TECHNICAL PROTOCOL

FOR

SMART Survey in Aweil North County, Northern Bahr El Ghazal State, South Sudan

Submitted by

REACH Initiative

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Contents

1.0 BACKGROUND

1.1 Introduction

South Sudan, the world's youngest country having gained independence from Sudan in 2011, has faced internal conflict since 2013, causing widespread displacements, disrupted livelihoods, and chronically high levels of acute food insecurity and malnutrition in many parts of the country. A Peace deal was signed in September 2018, which resulted in improved security and increased access to affected populations for humanitarian assistance, and an increase in refugee and Internal Displaced Person (IDP) returnees to their communities[1]. However as of July 2021, there remained an estimated 2.26 million refugees from South Sudan residing in neighboring countries (Uganda, Sudan, Ethiopia, Kenya, DRC)[2]. The consolidated findings from the IPC Technical Working Group and External Reviews data shows that 5.83 million people (46 percent of the population) were experiencing high levels of acute food insecurity classified as IPC Phase 3 or above (Crisis or worse), with 1.64 million people in IPC Phase 4 (Emergency). An estimated 35,000 people were classified in IPC Phase 5 (Catastrophe) in the Duk (3,000) and Nyirol (3,000) counties of Jonglei State; and the Rubkona County (15,000) of Unity State. An estimated 14,000 South Sudanese returnees who fled the ongoing conflict in Sudan were also classified in IPC Phase 5 (Catastrophe). The most food insecure states between September and November 2023 with more than 50% of their populations facing IPC Phase 3 or above (Crisis or worse) were Jonglei State (61%), Unity State (58%), Upper Nile State (56%) and Lakes State (53%)[3].

Aweil North County is located in Northern Bahr el-Ghazal State and predominately occupied by the Rek Dinka (Malual) people. It borders Aweil West County to the south and Aweil East County to the east. It also borders Western Bahr el-Ghazal State (Raja County) to the west and Sudan to the north. The county falls under the western flood plains sorghum and cattle livelihood zone (FEWSNET, 2018), with grassland, swampy areas with papyrus reed, and pockets of forest found in this area. According to a FAO and WFP (2018), in 2017 an estimated 80% of households were farmers. The main crops are sorghum, groundnut, sesame maize and vegetables. Sandy soil is generally found in the county's north, near the border with Sudan, and is considered the most fertile[4]. The latest Inter-Agency Needs Assessment (IRNA) in Aweil North, dated from August 2022, states that a total of 14,041 households were affected by flood and from them 4,212 households were displaced while 9,207 hectares of crop destroyed and 21,921 sheep and goats lost"[5].

The economy of Aweil North – and Northern Bahr el-Ghazal more broadly – has undergone a major transformation towards markets and commercialization of labour. The rapid repopulation of the area since the early 2000s placed the local markets and ecology under such pressure that cash and markets became an increasingly vital means for survival. Periodic closures of the border with Sudan (with which local markets have been historically integrated), runaway inflation and widespread insecurity since 2012 have further deepened this trend. This has been reflected in high levels of food insecurity, indebtedness and exploitation as part of agricultural labour or participation in armed groups (ibid).

Through forced displacement from Aweil to Sudan and other places, decades of conflict and insecurity within South Sudan and across the border in Darfur/Kordofan have intensified pre-existing patterns of movement. Gok Machar town, in Malual North Payam, is home to the Aweil North County headquarters.

[1] https://www.worldbank.org/en/country/southsudan/overview
[2] https://data2.unhcr.org/en/situations/southsudan.
[3] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_South_Sudan_Acute_Food_Insecurity_Malnutrition_22July_23July_report.pdf
[4] CSRF, South Sudan, County Profile, Aweil North
[5] IRNA Report, August 2022

The nation's trade and migration routes to the northern border have been influenced by border closures, natural catastrophes, and intercommunal violence because of its proximity to Sudan.

Between July 2023 and June 2024, an estimated 1.65 million children between 6-59 months are expected to suffer acute malnutrition including 480,000 million children expected to suffer Severe Acute Malnutrition (SAM) and 1.17 million expected to suffer Moderate Acute Malnutrition (MAM). 870,000 pregnant or breastfeeding women are expected to suffer acute malnutrition in this period. An estimated 72 percent of the acute malnutrition burden is concentrated in the five states of Jonglei, Northern Bahr el Ghazal, Upper Nile, Unity and Warrap. As for the severity of the situation, between July and September 2023, 46 counties are classified in IPC AMN Phase 4 (Critical), 15 counties in IPC AMN Phase 3 (Serious), 10 counties in IPC AMN Phase 2 (Alert) and 9 in IPC AMN Phase 1 (Acceptable). During the post-harvest period of October 2023 to March 2024, the AMN situation is expected to remain the same. Deterioration in 66 counties is expected during the lean season period of April to June 2024 including Aweil North[6].

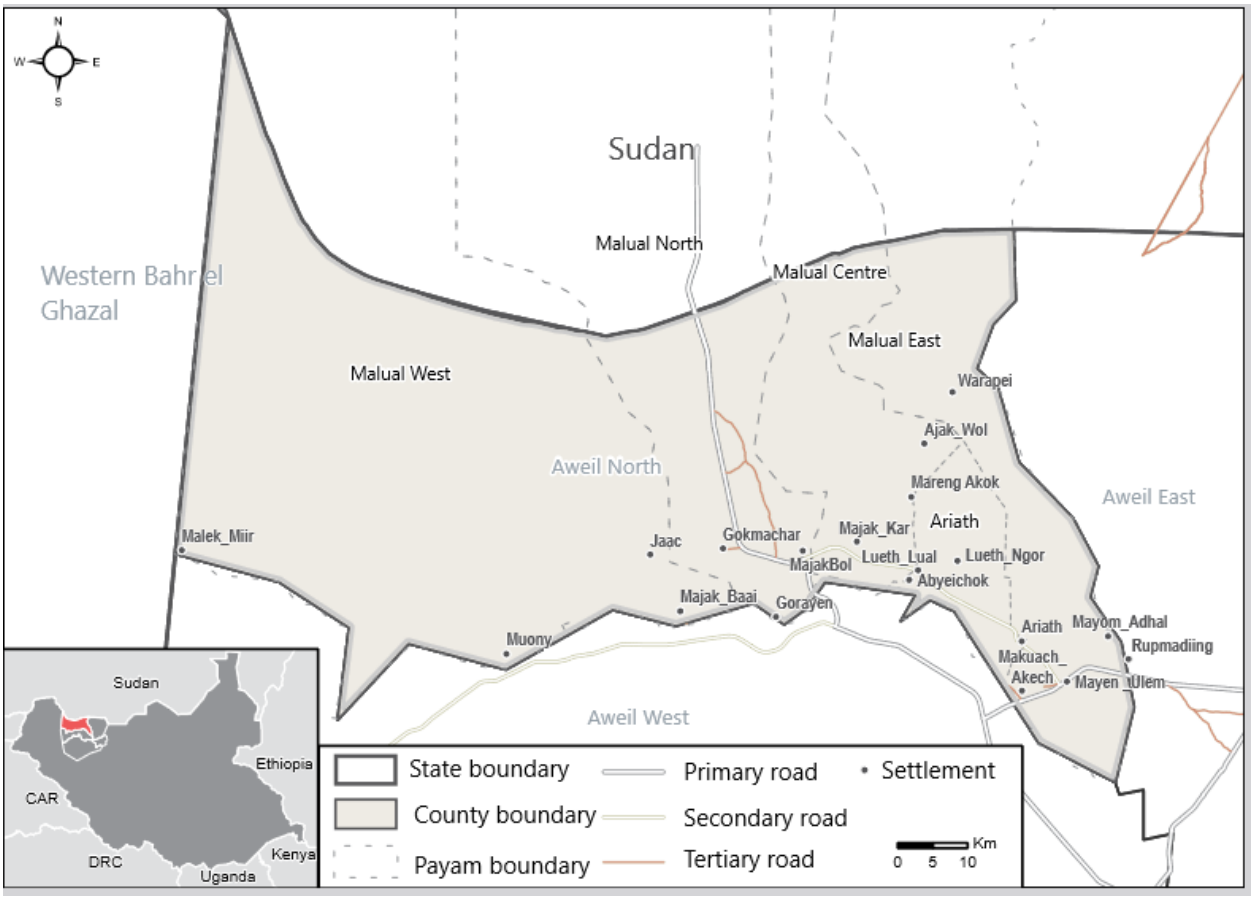
The last SMART survey in Aweil North was conducted by Concern Worldwide (CWW) in April 2023, and showed the Global Acute Malnutrition (GAM) rate was 24.7% (20.8 – 29.0 95% Confidence Interval) which is above the emergency threshold (15%) of the World Health Organization (WHO) and even closer to catastrophe classification of 30%. Furthermore, and Crude Mortality Rate (CMR) (deaths per 10 000/day was 0.21(0.09-0.52 CI) which is below the WHO threshold (1%), Data on morbidity was obtained from 447 children. 38.3% (n=171) of the sampled children were sick within a period of two weeks prior to the survey. and the recent Integrated Food Security Phase Classification for Acute Malnutrition (IPC-AMN) report published in October 2023 classified Aweil North in the critical phase for the current analysis period (July - September 2023) and the first (October 2023 - March 2024) and second (April - June 2024) projections periods of IPC-AMN analysis with increased population in phase 4 (ibid).

The nutrition situation in Aweil North County remains an information gap due to the developments since the last SMART survey conducted in April 2023, including the migration of Sudanese refugees and South Sudanese returnees into the county from Sudan and this has remain the nutrition information gap for implementing partners as well as for the IPC AMN, therefore Aweil North has been flagged as one of the eighteen priority counties where SMART surveys should be conducted in 2024, according to the Nutrition Information Working Group (NIWG) classification of counties with information needs.

REACH Initiative, present in South Sudan since 2012, has been conducting needs assessments and providing evidence-based information to inform the humanitarian response in South Sudan. And since 2019, REACH has engaged with the NIWG, participating in the IPC Acute Malnutrition analysis workshops, and providing technical support to nutrition partners for SMART surveys implementation in the country. Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey is a methodology widely used in Sub-Saharan Africa to conduct timely nutrition surveys, by governments and humanitarian partners alike, in all type of contexts (emergency, development, displaced populations). SMART surveys are conducted on a regular basis, often in connection with seasonal malnutrition, and can be conducted at the national or regional level, and even on a smaller scale. With the intention to close the information gap related to the nutrition situation in Aweil North County, REACH Initiative is planning to conduct a SMART survey from, approximately, March 11th - 31st 2023, collecting anthropometric and mortality data, as well as key multi-sectoral indicators - Food Security and Livelihoods (FSL), Water, Sanitation and Hygiene (WASH), and Health - to better understand the status of AMN in Aweil North County as well as its key drivers.

[6] IPC Analysis, South Sudan, September 2023

Figure 1 Aweil North County Reference Map



1.2 Survey Objectives

General Objectives

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

Specific Objectives

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

- Vitamin A supplementation (for children 6-59 months)
- Deworming (for children 12 to 59 months)
- Measles vaccination coverage among children 9-59 months (about 5 years).

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

1.3 Survey Areas

The SMART survey will be implemented in the whole Aweil North County, consisting of the following payams: *Payams:* Malual North (County Headquarters at Gok Machar), Ariath, Malual Centre, Malual East, Malual West.

2.0 METHODOLOGY

2.1 Survey Design

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

2.2 Study Population

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

2.3 Sample Size Estimation

Sample size calculation for the survey will be based on the expected prevalence of Global Acute Malnutrition (GAM) and Mortality Rate in the survey areas. The parameters used have been extracted from the previous survey reports conducted by Concern World Wide (CCW) between 17th and 29th April 2023. Anthropometric and Mortality Sample sizes have been calculated using Emergency Nutrition Assessment (ENA) software (January 11th, 2020, version) following SMART methodology.

2.3.1 Anthropometric Sample Size

Table 1: Sample Size (Anthropometric)

Parameter	Aweil North County	Justification
Estimated Prevalence (%)	20.8%	The lower confidence limit of a SMART survey in Aweil North County by CWW was conducted in April 2023 24.7 %[7] (20.8 - 29.0, 95% CI). As per the projection for acute malnutrition for the first projection from December to march the situation is likely improvement but within the same IPC Phase 4 for Acute Malnutrition.
Desired Precision	4.5	Based on the SMART survey Guide
Design Effect	1	Base on the current situation in Aweil North County and the comments from the NIWG.
Children to be Included	**340**	
Average Household Size	6	From the 2023 SMART Survey Conducted by CWW
% children Under-Five	21%	The SMART survey conducted by CWW, the under >5 was 15% which was very low than the national figure of 21%, For that reason the national proportion for >5 was chosen to be use.
% Non-Respondents	3%	base on previous experience
Households to be Included	**309**	

2.3.2 Mortality Sample Size

Table 2: Sample Size (Mortality)

Parameter	Aweil North County	Justification
Estimated death rate per 10,000/day	0.21	Aweil North SMART survey was conducted in April 17 to 29, 2023 by CWW, 0.21 % (0.09 – 0.52, 95% CI). Point estimate taken as no special events happened since the last survey.
Desired Precision	0.3	This is taken as per the SMART guidance
Design Effect	1	Base on the current situation in Aweil North county and the comments from the NIWG.
Recall Period	93	Will be Updated When the SMART survey starts
Population to be Included	**1049**	
Average Household Size	6	Aweil North County SMART survey, 17 - 29, 2023 by CWW
% Non-Respondents	3%	From previous experience
Households to be Included	**180**	

The maximum sample size is found to be anthropometry sample size calculation, and this will be considered the final sample size, with **309 households** in Aweil North County to be included in the survey.

[7] AWEIL NORTH SMART SURVEY FINAL REPORT 2023.pdf

2.3.3 Number of Clusters

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

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

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

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

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

405 (min) / 35 (min) =11.5 **HH/per day ~ 12 HH**

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

	Aweil North
Total number of HH based on sample size calculation	309
Total number of HH to be assessed per day per team	12
Clusters Needed	25.75
Rounded UP	**26**

2.4 Sampling Procedure: Selection of Clusters

A two-stage cluster sampling design will be used to sample the survey clusters and households. In the first

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

2.5 Sampling Procedure: Selection of Households and Children

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

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

For clusters with more than 150 HHs segmentation will be used to select one portion of the cluster that will represent the cluster. Selection of segments will be done using either PPS or simple random sampling, depending on the population sizes of the specific segments[8]. In the selected segment, the process of HH selection will follow the same process done in each cluster for the selection of the 12 HH. Households will be selected using a Random Number Generator software.

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

2.6 Survey Teams, Training, Data Collection and Data Management

- Survey Teams: Six teams with four members (1 Team Leader, 1 measurer, 1 assistant, 1 enumerator) in each team will be involved in the execution of the survey. At each cluster, a local guide will be employed to facilitate data collection at the household level. The survey teams will be recruited by World Vision International (WVI) with the involvement of the local officials at Aweil North County level. To the extent possible, the team members will be a mix of both males and females and will be recruited from the local communities. Supervisors will consist of a mix of WVI and REACH staff.
- Training: The survey teams will be trained for five days, with the training planned to start on March 12th, 2024.The training will cover various components including taking anthropometric measurements, sampling of households, data collection tools, digital data collection, data quality checks, and standardization exercise among other themes. The training of the enumerators will be facilitated by SMART certified staff and staff with experience conducting SMART surveys.
- Supervision: The overall management of the survey will be done by REACH Initiative with support from WVI. Maximum supervision of the survey teams will be ensured to facilitate quality data.

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

- Data Entry and Management: Data will be collected through REACH tablets using Kobo/ODK. The data collection tools will be programmed and uploaded onto the tablets which will be used by the survey teams. The teams will be uploading the collected data to a central server on a daily basis to allow the Survey Manager to review the data collected each and every day and clean the data and give the feedback every morning to the teams.

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

2.7 Data Quality

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

a) The survey will be done in accordance with the submitted protocol, and the following will be ensured:
   - Training of survey teams is done using standardised material as recommended by SMART Methodology
   - Undertake standardisation test as part of the training; taking appropriate steps thereafter based on performance of the survey teams
   - Appropriate calibration of survey equipment, during the training and on every morning before proceeding to the field for data collection
   - Plausibility checks will be conducted on a daily basis and inform the daily debriefing sessions which will be conducted every day

b) Data will be collected through digital platform, and control checks and skip patterns will be programmed to improve the data quality.

c) Anthropometry data will be auto analysed using ENA software anthropometry section. The same software will be used to analyse the mortality data.

2.8 Questionnaire

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

2.9 Data to be Collected

1. **Anthropometry**
   - **Age:** Will be determined using birth/health cards/ records if available and local calendar of events which will be jointly developed by local leaders and survey enumerators.
   - **Sex:** Male or female
   - **Weight:** Children's weights will be taken without clothes using mother and child digital weighing scales (SECA scales with precision of 100gm).
   - **Height/length:** Children will be measured using the wooden UNICEF measuring boards (precision of 0.1cm). Children less than 2 years of age will be measured lying down, while those greater than or equal to 2 years of age will be measured standing up.
   - **Mid-upper arm circumference:** MUAC measurements will be taken at the mid-point of the left upper arm using both the child and adult MUAC tapes (precision of 0.1cm) for children 6-59 months and for women of reproductive age between 15-49 years of age.
   - **Bilateral pitting oedema:** Will be assessed by the application of normal thumb pressure on both feet for 3 seconds.

- **Referral:** All children with acute malnutrition and not already enrolled in treatment will be referred using referral forms to existing TSFP and OTP programs in the county.

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

2.10 Data Analysis

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

2.11 Ethical Considerations

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

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

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

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

Annex 1. Survey Plan

Activity	4-Mar	5-Mar	6-Mar	7-Mar	8-Mar	9-Mar	10-Mar	11-Mar	12-Mar	13-Mar	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	6-Apr	7-Apr	8-Apr
Travel to Aweil North from Juba																																			
Field Meetings (sampling, staffing)																																			
Training of enumerators/field test																																			
Field Test / Pilot																																			
Data Collection																																			
Data Collection "Flex" Days																																			
Debrief with Teams																																			
Travel to Juba from Aweil North																																			
Prepare and Submit Preliminary Datasets																																			
Submit Preliminary Presentation and Report																																			

Annex 2. Cluster control form

State: _____County: _____ Payam: _____ Boma: _____ Village: _____ Cluster No.:_____ Team No.:_____

Survey Date: _____/_____/_____ Team Leader: _____

no		4 = absent*					3 = refused	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Annex 3. HOUSEHOLD LISTING AND ANTHROPOMETRY

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

Current household members							
Name	Sex	Age	Joined or 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:			

Annex 4. 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

Annex 5. IYCF – 24 hours diet recall form

Cluster No:		Site Name:		
Team No:		Household No.	County:	
Day	Breakfast	Lunch	Dinner	Other
Morning / Breakfast				□ None □ Sugar □ Water □ Sweets □ Breastmilk
Snacks?				□ None □ Sugar □ Water □ Sweets □ Breastmilk
Lunch				□ None □ Sugar □ Water □ Sweets □ Breastmilk
Snacks				□ None □ Sugar □ Water □ Sweets □ Breastmilk
Evening / Dinner				□ None □ Sugar □ Water □ Sweets □ Breastmilk