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# Food Security and Vulnerability Assessment in Armenia

Yerevan, Armenia

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British Embassy Yerevan

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# Contents



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# Introduction

Recent country statistics of the Republic of Armenia show some fifteen percent[1] of the population has been food insecure and almost a quarter, 23.5 percent[2] of the population live in poverty with a degree of variation by the regions. Given the state of the marginal income of families, they are vulnerable segments of the population and unable to withstand any shocks. In March 2020, the global pandemic COVID 19 has begun to surface in Armenia, as until now, the virus is lurking around infecting people. This has and continues to disrupt all sectors of the socio-economic activities of the entire country. The pandemic has cost lives and severely impacted the livelihood means of the majority of the population.

Food Security and Vulnerability Assessment is a routine WFP mechanism applying statistical methods and tools for drawing inference on the general food security and vulnerability situation at the household level. The assessment includes the collection of relevant supporting data through a direct survey, conducting analysis, and comparisons of collected data. This assessment has provided a specific focus on the impact of the pandemic to correlate the household food security situation across all regions of Armenia.

The COVID-19 pandemic is affecting food systems directly through impacts on food supply and demand, and indirectly through decreases in purchasing power and in the capacity to produce and distribute food. These factors have a differentiated impact and will more strongly affect the poor and vulnerable.

With a specific focus on food security and national scope, the objective of the assessment is to establish an evidence base for the Government of Armenia, WFP Armenia Country Office, national and international partners and UN Agencies to plan response with appropriate actions, targeting and prioritization. The assessment will complement the already existing data and will coordinate with the ongoing data collection efforts by the UN agencies, International and National organizations to the extent possible.

The assessment aimed to answer the following questions:

- Which population groups are food-insecure now (how many are affected now, where are they located, how many will be affected in the future)?
- How has the COVID-19 affected people's ability to meet their food and other essential needs?
- What is the impact on nutrition, as people shift diets to more shelf-stable and less nutritious foods?

[1] Comprehensive Food Security, Vulnerability Analysis updates 2019 -WFP

[2] Source: Statistical Committee of the RA, Social Snapshot and Poverty in Armenia, 2019

- How are households reallocating their resources and prioritizing among different and possibly new essential needs including food, hygiene, health, shelter, transport, etc.?

# Executive Summary

*Around 4 percent of the households have poor and another 11.3 percent borderline food consumption score (FCS[3]) in Armenia based on the assessment*

Among the regions, Shirak (24.2 percent), Yerevan (22.7 percent), Lori (19.8 percent), and Gegharkunik (16.4 percent) have a higher share of households in poor and borderline FCS categories. Urban areas have a higher share of households in poor and borderline FCS categories (17 percent) compared to rural areas (13 percent). There is a higher percentage of households in poor and borderline FCS categories in case of temporary living arrangements. A higher share of poor and borderline FCS categories is observed if household monthly income is 120,000 AMD and below.

Female-headed households have a higher share of poor and borderline FCS categories (17 percent) compared to male-headed households (12 percent). Moreover, on average 65 percent of households having monthly income less than 120,000 AMD are female-headed households. Households not having staple foods stock are more vulnerable to appear in poor and borderline FCS categories in case of external shocks and difficulties and about 68 percent of respondent households do not have any staple foods stock.

*COVID-19 pandemic affected households' income, access to food and resources significantly by interrupting the daily routine of the households and jobs*

More than 41 percent of the respondent households faced difficulties to access grocery shops, and markets as a result of both financial circumstances and situational obstacles (imposed restrictions) related to the COVID-19 pandemic. The COVID-19 pandemic has disrupted the income of about 58 percent of the households. Around 45 percent of them have faced temporary interruption in their jobs and about 20 percent have lost their jobs permanently while some 35 percent experienced a reduction in their salaries and the main sources of revenue.

[3] The FCS is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food groups:

The main concerns reported by households related to the pandemic are infected by the virus, getting sick, and losing their jobs, income sources. Around 10 percent of the households are concerned about food shortages.

*The proportion of the households applying crisis[4] and emergency[5] coping strategies, mainly due to the COVID-19 pandemic, is high; 41.8 and 16.9 percent respectively*

Households with poor and borderline FCS are applying severe coping strategies such as crisis and emergency as the survey found about 82 percent of households in the poor FCS category have applied crisis or emergency coping strategies. The share of respondents applying crisis or emergency strategies are high for borderline and acceptable FCS categories as well; 74.1 percent and 55.6 percent respectively.

About half of the households have used coping strategies including spending their savings, borrowing money, or purchasing food on credit due to a lack of food or a lack of money to buy food. Approximately 39 percent of respondents had to reduce non-food expenses, on health (including medicine) and education during the month before the survey (May-June 2020) due to a lack of food or financial resources to buy food.

*Due to difficulties and issues caused by the pandemic an impact on nutrition and diet of households was also observed*

Almost 53 percent of households ate fewer varieties of food because of a lack of money or resources during the month before the survey. About 46 percent of households faced difficulties feeding the family or were worried about not having enough food because of a lack of money or other resources. Of these households facing such shortages, 75 percent said the situation was due to the COVID-19 pandemic. Though 42 percent of the households received assistance from the government or other organizations there are still households in need who didn't according to the survey.

[4] Crisis coping strategies include reducing non-food expenses on health and education, selling productive assets or means of transport, depending on food assistance and/or support from neighbors and relatives as only food/income source.
[5] Emergency coping strategies include selling house or land, selling last female animals, working children under 15 years old to contribute to household income.

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# Methodological note

The data collection for the assessment was conducted by R-Insights, a research agency founded in 2010 in Armenia. The agency offers the full cycle of market and social research services based on international quality standards.

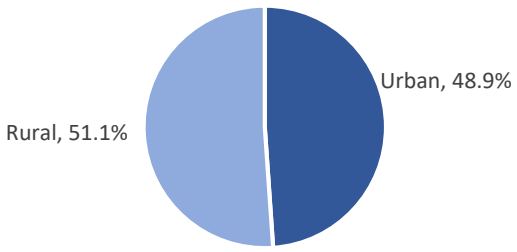
The assessment was conducted among households in Armenia from June to July 2020, with a sample size of 4,219 respondents, interviewing the member of the household who could best answer household food consumption and expenditure related questions. The survey used a regionally representative random sample (95 percent confidence interval, 1.5 percent the margin of error for nationally representative and 5 percent margin of error for regionally representative random sample) with urban and rural stratification.

In light of the situation caused by the pandemic, the assessment was conducted through computer-assisted telephone interviewing (CATI). The sample was drawn using random digit dialing. Relevant quotas and weights were applied to achieve regional level representation. The average duration of each interview was 30 minutes.

# Sample Overview

The survey was conducted among adult residents of the Republic of Armenia, who had resided in the country for more than 10 months during the previous 12 months.

Figure 1: Distribution of Households by settlement type

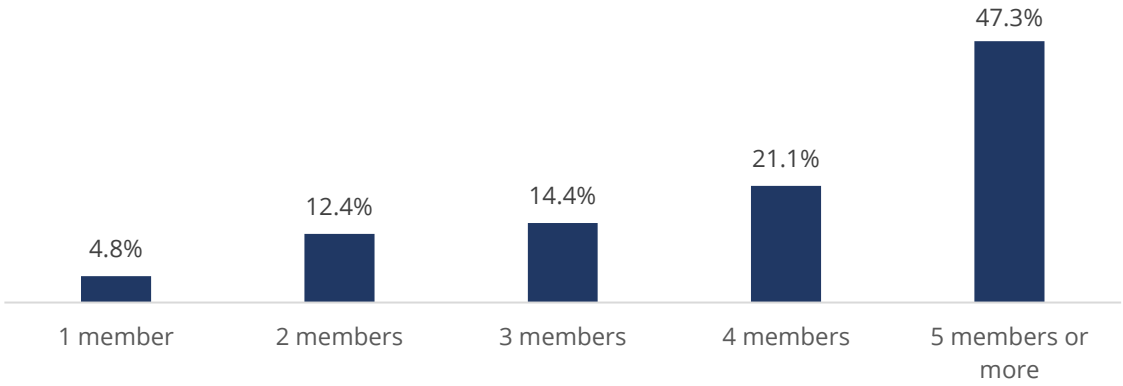



On average 384 households were interviewed in each region of Armenia including Yerevan which assures the representativeness of the data at the regional level. Among household members, the ones who participate in diet decision-making processes of the household and/or preparing meals for household consumption

were chosen as respondents for the survey. The respondents were informed about the survey processes as well as about household expenditures to be able to respond to the questionnaire.

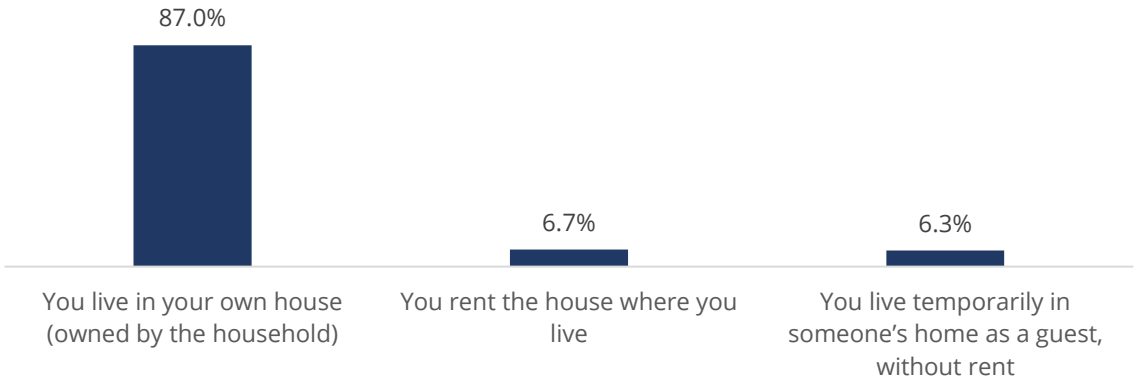
Due to the specificity of the survey, 70 percent of the respondents were female, as females are more informed about the consumption, meals, and diet decision-making processes of the household.

Figure 2: Number of household members, %, N=4219



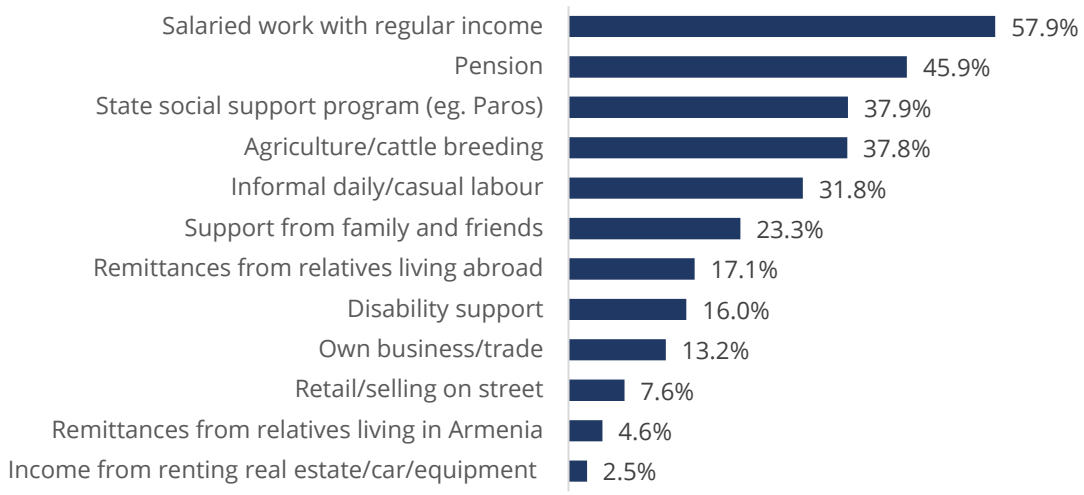

The predominant majority of those surveyed lived in a house they own.

Figure 3: Housing situation, %, N=4219




For about 60 percent of the households the main source of income is salaried work, while pensions and state support are the second most common main sources of income for the households (45.9 percent and 37.9 percent, respectively).

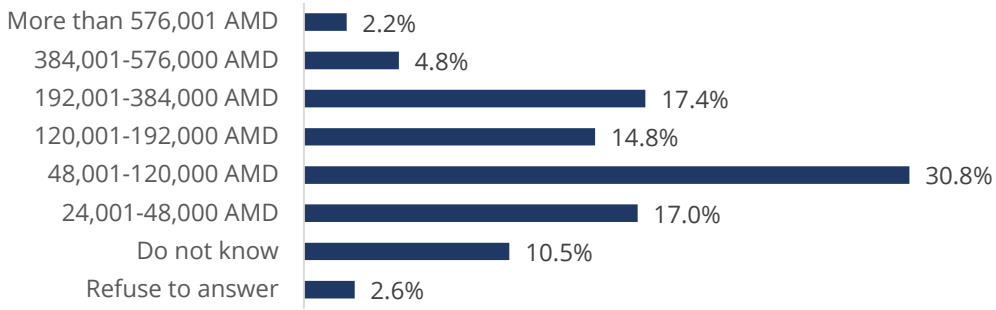
Figure 4: Source of income, N = 4219




Note: The households may have multiple sources of income

Nearly for half of the households' monthly income remains below 120,000 AMD, and only 2.2 percent of respondents have more than 576,000 AMD monthly income, as presented in Figure number 4.

Figure 5: Total monthly income, N = 4219

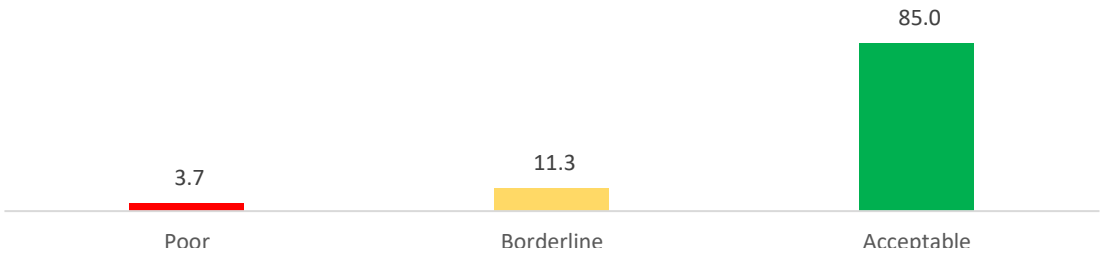



# Key Findings of the Survey

The Food Consumption Score (FCS) is a proxy of households' food access and a core WFP indicator used to classify households into three different groups: household with poor consumption, borderline consumption, and acceptable consumption. FCS reflects the household's current food consumption status, but it does not provide an indication about the households' ability/capacity to remain food secure over time.

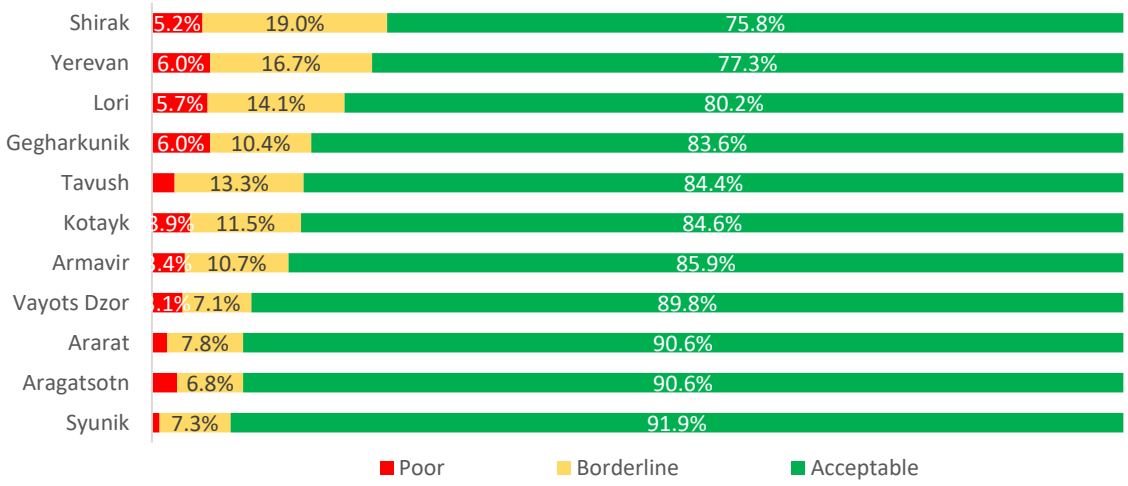
The indicator shows that in seven days prior to the survey, 3.7 percent of the households in Armenia had poor food consumption, 11.3 percent of households had borderline food consumption.

Figure 6: Food Consumption Score, %, N = 4219



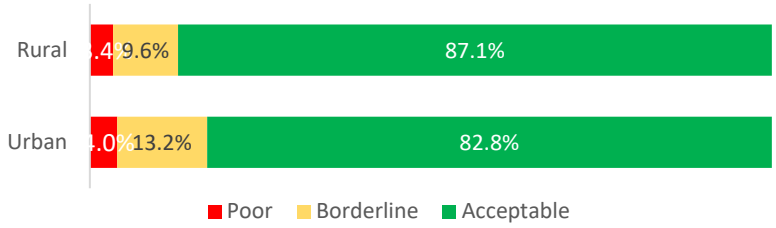

Comparison between the survey results by region and the national statistics on poverty, households in Shirak have worse status (poor and borderline combined). Shirak is followed by Yerevan and Lori with second and third highest share in Poor and Borderline FCS in Armenia.

Figure 7: Food Consumption Score by Regions



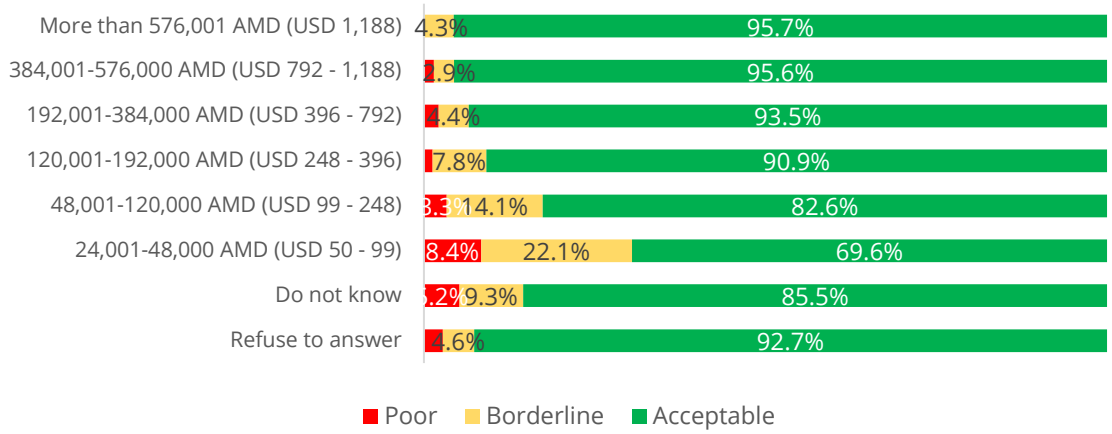

A higher share of households in Rural areas has acceptable FCS in Armenia, while in urban areas more households have a borderline FCS. This can be explained by the fact that in rural areas people often consume their own production from agricultural activities and are able to maintain their food security with this coping mechanism during emergency situations. While the urban population has limited or no access to farm/agriculture produces, rely more on income from formal and informal sector economy predominantly on wage and entrepreneurial sources.

Figure 8: Food Consumption Score by rural and urban distribution




A household's income has a direct influence on its FCS; the higher the income of the household the more food secured it is. Unfortunately, while higher-income households are more Food Secure, about 50 percent of households have an income of 120,000 AMD (USD 247.6[6]) or below, and those groups are comparatively more food insecure.

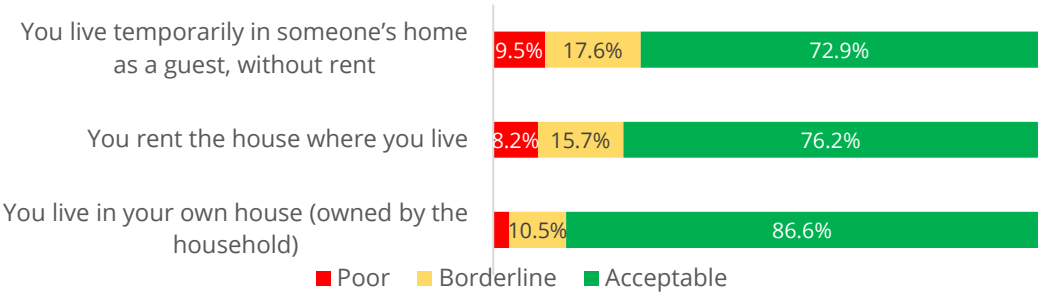
Figure 9: Food Consumption Score by HH income, N=4219




The COVID-19 pandemic has created more constraints for those households who are not living in their own houses. Moreover, households paying rents for accommodation are doing worse food security-wise than those in temporary living situations who do not pay any rent for their house.

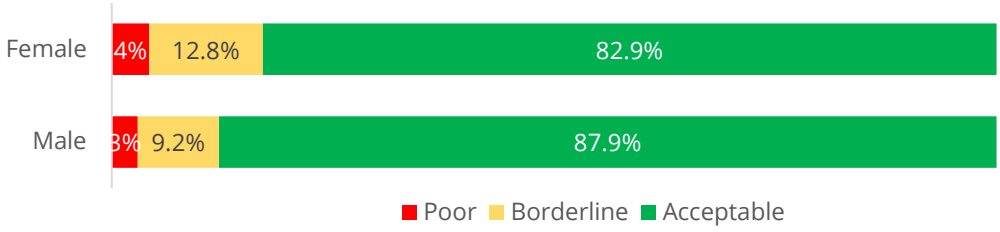
[6] The average USD exchange rate of 484.65 for July was used to convert the values in AMD, source – Statistical Committee of the Republic of Armenia

## Figure 10: Food Consumption Score by Dwelling type



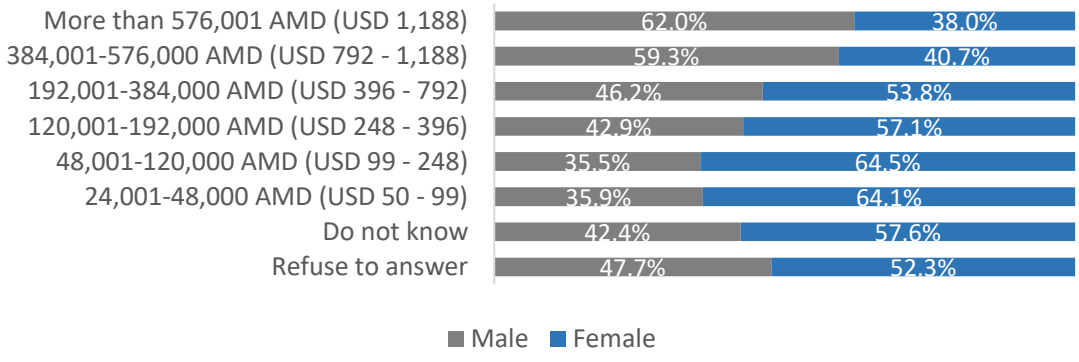

Additionally, as indicated in Figure-10 women-headed households are doing slightly worse than men-headed households with the FCS index. There are however more female-headed households with borderline food consumption, making these households more at risk to fall into poor food consumption category if additional shocks occur or the pandemic situation is prolonged or aggravated.

## Figure 11: Food Consumption Score by the gender of household head




The female-headed households are more vulnerable because the monthly income of those households is comparatively lower than that of male-headed households. The households with less than 120,000 AMD monthly income are the group most likely to have a poor or borderline food consumption score, and 64% of these are female-headed households.

## Figure 12: Household income level by the gender of household head

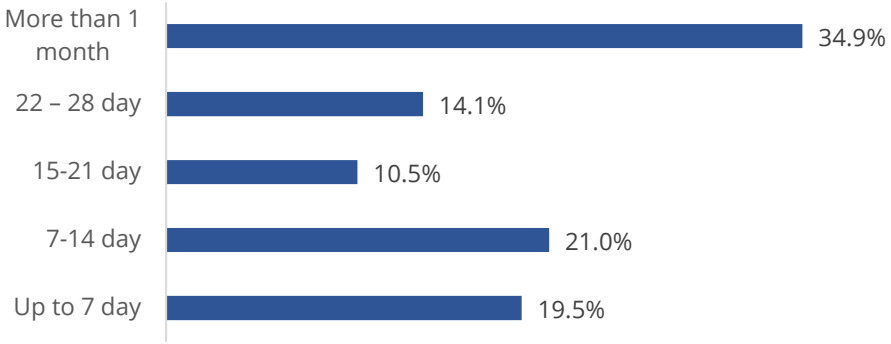


When asked about existing stocks of food, and how long these would last, 68.1 percent of respondents did not have any stocks of staple foods in their possession. The fact that only 1 out of 3 households have staple foods stock confirms that households are vulnerable to shocks associated with the pandemic (losses of income and resources) as they don't have safety nets established at the household level to reduce the impact of shocks if any. The household monthly income contributes largely to maintain a stock of staple food at the house. On average only 23 percent of households having less than 120,000 AMD monthly income have stock of staple food. Though the maintaining of stock of staple foods is directly correlated to the household's monthly income level, on average only 47 percent of households having more than 120,000 AMD monthly income have staple foods stock. This indicates that even in case of financial resources availability some households do not maintain stock of staple foods, which is more connected to behavioral, habitual, and cultural components.

Figure 13: Availability of staple foods stock

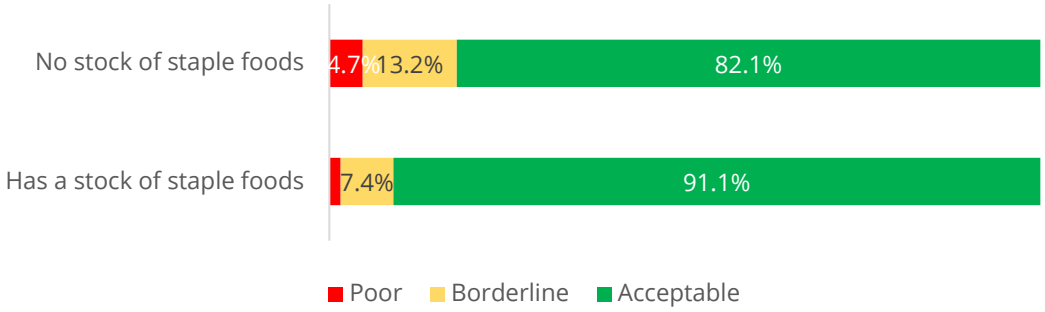

About 20 percent of households who have staple food stocks typically have enough to support the household for only up to one week, and more than half of them not more than three weeks.

Figure 14: How long would stock last, N = 1345



The households with no stock of staple foods are in a riskier group and are vulnerable to the impact of external shocks like the COVID-19 pandemic. Not surprisingly, households with no stock of staple foods are more food insecure than those with food stocks.

Figure 15: Food Consumption Score by Available food stock



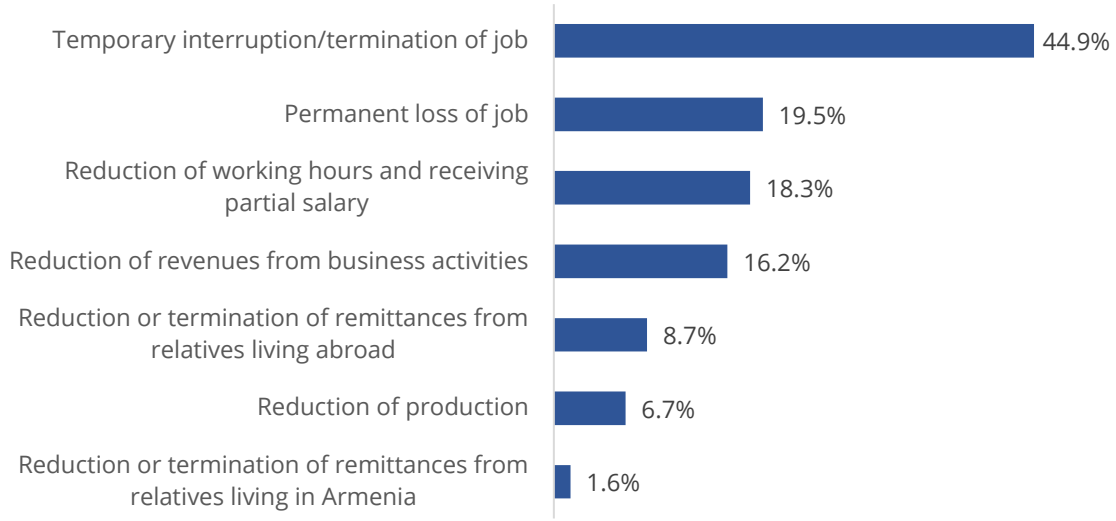

In addition to WFP proxies, the survey also used the FAO Food Insecurity Experience Scale, which indicated that people have faced food security issues during the previous months due to the COVID-19 pandemic.

## Table 1: Food Security level

| | *Yes (%)* | *Was it due to COVID? Yes (%)* |
|---|---|---|
| *During the last 30 days, was there a time when you or others in your household worried about not having enough food to eat because of a lack of money or other resources?* | 45.9 | 76.4 |
| *During the last 30 days, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?* | 41.1 | 73.8 |
| *During the last 30 days, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?* | 52.6 | 69.7 |
| *During the last 30 days, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?* | 32.7 | 74.4 |
| *During the last 30 days, was there a time when you or others in your household ate less than you wanted through you should because of a lack of money or other resources?* | 38.7 | 76.6 |
| *During the last 30 days, was there a time when your household ran out of food because of a lack of money or other resources?* | 45.2 | 72.0 |
| *During the last 30 days, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?* | 17.0 | 78.3 |
| *During the last 30 days, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?* | 6.1 | 77.8 |

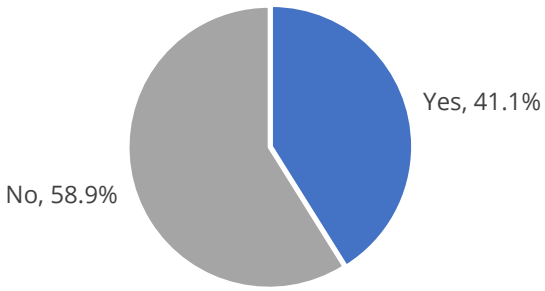
The COVID-19 pandemic has disrupted the income of 58 percent of the respondent households. Of those households that reported disrupted income, 45 percent have had a disrupted income to a loss of jobs, and 20 percent of these have lost their job permanently.

Figure 16: Reasons of interrupted income, N=2447




For over 40 percent of household's, an interrupted income and associated lack of financial resources disrupts the household's access to food markets and contributes to their food insecurity. Please refer to Figure 16 and 17 for access and reasons/causes that impacted people's earning.

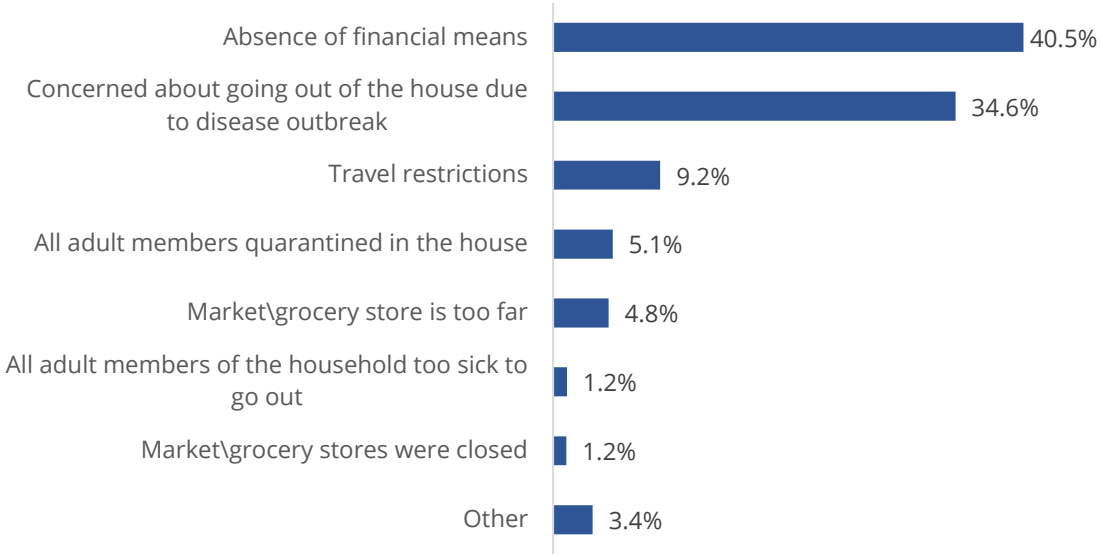
Figure 17: Access to grocery store/market




In the case of disruptions in households' access to groceries the reasons were not only financial but also situational connected to the COVID-19 pandemic. People were concerned about their health and they were strictly following the lockdown

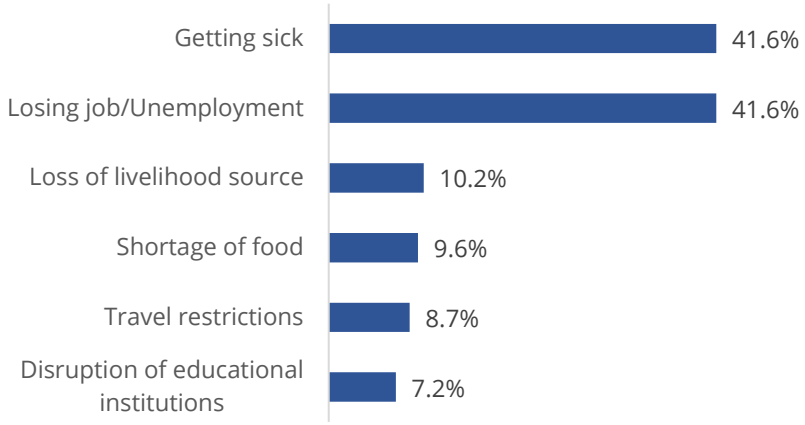
restrictions and quarantine which included also avoiding groceries, markets, and stores.

Figure 18: Main reasons for disrupted access to grocery stores/market, N=1735




In addition to the obvious fear of getting sick, loss of job and source of livelihood are among the main concerns of the households. Additionally, around 10 percent of the households are concerned about food shortage.

Figure 19: Main concerns of households, N=4219




Note: Up to 3 responses were possible

## Coping Mechanisms

Depending on the household's living conditions and the severity level of the pandemic influence, households have adopted different coping mechanisms to overcome the difficulties.

The assessment along with the FCS measured Livelihood Coping Strategy Index (LCSI). The livelihoods-based coping strategies index is used to better understand the longer-term coping capacity of households in response to shocks. Each strategy is associated with a level of severity[7], which is a country or context specific. Each level of severity is described by three different strategies that households apply based on their needs (ten strategies in total).

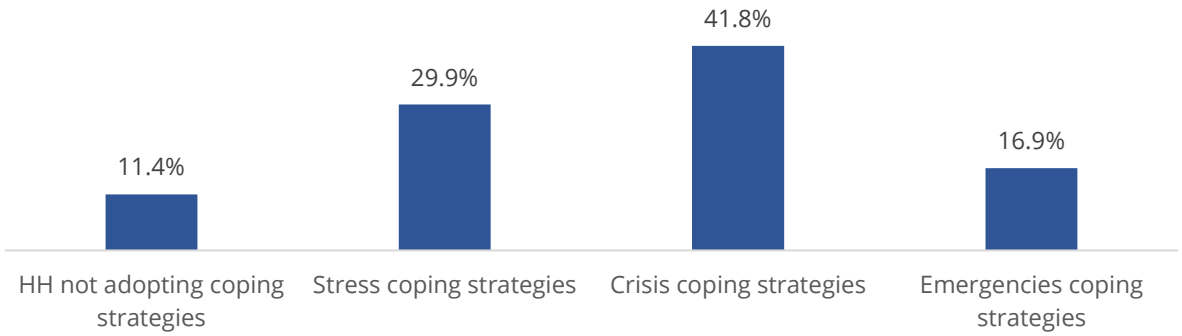
- Stress strategies indicate a reduced ability to deal with future shocks as the result of a current reduction in resources or increase in debts.
- Crisis strategies are often associated with the direct reduction of future productivity as it is connected to the reduction of expenses on health or education or selling of assets such as transport.
- Emergency strategies also affect future productivity but are more difficult to reverse or more dramatic in nature than crisis strategies as it is associated with selling the house or land, the last female animals, working children who are under 15 years old, and similar severe actions.

The Livelihood Coping Strategy Index is calculated based on WFP methodology and according to it, a higher weighting is given to some coping strategies. Coping strategies are ranked in the following order: emergency, crisis, stress coping strategies.

The majority of the respondents to this survey have applied some form of coping strategies, while only 11 percent managed to have uninterrupted access to food. Nearly 58 percent of households have applied crisis or emergency coping strategies to access food for their families.

[7] The levels of severity are defined as none, stress, crisis or emergency

Figure 20: Livelihood Coping Strategy Index



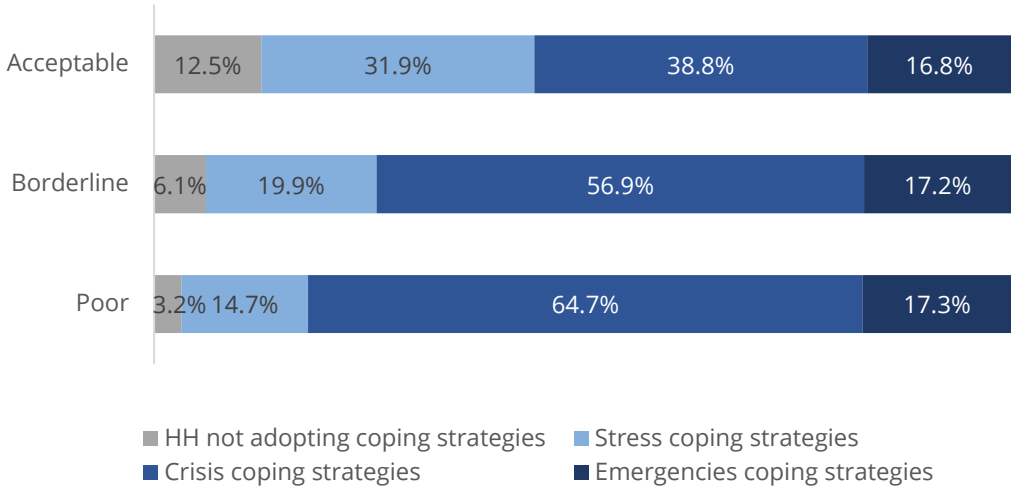

The coping strategies of each level of severity reveal that on average 50 percent of respondent households have spent their savings, borrowed money, or purchased food on credit due to a lack of food or money/resources in the household. Two out of five households surveyed have reduced their essential non-food expenditure such as health (including medicine) and education. Additionally, almost 18 percent of households surveyed were dependent on food assistance or support from neighbors, relatives, and other sources of assistance.

## Table 2: During the past 30 days, did anyone in your household have to engage in any following behaviours due to a lack of food or a lack of money to buy food?

| | | No, because I did not face a shortage of food (%) | No, because I have already engaged in this activity within the last 12 months (%) | Yes (%) | Not applicable (%) |
|---|---|---|---|---|---|
| Stress strategies | Sold household assets/goods (radio, furniture, refrigerator, television, jewelry, etc.) | 80.9 | 4.8 | 8.1 | 6.2 |
| | Spent savings | 12.6 | 2.5 | 57.5 | 27.4 |
| | Borrowed money | 41.6 | 6.6 | 50.3 | 1.4 |
| | Purchased food on credit or borrowed money (Purchase on credit) | 47.9 | 3.1 | 47.4 | 1.5 |
| Crisis strategies | Reduced non-food expenses on health (including medicine) and education | 47.7 | 6.0 | 39.0 | 7.3 |
| | Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.) | 63.3 | 4.8 | 4.9 | 27.0 |
| | Were dependent on food assistance and/or support from neighbors and relatives as only food/income source | 74.8 | 4.3 | 17.5 | 3.4 |
| Emergency strategies | Sold house or land | 80.3 | 3.7 | 1.2 | 14.8 |
| | Sold last female animals | 21.0 | 3.6 | 6.3 | 69.1 |
| | Children (under 15 years old) were working to contribute to household income (e.g. casual labor) | 45.6 | 0.7 | 3.6 | 50.2 |

Not surprisingly, those with poor and borderline FCS have applied severe coping mechanisms in response to the Covid-19 pandemic. Particularly, 82 percent of households in poor FCS have applied either crisis or emergency coping strategy, which is quite worrying for the health and wellbeing of the population, particularly the food-insecure families.

Figure 21: Food Consumption Score by Livelihood Coping Strategy Index




Such high percentages of households applying severe coping mechanisms indicate the shortages of resources or financial ability to maintain the same standards of wellbeing for the family as prior to the COVID 19 pandemic. Consequently, in the future, a higher percentage of households are likely to fall into poor or borderline FCS categories. Particularly, the 74.1 percent of households from the borderline FCS category that applied crisis or emergency coping strategy is in risk of appearing in the poor FCS category in the future. Similarly, 55.6 percent of the households from acceptable FCS category may later fall into the borderline FCS category.

## Household Nutrition

The declining or diminishing income sources to secure food for the families and difficulties caused by the COVID-19 pandemic have negatively impacted households' nutrition and dietary practices. As a result, people shift diets to more shelf-stable and less nutritious foods.

The FCS is a proxy indicator for households' food access and is based on the frequency of consumption and dietary diversity. However, it does not assess the actual quality of the diet in terms of regular intake of protein and important micro-nutrients.

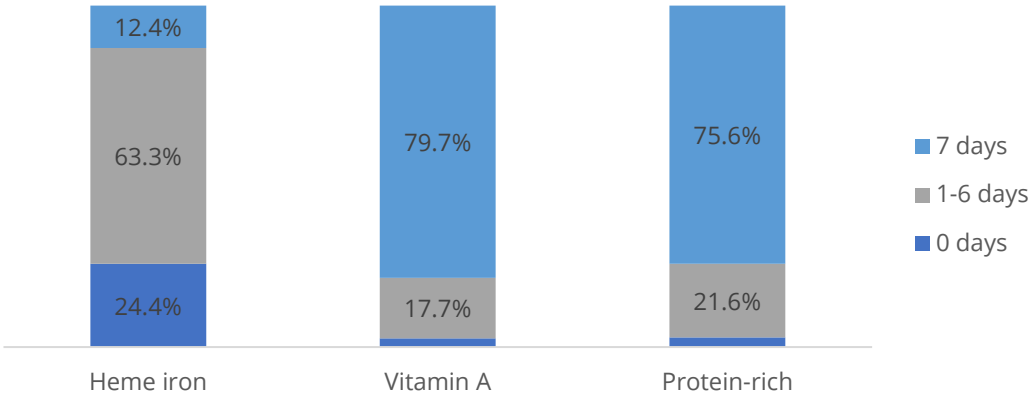
In addition to the Food Consumption Score (FCS) based on the survey data the Food Consumption Score – Nutrition (FCS-N) was calculated. The FSC-N is taking a closer look at the consumption of Protein-rich, Iron-rich, or Vitamin A rich foods.

The following food sub-groups are considered while calculating the consumption of Protein, Vitamin A, and Heme – Iron.

- **Vitamin A-rich foods**: Dairy, Organ meat, Eggs, Orange veg, Green veg, and Orange fruits
- **Protein-rich foods**: Pulses, Dairy, Flesh meat, Organ meat, Fish and Eggs
- **Hem iron-rich foods**: Flesh meat, Organ meat, and Fish

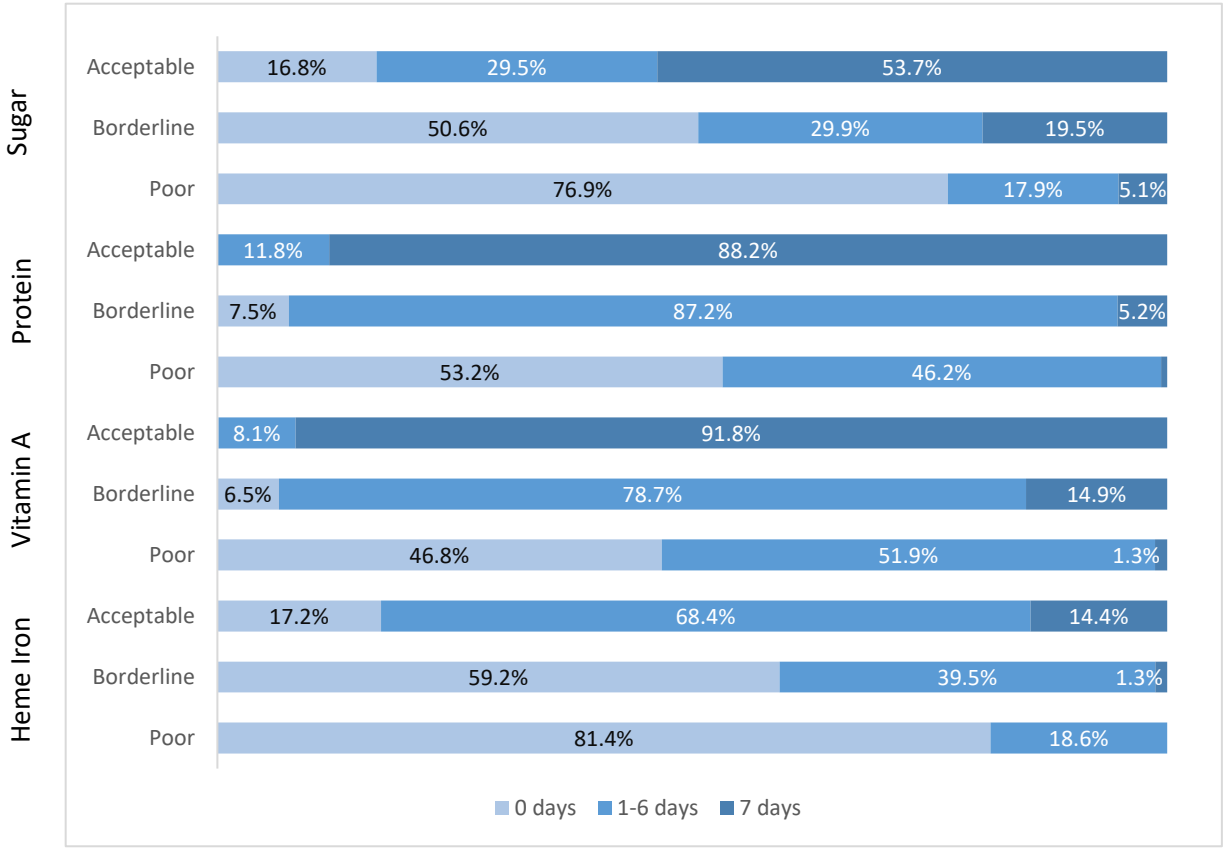
This should be taken with some caution, particularly looking at protein numbers. The foods in this category include eggs and dairy, and this can probably explain the high numbers here. It would be interesting to track Vitamin A intake across various seasons and availability and access to fresh fruits and vegetables.

Figure 22: Food Consumption Score - Nutrition




When looking at the FCS-N by the FCS groups, it is expected that those with poor and borderline FCS are scoring lower on the diet as well. Particularly the intake of Heme Iron is significantly low compared to Vitamin A or Protein. In the case of Vitamin-A and Protein consumption there is only about 2.7 percent of households that do not consume them at all, while about 24 percent of households do not consume Heme Iron. The intake of sugar is low as well compared to other nutrition groups, and 23 percent of the households do not consume sugar at all, though the consumption of sugar is quite high for households having an Acceptable FCS score.

## Figure 23: Food Consumption Score - Nutrition by Food Consumption Score Groups

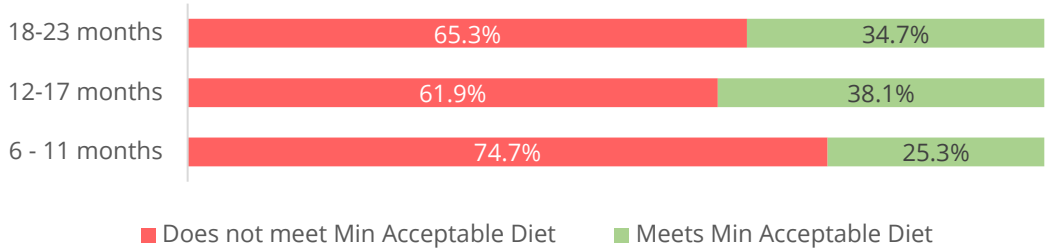



Half of the households with poor food consumption did not consume any protein or vitamin A-rich foods. Four out of five households in the poor FCS category did not consume any heme iron-rich foods such as flesh meat, organ meat, and fish the week before the survey.

The survey also included questions about the nutrition of the children living in the household. Based on the responses the Minimum Acceptable Diet (MAD) index was calculated. The MAD index is the proportion of children 6-23 months of age who have at least the Minimum Dietary Diversity (foods from four or more food groups) and the Minimum Meal Frequency.

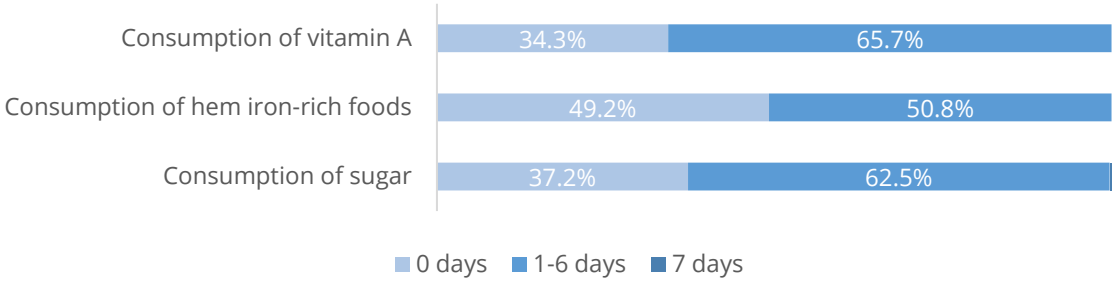
The situation is quite alarming, as a large segment of households are not meeting the minimum acceptable diet though it is not clear how severe was the influence of the COVID-19 pandemic on those indicators.

Figure 24: Minimum Acceptable Diet for children 6-23 months, N=350




Half of the children didn't consume any heme-iron rich foods while third of the children didn't consume any vitamin A-rich foods the week before the survey.

Figure 25: Intake of nutrients by children of 6 – 23 months age, N=350




On average, about 69 percent of the children aged 6 – 23 months do not receive the Minimum Acceptable Diet and the larger segment of those are aged 6 – 11 months.

Compared to MAD, more households, about 56.3 percent meet the Minimum Dietary Diversity for children aged 6 – 23 months. Similarly, children of 6 – 11 months are the largest segment, about 56 percent of them, not meeting the Minimum Dietary Diversity.

The consumption patterns for the poor households, with children below 2 years old are alarming as the 1,000 days is the window of opportunity to prevent stunting and irreversible impacts of malnutrition for children. The consequences of not consuming them are causing deficiencies and health issues, particularly for children.

Particularly, Vitamin A deficiency may cause eye diseases, night blindness (nyctalopia), and retinopathy because vitamin A is a substrate for the photosensitive visual pigments in the retina. Additionally, it may cause poor bone growth, nonspecific dermatologic problems such as hyperkeratosis,

phrynoderma, and destruction of hair follicles. Impairment of the humoral and cell-mediated immune system is possible as well because of vitamin A deficiency via direct and indirect effects on the phagocytes and T cells.

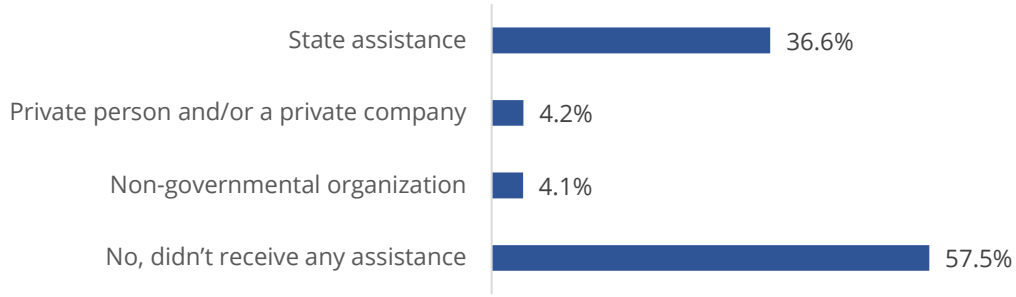
Not consuming enough protein may lead to serious health-related consequences, especially for children because protein is important for maintaining the healthy growth of the children. Clinical manifestation of the protein deficiency for children are delayed growth rate, fatigue, stunting growth rate, degreased muscles development, poor concentration and immune response, hunger.

Consuming the right proportions of heme-iron is as important for health as other nutrients. A lack of iron in the diet may result in iron deficiency which later on may cause a number of health problems such as hearth diseases (rapid or irregular heartbeat, enlarged heart or heart failure), growth problems particularly at children, an increased susceptibility to infections as we as problems during pregnancy.

# Assistance to Households

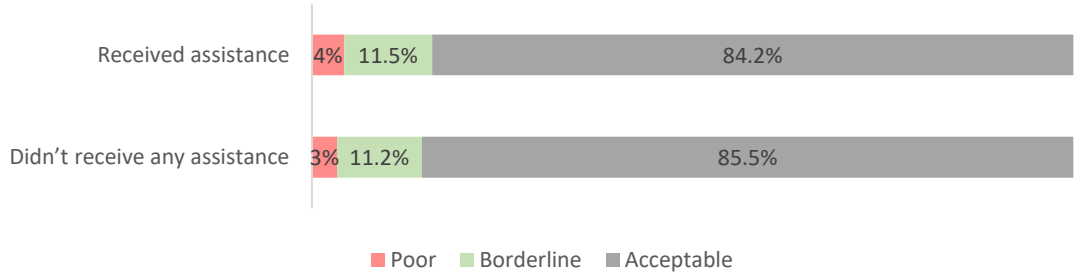
The COVID-19 pandemic has significantly impacted households' income sources and family economic situation, access to groceries in addition to health risks, and fear of contracting the virus. Not many households received material or financial assistance to complement access to food as basic needs and ease the impact of the pandemic. According to respondents, around 37 percent of the households had received some form of COVID 19 assistance package.

Figure 26: Received assistance, N=4219




The share of households in poor and borderline FCS categories are equally 15 percent for the households who received any assistance and for the households who did not receive any assistance, which indicates about poor targeting while choosing the households for distribution of assistance.

Figure 27: Food Consumption Score (FCS) by received assistance




The distribution of Households who received any types of assistance and households who did not receive any assistance by gender of the household head, by the availability of food stock as well as by settlement type are quite similar to each other. On average only 43 percent of households surveyed vulnerable groups have said that they received assistance, while more than half did not. In some cases, the assistance provided by the government were indirect through the companies where the family members work, and the possibility of the family not

recognizing this assistance as direct to their family remains high. Although, the assistance provided to the companies helped to compensate for some of the expenditures of the families during the COVID crisis time, the survey shows that the food insecure households have need of the further assistance to cope with the pandemic.

For around eight percent of the households the state assistance received has been continuous and not one time. Of those that had received any type of assistance, around 60 percent were satisfied or very satisfied with the assistance. Only 14 percent were not satisfied at all.

## Conclusion

Based on the assessment results, the effects of the COVID-19 pandemic on food security and systems are tangible. The impacts are visible on food supply and demand due to the worsened financial situation of households as well as the current situation related to the pandemic. As urban population relies more on income from formal and informal sector economy predominantly on wage and entrepreneurial sources, urban areas (e.g. Yerevan) have a higher share of households in poor and borderline FCS categories compared to rural areas.

The poor and vulnerable groups of households are impacted the most, particularly in the regions with higher poverty rates such as Shirak, Lori, and Tavush. People are concerned about the COVID-19 and the possibility of getting sick and they fear losing their jobs or livelihood source due to the pandemic. Over half of the households have applied crisis or emergency coping strategies which are quite alarming as they protract the food security crisis beyond the acute period impacted by COVID-19. Less than half of the surveyed households did receive some assistance either as one-time delivery or infrequently over the period of the last several months.

The findings and results of the survey clearly indicate the alarming food security situation, the state of family income and the difficulties people have been encountering on many fronts. All facts and figures indicate that an emergency response is essential to address acute/severe household level food security targeting the vulnerable and poor segments of the population. This will not only provide a minimum level of food security but also prevent the protracted negative effects of the crisis and household falling into the vicious trends of the poverty cycle.

British Embassy Yerevan

WFP World Food Programme

# List of Abbreviations

| | |
|---|---|
| AMD | Armenian Dram |
| CATI | Computer-Assisted Telephone Interviewing |
| FCS | Food Consumption Score |
| FCS-N | Food Consumption Score-Nutrition |
| LCSI | Livelihood Coping Strategy Index |
| MAD | Minimum Acceptable Diet |
| UN | United Nations |
| WFP | World Food Programme |

# Glossary of Terms

| | |
|---|---|
| Coping strategy | Relieve the impact on households of shocks that they are unable to protect themselves against, through mitigation or prevention, due to lack of assets, access to instruments or the magnitude of the shock. They include social assistance or welfare programmes as well as relief operations in response to natural disasters or civil disturbances. These measures prevent the troughs in income profiles that would reduce levels of well-being below accepted thresholds (OECD, 2007). |
| Food consumption score (FCS) Indicator | Score calculated using the frequency of consumption of different food groups consumed by a household during the seven days before the survey. The standard thresholds are poor, borderline and acceptable food consumption (WFP, 2015). |
| Food Consumption Score Nutritional Analysis (FSC-N) | Consumption of nutrient rich groups by the HH and which are essential for nutritional health and well-being: protein, iron and vitamin A (WFP, 2015). |
| Food Insecurity Experience Scale (FIES) | A statistical scale designed to measure unobservable traits such as aptitude/intelligence, personality, and a broad range of social psychology and health-related conditions (FAO). |
| Food security | Food security exists when all people, always, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are availability, access, utilization and stability. The nutritional dimension is integral to the concept of food security (FAO, 2009). |
| Heme iron | Dietary iron is found in two forms, heme and non-heme iron. Heme iron, which is present mainly in meat, poultry and fish, is well absorbed. Non-heme iron, which accounts for the majority of the iron in plants, is less well absorbed. More than 95 percent of functional iron in the human body is in the form of heme (Hooda, Shah and Zhang, 2014). |
| Iron Deficiency Anemia | Iron-deficiency anemia is a common type of anemia that occurs if you do not have enough iron in your body. People with mild or moderate iron-deficiency anemia may not have any signs or symptoms. More severe iron-deficiency anemia may cause fatigue or tiredness, shortness of breath, or chest pain (NHLB Institute). |

| | |
|---|---|
| | Iron deficiency impairs the cognitive development of children from infancy through to adolescence. It damages immune mechanisms, and is associated with increased morbidity rates (WHO, 2001) |
| Livelihood Coping Strategy (LCS) Indicator | An existing WFP corporate indicator that is collected to understand the behaviors in which vulnerable households engage to meet their immediate food security needs in times of crisis or shock. It is designed to assess the extent to which households engage in such behaviors, but also considers the impact of these coping strategies on the household's livelihood: given that certain behaviors may affect longer-term productive ability, households' engaging in these will have a reduced capacity to cope when faced with future hardships. Households are categorized based on severity (stress, crisis or emergency) of livelihood coping strategies employed (WFP, 2018). |
| Malnutrition | Refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients (WHO, 2016). |
| Minimum Acceptable Diet (MAD) Index | The Minimum Acceptable Diet (MAD) for children 6-23 months old, is one of eight core indicators for assessing infant and young child feeding (IYCF) practices developed by the WHO. These eight indicators were developed to provide simple, valid, and reliable metrics for assessing the many aspects of IYCF that are of interest at the population level.<br>The other seven indicators are:<br>• early initiation of breastfeeding;<br>• exclusive breastfeeding under 6 months;<br>• continued breastfeeding at 1 year;<br>• introduction of solid, semi-solid, or soft foods;<br>• minimum dietary diversity;<br>• minimum meal frequency;<br>• consumption of iron-rich or iron-fortified foods.<br>The MAD indicator is a composite indicator composed of the Minimum Dietary Diversity (MDD) and Minimum Meal Frequency. (WHO 2008) |
| Stunting | Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median (WHO). |

British Embassy Yerevan

WFP World Food Programme

# ANNEX |Questionnaire

**WFP Emergency Food Security Assessment. COVID-19**
**Phone interview questionnaire**

**Introduction.** Hello, my name is (.....), calling you on behalf of the United Nations World Food Programme (WFP). We are conducting a survey to understand food, market and health situation in Armenia amid COVID-19. Your phone number was selected randomly. The survey is anonymous. The data will be analysed in generalized version. Our phone call is recorded for quality assurance. Could you please allocate 15 minutes to answer our questions?

| | | |
|---|---|---|
| 1. | Yes | CONTINUE |
| 2. | No | STOP THE SURVEY |

**Q0.1.** Please indicate whether you are participating in diet decision-making process of the household and/or preparing meals for household consumption, or whether you are well aware of all of these processes. It is also important to be well aware of the household expenditures.

| | | |
|---|---|---|
| 1. | Yes | CONTINUE |
| 2. | No | STOP THE SURVEY |

INTERVIEWER. IF THE ANSWER IS NO, ASK TO CONDUCT THE SURVEY WITH THE MEMBER OF THE HOUSEHOLD WHO CAN BEST ANSWER HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE RELATED QUESTIONS.

## SECTION 1. GENERAL INFORMATION ABOUT THE RESPONDENT

**Q1.** Interview Date and Time |__|__| / |__|__| /|__|__|__|__|

**Q2.** Are you permanently residing in Armenia? ONE RESPONSE

| | | |
|---|---|---|
| 1. | Yes | CONTINUE |
| 2. | No | STOP THE SURVEY |

**Q3.** Did you reside on the territory of Armenia for more than 10 months within last 12 months? ONE RESPONSE

| | | |
|---|---|---|
| 1. | Yes | CONTINUE |
| 2. | No | STOP THE SURVEY |

**Q4. Please indicate the name of your place of residence.** LITERALLY REGISTER THE NAME OF THE PLACE OF RESIDENCE

| Q4.1 NAME OF THE VILLAGE | Q4.2 NAME OF THE CITY |
|---|---|
| | |

Q5. SELECT THE APPROPRIATE REGION, ONE RESPONSE

| | |
|---|---|
| 1. | Yerevan |
| 2. | Aragatsotn |
| 3. | Armavir |
| 4. | Ararat |
| 5. | Kotayk |
| 6. | Shirak |
| 7. | Lori |
| 8. | Gegharkunik |
| 9. | Vayots Dzor |
| 10. | Tavush |
| 11. | Syunik |

## SECTION 2. DEMOGRAPHIC SECTION

Q6. Gender of the respondent DO NOT READ OUT THE RESPONSE OPTIONS, ASK THE NAME TO DETREMINE

| 1. Male | 2. Female |
|---|---|

Q7.1 How old are you? FILL IN THE AGE OF THE RESPONDENT (ALREADY TURNED) |__|__|

Q7.2 THE PROGRAM AUTOMATICALLY SELECTS THE AGE GROUP OF THE RESPONDENT FROM THE FOLLOWING GROUPS: ONE RESPONSE

| | |
|---|---|
| 1. Up to 18 years old | STOP THE SURVEY |
| 2. 18-24 | CONTINUE |
| 3. 25-34 | CONTINUE |
| 4. 35-44 | CONTINUE |
| 5. 45-54 | CONTINUE |
| 6. 55-64 | CONTINUE |
| 7. 65 years old and above | CONTINUE |

Q8. What is your completed education level? READ OUT THE RESPONSE OPTIONS IF NECESSARY, ACCEPT ONE RESPONSE

| |
|---|
| 1. No elementary and not literate |
| 2. No elementary, but literate |

| |
|---|
| 3. Elementary |
| 4. Primary |
| 5. Secondary |
| 6. Pre-vocational (crafts) |
| 7. Secondary vocational (technical school, college) |
| 8. Incomplete higher |
| 9. Higher (Bachelor/Master) |
| 10. Postgraduate (postgraduate studies) |
| 99 Refuse to answer (DO NOT READ) |

**Q9.** Are you the **head**[8] of your household?

| | |
|---|---|
| **1. Yes** GO TO Q12 | **2. No** ASK Q10 AND Q11 |

ASK Q10, IF THE RESPONDENT IS NOT THE HEAD OF THE HOUSEHOLD, Q9=2

**Q10. Please indicate the gender of the head of the HH.**

| | |
|---|---|
| **1. Male** | **2. Female** |

ASK Q11, IF THE RESPONDENT IS NOT THE HEAD OF THE HOUSEHOLD, Q9=2

**Q11. What is the completed education level of the head of the HH?** READ OUT THE RESPONSE OPTIONS IF NECESSARY, ACCEPT ONE RESPONSE

| |
|---|
| 1. No elementary and not literate |
| 2. No elementary, but literate |
| 3. Elementary |
| 4. Primary |
| 5. Secondary |
| 6. Pre-vocational (crafts) |
| 7. Secondary vocational (technical school, college) |
| 8. Incomplete higher |
| 9. Higher (Bachelor/Master) |

[8] "A household is a person, a group of people with or without kinship ties, who live together in the same or interconnected accommodation, recognize an adult member as the **head of the household**, and have common facilities for cooking and eating together."

| |
|---|
| 10. Postgraduate (postgraduate studies) |
| 99 Refuse to answer **(DO NOT READ)** |

**Q12.1** How many people are living in your household (including yourself)? Please, take into consideration only those members, who live in your HH at least 4 nights. |__|

**Q12.2** Now I will list age groups, please indicate how many males and females of each age group are living in your household.

| | Male | Female |
|---|---|---|
| 1. Children - under 2 years old | | |
| 3. 2-<5 years old | | |
| 4. 5-17 years old | | |
| 2. Children - 2 years old and above | | |
| 5. 18-59 years old (adults) | | |
| 6. 60 years old and above | | |

**Q18.** Which of the following living arrangements best describes your current housing situation?
**READ OUT THE RESPONSE OPTIONS, ACCEPT ONE RESPONSE**

| | |
|---|---|
| 1. | You live in your own house (owned by the household) |
| 2. | You rent the house where you live |
| 3. | You live temporarily in someone's home as a guest, without rent |
| 4. | Other **(REGISTER)** _____ |

## SECTION 3. FOOD INSECURITY LEVEL

| | 1. Yes ASK Q27 | 2. No | 99. Do not know | 97. Refuse to | Q27. Was it due to COVID? |
|---|---|---|---|---|---|

| | | | | | 1. Yes | 2. No | 99. Do not know (DO NOT | 97. RA (DO NOT READ) |
|---|---|---|---|---|---|---|---|---|
| Q19. During the last 30 days, was there a time when you or others in your household worried about not having enough food to eat because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q20. During the last 30 days, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q21. During the last 30 days, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q22. During the last 30 days, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q23. During the last 30 days, was there a time when you or others in your household ate less than you wanted through you should because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q24. During the last 30 days, was there a time when your household ran out of food because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |
| Q25. During the last 30 days, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Q26.** During the last 30 days, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources? | 1 | 2 | 99 | 97 | 1 | 2 | 99 | 97 |

## SECTION 4. FOOD CONSUMPTION AND FOOD SOURCES

**Q28.** How many meals did the adults (**18+**) in the household eat **yesterday**?

| | | | |
|---|---|---|---|
| **1. Female** | | **2. Male** | |

ASK Q29, IF «0» IS NOT MENTIONED IN Q12

**Q29.** How many meals did the female children in this household eat **yesterday**?

| | | | |
|---|---|---|---|
| **1. 2– < 5 years old children** | | **2. 5 – 17 years old children** | |

ASK Q30, IF «0» IS NOT MENTIONED IN Q12

**Q30.** How many meals did the male children in this household eat **yesterday**?

| | | | |
|---|---|---|---|
| **1. 2– < 5 years old children** | | **2. 5 – 17 years old children** | |

**Q31.1** How many days over the last 7 days, did you and members of your household eat or prepared the following food items?

INTERVIEWER: In this part DO NOT SELECT products that have not been used in large portions as the main ingredient of food, but have been used in small quantities, for example, to give flavour to food, or only a small piece of the given food item was consumed by 3-4 and more people.

**Q31.2** How was this food acquired? READ OUT THE RESPONSE OPTIONS, ROTATE THE RESPONSE OPTIONS, FILL IN THE MAIN SOURCE OF FOOD FOR THE PAST 7 DAYS.

01 = purchase in cash owned by the household, not by loan or on credit
02 = purchase on credit /ԱիսԱա/
03 = food assistance
04 = support from relatives/friends
05 = exchange/barter
06 = borrowing /loan or borrowed money from someone else/
07 = gathering of wild plants
08 = hunting/fishing
09 = own production
10 = other

| | Food product | Examples | Days | Source |
|---|---|---|---|---|

| | name/group | | | |
|---|---|---|---|---|
| 1.1 | Foods made from grain | Porridge (oats, buckwheat, etc.), bread, lavash, rice, spelt, bulgur, millet, quinoa, rye, groats, pasta (noodles, macaroni, vermicelli) or other foods made from grains | \|__\| | \|__\|__\| |
| 1.2 | White roots and tubers and plantains | Potato | \|__\| | \|__\|__\| |
| 1 | **Cereals or tubers** | **Rice, buckwheat, bread, lavash, potato, etc.** | \|__\| | \|__\|__\| |
| 2 | **Pulses and groundnuts** | **Beans, lentils, chickpeas, peas, peanuts, walnuts, almonds, hazelnuts and/or other nuts** | \|__\| | \|__\|__\| |
| 3 | **Milk and milk products** | **Fresh milk, powdered milk, yogurt/Greek yogurt, cheese, other dairy products** (excluding margarine, sour cream, butter or small amounts of milk added to tea/coffee) | \|__\| | \|__\|__\| |
| 4.1 | Organ meat | Liver, kidney, heart, tongue and other organs | \|__\| | \|__\|__\| |
| 4.2 | Meat and poultry | Flesh meat: beef, lamb, goat, chicken, pork, duck | \|__\| | \|__\|__\| |
| 4.3 | Fish and seafood | Fish, seafood, canned, dried, smoked fish | \|__\| | \|__\|__\| |
| 4.4 | Egg | Chicken, quail, duck eggs | \|__\| | \|__\|__\| |
| 4 | **Egg, meat, fish, seafood** | **Flesh meat (beef, lamb, pork, chicken, hunting, ect.), fish, egg, organ meat** | \|__\| | \|__\|__\| |
| 5.1 | Vitamin A-rich vegetables, roots and tubers | Carrots, red peppers, pumpkin | \|__\| | \|__\|__\| |

| | | | | |
|---|---|---|---|---|
| **5.2** | Dark green leafy vegetables | Spinach, broccoli, or other dark green leaves | \|__\| | \|__\|__\| |
| **5.3** | Other vegetables | Any other vegetable | \|__\| | \|__\|__\| |
| **5** | **Vegetables** | **Carrot, cabbage, spinach and any other vegetables** (excluding potatoes) | \|__\| | \|__\|__\| |
| **6.1** | Vitamin A-rich fruits | Apricot, peach, mango, sea buckthorn | \|__\| | \|__\|__\| |
| **6.2** | Other fruits | Banana, apple, berries, orange and any other fruit | \|__\| | \|__\|__\| |
| **6** | **Fruits** | **Apple, pear, banana, etc., berries** | \|__\| | \|__\|__\| |
| **7** | **Sugar** | **Sugar, honey, fruit preserves, jam, cakes, candy, cookies, pastries and other sweets (sugary drinks: compote, juices, lemonades, etc.)** | \|__\| | \|__\|__\| |
| **8** | **Oil** | **Vegetable oil, butter, ghee, margarine, sour cream**, *'rezhan,'* **other fats/oils** | \|__\| | \|__\|__\| |
| **9** | **Spices, etc.** | **Spices, tea, coffee, cocoa, salt, garlic, yeast, baking powder, tomato paste, condiments including small amount of milk in tea and coffee** | \|__\| | \|__\|__\| |

## SECTION 5. LIVELIHOOD COPING STRATEGY INDEX

**Q32. During the past 30 days**, did anyone in your household have to engage in any following behaviours due to a **lack of food or a lack of money to buy food?**

| | **1 = No, because I did not face a shortage of food** | **2 = No, because I have already engaged in this activity within the last 12 months** | **3= Yes** | **4=Not applicable (DO NOT READ)** |
|---|---|---|---|---|
| 1.1 Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, etc..) | 1 | 2 | 3 | 4 |
| 1.2 Reduced non-food expenses on health (including medicine) and education | 1 | 2 | 3 | 4 |

| | | | | |
|---|---|---|---|---|
| 1.3 Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc..) | 1 | 2 | 3 | 4 |
| 1.4 Spent savings | 1 | 2 | 3 | 4 |
| 1.5 Borrowed money | 1 | 2 | 3 | 4 |
| 1.6 Sold house or land | 1 | 2 | 3 | 4 |
| 1.7 Purchased food on credit or borrowed money (Purchase on credit) | 1 | 2 | 3 | 4 |
| 1.8 Sold last female animals | 1 | 2 | 3 | 4 |
| 1.9 Children (under 15 years old) were working to contribute to household income (e.g. casual labour) | 1 | 2 | 3 | 4 |
| 1.10 Were dependent on food rations and/or support from neighbours and relatives as only food/income source | 1 | 2 | 3 | 4 |

## SECTION 6. FOOD AND MARKET ACCESSABILITY SECTION

**Q33.** Does your household currently have a stock of staple foods (eg. wheat flour, rice, spelt) ACCEPT ONE RESPONSE

| | | | |
|---|---|---|---|
| **1. Yes** | ASK Q34 | **2. No** | GO TO Q35 |

**Q34**. How long do you think the food stock would last? ACCEPT ONE RESPONSE

| | |
|---|---|
| **1.** | Up to 7 days |
| **2.** | 7-14 days |
| **3.** | 15-21 days |
| **4.** | 22 – 28 days |
| **5.** | More than 1 month |

**Q35**. In the past 7 days, has there been a time when you or your household members needed, but could not access the grocery store or market due to some obstacles related to the current situation?

| | | | |
|---|---|---|---|
| **1. Yes** | ASK Q36 | **2. No** | GO TO Q37 |

**Q36**. What was the main reason? ACCEPT ONE RESPONSE

| | |
|---|---|
| **1.** | Market\grocery stores were closed |
| **2.** | Market\grocery store is too far |

| | |
|---|---|
| 3. | Travel restrictions |
| 4. | Concerned about going out of the house due to disease outbreak |
| 5. | All adult members of the household too sick to go out |
| 6. | All adult members quarantined in the house |
| 7. | Other (REGISTER)_____ |

**Q37**. In the past **7 days**, have you experienced any increase in the price of food and non-food commodities?

| | |
|---|---|
| 1. Yes ASK Q38 | 2. No GO TO Q39 |

**Q38**. Which commodities?

(REGISTER)_____

## SECTION 8. INCOME SOURCES

**Q39.** Many HHs have several sources of income. I will read out some possible sources of income and ask you to indicate whether your HH has had a monetary income from these sources in the last 12 months. Please remember about the income of all your HH members. ACCEPT ALL RESPONSES

| | | | |
|---|---|---|---|
| 1. | Salaried work with regular income | YES | NO |
| 2. | Informal daily/casual labour | YES | NO |
| 3. | Own business/trade | YES | NO |
| 4. | Retail/selling on street | YES | NO |
| 5. | Agriculture/cattle breeding | YES | NO |
| 6. | Support from family and friends | YES | NO |
| 7. | Remittances from relatives living in Armenia | YES | NO |
| 8. | Remittances from relatives living abroad | YES | NO |
| 9. | Income from renting real estate/car/equipment | YES | NO |
| 10 | State social support program (eg. Paros) | YES | NO |
| 11 | Pension | YES | NO |
| 12 | Disability support | YES | NO |
| 13 | Other (SPECIFY) | | |

**Q40.** How much was your total household income last month after paying taxes. READ OUT THE RESPONSE OPTIONS IF NECESSARY, ACCEPT ONE RESPONSE

| | |
|---|---|
| 1. | More than 576,001 AMD |
| 2. | 384,001-576,000 AMD |
| 3. | 192,001-384,000 AMD |
| 4. | 120,001-192,000 AMD |
| 5. | 48,001-120,000 AMD |
| 6. | 24,001-48,000 AMD |
| 7. | Less than 24,000 AMD |
| 8. | Do not know (DO NOT READ) |
| 9. | Refuse to answer (DO NOT READ) |

**Q42.** Has the current outbreak of COVID-19 disrupted your HH income? ONE RESPONSE

| | | | |
|---|---|---|---|
| 1. Yes | ASK Q43 | 2. No | GO TO Q44 |

**Q43.** How? READ OUT THE RESPONSE OPTIONS, (INTERVIEWER CAN ACCEPT MORE THAN ONE RESPONSE)

| | |
|---|---|
| 1. | Reduction of working hours and receiving partial salary |
| 2. | Permanent loss of job |
| 3. | Temporary interruption/termination of job |
| 4. | Reduction of production |
| 5. | Reduction of revenues from business activities |
| 6. | Reduction or termination of remittances from relatives living in Armenia |
| 7. | Reduction or termination of remittances from relatives living abroad |
| 8. | Other (SPECIFY) |

**Q44.** Has your household or anyone in your household received any assistance (cash, food, etc.) from the Government or any other organization related to COVID-19 and state of emergency? READ OUT THE RESPONSE OPTIONS, ACCEPT ALL RESPONSES

| | |
|---|---|
| 1. Yes, received state assistance | ASK Q45 AND Q46 |
| 2. Yes, received assistance from a non-governmental organization | ASK Q45, THEN GO TO Q47 |

| | |
|---|---|
| **3.** Yes, received assistance from a private person and/or a private company | ASK Q45, THEN GO TO Q47 |
| **4.** No, didn't receive any assistance | GO TO Q47 |

**Q45.** If yes, has this been a one time, or continuous assistance?

| | |
|---|---|
| **1.** | One time |
| **2.** | Continuous |

**Q46.** How satisfied are you with received state assistance? Please rate on a scale from 1 to 5, where 1 means "I am not satisfied at all" and 5 means "I am very satisfied".

| 1 | 2 | 3 | 4 | 5 | 98. Don't know (DO NOT READ) | 99. Refuse to answer (DO NOT READ) |
|---|---|---|---|---|---|---|
| | | | | | | |

## SECTION 9. ADDITIONAL

**Q47.** What is your most important concern under the current circumstances? INTERVIEWER: DO NOT READ OUT THE RESPONSE OPTION, SELECT UP TO THREE RESPONSE OPTIONS THAT BEST FITS THE INFORMATION PROVIDED BY THE RESPONDENT, OTHERWISE SELECT OTHER

| | |
|---|---|
| **1.** | Shortage of food |
| **2.** | Increase in food prices |
| **3.** | Shortage of medicine |
| **4.** | Disruption of medical service |
| **5.** | Disruption of educational institutions |
| **6.** | Getting sick |
| **7.** | Losing Job\Unemployment |
| **8.** | Loss of livelihood source |
| **9.** | Travel restrictions |
| **10.** | No concerns |
| **11.** | Other (REGISTER) _____ |

## SECTION 10. CHILD NUTRITION (CHILDREN 0-23 MONTHS OLD). MOTHER/CAREGIVER

We will now talk about 0-23 months old child/children in your household. I would like to have a conversation with a family member (the child's mother/caregiver) who can best answer the questions about child's nutrition.

ASK MOTHER/CAREGIVER: FILL IN ALL RESPONSES RELATED TO THE FIRST CHILD, THAN MOVE TO SECOND, THIRD CHILD.

**Q48.0 Name** of the child _____

**Q48.** Sex of the child CIRCLE ONE

**Q49.** Date of birth *(Day/month/year)*

| Q51 | 1. Male | 2. Female | Q52 |
|---|---|---|---|
| Child 1 | 1 | 2 | \|__\|__\|/\|__\|__\|/\|__\|__\| |
| Child 2 | 1 | 2 | \|__\|__\|/\|__\|__\|/\|__\|__\| |
| Child 3 | 1 | 2 | \|__\|__\|/\|__\|__\|/\|__\|__\| |

**Q50.** What did ***(NAME)*** feed on in your household in the last 24 hours? READ OUT THE RESPONSE OPTION, SELECT ALL THAT APPLY

| | | Child 1 | Child 2 | Child 3 |
|---|---|---|---|---|
| 1. | Breast milk only | 1 | 1 | 1 |
| 2. | Breast milk and other foods or fluids | 2 | 2 | 2 |
| 3. | Milk bottled or in cup (cow milk or formula) | 3 | 3 | 3 |
| 4. | Other food | 4 | 4 | 4 |

ASK FOR EACH CHILD

| | Child 1 | Child 2 | Child 3 |
|---|---|---|---|
| A. **Q51. Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?** *0 = No 1 = Yes-> 9 = Don't know* (DO NOT READ) *99 = Refuse to answer* (DO NOT READ) | \|__\| | \|__\| | \|__\| |
| **Q52.** ASK, IF Q51 = YES **How many times?** If 7 or more, select «7» | \|_\| | \|__\| | \|__\| |
| **Q53. Did (NAME) eat yesterday as usual?** *0 = No 1 = Yes* | \|__\| | \|__\| | \|__\| |
| **Q54. At what age (in months) of (NAME) you first introduced the solid, semi-solid, or soft foods?** 1. NEVER 2. Other (REGISTER) _____ | \|_\| | \|__\| | \|__\| |
| A. **Q55. Yesterday during the day or at night, did (NAME) eat/drink any of the following food groups (even combined with any other food)? Ask for all children under 23 months except for children who are exclusively breastfed.** *0 = No 1 = Yes 9 = Don't know* (DO NOT READ) *99 = Refuse to answer* (DO NOT READ) | | | |
| **1.** Milk produced, powdered or homemade | \|__\| | \|__\| | \|__\| |
| If Yes, how many times did (NAME) drink milk If 7 or more, select «7» | | | |
| **2.** Yogurt, kefir, Narine, matsum | \|__\| | \|__\| | \|__\| |
| If Yes, how many times did (NAME) drink yogurt, kefir, Narine, matsum If 7 or more, select «7» | | | |
| **3.** Artificial milk formulas (breast milk substitute) Cerelac, Hipp, Nestle, Humana, Agusha, Malysh, Heinz, Frutonyanya, Vinni, Bebe, Semper, etc. | \|__\| | \|__\| | \|__\| |
| If Yes, how many times did (NAME) drink artificial milk formulas If 7 or more, select «7» | | | |
| **4.** Water | \|__\| | \|__\| | \|__\| |
| **5.** Juice or juice drinks from natural fruits or vegetables without adding sugar | \|__\| | \|__\| | \|__\| |
| **6.** Coffee or tea | | | |
| **7.** Any other fluid | | | |
| **8.** Factory-made fortified baby foods, for example, Cerelac, Hipp, Nestle, Humana, Agusha, Malysh, Heinz, Frutonyanya, Vinni, Bebe, Semper? | \|_\| | \|__\| | \|__\| |
| **9.** Bread, rice, noodles, porridge, pilaf or other foods made from grains | \|__\| | \|__\| | \|__\| |
| **10.** Pumpkin, carrots, red pepper, other vegetables that are yellow or orange inside | \|__\| | \|__\| | \|__\| |
| **11.** Any other food made from white potato | \|__\| | \|__\| | \|__\| |
| **12.** Dark green leafy vegetables, for example spinach, parsley, lettuce, beetroot greens, broccoli? | \|__\| | \|__\| | \|__\| |
| **13.** Apricot, peach or dried apricot, peach | \|__\| | \|__\| | \|__\| |

| | | | |
|---|---|---|---|
| **14.** Any other fruits or vegetables | \|___\| | \|___\| | \|___\| |
| **15.** Liver, kidney, heart, or other organ meats | \|__\| | \|___\| | \|___\| |
| **16.** Any meat, such as beef, pork, lamb, goat, chicken, duck, quail or rabbit meat | \|___\| | \|___\| | \|___\| |
| **17.** Eggs | \|___\| | \|___\| | \|___\| |
| **18.** Fresh or dried fish or other seafood | \|___\| | \|___\| | \|___\| |
| **19.** Any food made from beans, peas, lentils, nuts or seeds | \|___\| | \|___\| | \|___\| |
| **20.** Cheese, cottage cheese or other dairy products | \|___\| | \|___\| | \|___\| |
| **21.** Vegetable oil, fats, butter, or food made with any of these | \|___\| | \|___\| | \|___\| |
| **22.** Any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits | \|___\| | \|___\| | \|___\| |
| **23.** Condiments for flavour, such as chilies, spices, herbs, etc. | \|___\| | \|___\| | \|___\| |
| **24.** Other solid, semi-solid or soft food (SPECIFY) | \|___\| | \|___\| | \|___\| |


Contact information:

World Food Programme Armenia,

14 Petros Adamyan St.
Yerevan 0010, Armenia
Tel.: (374 10) 58 05 38
E-mail: wfp.yerevan@wfp.org