

Life in Bentiu Phase 2

No. of interview

Please fill in 4 for wave 4.

In which campsite are you?

- ☐ Bimruor (A)
- ☐ Kuermandoke (B)
- ☐ Bieh (E)

In which block are you?

Sampling ID

Please insert the Sampling ID from the list.

Beneficiary or control household

- ☐ Beneficiary
- ☐ Control

How is the housing situation?

- ☐ Mass tent
- ☐ Tent for the household
- ☐ Outside
- ☐ Other

The interviewer's name

- ☐ Changkuoth
- ☐ Yien
- ☐ Kuivy
- ☐ James Duop
- ☐ Moses
- ☐ Veronica
- ☐ Deng
- ☐ Gai
- ☐ Michael
- ☐ Santino
- ☐ James Geng
- ☐ Nyamuch
- ☐ Nyanchar
- ☐ My name is not on the list.

The interviewer's name

Record the date of the Interview

yyyy-mm-dd

Record the start time of the interview

hh:mm

Record the GPS coordinates of the household.

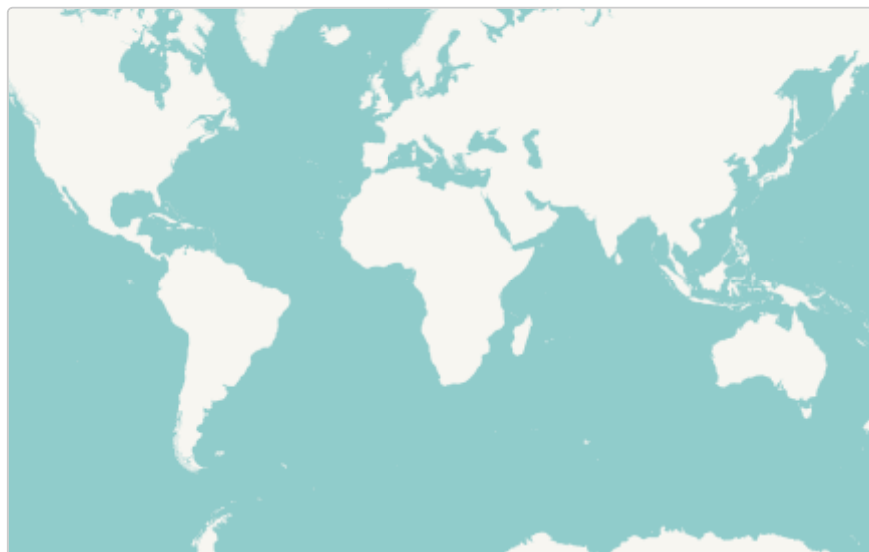
GPS works only outside. Please wait until you get precise coordinates.

Breite (x.y °)

Länge (x.y °)

Höhe (m)

Präzision (m)

**Is the selected household available for an interview?**

- ☐ Yes
- ☐ No

If household is not available, please select the reason

- ☐ Not available
- ☐ Household not found/left the camp
- ☐ They refused to talk to us

We visited your household last year to ask you about how it is to live in this camp. You [or a member in your household] have agreed then to take part in the study conducted jointly by IOM and ISDC. The responses helped us understand the situation better. We would like to follow up again with you to assess what has changed since we last talked. To repeat: Your responses will be only used for this assessment and will be kept strictly confidential. It will take approximately 25 minutes to respond the questions. Your participation in the survey is voluntary, this means that you may at any point decide not to respond any question and/or you may revoke your consent. We would be glad if you are willing to take part today in this assessment and thank you very much for your interest and collaboration. You need to be older than 18 years.

Your participation in the survey is considered as your consent. Are you willing to participate in the survey?

- ☐ Yes
- ☐ No

Questions

» 0. Bean game

[Show 10 beans] Imagine someone would give you these 10 beans. Each of these beans has a value of 10,000 SSP. How many of these beans would you share with your community?

Number of beans shared with community.

[Show 10 beans] Imagine someone would give you these 10 beans. Each of these beans has a value of 1,000 SSP. How many of these beans would you share with your community?

Number of beans shared with community.

» A. General Infomation

» » A1. Information on Respondent

Full name of respondent

First and last name

Gender of respondent

Don't ask, just fill.

☐ Male

☐ Female

Phone Number

[enter 0 if there is no phone number]

To whom belongs the phone number?

☐ Respondent

☐ Household Head

☐ Other household member

☐ Neighbour / Friend

☐ No response

How old are you?

Age of respondent

What is your current marital status?

- ☐ Married or living with a partner
- ☐ Single
- ☐ Divorced
- ☐ Widdowed
- ☐ No response

Does your spouse live with you?

- ☐ No
- ☐ Yes
- ☐ No response

Can you read and write?

- ☐ No
- ☐ Yes
- ☐ No response

What is your main occupation in your home place?

That is, your main source of livelihood before being displaced.

- ☐ Crop farmer
- ☐ Herder
- ☐ Casual manual labourer (e.g, field/ factory worker)
- ☐ Skilled labourer (e.g., teacher, government official)
- ☐ Small family business (e.g. shop, food stand etc.)
- ☐ Caring for the family at home
- ☐ Not working
- ☐ Other
- ☐ No response

In the past 3 weeks, did your household earn any income while living here in the camp?

- ☐ No
- ☐ Yes
- ☐ No response

How did your household earn money in the past 3 weeks? [Tick all that applies]

- ☐ Selling food
- ☐ Selling hygiene products (like soap)
- ☐ Selling firewood
- ☐ Casual work for international organisations
- ☐ Casual work for government
- ☐ Other casual work
- ☐ Other source of income
- ☐ No response

What was the other source of income?

Are you the head of the household?

- ☐ Yes
- ☐ No
- ☐ No response

» » A2. Information on Household Head

Now I will ask you a couple questions about the household head.

What is your relationship to the household head?

The household head is your _ .

- ☐ wife/husband
- ☐ father/mother
- ☐ Child (Son or Daughter)
- ☐ Grandchild (Grandson or Granddaughter)
- ☐ Other
- ☐ No response

What is the household head's full name?

First and last name

Gender of household head

- ☐ Male
- ☐ Female

How old is the head of the household?

What is the current marital status of the household head?

- ☐ Married or living with a partner
- ☐ Single
- ☐ Divorced
- ☐ Widdowed
- ☐ No response

Does the household head's spouse live with you?

- ☐ No
- ☐ Yes
- ☐ No response

Can the head of household read and write?

- ☐ No
- ☐ Yes
- ☐ No response

What is the household head's main occupation in your home place?

That is, their main source of livelihood before being displaced.

- ☐ Crop farmer
- ☐ Herder
- ☐ Casual manual labourer (e.g, field/ factory worker)
- ☐ Skilled labourer (e.g., teacher, government official)
- ☐ Small family business (e.g. shop, food stand etc.)
- ☐ Caring for the family at home
- ☐ Not working
- ☐ Other
- ☐ No response

» » A3. Information on Household

Now I am going to ask you about the number of household members currently living in your household (here in the camp)
(Including the respondent)

Number of male adults (over 18)

Including the respondent. Enter 0 if none. Enter 999 if no response.

Number of female adults (over 18)

Including the respondent. Enter 0 if none. Enter 999 if no response.

Number of male children between 5 and 18

enter 0 if none. Enter 999 if no response.

Number of female children between 5 and 18

enter 0 if none. Enter 999 if no response.

How many children below the age of 5 live in your household?

enter 0 if none. Enter 999 if no response.

How old is your oldest child?

Enter 999 if they do not want to answer. Enter 000 if they do not have children.

How many household members have difficulties doing certain activities because of permanent health issues related to seeing, hearing, walking or self-care?

» » A5. Shocks**Have you been displaced within the camp in the past 4 months?**

- ☐ No
- ☐ Yes
- ☐ No response

Have you been displaced within the camp in the past 3 weeks?

- ☐ No
- ☐ Yes
- ☐ No response

Have you been affected by flooding in the past 3 weeks?

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

During the last 4 months, has your household been affected by any of the following? If yes, have you been affected mildly or severely?

Drought

(During the last 4 months)

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

Flood

(During the last 4 months)

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

Conflict

(During the last 4 months)

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

Theft

(During the last 4 months)

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

Sudden loss of job

(During the last 4 months)

- ☐ No
- ☐ Yes, mildly
- ☐ Yes, severely
- ☐ No response

Household member passed away*(During the last 4 months)*

- ☐ No
- ☐ Yes
- ☐ No response

» » A6. Early Warning

Now, I will ask you about your information source for weather forecasts.

How often do you get information on weather forecasts from fellow camp residents?

- ☐ Never
- ☐ Rarely (once a week)
- ☐ Often (twice a week)
- ☐ always (every day)
- ☐ No response

How often do you get information on weather forecasts from organizations?

- ☐ Never
- ☐ Rarely (once a week)
- ☐ Often (twice a week)
- ☐ always (every day)
- ☐ No response

How often do you get information on weather forecasts on the news/media/internet?

- ☐ Never
- ☐ Rarely (once a week)
- ☐ Often (twice a week)
- ☐ Always (every day)
- ☐ No response

» B. Intervention Support

Now, I will ask you about the support you received. In your responses, please consider every support you have received in this camp.

In the past 4 months, has your household received the following support?

Please tick all components received.

- ☐ Cash
- ☐ WASH supplies (Water, sanitary and hygiene)
- ☐ Dignity kits
- ☐ Food assistance
- ☐ Non-food items
- ☐ Shelter
- ☐ Income generating activities
- ☐ Consultancy/counseling
- ☐ Other
- ☐ Nothing
- ☐ No response

If other, please specify the support.

Please tick all programme components you received in the past 3 weeks.

- ☐ Cash
- ☐ WASH supplies (Water, sanitary and hygiene)
- ☐ Dignity kits
- ☐ Food assistance
- ☐ Non-food items
- ☐ Shelter
- ☐ Income generating activities
- ☐ Consultancy/counseling
- ☐ Other
- ☐ Nothing
- ☐ No response

If other, please specify the support.

What was the value of the cash transfer?

In South Sudanese Pounds, estimate if they do not know. Enter 999 if no response.

What was the main item your household spent the transfer on?

- ☐ Food
- ☐ Health
- ☐ Shelter
- ☐ Transfer to family back home
- ☐ Other
- ☐ No response

If other, on what did you mainly spend the transfer?

Did the household head receive the cash?

- ☐ No
- ☐ Yes
- ☐ No response

If someone else, who received the cash?

The receiver is __ .

- ☐ You
- ☐ your wife/husband
- ☐ your father/mother
- ☐ your child (son or daughter)
- ☐ your grandchild (grandson or granddaughter)
- ☐ Other
- ☐ No response

» C. Access to critical facilities

Do you have access to communal bathing facilities?

- ☐ No
- ☐ Yes
- ☐ No response

How often did you use them in the past 3 weeks?

- ☐ Never
- ☐ Rarely (once a week)
- ☐ Often (twice a week)
- ☐ Always (more than 3 times a week)
- ☐ No response

How many minutes does it take you to get there?

Do you have access to communal sanitation facilities (latrines)?

- ☐ No
- ☐ Yes
- ☐ No response

How often did you use them in the past 3 weeks?

- ☐ Never
- ☐ Rarely (once or twice a week)
- ☐ Often (every second day)
- ☐ Always (everyday)
- ☐ No response

How many minutes does it take you to get there?

Do you have access to communal water points (e.g wells, boreholes, water taps stands)?

- ☐ No
- ☐ Yes
- ☐ No response

How often did you [or your household] use them in the past 3 weeks?

- ☐ Never
- ☐ Rarely (once or twice a week)
- ☐ Often (every second day)
- ☐ Always (everyday)
- ☐ No response

How many minutes does it take you to get there?

Do you have access to healthcare services?

- ☐ No
- ☐ Yes
- ☐ No response

Has someone of your household used it in the past 3 weeks?

- ☐ No
- ☐ Yes
- ☐ No response

Did you or your family member get the medication you needed?

- ☐ No
- ☐ Yes
- ☐ No medication needed
- ☐ No response

How many minutes does it take you to get there?

Some individuals experience violence, especially during difficult periods in their lives. Are you aware of any facilities providing support for these situations?

- ☐ No
- ☐ Yes
- ☐ No response

How many minutes does it take you to get there?

Do the female members of your household have access to female-related health services?

- ☐ No
- ☐ Yes
- ☐ No response

Did they use it in the past 3 weeks?

- ☐ No
- ☐ Yes
- ☐ No response

How many minutes does it take you to get there?

How many minutes does it take you to get to the market?

The last time you went to the market, did they have ...? [Tick all that applied]

- ☐ firewood
- ☐ salt
- ☐ sugar
- ☐ wheat flour
- ☐ rice
- ☐ biscuit
- ☐ oil
- ☐ sweets
- ☐ soap
- ☐ Beans
- ☐ No response

» D. Health

Now, I will ask you about your health. In the past 2 week, have you been bothered by .. ?

Fever

- ☐ No
- ☐ Yes
- ☐ No response

Cough

- ☐ No
- ☐ Yes
- ☐ No response

Diarrhea

- ☐ No
- ☐ Yes
- ☐ No response

Stomach or bowel problems

- ☐ No
- ☐ Yes
- ☐ No response

Chest pain or shortness of breath

- ☐ No
- ☐ Yes
- ☐ No response

Dizziness or lightheadedness

- ☐ No
- ☐ Yes
- ☐ No response

Feeling tired or having low energy

- ☐ No
- ☐ Yes
- ☐ No response

» E. Mental health

During the last 2 weeks, how often have you been bothered by ...?

Trouble falling or staying asleep or sleeping too long

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

Feeling nervous, anxious or on edge

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

Worrying too much about different things

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

Trouble relaxing

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

Becoming easily annoyed or irritable

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

Feeling afraid something awful is going to happen

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

How often do you feel like you have nothing to do?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Regularly
- ☐ No response

» F. Child Health**Has any of your children had fever or diarrhea in the last 2 weeks?**

Please only consider your children under 5 years.

- ☐ neither
- ☐ fever
- ☐ diarrhea
- ☐ both
- ☐ No response

In the past 2 weeks, did you breastfeed your child less than usual, about the same amount, or more than usual?

Please only consider your children under 5 years.

- ☐ less
- ☐ same
- ☐ more
- ☐ not breastfed
- ☐ No response

In the past 2 weeks, did your child drink less water than usual, about the same amount, or more than usual?

Please only consider your children under 5 years.

- ☐ less
- ☐ same
- ☐ more
- ☐ No response

In the past 2 weeks, did your child eat less food than usual, about the same amount, or more than usual?

Please only consider your children under 5 years.

- ☐ less
- ☐ same
- ☐ more
- ☐ No response

» G. WASH

Does your household currently have soap?

- ☐ No
- ☐ Yes
- ☐ No response

How often do you usually wash your hands with soap, when...?

Before preparing food

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

Before feeding children

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

Before eating

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

After eating

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

After defecation

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

Do you usually use soap when bathing?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ No response

» H. Food Security**» » H1. FIES**

During the last 3 weeks, was there a time when, because of lack of money or other resources:

swipe to start section

You were worried you would not have enough food to eat?

- ☐ No
- ☐ Yes
- ☐ No response

You were unable to eat healthy and nutritious food?

- ☐ No
- ☐ Yes
- ☐ No response

You ate only a few kinds of foods?

- ☐ No
- ☐ Yes
- ☐ No response

You had to skip a meal?

- ☐ No
- ☐ Yes
- ☐ No response

You ate less than you thought you should?

- ☐ No
- ☐ Yes
- ☐ No response

Your household ran out of food?

- ☐ No
- ☐ Yes
- ☐ No response

You were hungry but did not eat?

- ☐ No
- ☐ Yes
- ☐ No response

You went without eating for a whole day?

- ☐ No
- ☐ Yes
- ☐ No response

» » H2. FCS

In the last 7 days, on HOW MANY DAYS has your household consumed the following food items

swipe to start section

Any foods made from sorghum, maize, rice, wheat or potatoes, yams, cassava or any other foods made from roots or tubers? (Including bread, Ugali),

How many days out of 7?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any foods made from beans, peas, lentils, or nuts?

How many days out of 7?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any vegetables?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any fruits?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any animal products including beef, pork, lamb, goat, rabbit, chicken, duck, or other birds, eggs or fish?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any milk or other milk products, such as cheese and yogurt?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any sugar or honey?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any foods made with oil, fat, or butter?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

Any water lilly?*How many days out of 7?*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ No response

How many meals did your children below the age of 5 years eat yesterday?*Please enter a number between 0 and 10.*

» 11. Coping

During the past 3 weeks, how often did your household have to employ one of the following strategies to manage with a lack of food or money to buy it?

Rely on less preferred and less expensive foods?

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Borrow food, or rely on help from a friend or relative? (credit)

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Limit portion size at mealtimes?

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Restrict consumption by adults in order for small children to eat?

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Reduce the number of meals eaten in a day?

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Sending children elsewhere to eat

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

Begging

- ☐ Never
- ☐ Rarely (once)
- ☐ Often (once a week)
- ☐ Regularly (more than once a week)
- ☐ No response

» 12. Livelihood**Do you own livestock?**

- ☐ No
- ☐ Yes
- ☐ No response

How many cattle?

How many goats?

How many chicken?

Do you own any other animals?

- ☐ No
- ☐ Yes
- ☐ No response

Which other animals do you own?*Please name the animal type.*

How many other animals?

Do you grow vegetables?

- ☐ No
- ☐ Yes
- ☐ No response

» 13. Shelter**How is the condition of your shelter?**

- ☐ Very good
- ☐ Rather good
- ☐ Rather bad
- ☐ Very bad
- ☐ No response

Does water enter your shelter if it rains?

- ☐ No
- ☐ Yes
- ☐ No response

» J. Satisfaction

Now, I will ask your views on some household issues. Please choose the level, which fits to your personal perception.
How satisfied are you with...

... your household's nutrition/food security?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... your household's overall health?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... your household's financial situation?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... your community integration/ supportive interaction with neighbors?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... support from international organizations ?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... the security of your neighborhood?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

... your life in general?

- ☐ Very satisfied
- ☐ Rather satisfied
- ☐ Rather unsatisfied
- ☐ Very unsatisfied
- ☐ No response

» K. Security

In the past 3 weeks, was there a time when ...?

You felt unsafe in your home?

- ☐ No
- ☐ Yes
- ☐ No response

Your goods were stolen?

- ☐ No
- ☐ Yes
- ☐ No response

A household member was injured or killed in violence?

- ☐ No
- ☐ Yes
- ☐ No response

You were injured in violence?

- ☐ No
- ☐ Yes
- ☐ No response

You were threatened with violence or death?

- ☐ No
- ☐ Yes
- ☐ No response

You witnessed violence?

- ☐ No
- ☐ Yes
- ☐ No response

Now, I will ask you to rate your behaviour on a scale from 1 - 10, where one means not at all and 10 means yes, always.

From 1 to 10, how likely are you to share with your community without expected anything in return?

Insert 1 if you do not share and 10 if you share everything you have.

From 1 to 10, how likely are you to take risks?

Insert 1 if you do not take any risks and 10 if you take every risk.

From 1 to 10, how likely are you to postpone doing important things?

Insert 1 if you do not postpone anything and 10 if you postpone everything.

» L. Thank you

Thank you very much for taking part! Your responses will help understand the situation in Bentiu better.

M. End**Record the time of completing the interview**

hh:mm

Who else was listening to the interview?

- ☐ Adult male household member(s)
- ☐ Adult female household member(s)
- ☐ Child(ren)
- ☐ Female neighbour(s)
- ☐ Male neighbour(s)
- ☐ Nobody

On the next page, please make sure that the box "mark form as finalized" is checked. Then click on "Save Form and Exit".
