payam. Assuming at least one child lives in every household, we will screen 622 children. The final number might be higher because we will screen all age-eligible children in selected households.

2. If there is *no* community-level screening, why?

The team will not conduct screening exercises at central points for three reasons: (1) no distributions or other activities are planned at assessed locations that would naturally bring community members together; (2) requiring households to congregate at central points would be inconvenient and potentially burdensome; and (3) households are concentrated within a limited geographic area, allowing sampled households to be reached directly without significant time delays.

3. Bilateral pitting oedema

Bilateral pitting oedema will be assessed in all children aged 6–59 months using standard WHO protocols. Enumerators will check for symmetrical swelling on both feet and confirm pitting through thumb pressure. Suspected cases will be verified by supervisors through direct re-examination and photographic evidence (where consent is obtained). All children identified with bilateral pitting oedema or severe acute malnutrition will be immediately referred to the nearest Outpatient Therapeutic Programme (OTP) site or health facility in accordance with national Integrated Management of Acute Malnutrition (IMAM) guidelines.

Mortality:

1. What sources will be used to collect mortality data?

This assessment team will collect mortality data during the quantitative household survey, as the tool is inclusive of mortality-related questions.

2. How will the recall period be determined?

The recall period will be determined in consultation with implementing partners and local authorities upon arrival in the field. A specific recall date will be selected covering approximately 3 months (90 days) prior to data collection, starting around May or early June 2026. This period is chosen to balance respondent recall accuracy with the importance of capturing relevant events.

Team Composition and Data Collection

Each household survey team will include 1 field supervisor and 3 enumerators, for a total of 3 supervisors and 9 enumerators across the teams. Teams will participate in two days of training before data collection, covering the survey purpose, ethical conduct, good interview practices, review of the survey tool and technical topics such as anthropometry or mortality estimation.

A one-day pilot will precede data collection, followed by a half-day debrief. Additional piloting days will be conducted as needed to ensure full understanding of tools and methods.

Data collection will take approximately 8 days. For security and operational reasons, each team will complete data collection within a single site before moving to the next.

Key Informant Interviews

There are several core and supplemental key informant tools within the IPHRA toolkit; however, for the purposes of this assessment the following key informant interviews are planned. These tools are appropriate to collect targeted information from stakeholders with in-depth knowledge of community priorities and service provision, complementing household survey data to inform a comprehensive assessment of humanitarian needs and gaps.

Core or Supplemental	Key Informant Interview Tool	Information Assessed	Number of KIIs Planned
Core	Community Leader and member KII	Perceived priority needs, perception of vulnerable groups, main barriers and challenges to accessing basic needs and services	*6 to 10 community leaders and members*
Supplemental	Health service provider KII	Health Service Adequacy	*2 – 3 key informant interviews*
	Nutrition service provider KII	Nutrition Service Adequacy	*2 -3 key informant interviews*
	FSL Assistance Provider KII	Emergency FSL Programming Adequacy	*2 – 3 key informant interviews*

Key Informant Selection Methods

Community leaders and specialized key informants will be selected purposively based on their leadership positions in the community or as service providers. Community members can act as informants and may be included to balance out perspectives that may be missed if only community leaders are interviewed. Community members and/or leaders will be mobilised with the assistance of a hired guide, and with input from humanitarian actors that are operational in assessed sites.

Observation Tools

There are several core and supplemental observation checklist tools within the IPHRA toolkit. For this assessment, the following tools will be applied. These tools are appropriate because they allow systematic assessment of the physical environment, service availability, and functionality of key facilities, complementing household surveys and KIIs to provide a comprehensive understanding of community needs and gaps.

Core or Supplemental	Observation Tool	Information Assessed	Number of Observation Checklists Planned
Supplemental	Water Point Checklist	WASH Service Adequacy	1 per water point serving the assessed location (all waterpoints will be assessed in the selected strata)
Supplemental	Health Facility Checklist	Health Service Adequacy	1 per health facility (all facilities will be assessed in the selected strata)
Supplemental	Nutrition Facility Checklist	Nutrition Service Adequacy	1 per nutrition site (all facilities will be assessed in the selected strata)

3.5 Data Processing & Analysis

Household Survey

Data will be collected using a contextualised IPHRA ODK tool. Cleaning and analysis will be done using a prepared IPHRA_toolkit package of cleaning and analysis materials coded with R and available through IMPACT's HQ PHU.

Survey weights will be used for each random location cluster, equivalent to the inverse of the population density of each cluster. This is intended to correct for any bias due to an uneven population density across the assessment area to make sure households have a more equal representation in the dataset.

Key Informant Interviews

Community key informant interviews and community observation checklists will be analysed using a data analysis and saturation grid, with the objectives of (a) triangulating the self-perceived needs of the population against quantitative data, and (b) attaining a better qualitative understanding of the nature of needs and barriers. Responses will be compared against household survey results to triangulate perceived vs. measured needs.

More specialized key informant service provider interviews including health facility staff, and FSL NGO providers will be analysed separately to (a) indicatively assess the adequacy of markets, health facilities, and other infrastructure against the severity table in the IPHRA guidance, and (b) within the data and analysis saturation grid, triangulate against reported service issues from community interviews and household survey results.

A pre-prepared data and analysis saturation grid aligned with Research Design & Data (RDD) templates and IPHRA tools will be available to help facilitate the analysis process, with sections to triangulate results against other tools.

Observation Checklists

Community observation checklists will be analysed using a data and analysis saturation grid to triangulate against results from other tools on environmental public health threats and other noteworthy observations.

Integrated Analysis

In order to have a holistic understanding of the severity of public health needs and service gaps, it is suggested to include an integrated analysis table. This table will assign severity to one of the RoEM domains based on the evidence captured

within the IPHRA assessment. The analyst can use the recommended thresholds in the standards tables located in the IPHRA Guidance document to help assign severity, however these are just recommendations based on standards and if needed these thresholds may be contextualised at the country level. A simple tabulation can be done to give a risk score for (a) health outcomes, (b) contributing factors, and (c) overall combined. A high severity score of 2, a medium severity score of 1, and a low severity score of 0.

Table 1: Example Integrated Analysis Table

Category	Domain	Severity		
		Group 1	Group 2	Group 3
Health Outcomes	Mortality	Medium	Low	Low
	Malnutrition	High	Medium	Low
	Morbidity	Medium	High	Low
Immediate Drivers	Food Consumption	Medium	Medium	Medium
	Water Consumption	Low	Low	High
Direct Contributing Factors	Household Food Security	High	Low	Medium
	Household Water Security	Low	Low	Medium
	HH Income and Coping	High	Low	Medium
	Living Conditions	Medium	High	Medium
Indirect Contributing Factors	Natural and built environment (Sanitation)	Medium	Low	Medium
	Market Functionality	High	High	High
	WASH Service Adequacy	Medium	High	High
	Health Service Adequacy	Low	Not assessed	Not assessed
	Nutrition Service Adequacy	High	Medium	Low
Integrated Analysis Health Outcomes Score (High =2; Medium = 1; Low = 0)		4 / 6	3 / 6	0 / 6
Integrated Analysis Contributing Factors (High =2; Medium = 1; Low = 0)		12 / 22	8 / 22	12 / 22
Integrated Analysis Score Total (High =2; Medium = 1; Low = 0)		16 / 28	11 / 28	12 / 28

Interpreting the scores: Each indicator is rated as High (2), Medium (1), or Low (0). The integrated score (e.g., 4/6) shows the sum of these ratings out of the maximum possible points. A higher score indicates greater severity or vulnerability, while a lower score reflects less critical conditions.

3.6 Limitations

The IPHRA methodology is intended to be a lightweight method to assess the key public health outcomes and service coverage indicators compared to other, more robust methods. Given the suggested IPHRA methods, there are several key limitations:

- **Not a causal analysis** – The IPHRA method intends to understand the severity of public health needs and service gaps; however, given this focus, it may not fully explain the reasons or causes of the results. Some analysis and triangulation with qualitative components may give an indication, but it will likely be limited.
- **Not generalizable** – Given the geographic scope of this assessment, the results are representative of the assessed strata but are not generalizable to the wider population beyond the sites and facilities assessed.
- **Likely not reaching saturation** – For the qualitative components, sample sizes are likely not adequate to reach a full saturation of responses in the population. The intent of these is to provide some light-touch information to triangulate with household survey results.

3. Key ethical considerations and related risks

The proposed research design meets/does not meet the following criteria:

The proposed research design…	***Yes/ No***	***Details if no (including mitigation)***
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Yes	
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Yes	
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Yes	
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Yes	
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	No	Since the mortality question will be asked, it may be potentially traumatic for households reporting the loss of a family member.
… Does not involve **data collection with minors** i.e. anyone less than 18 years old?	No	MUAC screening will be conducted for children aged 6–59 months.
… Does not involve **data collection with other vulnerable groups** e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	Given the context of South Sudan, it is likely that the assessed population will include sick or malnourished persons, persons with disabilities, and/or survivors of serious protection concerns. Team leaders have been trained on PSS First Aid, and informed consent will be obtained from respondents before proceeding with the survey.
… Follows IMPACT SOPs for management of **personally identifiable information**?	Yes	

… if an anthropometric component is included (MUAC data) will a standardisation test be conducted or will trained measurers from local nutrition partners be involved?	Yes	
… if a mortality component is included (crude mortality rates) will the assessment team receive any basic Psychosocial First Aid (PFA) training beforehand?	Yes	
… will assessment teams be aware of basic complaints and referral mechanisms in case needed during the course of the assessment?	Yes	

4. Roles and responsibilities

Task Description	***Responsible***	***Accountable***	***Consulted***	***Informed***
Research design	Nutrition Assessment Officer (NAO)	SAO	HQ sectoral experts, HQ Research Department (RD), Nutrition Information Working Group (NIWG)	South Sudan Country Representative (CR); Research Manager (RM) Project donor (FCDO)
Supervising data collection	Nutrition Assessment Officer (NAO) Field Officer (SFO)	SAO	RM	CR, NIWG and FCDO
Data processing (checking, cleaning)	NAO	SAO	RM and HQ sectoral experts	CR and FCDO
Data analysis	Data Officer (DO), NAO	SAO	HQ sectoral experts and RM	CR, NIWG and FCDO
Output production	NAO	SAO	RM, HQ sectoral experts, RD	CR and FCDO
Dissemination	NAO	SAO	RM	CR, NIWG and FCDO
Monitoring & Evaluation	NAO	SAO	RM	CR
Lessons learned	NAO	SAO	RM	CR

Responsible: *the person(s) who executes the task*

Accountable: *the person who validates the completion of the task and is accountable of the final output or milestone*

Consulted: *the person(s) who must be consulted when the task is implemented*

Informed: *the person(s) who need to be informed when the task is completed*

Drafting tips: *Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.*

5. Data Analysis Plan

TOOL 1: CORE OBJECTIVE 1 – DEMOGRAPHIC COMPOSITION

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
What is the sex and age distribution of the assessed population?	**A.0.1**	HH Interview	Demographics	How many people are in your household?	Enter number	HH
	A.0.2	HH Interview	Demographics	What is the sex of the individual?	Male Female	Individual
	A.0.3	HH Interview	Demographics	What is the age of the individual?	Enter number	Individual
	A.0.4	HH Interview	Demographics	Do you know the day, month, and year **date of birth** of the individual?	Yes No Don't know	Individual
	A.0.5	HH Interview	Demographics	What is the **date of birth** for the individual?	Date (DD/MM/YYYY)	Individual
	A.0.6	HH Interview	Demographics	If not exact date, can you estimate the **month-year of birth** for the individual?	Date (MM/YYY)	Individual

TOOL 1: CORE OBJECTIVE 2– HEALTH AND NUTRITION

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
What proportion of the population is experiencing unmet health care needs in the two weeks prior to data collection? *How do these unmet needs differ by sex, age, and symptom?*	**A.1. 1**	HH Interview	Unmet health care needs	Has the individual had any illness or health problem in the last two weeks and needed to access health care?	Yes No Don't know	HH
	A.1. 2	HH Interview	Unmet health care needs	What symptoms did the individual have?	Fever; Diarrhoea; Cough; Fast and difficulty breathing; Eye infection or red eyes; Skin infection; Ear infection; Rash with raised bumps on head or neck; Other; Don't know; Prefer not to answer;	Individual
	A.1. 3	HH Interview	Unmet health care needs	If yes, was the individual able to obtain health care when he/she felt they needed it?	Yes No Don't know	Individual
	A.1. 4	HH Interview	Unmet health care needs	If yes, where did the individual go to obtain health care?	Govt. hospital Govt. health centre Govt. health post Other govt. facility Private hospital Private clinic Other private facility	Individual

					NGO hospital NGO clinic Other NGO facility Traditional practitioner Other Prefer not to respond Don't know	
What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?	**A.1.1**	HH Interview	Health care barriers	In the last 2 weeks, what barriers if any has your household experienced to prevent you from accessing the health care you needed? [choose up to 3 most important]	Did not need to access services; No functional health facility nearby; Specific service sought unavailable; Could not afford cost of medication (not price increase); Could not afford cost of medication (price increased); Not registered with a local doctor; Long waiting time for the service; Could not afford cost of consultation/service; Could not afford transportation to health facility; Health facility is too far away; Disability prevents access to health facility; No means of transport; Not safe/insecurity at health facility; Not safe/insecurity while travelling to health facility; No appropriately trained staff at health facility; Not enough staff at health facility; Fear or distrust of health workers, examination or treatment; Fear of stigma or prejudice; Will return home soon and will continue care there; Don't feel comfortable to change care provider; Could not take time off work / from caring for children; Lack of necessary documents; Lack of information on how to access care; Specifiy other reason; Don't know Prefer not to respond No barriers experienced;	HH
	A.1.2	HH Interview	Health care barriers	Is you or any member of your household able to access health care providers within one hour by normal means of transportation?	Yes No Don't know	HH

What are the basic breastfeeding and food consumption patterns for under-2 children? *What challenges are caregivers having in breastfeeding and complementary feeding for under-2 children?*	**A.1.1**	HH Interview	IYCF-E	Is the mother or usual caregiver for the child present and can answer questions on feeding practices?	Yes No Don't know	Individual
		HH Interview	IYCF-E	Was the child breastfed yesterday during the day or night?	Yes No Don't know	Individual
	A.1.2	HH Interview	IYCF-E	What are the reasons behind not breastfeeding the child?	Mother has no milk to breastfeed child/ mother is stressed; Child is fed other breastmilk substitutes (infant formula); Child is fed other milk (e.g. cow milk); Cultural barriers/child is too old to breastmilk/boys should not breastfeed; Mother or/and child is sick; Lack of time to breastfeed child/ competing workload; Lack of information on importance of breastfeeding; Mother is pregnant; Influence from other household members e.g. father/ grandmother; Other; Prefer not to respond;	Individual
	A.1.3	HH Interview	IYCF-E	Which foods did the child consume in the last 24 hours?	Breast Milk Grains, roots, tubers and plantains Pulses (beans, peas, lentils), nuts and seeds Dairy products (milk, infant formula, yogurt, cheese) Flesh foods (meat, fish, poultry, organ meats) Eggs vitamin-A rich fruits and vegetables Other fruits and vegetables (non- Vitamin A) Don't know Other (specify)	Individual
	A.1.4	HH Interview	IYCF-E	What are the challenges that your household face with the complementary feeding of the child?	Lack of money/ financial barriers to buy food; High food prices/ food is expensive; Lack of adequate information on IYCF; Child is sick/ low appetite; Poor hygienic practices/ lack of water; Lack of time to prepare foods for child/ household chores; Lack of time to care for child/ competing workload; Lack of information on importance of complementary feeding; Other;	Individual

					Prefer not to respond	
What proportion of children 6-59 months are acutely and moderately malnourished? *What proportion of acutely malnourished children are in nutrition therapeutic programs at the time of assessment?*	**A.1.1**	HH Interview	MUAC	Is the child present?	Yes; No	Individual
		HH Interview	MUAC	Please take the MUAC of the child in CM:	Number (decimal)	Individual
	A.1.2	HH Interview	MUAC	Does the child have bilateral oedema, that is swelling with pitting oedema in both feet?	Yes; No; Don't know	Individual
		HH Interview	MUAC	Please confirm with the team leader. Does the child have bilateral oedema?	Yes; No	Individual
		HH Interview	MUAC	Please take a picture of the bilateral pitting oedema. Make sure to clearly include: - Both feet - Both impressions from the edema test	Image;	Individual
		HH Interview	MUAC	Is the child currently enrolled in a nutrition program?	Not in any program Outpatient Therapeutic Feeding (OTP) Supplementary Feeding (TSFP) Inpatient care (Stabilization Centre) Don't know	Individual
What proportion of people 5 years and older have received any cholera vaccination?		HH Interview	Cholera vaccination	Has the individual ever received oral cholera vaccination?	Yes from maternal recall Yes from vaccination card /record No Don't know	Individual
What proportion of children 9-59 months have received any measles vaccination?		HH Interview	Measles vaccination	Has the child ever received measles vaccination?	Yes from maternal recall Yes from vaccination card /record No Don't know	Individual
What proportion of children 6-59 months have received Vitamin A supplementation in the last 6 months?		HH Interview	Vitamin A supplementation	Has the child received Vitamin A supplementation in the last 6 months?	Yes, No, Don't Know	Individual
What is the crude mortality rate in the assessed population since [recall date]?		HH Interview	Crude mortality rate	Has anyone left your household since ${recall_event} and are not living in the current household?	Yes, No	HH
		HH Interview	Crude mortality rate	If yes, do you know how many people have left your household since	Yes, No, Don't Know	HH

			${recall_event} and are not living in the current household?		
	HH Interview	Crude mortality rate	Number of people left	Number	HH
	HH Interview	Crude mortality rate	Has anyone joined your household since ${recall_event} and are living in the current household?	Yes, No	HH
	HH Interview	Crude mortality rate	If yes, do you know how many people have joined your household since ${recall_event} and are living in the current household?	Yes, No, Don't Know	HH
	HH Interview	Crude mortality rate	Number of people joined	Number	HH
	HH Interview	Crude mortality rate	Has anyone in your household passed away on or after the ${recall_event}?	Yes, No	HH
	HH Interview	Crude mortality rate	How many people in your household have DIED on or after the ${recall_event}?	Number	HH
	HH Interview	Crude mortality rate	Sex:	Male, Female	Individual
	HH Interview	Crude mortality rate	Age (years):	Number (years)	Individual
	HH Interview	Crude mortality rate	Do you know the day, month, and year of birth of the dead person?	Yes, No	Individual
	HH Interview	Crude mortality rate	What is the **date of birth** for the dead person?	Date [DD/MM/YYYY]	Individual
	HH Interview	Crude mortality rate	If exact date not known, please estimate at least the **month-year** of birth as best as possible using the local events calendar.	Date [MM/YYYY]	Individual
	HH Interview	Crude mortality rate	Was the dead person present in the household on ${recall_event}?	Yes, No	Individual
	HH Interview	Crude mortality rate	Do you know the dead person's **date of death**?	Yes, No	Individual
	HH Interview	Crude mortality rate	**EXACT** date of death of the dead person?	Date [DD/MM/YYYY]	Individual
	HH Interview	Crude mortality rate	If exact date unknown, estimate the **month-year** of death of the dead person	Date [MM/YYYY]	Individual
	HH Interview	Crude mortality rate	What was the main cause of death for the dead person?	Acute disease (malaria, fever, COVID-19, measles, cholera, diarrhoea, etc.) Chronic disease (cancer, heart disease, diabetes, stroke, etc.) Intentional violence Accident/trauma Post-partum (0-42 days)	Individual

					During pregnancy During delivery Other (specify) Don't know	
	HH Interview	Crude mortality rate	Where did the dead person pass away?		Current location of residence Health facility at current location of residence During migraton or displacement At last place of residence Health facility at last place of residence Other (specify) Don't know	Individual
	HH Interview	Crude mortality rate	Did the dead person seek health care in the 2 weeks before dying?		Yes, No, Don't know	Individual
	HH Interview	Crude mortality rate	If so, what place was health care sought?		Government hospital Government health center Government health post Other government medical facility Private hospital Private clinic Other private medical facility NGO hospital NGO clinic Traditional healer or practitionar Other NGO medical facility Other (specify) Prefer not to answer Don't know	Individual
	HH Interview	Crude mortality rate	If not, what was the main reason for not seeking care in a health structure/facility?		Immediate death No money/consultation too expensive Too sick to seek care Not sick enough to seek care Health facility too far away Went to a traditional healer No time to go/too busy to go No trust in the health facility Safety issue Care was refused at the health center Other (specify) Don't know	Individual
	HH Interview	Crude mortality rate	In your own words, can you provide any other details about the circumstances of the dead person's death?		[Text]	Individual

TOOL 1: CORE OBJECTIVE 3 – FOOD SECURITY AND LIVELIHOODS

Research questions	IN #	Data collection method	Indicator / Variable		Questionnaire Question	Questionnaire Responses	Data collection level

What is the proportion of households in the assessed population experiencing food consumption gaps in terms of quantity and diversity?	E.5.1	HH Interview	Food consumption score		How many days over the last 7 days, did most members of your household ate Cereals, grains, roots and tubers (Starch)?	Number 0-7	HH
	E.5.2	HH Interview	Food consumption score		… Pulses, Legumes, nuts?		HH
	E.5.3	HH Interview	Food consumption score		… Milk and other dairy products?		HH
	E.5.4	HH Interview	Food consumption score		… Meat, fish and egg?		HH
	E.5.5	HH Interview	Food consumption score		… Vegetables and leaves?		HH
	E.5.6	HH Interview	Food consumption score		… Fruits?		HH
	E.5.7	HH Interview	Food consumption score		… Oil, fat, butter?		HH
	E.5.8	HH Interview	Food consumption score		… Sugar, or sweet?		HH
	E.5.9	HH Interview	Food consumption score		… condiments and spices?		HH
	E.5.10	HH Interview	Household Hunger Scale		In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food?	Yes; No	HH
	E.5.11	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times); Often (more than 10 times)	HH
	E.5.12	HH Interview	Household Hunger Scale		In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry	Yes; No	HH

					because there was not enough food?		
	E.5.13	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times); Often (more than 10 times)	HH
	E.5.14	HH Interview	Household Hunger Scale		In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Yes; No	HH
	E.5.15	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times); Often (more than 10 times)	HH
	E.5.16	HH Interview	rCSI		During the last 7 days, were there days (and, if so, how many) when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?	Number 0-7	HH
	E.5.17	HH Interview	rCSI		… to borrow food or rely on help from a relative or friend to cope with a lack of food or money to buy it?		HH
	E.5.18	HH Interview	rCSI		… to limit portion size of meals at meal times to cope with a lack of food or money to buy it?		HH
	E.5.19	HH Interview	rCSI		… to restrict consumption by adults in order for small children to eat to cope with a lack of food or money to buy it?		HH
	E.5.20	HH Interview	rCSI		… to reduce number of meals eaten in a day to cope with a lack of food or money to buy it?		HH

What are the main sources of food utilized by the assessed population in the last 7 days?	E.5.21	HH Interview	Main Sources of Food		What are the household's most important sources of food in the past 7 days?	Market (Purchase cash or credit); Borrowing/debts; Support from neighbors/relatives; Exchange of food for labor; Bartering; Hunting; Fishing; Gathering; Humanitarian food assistance; Other; None;	HH
	E.5.22	HH Interview	Main Sources of Food		First source:		
	E.5.23	HH Interview	Main Sources of Food		Second source:		
	E.5.24	HH Interview	Main Sources of Food		Third source:		
What are the main sources of water and fuel utilized by households for cooking in the assessed population?	E.5.25	HH Interview	Food Utilization – Water		What water source does your household use for food preparations in the past 30 days?	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know Prefer not to answer	HH
	E.5.26	HH Interview	Food Utilization – Fuel		What energy source does your household use for food preparations in the past 30 days?	Firewood Cow, camel (animal) dung Coal (charcoal, mineral charcoal) Electricity Biogas	HH

						Gas Straw or other feed Other (specify) Don't know Prefer not to answer	
	E.5.27	HH Interview	Main income sources		What are your household's first main source of income in the past 30 days?	Salary and wages (professional, religious/spirtual, or service industry, etc.) Selling of own-produced agricultural products (grains, honey, sesame/seeds, vegetables/fruit) Selling of own-produced animal products (dairy, egg, meat, skin&hide) Selling of collected firewood, charcoal, wild foods Shopkeeper or trader Daily labor - agricultural (farm, vegetable gardens, etc.) Daily labor - skilled (carpentry, masonry, hair-dressing, mining, driver, etc.) Daily labor - casual (petty trade, taxi redat, etc.) Savings Pension Remittances or support from family member Gifts or donations from community Loans from community Humanitarian cash assistance Begging Other (specify) None Prefer not to answer	HH
	E.5.28	HH Interview	Main income sources		What are your household's second main source of income in the past 30 days?		

What are the main barriers to accessing food for the assessed population? What are the self-reported perceptions of food needs in the assessed population	E.5.29	HH Interview	Barriers to Food Accessibility		In the last 7 days, did you face any barriers to consistently accessing food sources?	No barrier faced accessing food sources Live too far from food sources/no means of transport. Transportation to food source too expensive. Not enough food is available Damage to main source of food Security issues travelling to and from food sources. Not allowed to access main food sources (cultural, social, etc. reasons) Other (specify) Don't know Prefer not to answer	HH
What are the main barriers households face in accessing markets and purchasing essential items	E.5.30	HH Interview	Market access		In the past 30 days, has your household faced any challenges or barriers in accessing or visiting marketplaces?	Yes, No, Don't know	
	E.5.31	HH Interview	% of households reporting barriers to market access (by type of barrier)		What were the main barriers your household faced in visiting marketplaces?	Insecurity or conflict Flooded or impassable roads Lack of transportation Long distance to the market Illness or disability in household Restrictions on movement (e.g. checkpoints) High transport costs Other (specify): _____	
	E.5.32	HH Interview	Market access		In the past 30 days, has your household faced any challenges or barriers in purchasing the items you needed from the market?	Yes, No, Don't know	

	E.5.33	HH Interview	% of households reporting barriers to purchasing needed items (by type of barrier)		What were the main barriers your household faced in purchasing needed items?	High prices / Inflation Limited availability of goods Lack of money Market closures or limited opening hours Discrimination in the market Other (specify): _____	
What is the household coverage of emergency food security interventions in the assessed population?	E.5.34	HH Interview	Coverage of Emergency FSL Intervention		Is you or any member of your household registered and received for general food distribution/cash/voucher programming?	Yes, No, Don't know	
	E.5.35	HH Interview	Coverage of Emergency FSL Intervention		If yes, please select what you received in the last 2 weeks?	Food In-Kind Food vouchers Livelihoods (inputs) voucher Multi-Purpose Cash Assistance Cash for food Cash for livelihoods (inputs, assets, etc) Other (specify) None Prefer not to answer	HH
What proportion of households in the assessed population are utilizing stress-, crisis-, and emergency-level livelihoods coping strategies to access food and other basic needs?	E.5.36	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household send household members to eat with another household because of a lack of food or money to buy food?	YES NO, my household did not experience a lack of food that would make us try to do this NO, because I have already engaged in this activity in the last 12 months and cannot continue doing it Not applicable - it is not possible for me to do this, even if I needed to	HH
	E.5.37	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household sell more animals than usual for this time of year because of a lack of food or money to buy food?		
	E.5.38	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household borrow money or purchase food on credit because of a lack of food or money to buy food more than usual during this time of year?		

	E.5.39	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household sell household assets/goods (radio, furniture, cooking utensils, etc.) because of a lack of food or money to buy food more than usual during this time of year?		
	E.5.40	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household sell productive assets or means of transport (fishing net, hoe, axe, spear, hooks, wheelbarrow, bicycle, plough, etc.) because of a lack of food or money to buy food?		
	E.5.41	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household harvest immature crops (e.g. green maize) because of a lack of food or money to buy food?		
	E.5.42	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household sell or eat seeds intended for planting this season because of a lack of food or money to buy food?		
	E.5.43	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household sell or slaughter the last of your female cows and goats because of a lack of food or money to buy food?		
	E.5.44	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household travel to another village or cattle camp to look for food because of a lack of food or money to buy food?		
	E.5.45	HH Interview	Livelihoods Coping Strategies Index (LCSI)		In the last 30 days, did your household beg other community members for food because of a lack of food or money to buy food?		

TOOL 1: CORE OBJECTIVE 4– WATER, SANITATION, AND HYGIENE

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level
WASH								
What proportion of households have access to safe, improved drinking water in the assessed population?	F.6.1	HH Interview	WASH	Main sources of water	What is your households PRIMARY source of water used for drinking or other household uses?	Select one	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know	HH
	F.6.2	HH Interview	WASH	Main sources of water	Do you use any other sources of water for drinking or other household uses?	Select one	Yes, No, Don't Know	HH

	F.6.3	HH Interview	WASH	Main sources of water	What are the other sources of water you use for drinking or other household uses?	Select multiple	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know	HH
What are the self-reported perceptions of water needs and barriers to access in the assessed population?	F.6.4	HH Interview	WASH	Water usage	What do you use water from ${wash_water_source} for each source?	Select all that apply	Drinking Cooking Bathing Laundry Household hygiene Other (specify)	H
	F.6.5	HH Interview	WASH	Water usage	What do you use water from ${wash_water_source} for each source?			HH
	F.6.6	HH Interview	WASH	Water collection time	How long does it take the household to collect water (including travel to and from and waiting)?	Select one	Water is available on premises Enter the number of minutes: Do not know Prefer not to answer	HH

	F.6.7	HH Interview	WASH	Water collection time	Please enter the number of minutes required to collect water (including travel to and from the water point):	Integer	Number	HH
What proportion of households can collect water within 30 minutes, including travel to, from, and queuing time?	F.6.8	HH Interview	WASH	Water collection time	Can you tell me a range of minutes required to collect water?	select one	No collection / Water on premise" Under 30 minutes 30 minutes to less than 1 hour 1 hour to less than half a day Half a day More than half a day Don't know Prefer not to answer	HH
What of water treatment methods are households in the assessed population using?	F.6.9	HH Interview	WASH	Water treatment	What do you do to treat the water you drink, if anything?	Select one	No treatment Boil water Chlorine tablet / Aquatab Filter cloth Other (specify) Don't know	HH
What is the average and median liters per person per day consumed in the assessed population?	F.6.10	HH Interview	WASH	Liters per person per day	Do you have any containers that you use to collect and store drinking water for your house?	Select one	Yes, No, Don't Know	HH
	F.6.11	HH Interview	WASH	Liters per person per day	How many containers did you use to collect water yesterday, or the last time you filled all your storage containers?	Integer	Number	HH
What are the self-reported perceptions of water needs and barriers to access in	F.6.12	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently did you or anyone in your household worry you would not have enough water for all of your household needs?	Select one	Never (0 times) Rarely (1-2 times) Sometimes (3-10 times) Often (11-20 times)	HH

the assessed population?	F.6.13	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation? (Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, sleeping, etc.)		Always (more than 20 times)	HH
	F.6.14	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently have you or anyone in your household had to go without washing hands after dirty activities (e.g., defecating or changing diapers, cleaning animal dung) because of problems with water?			HH
	F.6.15	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently has there not been as much water to drink as you would like for you or anyone in your household?			HH
What proportion of households in the assessed population have access to improved sanitation facilities?	F.6.16	HH Interview	WASH	Soap access	Do you have soap in the home (ask to see soap, to see if it appears in a minute)?	Select one	No soap in the house Yes, AND they brought the soap within 1 minute Yes, but DON'T see soap within 1 minute Don't know Prefer not to answer	Household
	F.6.17	HH Interview	WASH	Access to a mosquito net	Did any of your children under 5 sleep under the mosquito net last night?	Select one	Yes, Long Lasting Insecticide Treated Net No, Not Long Lasting Insecticide	HH

							Treated Net Don't Know"	
	F.6.18	HH Interview	WASH	Latrine type	What kind of toilet facility do members of your household usually use?	Select one	Pit latrine with slab Pit latrine without slab / open pit Plastic Bag Open defecation Flush to piped sewer system Flush toilet Other Prefer not to answer	HH

TOOL 1: CORE OBJECTIVE 5– SHELTER AND CRITICAL NFIS

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
What types of shelter are the assessed population living in?	**A.3.0**	HH Interview	Shelter type	What type of shelter do you live in?	Solid / finished house Solid / finished apartment Unfinished / non-enclosed building Tent Makeshift shelter None (sleeping in open) Other (specify) Don't know Prefer not to answer	HH
What are the main non-food items needs of the assessed population?	**A.3.1**	HH Interview	Shelter damage	What damage and/or noticeable issues does your enclosure have?	No damage or noticeable issue Minor damage to roof (cracks, openings) Major damage to roof with risk of collapse Damage to windows and/or doors (missing, broken, unable to shut properly) Damage to floors Damage to walls Lack of privacy inside the shelter (no partitions, doors)	HH

					Lack of space inside shelter (min 3.5m2 per household member) Shelter is too cold Shelter is too hot Limited ventilation (no air circulation unless main entrance is open) Leaks during rain Unable to lock the shelter Lack of lighting inside or outside the shelter	
	A.3.2	HH Interview	NFI needs	Are members of your household able to cook where you live?	Yes, without any issues Yes, with issues No, can't do	HH
	A.3.3	HH Interview	NFI needs	Please explain why you can't cook / the issues you face for cooking?	Insufficient essential household items for cooking (utensils, kitchen sets, eating sets) Lack of access to cooking facilities Unsafe cooking facilities Inadequate space for cooking (leaks during rain) Insufficient space Insufficient cooking fuel Other (specify) Prefer not to answer	HH
	A.3.4	HH Interview	NFI needs	Are members of your household able to sleep where you live?	Yes, without any issues Yes, with issues No, can't do	HH
	A.3.5	HH Interview	NFI needs	Please explain why you can't sleep / the issues you face for sleeping?	Insufficient essential household items for sleeping (bedding, mattresses and mats, bednets) Insufficient space Unsafe space Inadequate space for sleeping (leaking during rain, noisy space, space not meant for sleeping) Other (specify) Prefer not to answer	HH

TOOL 2: COMMUNITY LEADER AND MEMBER INTERVIEW TOOL

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Data collection method	Key disaggregations (Group types)
What is the severity of Water, Sanitation, and Hygiene needs and service gaps	4.5	*What are the self-reported perceptions of water needs and barriers to*	(Water) Does the community have a serious problem because you do not have enough water that is safe for drinking or cooking?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from accessing	Key informant interview	Community leader vs. member; Sex; Assessment Site;

in the population?		*access in the assessed population?*		enough safe drinking or cooking water?		
What is the severity of food security and livelihoods needs and service gaps in the population?	3.2	*What are the self-reported perceptions of food needs in the assessed population?*	(Food) Do people have a serious problem with food? For example, because they do not have enough food, or good enough food, or because you are not able to cook food	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from accessing enough food, or good enough?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What are severity of the Shelter and NFIs needs and service gaps in the population?	5.2	*What are the self-reported perceptions of shelter and NFI needs in the assessed population?*	(Place to Live In) Do people in the community have a serious problem because they do not have a suitable place to live in?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from having a suitable place to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?	4.5	*What are the self-reported perceptions of water needs and barriers to access in the assessed population?*	(Toilets) Do people in the community have a serious problem because they do not have easy and safe access to a clean toilet?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from having a suitable place to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?	4.5	*What are the self-reported perceptions of water needs and barriers to access in the assessed population?*	(Keeping Clean) For men: Do people have a serious problem because in your community it is difficult for people to keep clean? For example, because people do not have enough soap, water or a suitable place to wash. For women: Do people have a serious problem because in your community it is difficult to keep clean? For example, because people do not have enough soap, sanitary materials, water or a suitable place to wash	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from being able to keep clean?	Key informant interview	Community leader vs. member; Sex; Assessment Site;

What are severity of the Shelter and NFIs needs and service gaps in the population?	5.2	*What are the self-reported perceptions of shelter and NFI needs in the assessed population?*	(Clothes, Shoes, Blankets) Do people in the community have a serious problem because they do not have enough, or good enough, clothes, shoes, bedding or blankets?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from having enough, or good enough clothes, shoes, bedding or blankets?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What is the severity of food security and livelihoods needs and service gaps in the population?			(Income or Livelihoods) Do people have a serious problem because they do not have enough income, money or resources to live?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from having enough income, money or resources to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What is the severity of health and nutrition needs and service gaps in the population?	2.3	*What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?*	(Physical Health) Do people have a serious problem with their physical health? For example, because you have a physical illness, injury or disability	If yes, please describe the problem? Who has this problem? If yes, what are the causes of peoples' issues with their physical health?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What is the severity of health and nutrition needs and service gaps in the population?	2.3	*What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?*	(Health care) For men: Do men have a serious problem because they are not able to get adequate health care for themselves? For example, treatment or medicines. For women: Do they have a serious problem because they are not able to get adequate health care for themselves? For example, treatment or medicines, or health care during pregnancy or childbirth.	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community getting adequate health care for themselves?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
What are the community's self-perceived priority needs	6.2	*Are there any perceived safety concerns for the*	(Safety) Do people have a serious problem because they or their families are not safe or protected where they live now? For example,	If yes, please describe the problem? Who has this problem?	Key informant interview	Community leader vs. member; Sex; Assessment Site;

and humanitarian assistance?		*assessed population?*	because of conflict, violence or crime in your community, city or village.	If yes, what are the reasons people are not safe or protected?		
	6.3	*Are there any perceived issues with the way aid is delivered for the assessed population?*	(The way aid is delivered) Do you have a serious problem because of inadequate aid? For example, because you do not have fair access to the aid that is available, or because aid agencies are working on their own without involvement from people in your community	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from having enough income, money or resources to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	*What are the self-reported priority needs for the population?*	Do you have any other serious problems that I have not yet asked you about? Write down the person's answers	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	*What are the self-reported priority needs for the population?*	Out of all these problems we have asked you about, which one is the most serious problem?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	*What are the self-reported priority needs for the population?*	Which one is the second most serious?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	*What are the self-reported priority needs for the population?*	Which one is the third most serious?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;

TOOL 3: HEALTH FACILITY STAFF INTERVIEW TOOL

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
(Supplemental) What if any gaps are there with human resources, infrastructure, supplies, equipment, and		KI	Type facility	Type/level of health facility	Hospital; Referral Health Centre; Health Clinic/Post;Mobile ;Other (specify)	Health Facility
		KI	Facility management	Management of this Facility	Public / Government; Private; NGO; Other	Health Facility

WASH environment of health facilities serving the assessed population?		KI	NGO Support	Is the facility currently supported by any organisation (NGOs, UN, etc)?	Yes; No	Health Facility
		KI	Hours operation	On average, how many hours per day is this facility open for non-emergency outpatient services?	Integer [Usual hours of operation] Integer [# of days open]	Health Facility
		KI	Population covered	Population covered by health facility	Integer [Population before crisis] Integer [Population after crisis]	Health Facility
		KI	Distance to facility	Average Distance to health facility (in km) / time mins/hrs)	Integer [kilometers] Integer [In time]	Health Facility
		KI	Financial access	Financial access to the facility	Free of Charge all patients; Free of charge certain patients: User fees all patients; User fees certain patients;	Health Facility
		KI	Health care staffing	# of total staff	Integer [Before crisis] Integer [After crisis]	Health Facility
		KI	Health care staffing	# of Medical Doctor	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Clinical Officer	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Nurse	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Midwife	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Medical Assistant	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Vaccinator	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Dispenser	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Lab Technician	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Volunteers	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Other (specify)	Integer [male] Integer [female]	Health Facility
(Supplemental) What are the availability of services at health facilities serving the assessed population?		KI	Service Consultations	How many total daily consultations do you receive?	Integer [Before crisis] Integer [Average last 7 days]	Health Facility
		KI	Service Consultations	Integrated management of childhood illness (IMCI)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility

	KI	Service Consultations	Vaccination (EPI services)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Treatment for non-communicable diseases (NCDs)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Treatment for TB	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Treatment for HIV	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Treatment for mental health disorders	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Deliveries	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Emergency Obstetric Care (BEmONC or CEmONC)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Clinical management of rape (CMR)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Safe abortion care	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Family planning	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Treatment for STIs	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	ANC	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility

		KI	Service Consultations	PNC	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Nutritional Screening (MUAC)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Outpatient therapeutic programme (OTP)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Infant and Young Child Feeding (IYCF)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	In-patient management of acute malnutrition with medical complications (Stabilization Centre)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service interruptions	If there are any primary health care services not being provided, or that have stopped recently, please explain what has caused this?	Text	Health Facility
		KI	Vulnerable Groups	Are you aware of any groups of people that have less access to these health services compared to the general population? If so, who?	Text	Health Facility
		KI	Inpatient Services	Does this facility have inpatient services	Yes; No	Health Facility
		KI	Wards and Beds	If yes, what inpatient wards and how many beds are available in this facility?	Ward: _____ Number of beds:_____	Health Facility
		KI	Diagnostic Services	Does this facility have diagnostic services?	Yes, No	Health Facility
		KI	Lab	Are laboratory services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
		KI	X-Ray	Are X-ray services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
		KI	Other diagnostic	Are any other diagnostic services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
		KI	Other diagnostic community	Please list the diagnostic services available (including private within the community)	Text	Health Facility

(Supplemental) What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population?		KI	Essential Drugs and Supplies	Antibiotics	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	IV Fluids	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Mag Sulphate	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Analgesics	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anticonvulsant	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	PEP	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anti-hypertensives	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	ORS	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Oxytocin Injection	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anti-malarials	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Nutrition supplies	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	TB Meds	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	PPE for Staff (Gloves, Masks, etc.)	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	BCG vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Pentavalent vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility

		KI	Essential Drugs and Supplies	Tetanus toxoid vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Polio vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Measles vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Does the facility have a functioning cold chain?	Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Facility has functioning refrigerator or EPI cold box?	Yes, No	Health Facility
		KI	Essential Drugs and Supplies	If not, why not?	Text	Health Facility
		KI	Essential Drugs and Supplies	If any stock outs in the last 6 months, what caused it?	Text	Health Facility
		KI	Essential Drugs and Supplies	What immediate supply needs does this facility have, if any?	Text	Health Facility
		KI	Disease Outbreak	Have there been reports of a rapid/unusual increase in illness or rumours of outbreaks?	Text	Health Facility
		KI	Vulnerable Groups Disease	Are you aware of any groups of people that are more affected by disease and mortality than other populations in the area?	Text	Health Facility
		KI	Other Comment	Any other closing remarks by the health care staff?	Text	Health Facility

TOOL 4: FSL NGO WORKER INTERVIEW TOOL

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Data collection method	Key disaggregation
What is the severity of food security and livelihoods needs and service gaps in the population?	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	What type of food security and/or livelihoods programming do you deliver to the community currently?	General in-kind food distributions HH level in-kind food distribution Food vouchers Cash for food Multi-Purpose Cash Assistance In-kind inputs distribution Cash for inputs Livelihoods-related services Other, please specify	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL	What are your targeting and selection criteria for the programs mentioned above?		Key Informant Interview	None

		emergency services for the assessed population?				
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Do you know of any groups within the community who have difficulties accessing/registering to the program?	No, not aware of any I don't know Yes, please specify which ones	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	If yes, can you tell us about the main barriers?	Distance or time to reach program/assistance location Security Communication Language …. …. Other, please specify	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Among the community, you're reaching through your programs what are the main food and livelihoods needs you observe?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	What are the other main challenges you observe in this community?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Are you currently facing any major challenges in delivering your program/assistance to the intended population?	No, not aware of any Yes, please explain how: _____ Other, please specify	Key Informant Interview	None

	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	[If there's been a recent shock/hazard only] How did you adjust your programming since [shock/hazard]?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Does this change impact the reach and/or access to certain groups of the community?	No, not aware of any Yes, please explain how: _____ Other, please specify	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Do you have any new programs or assistance delivery planned in the next X weeks/months?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Thank you for giving us time to answer our questions If you have further information you'd wish to share, please…..		Key Informant Interview	None

TOOL 5: NUTRITION FACILITY STAFF INTERVIEW TOOL

Research Questions	SUBQ#	Sub-research question group	Questionnaire QUESTION	Probes	Data collection method	Key disaggregation
What nutrition services are provided, and are they adequately staffed, equipped, and stocked?		Service Availability and Staffing	Are you involved in the day-to-day operations and management of the nutrition facility? If not, who manages the nutrition facility? (in terms of operations, staffing, supplies & funding?)	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None

		Service Availability and Staffing	Do you offer in-patient/stabilization center services at your nutrition facility?	If No, could you explain why?	Key informant interview	None
		Service Availability and Staffing	Do you offer outpatient /therapeutic services at your nutrition facility?	If No, could you explain why?	Key informant interview	None
		Service Availability and Staffing	Do you offer other supplementary therapeutic services at your nutrition facility? (For example, for PLW, targeted services for vulnerable community members or orphans)?	If No, could you explain why?	Key informant interview	None
		Service Availability and Staffing	Are you currently adequately staffed for the nutrition services offered above?	If No, could you explain why?	Key informant interview	None
		Equipment and Supply Sources	What are the key sources of nutrition equipment currently for your facility?	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None
		Equipment and Supply Sources	How does this compare pre-crisis?	Text	Key informant interview	None
		Stock-out and Storage Challenges	Are there currently any deficits in equipment for the nutrition facility? If yes, which equipment?	Weighing scales Height boards Child MUAC tapes Maternal MUAC tapes Maternal & Child nutrition registries Other, (specify)	Key informant interview	None
		Stock-out and Storage Challenges	Have there been any deficits in equipment pre-crisis for the nutrition facility? If yes, which equipment?	Weighing scales Height boards Child MUAC tapes Maternal MUAC tapes Maternal & Child nutrition	Key informant interview	None

				registries Other, (specify)		
		Stock-out and Storage Challenges	What are the key sources of nutrition supplies currently for your facility?	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None
		Stock-out and Storage Challenges	How does this compare pre-crisis?	Text	Key informant interview	None
		Stock-out and Storage Challenges	Does your nutrition facility currently have adequate storage capacity for nutrition supplies?	Text	Key informant interview	None
		Stock-out and Storage Challenges	How does this compare pre-crisis?	Text	Key informant interview	None
		Stock-out and Storage Challenges	What are the main nutrition products your facility offers?	Inpatient therapeutic products (F75, F100, Oral rehydration salts etc.) Outpatient therapeutic products (Plumpy Nut, Plumpy Sup) Supplementary feeding products (fortified flour, food rations e.g. cereals, oil, pulses etc) Vitamin A supplements Deworming tables (mebendazole, albendazole) Iron Folic Acid supplements	Key informant interview	None

				Zinc tablet supplements Others (specify)		
		Frequency of Re-stocking and Type of Nutrition Products	How frequently is your nutrition facility re-stocked with nutrition products?	Weekly Monthly Quarterly (every 3 months) Biannually (every 6months) Annually Other (specify)	Key informant interview	None
		Frequency of Re-stocking and Type of Nutrition Products	Have you experienced any stock-outs in the last 3 months? If yes, what have been the main challenges to restocking nutrition products in your facilities in the last 3 months?	Text	Key informant interview	None
		Community Outreach and Coverage	In your opinion, would you say that the nutrition facility covers all the target population in the catchment area?	If No, explain why?	Key informant interview	None
		Community Outreach and Coverage	Does the nutrition facility have community health workers (CHWs) who conduct community outreach activities and nutrition screenings?	If No, explain why?	Key informant interview	None
What are the main challenges affecting access to nutrition		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility?	Text	Key informant interview	None

services, especially for vulnerable groups?			If yes, what are the main barriers?			
		Vulnerable Groups and Services Most Affected	If yes, which vulnerable groups are most affected? (For example, older persons, children under 5, persons with disabilities, single female headed HHs)	Youth Older persons Persons with a disability Children under 5 Orphans Single female headed HHs Women Minority groups Refugees Migrants Other, specify Don't know	Key informant interview	None
			If yes, which services are most affected? (For example: Chronic illness, diabetes, HIV, infectious disease services, cholera, dysentery, services for children under 5 (acute watery diarrhoea, measles, malaria)	Text	Key informant interview	None
		Access Compared to Pre-crisis	How has access changed compared to pre-crisis.	Text	Key informant interview	None
		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility due to distance?	Text	Key informant interview	None
		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility due to lack of medical facilities?	Text	Key informant interview	None

		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility due to any other reasons? If yes, what are they?	Text	Key informant interview	None
		Trends in Malnutrition Cases	During the last 3 months, has your facility detected any increase in malnutrition cases reported at your facility or referrals from outreach/mobile clinics or community health workers? If yes, have malnutrition cases doubled, tripled, or more during the last 3 months?	Text	Key informant interview	None
		Causes of Malnutrition Increase	If yes, what is the main cause for the increase in the last 3 months?	Text	Key informant interview	None
How have malnutrition trends and CMAM program performance indicators changed in the last 3 months?		CMAM Quality Indicators (Cure, Death, Default Rates)	In the past 3 months, how would you describe the following indicators for CMAM program quality? (If the staff has current updated statistics, update accordingly).	Cure rate Defaulters rate Non-Response rates Death Rates	Key informant interview	None
		Perceptions of the CMAM Program	What do you think about the quality and relevance of the CMAM programme?	Text	Key informant interview	None
		Perceptions of the CMAM Program	What are its strengths/weaknesses?	Text	Key informant interview	None
		Perceptions of the CMAM Program	What would you change to improve its quality?	Text	Key informant interview	None
		Perceptions of the CMAM Program	How is it perceived in the community? Why?	Text	Key informant interview	None

6. Data Management Plan

Administrative Data		
Research Cycle name	*Integrated Public Health Rapid Assessments*	
Project Code	*32GBK*	
Donor	*FCDO*	
Project partners	*N/A*	
Research Contacts	*Amanya Saturlino Phonse, amanya.saturlino@impact-initiatives.org*	
Data Management Plan Version	*Date: September 1, 2026*	*Version: 1*
Related Policies	*[List any relevant policies/procedures on data management, data sharing and data security that this project will be based on]*	

Documentation and Metadata				
What documentation and metadata will accompany the data? *Select all that apply*	□	Data analysis plan	x	Data Cleaning Log, including: x Deletion Log x Value Change Log
	□	Code book	□	Data Dictionary
	□	Metadata based on HDX Standards	x	Data saturation grid

Ethics and Legal Compliance				
Which ethical and legal measures will be taken?	x	Consent of participants to participate	x	Consent of participants to share personal information with other agencies
	x	No collection of personally identifiable data will take place	x	Gender, child protection and other protection issues are taken into account
	x	All participants reached age of majority	x	PSS First Aid training of team leaders
Who will own the copyright and Intellectual Property Rights for the data that is collected?	IMPACT Initiatives			

Storage and Backup				
Where will data be stored and backed up during the research?	x	IMPACT/REACH Kobo Server	□	Other Kobo Server: *[specify]*
	□	IMPACT Global Physical / Cloud Server	□	Country/Internal Server
	□	On devices held by REACH staff	□	Physical location *[specify]*
	□	[Other, Specify]		
Which data access and security measures have been taken?	x	Password protection on devices/servers	x	Data access is limited to IMPACT HQ, REACH SSD and Data Officer,
	□	Form and data encryption on data collection server	□	Partners signed an MoU if accessing raw data
	□	[Other, Specify]		

Kobo Access Rights			
Account Name(s)	Person(s)	Type of Kobo access	
amanya	*Amanya Saturlino Phonse*	x View □ Edit	□ Submit Data □ Download Data
reach_ssd_nbeg	*Enumerator*	x View □ Edit	x Submit Data □ Download Data
kenyi_reach	*Kenyi Alison*	x View x Edit	□ Submit Data x Download Data

Raw Data Access Rights

Raw Data Access	Reason	Person
Accountable	Accountable – will download data daily and share with field teams for review.	*Morish MWAKA or Kenyi Alison*
Access	Access – will be conducting debriefs with enumerators in the field	*Amanya Saturlino Phonse*

Preservation				
Where will data be stored for long-term preservation?	□	IMPACT / REACH Global Cloud / Physical Server	□	OCHA HDX
	x	REACH Country Server	□	[Other, Specify]
Data Sharing				
Will the data be shared publicly?	□	Yes	x	No
Will all data be shared?	□	Yes	□	No, only anonymised/cleaned/ consolidated will be shared
	x	conducting No		
Where will you share the data?	x	REACH Resource Centre	□	OCHA HDX
	□	Humanitarian Response	□	[Other, Specify]
Data protection risk assessment				
Have you completed the Indicators Risk Assessment table below?	x	Yes	□	No, no information that potentially allows identification of individuals is to be collected.

Risk indicator (including direct and indirect identifiers)	Type of identification risk	Disclosure implications	Benefits	**Class**	**Required mitigation**
Coordinates of household location	*Direct identification of household and whereabouts*	*Loss of privacy*	*Data checking*	*B1*	*To be permanently deleted after spatial verification and data cleaning.*
First name of each household member.	*Direct identification of household members*	*Loss of privacy*	*Improve data quality for individual level indicators*	*B1*	*To be permanently deleted after data cleaning.*

Responsibilities	
Data collection	*Amanya:amanya.saturlino@reach-initiative.org*
Data cleaning	*Amanya:amanya.saturlino@reach-initiative.org*
Data analysis	*Amanya:amanya.saturlino@reach-initiative.org*
Data sharing/uploading	*Amanya:amanya.saturlino@reach-initiative.org*

Annexes

Referral Form

These sheets must be cut and filled by the teams when a child should be referred to a feeding/ health center

REFERRAL FORM Child Name : _____ Mother Name: _____ Age: _____ Sex: Female ☐ Male ☐ Height: _____ cm Weight: _____ kg MUAC: _____ cm Edema : ☐ Yes ☐ No Village/Boma: _____ Team Leader: _____ Sign : _____	**REFERRAL FORM** Child Name : _____ Mother Name: _____ Age: _____ Sex: Female ☐ Male ☐ Height: _____ cm Weight: _____ kg MUAC: _____ cm Edema : ☐ Yes ☐ No Village/Boma: _____ Team Leader: _____ Sign : _____
REFERRAL FORM Child Name : _____ Mother Name: _____ Age: _____ Sex: Female ☐ Male ☐ Height: _____ cm Weight: _____ kg MUAC: _____ cm Edema : ☐ Yes ☐ No Village/Boma: _____ Team Leader: _____ Sign : _____	**REFERRAL FORM** Child Name : _____ Mother Name: _____ Age: _____ Sex: Female ☐ Male ☐ Height: _____ cm Weight: _____ kg MUAC: _____ cm Edema : ☐ Yes ☐ No Village/Boma: _____ Team Leader: _____ Sign : _____

for acute malnutrition or any other health problem observed.

HOUSEHOLD LISTING AND ANTHROPOMETRY

Cause of Death: (1) Diarrhoea, (2) Fever, (3) Measles, (4) Cough and difficulty breathing (5) Malnutrition (6) Violence/conflict related, (97) Other (specify)
Location of Death: (1) Current location (2) During migration (3) In place of last residence (97) Other (specify)

Cluster Number:	Site Name:	
Team No:	Household No:	County:

Current household members							
Name	Sex	Age	Joined Born?	Weight (kg)	Height (cm)	MUAC (cm)	Oedema (Y/N)
Household members who have left since (_____)							
Household members DIED since (____)							
				Cause Death: Location Death:			
				Cause Death: Location Death:			

FOOD CONSUMPTION LISTING

Cluster No:		Site Name:		
Team No:		Household No.	County:	
Day	Breakfast	Lunch	Dinner	Other
[Yesterday]				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk
				□ None □ Oil □ Sugar □ Salt □ Onions □ Milk

LOCAL EVENT CALENDAR

MONTH OF YEAR	ANNUAL SEASONS	2021	2022	2023	2024	2025	2026
January			**53**	**41**	**29**	**17**	**5**
			New Year	New Year	New Year	New Year	New Year
Feb.			**52**	**40**	**28**	**16**	**4**
March			**51**	**39**	**27**	**15**	**3**
April			**50**	**38**	**26**	**14**	**2**
			Easter	Easter	Easter	Easter	Easter
May			**49**	**37**	**25**	**13**	**1**
June			**48**	**36**	**24**	**12**	**0**
			Eid Alfitir	Eid Alfitir	Eid Alfitir	Eid Alfitir	Eid Alfitir
July		**59**	**47**	**35**	**23**	**11**	
		Independence Day	Independence Day	Independence Day	Independence Day	Independence Day	
August		**58**	**46**	**34**	**22**	**10**	
September		**57**	**45**	**33**	**21**	**9**	
October		**56**	**44**	**32**	**20**	**8**	
		Comboni Day	Comboni Day	Comboni Day	Comboni Day	Comboni Day	
November		**55**	**43**	**31**	**19**	**7**	
December		**54**	**42**	**30**	**18**	**6**	
		Christmass	Christmass	Christmass	Christmass	Christmass	