

## **SOMALIA NUTRITION CLUSTER**

## Somalia Nutrition Rapid Assessment Questionnaire

Section 1: Background Information											
1.1	_ _ _ _ _  Enumerator Name				_  CODE						
1.2	Date:   _  /    / 2013 Day Month				Settlement Type (1=Urban, 2=Rural, 3=IDP, 4=Refugees)						
1.3	_   _   _   _   _   _   _   _   _   _				_ _ _ _ _  Place Code   _ _ _  District Code   _ _						
Section 2: Demographics											
2.1	Head of Household				1	L = Yes	<b>0</b> = No				
2.2	Gender of Head of Household				1	= Male	2 = Female				
2.3	Total number of people living in household Males 0 to 5:				6-17:    18-59:   _  60+   _						
		Females	0 to 5:	_ _	6-17: <b> </b> _	_   60+   _					
2.4	Are any of your household m disabled?	nembers phy	1	<b>1</b> = Yes	<b>0</b> = No						
2.5	Have any of your household unable to work for the past 3		<b>1</b> = Yes	<b>0</b> = No							
2.6	Are there any orphans living	in your hous	<b>1</b> = Yes	<b>0</b> = No							



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http://www.unocha.org/somalia/coordination/clusters/nutrition

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Section 3: Access to Nutrition Interventions												
3.1	Are the following nutrition interventions available in the community (Indicate 1=Yes or 0=No)?											
3.2	Stabilization centre (SC)						I_I					
3.3	Outpatient therapeutic care Programme (OTP)						II					
3.4	Targeted S	Supplementary F	eeding programi	I_I								
3.5	Blanket Su	pplementary Fe	eding Programm	II								
3.6	Wet Feedi	ng	I.	II								
3.7	Infant and young Child feeding (IYCF)					II						
3.8	Micronutrient supplementation											
Section 4: Infant and Young Child Feeding												
4.1	Have infant milk products (e.g., Infant formula/ milk) and/or baby bottles/teats been distributed in the community?						<b>1</b> = Yes	<b>0</b> = No				
4.2	If YES, by whom (please specify)?											
4.3	What percentage of infants in the area are formula fed /formula dependent?						None    < 10%    10-25%    > 25%    Do Not Know					
			Section	n 5: Childhood Ill	nesses							
5.1	Has the community/health staff identified any childhood illnesses in children < 2 years since the crisis started?						<b>1</b> = Yes		<b>0</b> = No			
5.2	If YES, what illnesses? Please specify the three main diseases.						1. 2. 3.					
			Sectio	n 6: Nutrition Sit	uation							
6.1	Are there any visible signs of acute malnutrition in the community? <b>1</b> = Yes <b>0</b> = N							<b>0</b> = No				
6.2	Please describe:											
6.3	What are the MUAC measurements for all children 6-59 months in the household?											
Child Number 1 2 3								3				
Sex		Male	Female	Male	Female		Male		Female			
MUAC (mm)												

**Nutrition Cluster Coordination** 

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