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FINAL EVALUATION REPORT

The Haiti Title II Multi Year Assistance Programs (MYAP) Final Evaluation Report

January 2014

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Credit: ACDI/VOCA Mothers' Club Focus Group, Southeast Dept.

THE HAITI TITLE II MULTI YEAR ASSISTANCE PROGRAMS (MYAP): FINAL EVALUATION REPORT

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ACRONYMS

ACDI/VOCA	Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance
ADP	Area Development Program
BCC	Behavior Change Communication
CBO	Community Based Organization
Col Vols	Community Volunteers
CS	Cooperating Sponsor
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CNSA	Coordination Nationale de la Sécurité Alimentaire
CRS	Catholic Relief Services
DAP	Title II Development Assistance Program
DPT3	Course of 3 Doses of Joint Vaccine for Diphtheria, Pertussis, and Tetanus
FANTA	Food and Nutrition Technical Assistance Project
FFP	Food for Peace
FFW	Food for Work
GoH	Government of Haiti
HDDS	Household Dietary Diversity Score
Ht/Age	Height for Age, measure of long term nutrition
FY	Fiscal Year
IMCI	Integrated Management of Childhood Illness
IPTT	Indicator Performance Tracking Table
IYCF	Infant and Young Child Feeding
LMG	Leader Mothers Groups
MAHFP	Months of Adequate Household Food Provisioning
MARNDR	Ministry of Agriculture, Natural Resources & Rural Development
MCG	Mothers Care Group
MCHN	Maternal and Child Health and Nutrition
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
MUSO	Mutuelle de Solidarity (Self Help Group)
MUSOG	Mutual Solidarity Group
MYAP	Multi-Year Assistance Program
OVC	Orphans and Vulnerable Children
PM2A	Preventive Malnutrition under Twos Approach
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
SO	Strategic Objective
USAID	United States Agency for International Development
Wt/Age	Weight for Age measure of nutrition and growth
Wt/Ht	Weight for Height Index

EXECUTIVE SUMMARY

BACKGROUND

For several decades, the U.S. Government, in collaboration with several international private volunteer organizations (PVOs), has supported a number of food security projects in Haiti using U.S. Public Law 480 Title II resources with a view to improving food security throughout the country. The strategic objectives of the most recent Multi Year Assistance Programs (MYAPs) in Haiti, as stated by USAID in 2007, are: Improved Nutritional and Health Status of Targeted Vulnerable Groups, and Improved Productive and Profitable Livelihoods for Vulnerable Groups.

These two strategic objectives are to be achieved through five key interventions:

- Improve the nutritional and health practices of targeted vulnerable populations
- Improve the quality of and access to health services
- Increase food production and household assets
- Enhance market-based livelihoods
- Rehabilitate natural resource resiliency and local response capabilities

Three PVOs -- Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), Catholic Relief Service (CRS) and World Vision have been separately implementing Title II MYAPs in Haiti over the past five years in pursuit of the overall program strategic objectives and intermediate results. They did this under one umbrella award which tied them to common goals and similar approaches, though in different geographic areas. Although the goal of the three programs is to reduce food insecurity and increase the resilience of extremely vulnerable rural households, each of these private agencies implemented its own program based on the specific circumstances of the target communities and their unique approach. Each of these Cooperating Sponsors had coastal and mountainous communities in their geographic areas, and these communities each faced different repercussions from the series of four hurricanes (Fay, Gustav, Hanna and Ike) that hit in 2008 and the large earthquake of early 2010.

EVALUATION PURPOSE

The purpose of this evaluation is to conduct a final performance evaluation of the Haiti MYAP. The evaluation examines the overall performance of the program by investigating three major questions: (1) the extent to which the food security status of the targeted population has changed; (2) the extent to which the MYAP programs have contributed to the resilience of the targeted communities; and (3) the extent to which the various mothers' clubs models implemented by the Title II cooperating sponsors are cost-effective.

The evaluation is expected to help guide and optimize the effectiveness of future Food for Peace programming in Haiti, and compile the best practices and lessons learned. The primary stakeholders for this evaluation include: USAID's Office of Food for Peace (FFP), World Vision; Catholic Relief Services (CRS), ACDI/VOCA and the Government of Haiti. By virtue of their partnership under the Food for Peace Program, the three PVOs/NGOs are also known as "Cooperating Sponsors", and the acronym CS will refer to these three from here on.

Figure 1. Map of Haiti

Source: United Nations, 2012.

EVALUATION QUESTIONS

Relevance

Q1 How did the food security status of the targeted population change?

Q2. Did the program address the most critical problems or constraints to food security and resiliency for the most vulnerable?

Q3. Are the constraints faced by the Haitian target beneficiaries, as outlined in the original document, still relevant?

Appropriateness

Q4. To what extent did the program's theory of change contribute to the MYAP programs' achievements in terms of project results and outcomes?

Q5. Have women and other disadvantaged population sub-groups who participated in the program been differently affected (positively or negatively) by the project?

Sustainability

Q6. Is there adequate evidence suggesting that the project outcomes are likely to be sustained?
Q7. What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

Cost-effectiveness

Q8. To what extent are the various mothers' clubs models implemented by World Vision, CRS and ACDI/VOCA cost effective?

METHODOLOGY

The evaluation methodology is based on an approach using a mix of data collection methods, combining quantitative and qualitative data collection, as follows: 1) review and analysis of relevant documents; 2) an extensive household-level quantitative survey, with random sampling of households, conducted with similar sample frames as the 2008 baseline survey, to measure progress since 2008; 3) as part of the randomized survey, measurement of the anthropometric indices of nutrition status of 1,912 children; 4) qualitative surveys involving extensive focus-group discussions; and 5) field visits that included key informant interviews, including discussions with implementing staff and local authorities.

MAJOR FINDINGS

A comparison of the 2008 pre-program baseline data and the results of the newer 2013 quantitative survey conducted for this evaluation demonstrates that significant improvements have been made in most indicators used to measure program results in five activity areas: child health and household hygiene, child nutrition, household food security, agricultural production practices, and family planning and antenatal/postnatal care.

The indicators for household hygiene, family planning and antenatal and prenatal care have shown significant and substantial improvement over the program period. However, other results, especially long-term child nutrition and household food security, demonstrate that there remains ample room for improvement. Of concern is the persistently high proportion of young children who show long-term under-nutrition as manifest in low attained height for age or stunting -- a proportion essentially unchanged since 2008.

The three distinct CS interventions under the Haiti MYAP did address the most critical problems and constraints to food security and resilience for one of the most vulnerable population groups: pregnant and lactating women and their young children. The three program areas each adopted and pursued an approach common for USAID partners referred to as "preventing malnutrition for under-2 year olds" (PM2A), although some of them faster and/or in more communes than others. This approach was consonant with a convergence of research on cost-effective ways to address malnutrition. It was also in line with the county's national nutrition policy, which features prevention, management of acute malnutrition and nutrition protection in disasters.

The three CS implemented distinctive approaches to how they achieved coverage of their respective populations with their own models of Maternal-Child Health and Nutrition (MCHN).

ACDI/VOCA changed its model from a traditional Mothers' Clubs model, which also had been used by CRS, and for the 2011-2013 period undertook the "Mother Care Group" model. Whereas, CRS stayed with the model it had used for years, the mothers clubs, and World Vision used a mixed model of both.

The results of the cost-effectiveness analysis in this evaluation found that the most cost-effective of the three health extension models was the unchanged traditional Mothers Group model deployed by Catholic Relief Services. However, the analysis confirmed to some degree the expectations of the Inspector General's (IG) report on the Title II food aid programs, that the newer Care Group model might expand coverage at low cost.

In other words, the Care Group Model appeared to demonstrate a low-cost approach to achieving the results for which the Title II food was awarded. However, the results of the cost effectiveness analysis do not confirm any innate superiority of the Mother Care Group model over CRS's mother group model. These results do not do justice, however, to the key factor played by time and duration. The CRS model had been in place for many years prior to this MYAP award, whereas ACDI/VOCA rolled out its Care Group model late and incompletely, setting it in place in only half its communes during the 2011, 2012 period.

In livelihoods, the MYAP work in agricultural and livelihoods interventions did address the most critical problems facing small-scale and landless farmers in the program areas – consistent with the country's poverty reduction strategy that was endorsed by the World Bank and the International Monetary Fund in the same year the MYAP started.

The evidence conducted for this evaluation demonstrates that despite significant improvements much remains to be done to improve child nutrition and household food security (see evaluation question 1). The evaluation results dovetail with external evidence about the need for further progress as further illustrated by an alarming Global Hunger Index score that has shown very limited improvement over the past decade. Those natural hazards and other events (floods, storms, hurricanes and droughts) that have threatened food security for the most vulnerable in the MYAP-defined areas and throughout the country since 2008 are likely to continue, putting pressure on the country's effort to reduce food insecurity among the most vulnerable. For these reasons, food insecurity in Haiti remains a national concern and the constraints faced by the beneficiaries, who were targeted for nutrition and livelihoods assistance, as outlined in the original program proposals, remain as daunting as before.

The theory of change of the three MYAP programs draws on both in-country factors and global theory in the technical sectors linking the strategic objectives and intermediate results of the program. However, the lack of integration among activities within program may have limited the benefits. The evidence collected for this evaluation and evidence from other countries suggest that the program may not have fully capitalized on the synergy across assistance for agricultural activities, natural resources management, and maternal/child health and nutrition.

Improved access to quality, basic education for children, implemented as part of CRS's Strategic Object number 2 (SO2) may have great merit for an educational goals, but may not be a high priority relative to other food security activities focusing more on persistent malnutrition. Therefore, school feeding under the education objective may not be the most effective intervention in a program that aims primarily to affect maternal and child health and nutrition.

The performance indicators used to measure results had several shortcomings, including a disproportionately high number of indicators put forward by each CS for tracking; the predominance of output and process indicators, instead of results indicators to monitor progress; and the absence of indicators about measuring built-up capacity, resilience or sustainability.

MYAP program sustainability was addressed in each CSs original proposal to USAID, but no comprehensive or sufficient capacity- development plan was formulated, no clear sustainability strategy was implemented, and no good indicators to measure sustainability were developed. However, evidence suggests that many of program activities are likely to have lasting effects.

The three Cooperating Sponsor organizations created partial demand in the communities for their program services. However, sustainability is not achieved by demand alone because it also hinges on supply-side factors – that is, the ability of service providers to deliver their services effectively. In their MCHN interventions, the three CSs focused on training, a key capacity development ingredient, but did not place sufficient emphasis on other performance gaps with clear milestones for achieving program sustainability goals. In agriculture, the potential for program sustainability would have been improved through greater emphasis on enhancing market mechanisms to ensure that the supply of agricultural inputs (e.g., seeds) and services continue to be available to program beneficiaries after the program ended.

MAJOR RECOMMENDATIONS

To adequately protect child health, immunization rates in the next set of USAID Title II food aid awards should be brought up to at least 80 percent of children under-5 years old, and hygiene and cleanliness in the household should continue to be promoted to reduce the spread of infectious diseases. Actions to reduce long-term under-nutrition (stunting) are of ongoing importance. Improving child health, household hygiene and household dietary will be essential toward the goal of reducing malnutrition. The specific interventions to be implemented should be based on further operations research, particularly regarding the identification of local foods given to infant and young children that will improve the quality of their diet and fill gaps in micronutrient intake, including deficits of vitamin A, iron, zinc, and folic acid. In particular, whether the expansion of household gardening has any observable impact on micronutrient deficiency diseases should be researched. In the meantime, CSs should give greater attention to mixed methods of nutrient outreach (vertical, clinic-based, integrating agriculture and health extension activities, local fortification of food rations, etc.). The CSs should ramp up messaging about measles immunizations and referral to immunization days or clinics in the mothers group outreach. Future cooperating sponsors should be cautious about the possibility of drop off of measles immunization even while other EPI vaccinations appear high for other diseases.

Additional research may also be needed to investigate why food insecurity did not improve in many communities even when recommended agricultural practices have been adopted by nearly 90 percent of the population. Investigation may also explore how the linking of home vegetable gardens, fruit trees, and small animal husbandry activities (e.g., chickens and goats) for mothers' clubs may increase the intake of micronutrients through dietary diversity, thus strengthening the link between adoption of improved agricultural practices and enhanced child nutrition status.

The preventive PM2A approach should be applied from the beginning of the activity and throughout the assisted population. More emphasis should be placed on promoting better integration within programs of the agricultural/natural resources management with the MCHN components. In particular, the various agricultural, natural resources management and livelihoods activities should focus on the same target populations as do the MCHN activities. Prioritizing agricultural and livelihoods activities integrated and layered with mothers' groups would be a crucial step in that direction.

Performance indicators of the next MYAP should be anchored in strategic thinking about what should be achieved for program success. For this reason, the overall set of indicators should be streamlined with a view to discarding those that may not be needed. New indicators should be identified to measure results, outcomes and impact, rather than processes and outputs.

Women should be better integrated into livelihood activities to better benefit from MCHN services. Better integration of women would provide additional resources or income at the household level to purchase food and pay for medicine and health care services. Each of the CSs could have dovetailed more agriculture, livestock, seeds and tree interventions in the same local populations where the MCHN activities were concentrated, directly recruiting the same women receiving food rations.

Gender-sensitive indicators should be developed and used according to FFP guidelines in future Title II programs in Haiti. Those indicators should measure differences in how men and women participate in or benefit from the program.

The program should extend assistance to the most disadvantaged groups. These include households with HIV/AIDS and persons infected with tuberculosis (with food aid to improve overall health) extremely vulnerable people (orphans, very sick, homeless, the destitute elderly); and people affected by natural disasters (for example with emergency feeding).

Future cooperating sponsors should be required to develop rigorous sustainability plans and monitor their progress against milestones. Experience from other countries demonstrates that, in order to achieve optimal results, the sustainability of Title II programs should be an integral part of program design and should be embedded throughout the cycle from implementation to withdrawal.

Community organizations and individuals should also be aware of their post-program roles and responsibilities from the outset. The sustainability plan should at a minimum include: decisions about approach (phase out, gradual phase over); explicit benchmarks for progress and timelines; clear allocation of responsibilities; graduation criteria and progressive phase out of free inputs; a focus on building the capacity of local community and government organizations to progressively take up the management and provision of MCHN services; and developing alternative incentive structures (e.g., livelihood programs) to create increased resilience among beneficiaries to self-fund MCHN and other services. To ensure greater sustainability of livelihood activities, stronger emphasis should be placed on private sector participation.

EVALUATION PURPOSE AND QUESTIONS

EVALUATION PURPOSE

The purpose of this evaluation is to conduct a final performance evaluation of the Haiti Multi Year Assistance Programs (MYAP) food assistance program. The USAID food assistance MYAP program is part of an overall program that includes three cooperating sponsor (CSs) non-governmental organizations: Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), World Vision Haiti, and Catholic Relief Services (CRS). The evaluation attempts to determine the overall impact of the program by investigating three major questions: (1) the extent to which the food security status of the targeted population has changed; (2) the extent to which the MYAP program has contributed to the resiliency of the targeted communities; and (3) the extent to which the various Mothers' Clubs models implemented by the Title II cooperating sponsors are cost-effective. The evaluation aims to guide and optimize the effectiveness of future Food for Peace (FFP) programming in Haiti, and compile the best practices and lessons learned. The primary stakeholders for this evaluation include: Food for Peace, other offices of USAID, ACDI/VOCA, CRS, World Vision, and the Government of Haiti.

EVALUATION QUESTIONS

Relevance

Q1 How did the food security status of the targeted population change?
Q2. Did the program address the most critical problems or constraints to food security and resiliency for the most vulnerable?
Q3. Are the constraints faced by the target beneficiaries as outlined in the original document still relevant?

Appropriateness

Q4. To what extent did the program's theory of change contribute to the MYAP program's achievements in terms of project results and outcomes?
Q5. Have women and other disadvantaged population groups who participated been differently affected (positively or negatively) by the project?

Sustainability

Q6. Is there adequate evidence suggesting that the project outcomes are likely to be sustained?
Q7. What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

Cost-effectiveness

Q8. To what extent are the various mothers' clubs models implemented by World Vision, CRS and ACDI/VOCA cost effective?

PROGRAM BACKGROUND

For several decades, the U.S. Government, in collaboration with several international private volunteer organizations (PVOs), has supported a number of food security projects in Haiti using PL-480 Title II resources with a view to improving food security throughout the country. The strategic objectives of the food assistance MYAPs in Haiti as stated by USAID in 2007 are the following: Improved Nutritional and Health Status of Targeted Vulnerable Groups, and Improved Productive and Profitable Livelihoods for Vulnerable Groups. These two strategic objectives were to be achieved through five key areas of intervention:

- Improve the nutritional and health practices of targeted vulnerable populations
- Improve the quality of and access to health services
- Increase food production and household assets
- Enhance market-based livelihoods
- Rehabilitate natural resource resiliency and local response capabilities

Three PVOs -- ACDI/VOCA, CRS and World Vision -- have been separately implementing Title II MYAPs activities in Haiti over the past five years based on the overall program strategic objectives and intermediate results. Although the goal of the three programs is to reduce food insecurity and increased resilience of vulnerable and extremely vulnerable rural households, each PVO (henceforth referred to as cooperating sponsor or CS) implemented its own set of activities, based on the specific circumstances of the target communities and the CS' unique approach.

This is against a background of several decades of U.S. food assistance to Haiti, typically through NGO consortia, the total volume of which peaked at 153,000 metric tons during 2010, a spike composed largely of emergency food aid after the January earthquake that struck Léogâne and Port au Prince. The three CS's averaged 9,000 metric tons of food distribution per year. Separately, the World Food Program delivered 70,000 metric tons during the 2008-2012 MYAP period, and USDA also supports Food for Education programs.

USAID/Haiti contracted this final independent performance evaluation of the Haiti Title II MYAP activities, now that the interventions, conducted during the final phase of implementation. A baseline survey had been conducted in 2008 by the Food and Nutrition Technical Assistance (FANTA) project and a mid-term evaluation was conducted in 2010. This final evaluation examines the performance of MYAP programs in areas targeted by each CS, in achieving the objectives and scopes established by USAID at their inception.

The major features of each MYAP program are summarized in table 1 below.

Table 1: MYAP General Information

Project Title	**Multi-Year Assistance Program (MYAP)**
Award Numbers	FFP-A-00-08-00029; FFP-A-00-08-00023; FFP-A-00-08-00024
Award Date	02/19/2008
Funding	PL480 Title II
Implementing Partners	ACDI/VOCA- CRS and World Vision
AOTR	Babette Prévot

Amendments to the original three agreements were made in 2011.

ACDI/VOCA

The geographic areas of the ACDI/VOCA MYAP program are shown in Table 2 and the maps below. The Southeast Department of Haiti was selected because of its high poverty levels, high stunting rates and low-level of pre-natal care. Haiti's Southeast Department is also particularly vulnerable due to deforestation, encroachment on national parks, poor soil conservation, and exposure to flooding during the cyclone season. Overall, the zones at particular risk include Jacmel City (flooding of the Rivière Oranger and Rivière La Gosseline), Bas-Oranger, Plaine Lafond, Vallée de Marbial, Ville de Marigot, Plaine de Marigot, Vallée de Bainet, and Côtes de Fer. Zones that experience frequent drought include Côtes de Fer, Bainet, Belle Anse, Grand Gosier and Anse-à-Pitres.

Table 2: Geographic areas targeted by the ACDI/VOCA MYAP and program beneficiaries

Communes of South East	Total Population: 253,427 Target Beneficiaries 174,515
1. Côtes de Fer 2. Bainet 3. La Vallée de Jacmel 4. Grand Gosier 5. Belle Anse 6. Anse à Pitres 7. Thiote	

ACDI/VOCA's targeted population groups include:

- Pregnant and lactating women
- Children under two years of age
- Acutely malnourished children 24-59 months of age
- Farmers, local authorities, community leaders and groups in the development of their region and emergency response plans

As illustrated in the program's results framework (Table 3), the goal of the ACDI/VOCA MYAP program was meant to reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households. The program was structured around three strategic objectives (SOs): (1) increased resiliency against future food insecurity through the protection and enhancement of livelihoods and the development of communities' capacities; (2) protect vulnerable populations against immediate food insecurity and develop capacity to address long-term nutrition and health needs; and (3) Improve the ability of communities to identify and successfully respond to vulnerabilities and impending shocks. Those SOs were supported by eight intermediate results (IRs) focusing on enhanced agricultural productivity, environmental management and market linkages; improved managerial and financial capacity of community based organizations and local groups; increased access to financial resources; increased diversification of livelihoods strategies; improved maternal and child health; increased access to nutritious foods; improved household sanitation and access to water; and improved capacity of local organizations and groups to identify and respond to vulnerabilities and shocks.

Table 3: Results Framework and Major Project Activities

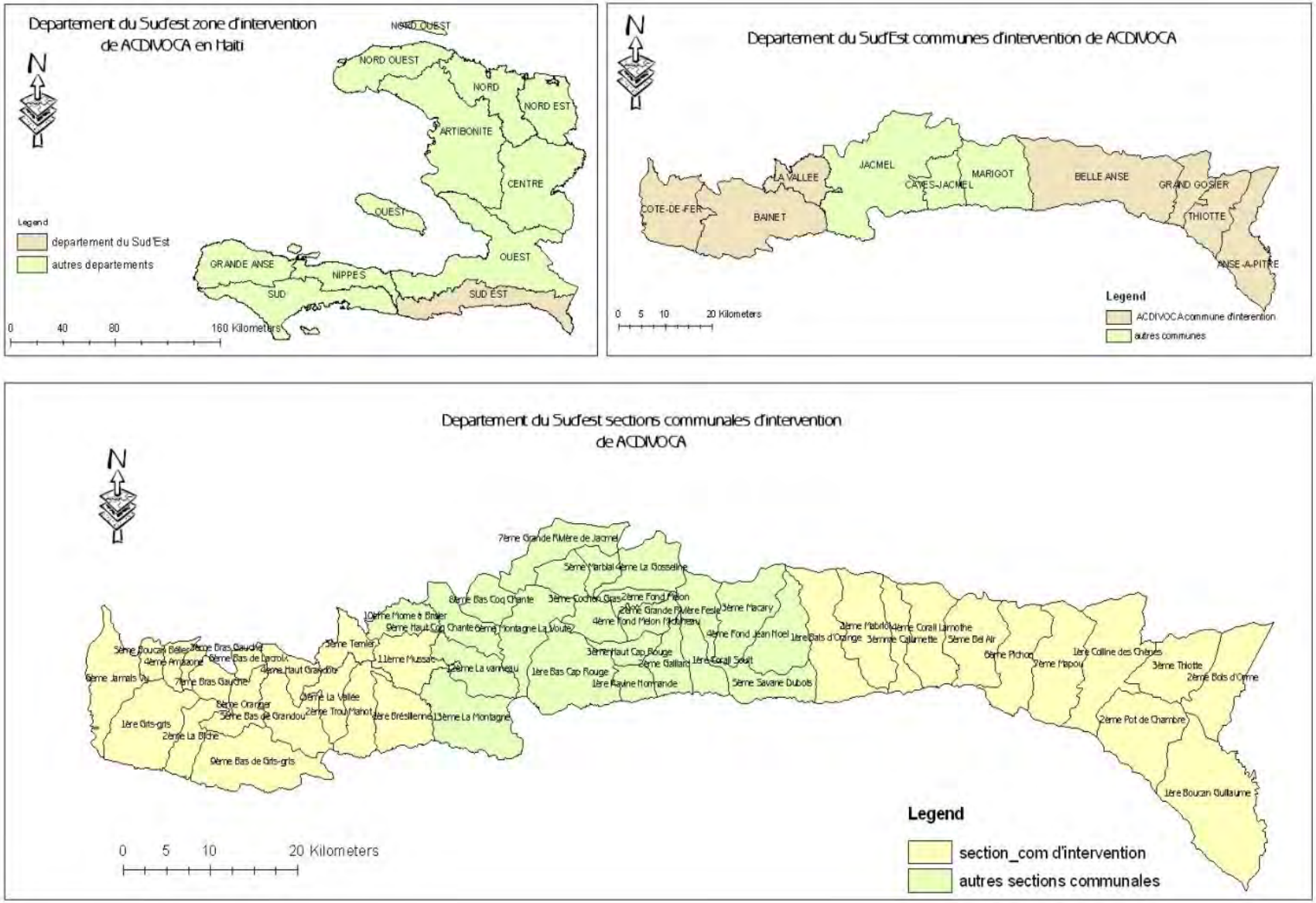
Goal	Strategic Objectives	Intermediate Results (IR)
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO 1:** Increased resiliency against future food insecurity through the protection and enhancement of livelihoods and the development of communities' capacities	**IR1.1**: Enhance agricultural productivity, environmental management and market linkages
		IR1.2: Improved managerial and financial capacity of community based organizations and local groups
		IR1.3 Increased access to financial resources
		IR1.4. Increased diversification of livelihoods strategies
	SO2: Protect vulnerable populations against immediate food insecurity and develop capacity to address long-term nutrition and health needs	**IR2.1**: Improved maternal and child health
		IR2.2 Increased access to nutritious foods
		IR2.3 Improved household sanitation and access to water
	SO3: Improve the ability of communities to identify and successfully respond to vulnerabilities and impending shocks	**IR3.1** Improved capacity of local organizations and groups to identify and respond to vulnerabilities and shocks

To achieve this goal, ACDI/VOCA focused on: (1) natural resources management, crop productivity, livestock, fishing, post-harvest handling, commercialization and microfinance projects; (2) providing an package of integrated priority services to support maternal and child health service providers, including pre-natal care, delivery, newborn and post-natal maternal care, supporting improvements in water and sanitation; and (3) developing and implementing an early warning system and a disaster response plan in local communities.

Critical assumptions and risk management concerns included: political stability; physical safety risk; natural disasters; monetization price risk; risk of sale/misuse of food aid; and the challenge of coordinating with other development agencies/donors.

In light of Haiti's post-earthquake recovery, the 2010 cholera outbreak, the continuous deterioration of economic and environmental conditions, as well as the benefits that could be gained by incorporating several mid-term evaluation recommendations into the program, the original agreement with USAID was amended in 2011.

Figure 2: ACDI/VOCA geographic areas



As described in its 2011 amendment, ACDI/VOCA's program aims were to provide nutritional support to 154,560 individuals over the life of the program, more than double the number initially projected and approved in its 2008 original proposal targeting 72,750 beneficiaries. It also aimed at providing support to 19,955 farmers, in addition to maternal child health nutrition (MCHN) beneficiaries participating in Title II activities. Important to this evaluation, ACDI/VOCA implemented since 2011 a Mothers' Care Group (MCG) approach as its primary conduit for promoting behavior change among pregnant women and mothers, instead of the more traditional "Mothers' Club" model that had been implemented since 2008. The MCG is a globally known community-based strategy, focusing on greater coverage, through volunteers, for achieving widespread and lasting household- and community-level behavior change and the control of malnutrition.

CRS

The geographic areas of the CRS MYAP program are shown in Table 4 and the map below. These communes of the South Department in the southwestern peninsula of Haiti, were selected by CRS because of their high poverty levels, high stunting rates and low levels of pre-natal care for women. These communes of South Department are also at risk of deforestation, encroachment on national parks, soil erosion, and exposure to flooding during the cyclone season. The South Department has the second highest rate of moderate malnutrition among children in Haiti.

Table 4: Geographic areas targeted by the CRS MYAP and program beneficiaries

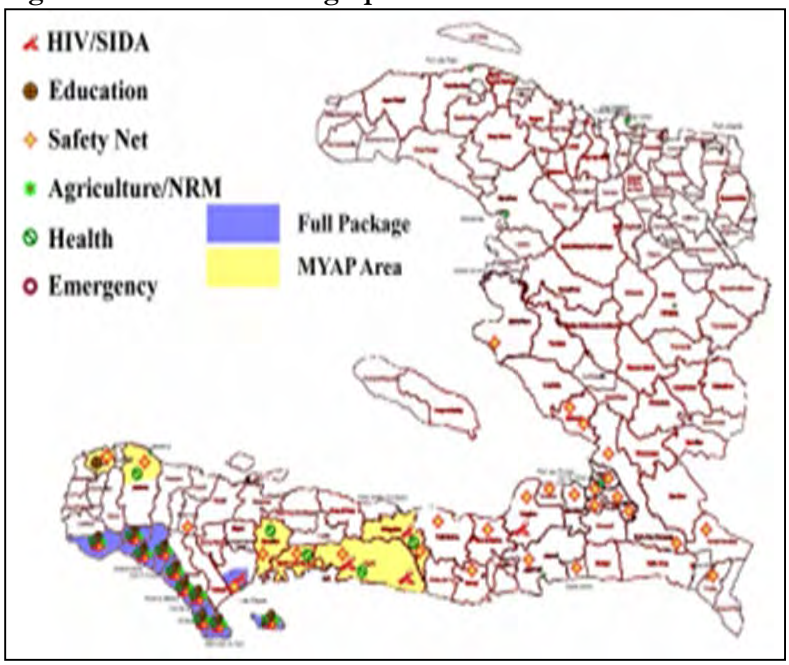
Communes of South Department	
1. Tiburon (Livelihoods) 2. Les Anglais (Livelihoods) 3. Coteaux 4. Chardonnières (Livelihoods) 5. Port à Piment 6. Roche à Bateau 7. Port salut 8. Saint Jean du Sud 9. Ile à Vache 10. Saint Louis du Sud 11. Aquin 12. Cavaillon	Total Population: 391,848 Target Beneficiaries 313,478

Catholic Relief Services targeted the following, slightly larger set, of population groups:

- Pregnant and lactating women
- Children under two years of age
- Acutely malnourished children 24-59 months of age
- Farmers, local authorities, community leaders, producer groups and Community Based organizations (CBOs)
- Youths
- People living with HIV/AIDS (PLWHA) and TB
- Extremely vulnerable groups in institutions including those caring for orphans, the sick, the dying, and the destitute.
- School children (school feeding)
- Parent Teacher Associations

- School teachers
- Livelihood activities were only implemented in 3 communes

Figure 3: CRS MYAP Geographical Distribution



As illustrated in the program's results framework (Table 5), the goal of the CRS MYAP program was to reduce food insecurity and increase resiliency of vulnerable and extremely vulnerable rural households. The program was structured around two strategic objectives (SOs): (1) increased rural productivity in environmentally sound and economically profitable ways; (2) Vulnerable communities have reinforced their human capital. Those SOs were supported by five intermediate results (IRs) focusing on the practice improved soil and water conservation techniques, increasing farm and off farm income, the adoption of improved sanitary and health practices, improved access to quality basic education, and highly vulnerable individuals and households have improved living conditions.

Table 5: CRS MYAP Results Framework and Major Project Activities

Goal	Strategic Objectives (SOs)	Intermediate Results (IRs)
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO1:** Vulnerable communities have increased rural productivity in environmentally sound and economically profitable ways	**IR1.1:** Vulnerable communities practice improved soil and water conservation techniques **IR1.2:** Vulnerable communities have increased farm and off farm income
	SO2: Vulnerable communities have reinforced their human capital	**IR2.1:** Vulnerable households have adopted improved sanitary and health practices **IR2.2:** Vulnerable households have improved access to quality basic education **IR2.3:** Highly vulnerable individuals and households have improved living conditions

CRS implemented activities in four strategic sectors: livelihoods, maternal/child health and nutrition, education, safety net. Critical assumptions and risk management areas included: political instability; physical safety risk; natural disasters; monetization risk; risk of sale/misuse of food aid; and the need to coordinate with other development agencies/donors.

In light of Haiti's post-earthquake, the cholera epidemic which began in 2010, the continuous deterioration of economic and environmental conditions, as well as the benefits that could have been gained by incorporating several mid-term evaluation recommendations into the program, the original agreement was amended in 2011. The programmatic modifications were based on the findings of the midterm evaluation recommendations, the Pesticide Evaluation Report, Safer Use Action Plan (PERSUAP), and Food for Peace's formal policy guidance, "10-1," on emergency response capacity in MYAP areas.

WORLD VISION

World Vision has been operational in Haiti for over 35 years and currently has staff members working through numerous special projects and micro-regional development initiatives in five regions of the country. World Vision Haiti has been present on the Upper Central Plateau and La Gônave for decades. Following its proposal submission in November 2007, World Vision was awarded in February 2008 the USAID Title II funded Multi-Year Assistance Program (MYAP) - *SAK PLEN* (Full Sack) Resiliency Enhancement Program (SAK REP) and began implementation in sixteen communes in Haiti.

World Vision's MYAP program worked within geographic "Departments," which in Haiti are sub-divided into Communes, then below these are *Section Communales*, and finally Localities at the most local scale. Localities represent the most specific level for geographic distribution of MYAP supported assistance and services. The World Vision MYAP focused in 6 communes of the Upper Central Plateau, another 8 communes in the Lower Central Plateau and the Artibonite valley, and the 2 communes that comprise the Island of La Gônave. These areas were selected by World Vision due to their high rates of food insecurity, intending to reach some 540,369 beneficiaries or about 108,000 households, believed to represent about 57 percent of the population in these areas. MCHN activities in the Lower Central Plateau and Artibonite valley were originally subcontracted to three international and local NGOs, Save the Children, Hospital Albert Schweitzer (HAS), and Management and Resources for Community Health (MARCH)[1], while World Vision implemented the Livelihood activities in 3 (of 8) of these communes. World Vision maintained program-wide responsibility for the management and distribution of all food rations to mothers and children. AGRIDEV, a private company, received a sub-contract to work with farmer groups linking key agricultural commodities to regional and international markets with a focus on high value vegetable crops under rehabilitated irrigation systems.

[1] In August 2010 World Vision terminated its agreement with MARCH, and in March 2011 terminated its agreement with Save the Children in both Upper Plateau Central and Artibonite regions; in 2011 a new partner was added, Hospital Claire Heureuse (HCH), to provide services in the Dessalines Commune of the Artibonite region.

Figure 4 World Vision geographic areas

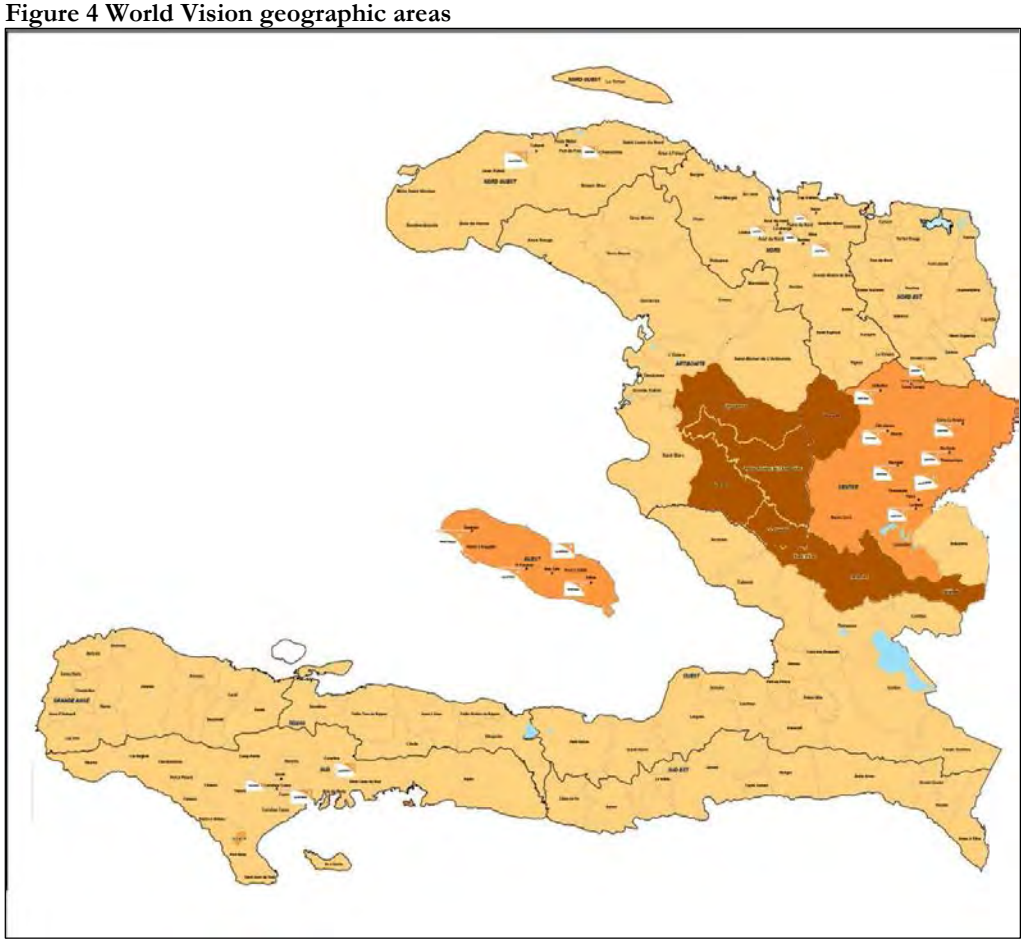


Table 6: Geographic areas targeted by the World Vision MYAP and program beneficiaries

Communes of Upper Plateau	Population: 347,000	**Communes of La Gônave (an island)**	Population: 84,250	**Communes of Lower Plateau & Artibonite**	Population: 605,000
1. Hinche 2. Thomonde 3. Boucan Carre 4. Thomassique 5. Cerca-La-Source 6. Cerca-Carvajal	Target Beneficiaries 330,297	7. Anse-à-Galets 8. Pointe-à-Raquette	Target Beneficiaries 80,072	9. Saut d'Eau 10. Mirebalais 11. Lascahobas 12. Savanette 13. Verettes 14. Petite Rivière 15. Dessalines 16. Maissade	Target Beneficiaries 130,000

To achieve the goal established in its MYAP proposal to USAID, World Vision supported private sector partners, the Government of Haiti, and community-based associations with a view to: (1) enhance safety nets to promote preventive child nutrition and health practices, promote dietary intake through training and education to build inter-generational knowledge, and give support to active nutritional surveillance; (2) promote more diverse and sustainable agricultural livelihoods; (3) build community capacity to manage development and respond to shocks by assisting communities

to conduct risk and vulnerability assessments and develop action plans; and (4) maintain a surge capacity for flexible emergency response, in accordance with development relief principles. This was accomplished by assisting individual households, carrying out livelihood activities with agricultural producer groups and savings groups, known as Mutuelle de Solidarity (Self Help Group, or MUSO), and by working closely with community leaders. World Vision's health and nutrition focus was carried out through activities at rally posts and food distribution points, using mobile clinics, carrying out home visits, and at Mothers Clubs and later Mothers Care Group meetings.

The seven major groups targeted for assistance within the World Vision MYAP intervention regions included: pregnant and lactating women; infants 6-23 months of age; malnourished children 24 – 59 months of age; persons living with AIDS (PLWA); orphans and other vulnerable children (OVC); farmer associations and lead farmers; and community-based organizations (CBO).

As illustrated in the program's results framework below, the goal of World Vision's program was to reduce insecurity and increase resiliency of vulnerable and extremely vulnerable rural households. The program was structured around two strategic objectives (SO): SO1: Improved Nutritional and Health Status of Targeted Vulnerable Groups; and SO2: Improved Productive and Profitable Livelihoods. SO1 was to be achieved through three intermediate results focusing on improving nutritional and health practices, improving the quality of and access to health services, and decreasing risks of communicable diseases. SO2 was to be achieved through increasing food production and household assets, enhancing market-based livelihoods, rehabilitating natural resources resiliency and local response capacity, and enhancing program flexibility and community response capacity to acute needs.

The following table summarizes the results framework and associated activities for World Vision's MYAP agreement. A series of intermediate results (IRs) establish the causal link between individual program activities and the goal of the program through its two strategic objectives.

Table 7: World Vision Results Framework and Major Project Activities

Goal	Strategic Objectives	Intermediate Results (IR)
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO1:** Improved Nutritional and Health Status of Targeted Vulnerable Groups	**IR1.1**: Improved Nutritional and Health Practices of Targeted Vulnerable Populations
		IR1.2:Improved Quality of and Access to Health Services
		IR1.3 Decreased risks of communicable diseases among targeted communities
	SO2: Improved Productive and Profitable Livelihoods	**IR2.1**:Increased Food Production and Household Assets
		IR2.2 Enhanced Market-Based
		IR2.3 Rehabilitated Natural Resources Resiliency and Local Response Capacity
		IR2.4 Enhanced program flexibility and community response capacity to acute needs.

The critical assumptions and risks that underlay World Vision's approach to addressing food insecurity as outlined tin their 2007 MYAP proposal (World Vision. 2007) included: monetization and the capacity of national markets to absorb commodities; stability of the Haitian currency; strengthened local partners (government and associations); poor transportation infrastructure;

continued GOH support; a stable security situation; a stable economy; and continued availability of USG funding.

In light of Haiti's post-earthquake recovery, the recent cholera outbreak, the continuous deterioration of economic and environmental conditions, as well as the benefits that could be gained by incorporating several mid-term evaluation recommendations into the program, the original MYAP agreement with World Vision was amended in 2011. The amendment was designed to increase overall program effectiveness and impact, as well as to incorporate surge capacity into the design. As a result, World Vision added two new intermediate results to the existing program (IR1.3 and IR2.4) and the inclusion and expansion of other program interventions to respond to the mid-term evaluation recommendations and the changed country context.

EVALUATION METHODS & LIMITATIONS

EVALUATION METHODOLOGY AND LIMITATIONS

A mixed approach for data collection (quantitative and qualitative) was used, based on the following evaluation activities:

- Review and analysis of relevant documents
- Thorough interviews with key CS staff, at multiple levels
- Quantitative data collection (household interview survey)
- Quantitative measurement of childhood malnutrition (survey of anthropometric measurements)
- Key informant interviews in several dozen communities, including authorities and other stakeholders
- Focus Group discussions in several dozen communities, including farmers, mother group participants, MUSO members, CS staff, etc.

Conducted as part of this evaluation, a large, statistically powerful, quantitative survey was used to compare outcomes and program effectiveness in reference to data on identical indicators collected in a 2008 baseline survey. To enable valid comparison over time, the survey conducted for this evaluation is based on the same sampling methodology, same indicators or data types, and similar (but not identical) respondents as used in the 2008 baseline survey. (A detailed methodology for conducting the quantitative and qualitative surveys used in the evaluation is provided as annex an to this report.)

The 2013 household survey derived its sample frames, methods of random household selection and overall sample size from the need to mirror the approach established by FANTA in the 2008, which were fashioned in discussion with USAID (Washington and Port au Prince). These used a combination of stratification (by CS) and cluster sampling. Within each cluster (localities) there were nine separate "respondent groups" where questions were asked about different topics, with six persons interviewed for each of these respondent groups. Each person was interviewed about their household, so the core unit of analysis was the household, though an additional module drilled down to the nutrition status of individual children in the household.

Since this evaluation was designed as a performance evaluation, the methodology is limited to a comparison of the targeted population before the MYAP program was introduced in 2008 (as reflected in the baseline survey) to itself at the end of the MYAP program (as reflected in the endline survey conducted for this evaluation). Little attention was given to accounting for the ongoing activities of the same CSs with the same populations in the years preceding this MYAP, though it is acknowledged that many of their activities represented continuity. Without a counterfactual (a control or comparison group), causal inference between the programs implemented and the observed outcomes are limited to "plausible contributions," but should not be understood as proof that program interventions are the only cause of observed results. This is all the more important because since the 2010 earthquake, the number of actors engaged in relief and/or development activities in Haiti has increased significantly in all sectors, including health, agriculture, natural resources management, and infrastructure.

Figure 5: Extent of Qualitative Research and Numbers of Persons Providing Evidence

EXTENT OF QUALITATIVE SURVEYs				
	ACDI/VOCA South-East Department	CRS South Department	WVH Center, West, Artibonite Departments	TOTAL AROSS ALL CSs
KII (non CS)	12 interviewees	14 interviewees	23 interviewees	49 Key Informants
FGD # of groups	12 groups	11 groups	20 groups	43 groups
FGD # of participants	137 participants	95 participants	193 participants	425 FG participants

This evaluation draws on an analysis of evidence from a range of sources. The qualitative survey used rapid appraisal methods based on direct observations, key-informant interviews and focus group-discussions. One of the strengths of the qualitative approach was the extensiveness and number of interviews, including Focus Group interviews across each CS and involving participants from each of the program intervention areas (MUSOs, Mother Groups, Agriculture, etc.). The total of persons met with through these qualitative encounters was 474.

Analysis

In the analysis of the Focus Group and Key Informant interviews, there was a focus on the range of opinion (the span of perspectives on any given point), clustering by number of respondents of views around a single category of answer, particularly if unprompted, and technical insights by key staff or local stakeholders (such as municipal health authorities). The analysis of evidence from the qualitative surveys, as presented here, drew roughly equally from each of these three categories.

The IBTCI evaluation team developed tools to collect quantitative and qualitative data, all of which fed into the analysis in order to assess the relevance, appropriateness, and sustainability of MYAP program interventions on the target communities in the context of the MYAP's stated objectives.

Additionally data concerning the cost-effectiveness of different models of Mother's Clubs among the three CSs was collected and analyzed focusing on a few key indicators that had been agreed to in discussions with USAID/Haiti. The team's guiding principles in data analysis were the evaluation

questions, and all analysis followed the logic presented in the questions. The team's data analysis was geared to objectively evaluate what worked in the project, what did not and why. The evaluation team worked as a group to compare cross-check and distill findings from the mix of PMP data, survey results, data from document review, interviews with beneficiaries, interviews with program staff and direct observation. Some findings found support across all these sources of evidence. Equally common were findings where one or two sources dominated. For instance, lessons about which agricultural/livelihood practices "worked" were largely from local interviews and direct observations; whereas findings about changes in malnutrition rates were based primarily on quantitative, household survey measurements.

The evaluation findings assessed outcomes and impacts using gender disaggregated data. The data analyzed helped produce evaluation findings that were presented as observations, evidence and data. The action-oriented recommendations were developed that flowed from these findings, with a clear path back to the data collected and analyzed."

Limitations

One limitation of interpreting the quantitative data was that many of the activities under measurement had begun under prior programs and it is therefore conceptually difficult to untangle new processes or outcomes achieved versus ongoing maintenance.

Another limitation is that since the evaluation was conducted at the tail end of the conduct of field activities (August-September 2013), many MYAP-supported program office and staff were not available for interviews.[2]

As in any research, the qualitative sources of evidence share several limits with regard to the sorts of inference that can be made, including:

- Informal sampling can lead to imperfect representativeness and lends itself to convenience bias
- Lack of unambiguous validation procedures to test the answers received, i.e. discriminating between perceptions, beliefs and facts
- Individual biases of the informants, including intent to receive more aid or keep employment
- Individual biases of the evaluators.

Cost-Effectiveness Analysis

In approaching the cost-effectiveness analysis, the team discussed options and indicators with USAID in Port au Prince to derive a set of measures that were mutually agreed upon as the best proxies for effectiveness. The team pursued historical cost information to the extent available from each CS, which came in the form of expenses and budgets, and varied in structure from CS to CS.

The core test conducted was between the results in MCHN project areas where each CS represented a distinct model of intervention. The hypothesis which was tested was whether the Mothers Care Group model, introduced late in the MYAP period, provided superior effectiveness when adjusting by the implementation costs. In the end, this was complemented by some sensitivity analysis.

[2] Many were no longer employed by the cooperating sponsors.

ORGANIZATION OF THE REPORT

The remainder of the report is divided into sections. Each section investigates a key evaluation question. Since questions 6 and 7 (about sustainability) are closely related, they will be investigated together in one section. Since the question about cost-effectiveness contrasts two mothers' club models across the three separate CSs (by comparing the two models and ranking them in terms of their relative cost-effectiveness), the cost-effectiveness question is included here in the overall evaluation report.

Each section flows from findings to conclusions and then to recommendations, though conclusions and recommendations will be included only as applicable. Findings are the immediate results of analysis of data collected during the evaluation. Conclusions synthesize these findings and make judgments against larger questions. Recommendations are future actions proposed by the evaluation team, based on the findings and conclusions.

FINDINGS, CONCLUSIONS & RECOMMENDATIONS

QUESTION 1: HOW DID THE FOOD SECURITY STATUS OF THE POPULATION CHANGE?

According to USAID Policy Determination Number 19, *"food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life."* This policy determination identifies three dimensions of food security, as follows:

- *Food availability*: sufficient quantities of food from household production, other domestic output, commercial imports or food assistance;
- *Food access:* adequate resources to obtain appropriate foods for a nutritious diet, which depends on income available to the household, on the distribution of foods and income within the household, and on the local price of food; and
- Food utilization: proper biological (digestion, absorption) and intra-household dietary use of food, requiring a diet providing sufficient energy and essential nutrients, potable water and adequate sanitation, as well as knowledge within the household of food storage and processing techniques, basic principles of nutrition and proper child care and illness management.

To measure the food security status in their areas of intervention, the three CSs conducted a joint baseline survey in 2008 using 14 indicators related to five priority sectors: child health and household hygiene; child nutrition; household food security; agricultural production practices; and family planning and antenatal/post-natal care. A survey was conducted as part of this evaluation to measure progress in those areas at the end of the program.

FINDINGS

The following findings draw primarily from the large household survey conducted for this evaluation in which 2,236 households were interviewed and 2,276 young children were physically measured for their nutritional status. The survey covered the three MYAPs as follows: ACDI/VOCA, 720 households and 900 children; CRS 983 households and 644 children; and World Vision, 932 households and 732 children.

The overall MYAP program demonstrates significant improvement in most indicators used to measure program impact. There were significant improvements in child nutrition as measured by weight-for-age, in household food/dietary diversity and the adoption of agricultural innovations.

Table 8 describes the statistical mean and percentage change, relative to the baseline, of the food security status of the population in all program areas and separately for each category of intervention (MCHN only, agriculture only, and MCHN/agriculture), comparing data from 2008 to 2013. Table 9 describes the mean and percentage change relative to the baseline in the food security status of the population in all MYAP areas and by CS during the same period.

The results in Table 9 indicate that the overall MYAP program demonstrates improvement in most indicators (10 of 14) and in all indicators for 2 of the 5 sectors (agricultural production practices and family planning and antenatal/postnatal care). With some variations, these results are reflected in all categories of program intervention. The strongest improvements were in agricultural production practices; family planning and antenatal/post-natal care; and to a lesser extent in child health and household hygiene.

Notably the improvements were higher for the integrated MCHN/agriculture than for the MCHN-only and the agriculture-only intervention (nearly 80 percent against 70 percent). The rate of increase for most indicators was also higher for the integrated MCHN/agriculture activities than for the agriculture-only activities – strongly suggesting that an integrated MCHN/agricultural program is associated with better outcomes than one where an MCHN-only or an agriculture-only program is implemented.[3]

Table 9 indicates that CRS had the best record (the statistical means for 8 of its indicators showed better rates than those for the other CSs), followed by ACDI/VOCA (results for 7 of its indicators exceeded those for the entire MYAP areas). However, World Vision had the most improvement for 9 of its indicators in terms of positive change of their mean from 2008 to 2013.

[3] This conclusion will have further application to evaluation question 4, below.

Table 8: Coverage Estimates for Key Indicators: by Intervention (baseline, mean 2013; Confidence Intervals and percent change 2008-2013)
In this table, in the "change" column for the total MYAP population, an asterisk (*) denotes that the change is statistically significant.

Sector Area	Indicator	Total MYAP				By Intervention Category					
						MCHN only		Agriculture only		MCHN /agriculture	
		Baseline 2008	Mean 2013	C.I. 2013	change	Mean	Change	Mean	change	Mean	change
Child health and household hygiene	% children 12-23 month fully immunized	57.6	72.1	69.6-74.6	15.3% *	77.4	19.6%	66.8	6.2%	70.6	26.4%
	% children 12-23 months vaccinated against measles	68	62.7	60.1-65.4	-5.3% *	65.7	-2.6%	55.3	-5.3%	63.3	8.2%
	% of caregivers of children 0-59 months reporting washing hands with soap at least 2 times in the day preceding the interview	2.2	26.7	24.6-28.8	24.5% *	29.9	27.8%	26.9	24.9%	24.7	23.1%
Child nutrition	% children 0-59 months underweight	19	9.7	7.8-11.6	-10% *	9.6	-10.2%	7.1	-19.1%	10.0	-8.9%
	% children 6-59 months stunted	22.1	22.8	20.3-25.5	0.7%	22.2	0.4%	24.4	-10.5%	24.9	2.4%
	% children 6-59 months wasted	4.8	6.8	5.2 – 8.4	1.9%	7.1	2.2%	5.6	0.0%	5.6	1.1%
	IYCF indicator	18.7	23.2	20 – 29.0	4.5% *	24.1	6.3%	20.0	6.0%	19.2	3.6%
Household Food Security	Months of adequate household food provisioning	5.6	5.7	5.6 – 5.8	-1.7	3.6	-2.0	4.4	-1.5	4.0	-1.5
	Household dietary diversity score	5.2	5.7	5.6 -5.8 *	0.2%	5.8	0.0	6.0	0.0	5.5	0.2
Agricultural production practices	% farmers using at least 3 sustainable agriculture practices	75	89.9	88.6-91.5*	14.8%	88.2	13.5%	95.9	1.3%	89.5	18.5%
	% farmers using at least 4 sustainable agriculture practices	54.1	79.2	77.4-81.4 *	25.1%	76.9	24.8%	86.7	3.4%	78.8	26.1%
Family Planning and Antenatal/Post Natal Care	% currently married/in union women 15-49 y using a modern family planning method	38.2	53.1	51.0 – 59.0 *	14.1%	56.5	16.1%	50.6	20.6%	52.2	22.2%
	% mothers of children <2 years whose last delivery was attended by a trained professional	24.8	45	41 – 50 *	20.2%	55.5	24.5%	49.4	29.5%	38.0	27%
	% mothers of children <2 years who had at least 3 prenatal care visits by a trained provider during their last pregnancy	76.5	83.7	79 – 88 *	7.2%	81.2	2.5%	84.8	28.0%	88.4	25.1%

Source: Evaluation survey and baseline survey

Table 9: Coverage Estimates for All Indicators Measured: All MYAP and by Cooperating Sponsor (mean 2013; percent change 2008-2013)
In this table, in the "change" column for the total MYAP population, an asterisk (*) denotes that the change is statistically significant.

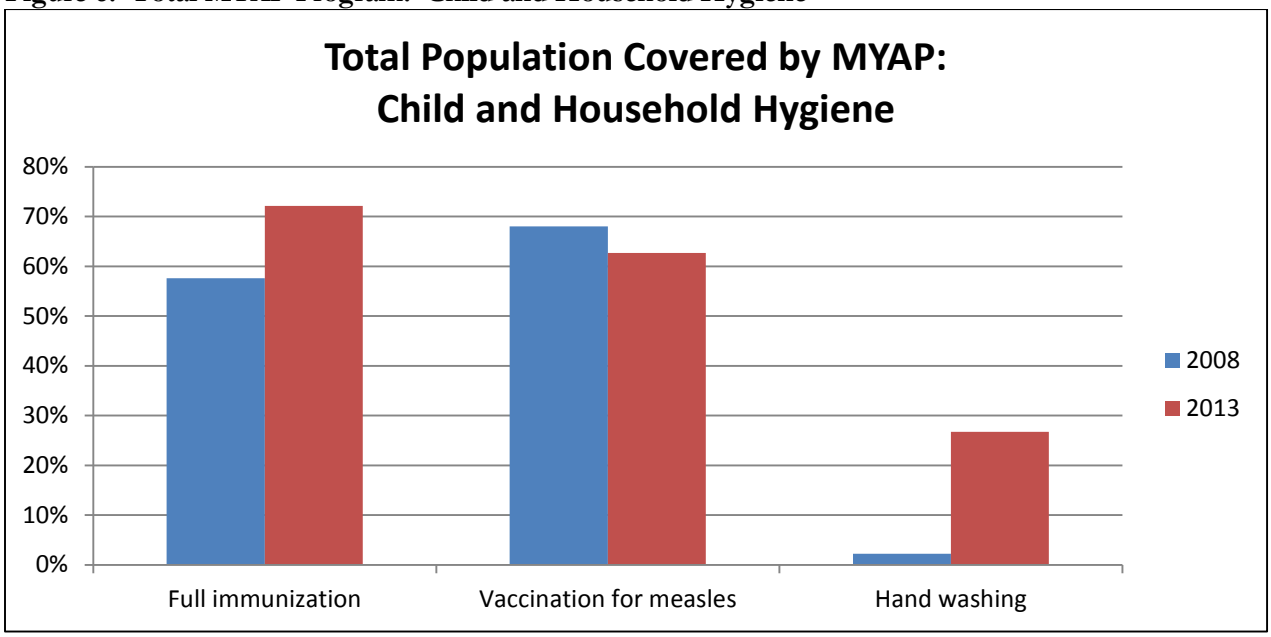
Activity Area	Indicator	Total MYAP population			By Cooperating Sponsor					
					ACDI/VOCA		CRS		World Vision	
		Baseline 2008	Mean 2013	change	Mean	change	Mean	change	Mean	change
Child health and household hygiene	% children 12-23 month fully immunized	57.6%	72.1	15.3%*	58.9	29.7%	85.1	16.9%	74	6.4%
	% children 12-23 months vaccinated against measles	68%	62.7	-5.3%*	51.5	7.3%	79.3	2.2%	59.4	-18.9%
	% of caregivers of children 0-59 months reporting washing hands with soap at least 2 times in the day preceding the interview	2.2	26.7	24.5%*	24.6	23.2%	33	29.4%	23.3	21.7%
Child nutrition	% children 0-59 months underweight	19.7%	9.7	-10% *	13	-8.3%	8.2	-7.9%	10.7	-12.3%
	% children 6-59 months stunted	22.1%	22.8	0.7%	26	0.7%	19.8	1%	25.3	0.6%
	% children 6-59 months wasted	4.8%	6.8	1.9%	6.1	1.9%	7.4	4.1%	6.3	-0.5%
	IYCF indicator	18.7%	23.2	4.5%*	21.4	7.6%	18.8	-0.5%	30.2	12.1%
Household Food Security	Months of adequate household food provisioning	5.6%	3.9	-1.7	4.2	-1.4	4.1	-1.1	3.5	-2.4
	Household dietary diversity score	5.2%	5.7	0.2%	5.8	0.8	6.1	0.8	5.2	0.2
Agricultural production practices	% farmers using at least 3 sustainable agriculture practices	75%	89.9	14.8%*	93.4	7.5%	89	5.2%	85.1	22.8%
	% farmers using at least 4 sustainable agriculture practices	54.1%	79.2	25.1%*	84.3	14.2%	79.4	13.8%	70.3	30.2%
Family Planning and Antenatal/Post Natal Care	% currently married/in union women 15-49 using a modern family planning method	38.2%	53.1	14.1%	51.5	26%	49	12.9%	58.3	15.2%
	% mothers of children <2 years whose last delivery was attended by a trained professional	24.8%	45	20.2%*	37.0	25.3%	59.6	32.5%	48.2	18.4%
	% mothers of children <2 years who had at least 3 prenatal care visits by a trained provider during their last pregnancy	76.5%	83.7	7.2%*	85.2	38.8%	73	-1.8%	91.5	8.2%
Source: Evaluation survey and baseline survey										

Detailed results by activity areas are as follows.

Child health and household hygiene

Although childhood EPI[4] immunization rates increased by over 15 percent, in sheer terms (not in relation to the prior percentage) since 2008, they remain low at 72 percent which is still below the target 80 percent coverage needed to attain herd immunity.[5] At about 63 percent, not only are measles vaccination rates lower than the minimum needed for herd immunity, but the rates decreased from their 2008 mean of 68 percent. This is in contrast with hand washing, which improved dramatically (over 12 times), although from a low base of about 2 percent. The increase in immunization overall was statistically significant, even when adjusting for the slight decline in measles immunization. The increase in hand washing was also statistically significant.

Figure 6: Total MYAP Program: Child and Household Hygiene



Child nutrition

Program results for child nutrition were mixed.[6] While two indicators of child nutrition showed improvement in the index of Infant and Young Child Feeding (IYCF), and the rate of underweight,

[4] The Expanded Program on Immunization (EPI) was established in 1974 through a World Health Assembly resolution to ensure that all children in all countries benefited from life-saving vaccines. In 1984, WHO established a standardized vaccination schedule for the original EPI vaccines: Bacillus Calmette-Guérin (BCG), diphtheria-tetanus-pertussis (DPT), oral polio, and measles. DPT3 refers to the course of 3 sets of DPT vaccines for each child.

[5] Herd or community immunity occurs when the vaccination of a high portion of a population (or herd) prevents widespread transmission and thereby provides protection for individuals who were not vaccinated nor have yet to develop immunity. Herd immunity is particularly relevant for diseases that communicate rapidly from child to child, such as measles or Pertussis, but correspondingly irrelevant for Tetanus.

[6] *Malnutrition* refers to a variety of nutrition-related factors such as inadequate diets, infections, under-nutrition and micronutrients. *Under-nutrition* refers to three normalized indictors: underweight, wasting, and stunting. Mild, moderate and severe *underweight* is a composite measure of short-term and long-term under-nutrition, corresponding to less than one, two or three standard deviations from median weight for age of the reference population. Underweight

the other two (stunting and wasting) remained about the same). This finding applies equally to each of the CSs. The IYCF level increased from 19 percent to 23 percent since 2008. By the end of the program, more than one out of five children was being fed according to appropriate feeding practices. The IYCF increase was lowest for CRS and highest for World Vision.

Short term, or acute, malnutrition (weight/ht) did not change significantly over the period of the program, but it was low to begin with, at roughly the same rate as other middle class nations and arguably at an equilibrium level. That it did not increase over time suggests the success of the preventive approach. The change from 2008 in wasting was neither statistically significant nor noteworthy because in many countries the "equilibrium" minimum level that is often aimed for is 5 percent, which is the lower end of the surveys' confidence interval and which is roughly the same as many states in the United States.

Long-term malnutrition, or stunting, measured as height for age (ht/age) also did not change much and the small change was not statistically significant. Unlike wasting, it remained at a high level. The evaluation methodology did not track individual children over time, and the children measured in 2008 were not the same, nor the same cohort, as those measured in 2013. Because the programs focused on young children, and the surveys were exclusively about the growth attainment of young children, there are no findings about the longer-term growth experiences of individual participants tracked sequentially, who for instance might have been 4 years of age at the beginning of the program and were 8 years old at the end. The measures of height for age also do not adjust in any way for rates of low-birth weight infants whose later stature was baked in early in life.

In between the long-term and short-term malnutrition rates is the more generic measure of under-nutrition, the weight/age (wt/age) measure. Most interestingly, this measure of malnutrition declined remarkably from almost 20 percent to below 10 percent, probably as a result of the food assistance program. This large drop was statistically very significant and represents the largest benefit seen from the MYAP programming.

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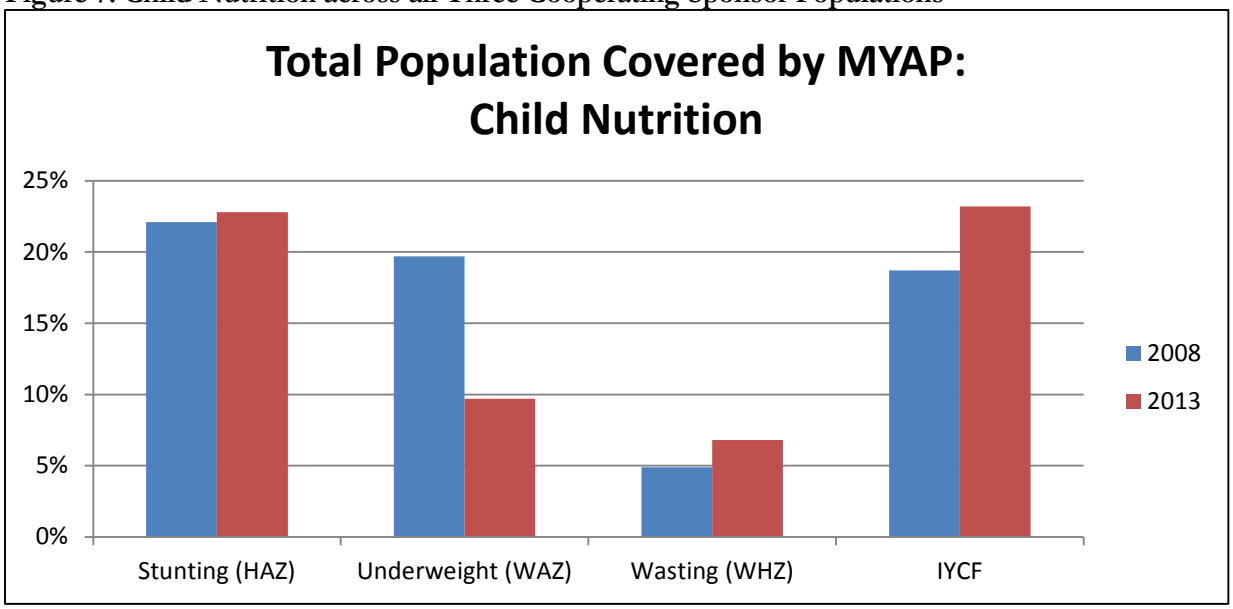
encompasses both acute and chronic malnutrition. A child that is underweight is too light for his/her age. An underweight child can be stunted, wasted or both. Mild, moderate and severe *wasting* is an indicator for inadequate nutrition in the recent past, corresponding to less than one, two or three standard deviations from median weight for height of the reference population. Wasting is characterized by rapid weight loss and is a high risk factor for death. Mild, moderate and severe *stunting* is an indicator for chronic under-nutrition, corresponding to less than one, two or three standard deviations from median height for age of the reference population. Stunting is a slow, cumulative process caused by insufficient intake of nutrients. Needed only in minuscule amounts, micronutrients enable the body to produce enzymes, hormones and other substances essential for proper growth and physical development.

Figure 7: Child Nutrition across all Three Cooperating Sponsor Populations



Analysis of the 2013 household surveys about possible gender associations with malnutrition found none. Malnutrition rates, across age cohorts, were roughly the same for boys and girls. There was a higher rate of weight-for-age malnutrition among infants under six as compared to weight-for-age among children aged 7 – 60 months, which strongly reflects low birth weight as opposed to infant feeding. It suggests that food rations targeted to pregnant women could have been increased with improved health outcomes.

Figure 8: Total MYAP: Anthropometric Indicators in View of Other Data

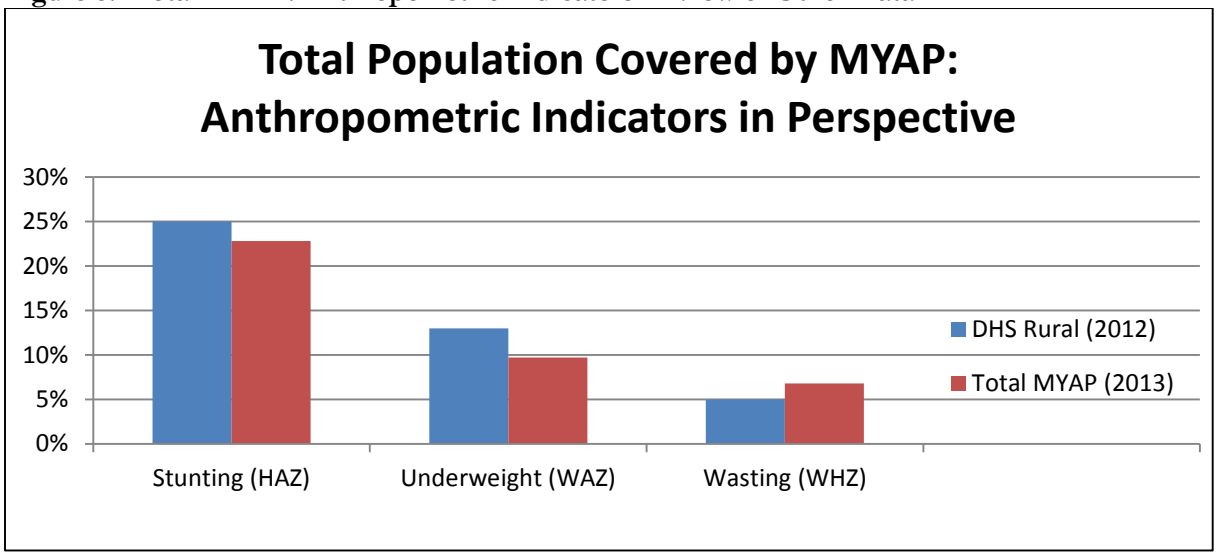


Figure 8 compares the latest survey findings in this evaluation for the populations covered by the MYAP, with rural data collected in 2012 by the Ministry of Public Health as published as a Demographic and Health Survey (DHS). The levels of malnutrition found in this Ministry of Public Health's DHS survey for the whole of Haiti in 2012 were almost identical to the concurrent 2012 SMART survey of nutrition in Haiti, supported by UNICEF.

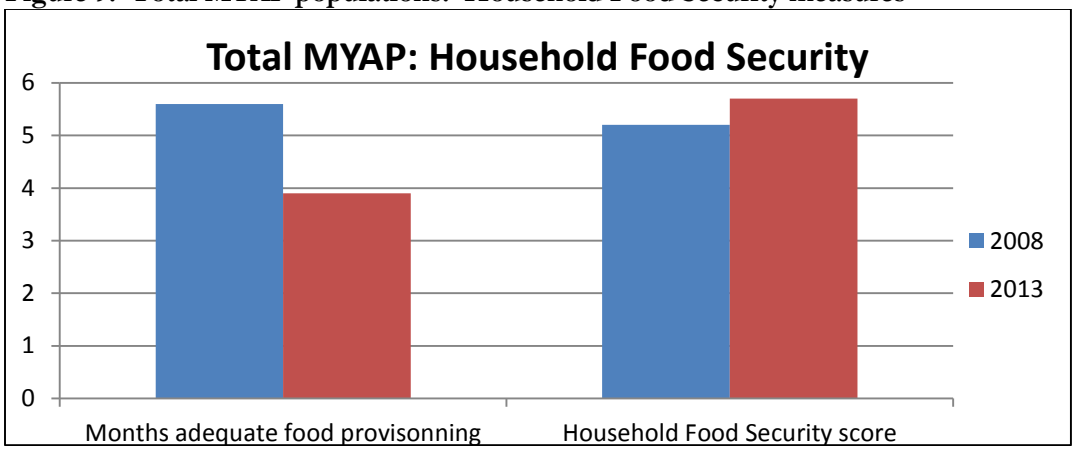
Analysis of the 2013 household surveys about possible gender associations with malnutrition found none. Malnutrition rates, across age cohorts, were roughly the same for boys and girls. There was a higher rate of weight-for-age malnutrition among infants under six as compared to weight-for-age among children aged 7 – 60 months, which strongly reflects low birth weight as opposed to infant feeding. It suggests that food rations targeted to pregnant women could have been increased with improved health outcomes.

Another analysis of the relationship in the survey sample of the association between wasting and stunting found that stunted children were roughly half as likely to be wasted (low weight for height) as well. Put another way, the percentage of wasting was 3.7 percent among those children with long-term malnutrition, i.e. while the percentage of wasting was 7.0 percent among those children who were not stunted. This association was very significant, at the $p<.01$ level. In other words, in Haiti, low height attainment may, in a perverse way, protect children against the harms and hazards of wasting.

Household food security

Household-level indicators suggest that households in the program areas remain today very food insecure, having enough food provisions to feed themselves adequately less than one-third of the time (an average of less than 4 months out of 12 in the last year). The household dietary diversity score (measured by the number of food groups consumed by the household in the last 24 hours) stands at 5.7 on average, an increase from 5.2 in 2008 and higher than the minimum of 4 food groups recommended by UNICEF and WHO.[7] It is worth noting that the household dietary diversity score increased across the MYAP areas, with CRS having the highest score (6.1) and World Vision the lowest (5.2).

Figure 9: Total MYAP populations: Household Food Security measures



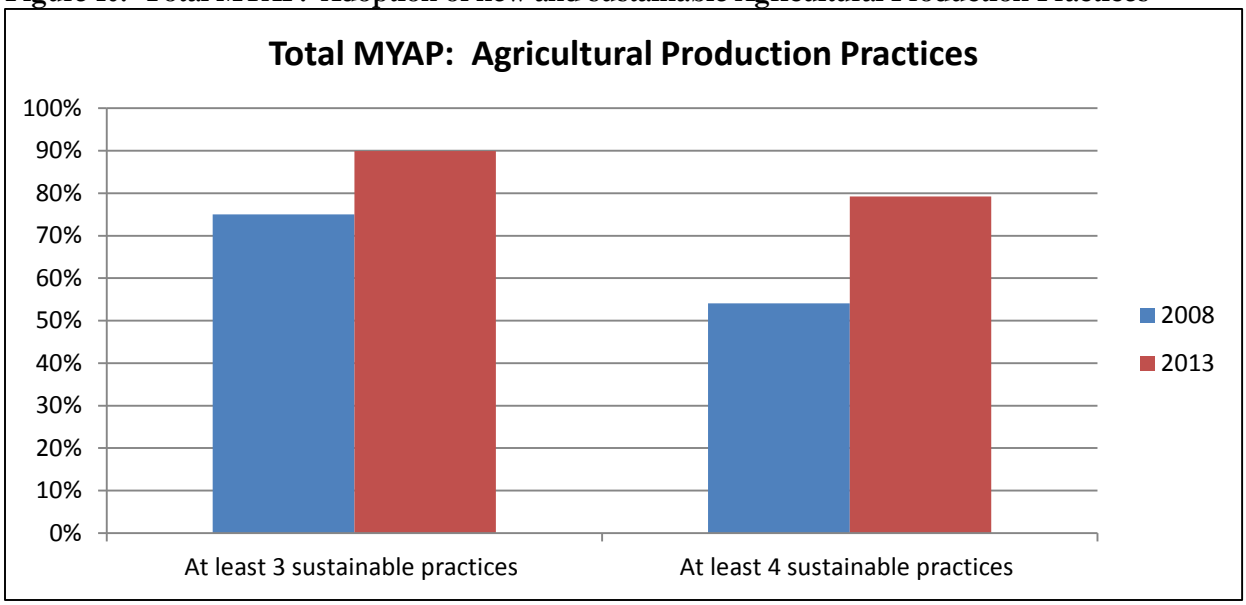
[7] Dietary diversity is a composite measure for estimating micronutrient-density of foods. Dietary data from children 6–23 months of age in 10 developing country sites have shown that consumption of foods from at least 4 food groups on the previous day would mean that in most populations, the child had a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food. The 7 foods groups used for calculation of this indicator are: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables; other fruits and vegetables (WHO 2007).

Agricultural production practices

Nine of every 10 farmers (89.9 percent) adopted three or more agricultural production practices recommended to them via the program. Looking at the more ambitious target, 79 percent adopted four or more practices. Not surprisingly, adoption rates were highest for ACDI/VOCA, which put much more emphasis on agriculture than the other two CSs, and are lowest for the MCHN-only area (underperforming both the MCHN/agriculture and especially the agriculture-only areas of activity). ACDI/VOCA's global mission is more in agriculture than is the case for the other two cooperating sponsors.

Agricultural adoption rates introduced new ways of achieving livelihood, but the field research found limits to how much can be inferred about overall productivity. A severe drought kept yields low, unrelated to the livelihood interventions conducted by the CSs

Figure 10: Total MYAP: Adoption of new and sustainable Agricultural Production Practices



Family planning and antenatal/post-natal care

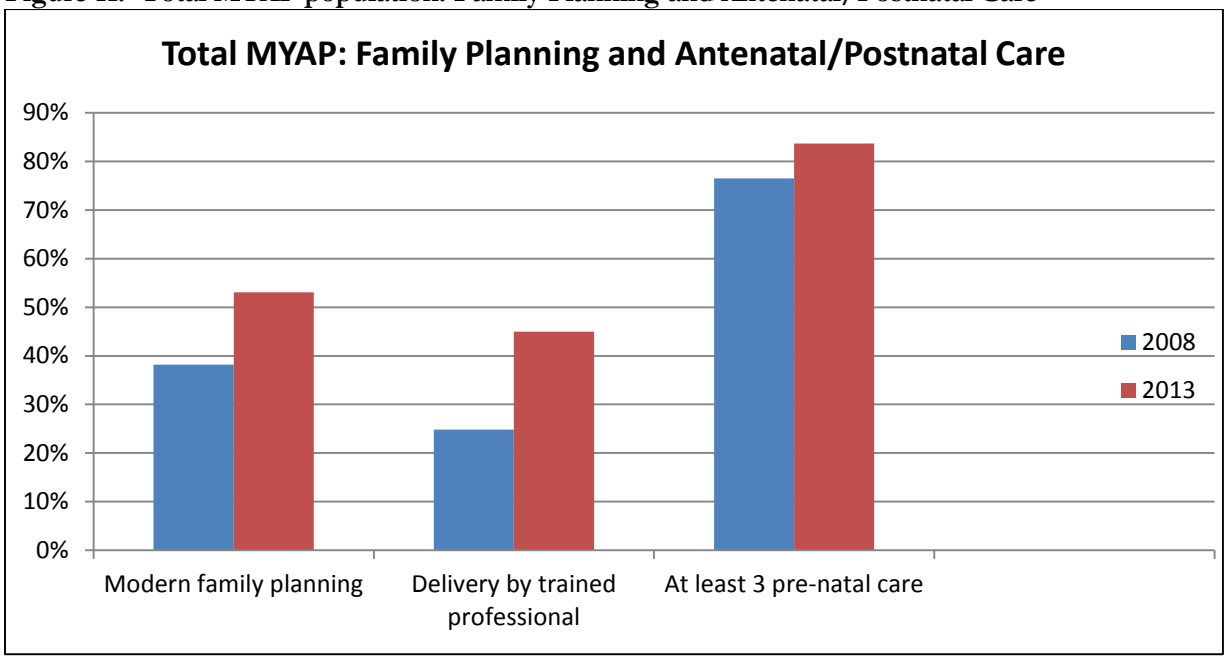
The contraceptive prevalence rate indicates that one in two women (53 percent) was using modern family planning methods at the end of the program, higher than the contraceptive prevalence rate in 2008 (38 percent). Qualitative surveys in each CS region found perceptions that women feel more empowered and have more life cycle options that they can act on. Respondents blended their views on family planning with the general feeling that the increase in women's social standing and entrepreneurial options are irreversible and will last. That suggests some sustainability for family planning knowledge and practice, though whether women will chose to use contraceptives in the future is a question for investigation.

More than one in three women now receives professional assistance at delivery, a 14 percent increase from 2008 (38 percent). As expected, the contraceptive prevalence rate is lowest in the agriculture-only areas and in the CRS areas, where no family activities were implemented.

As a key index of reproductive health care access, the proportion of women whose last delivery was attended by a trained professional increased from 25 percent in 2008 to 45 percent in 2013. This tracks but exceeds the change in the national average from 26.1 percent in 2005 to 37 percent in 2012. This is impressive because much of the MYAP program's population were rural for whom getting to a hospital is more difficult, compared to urban populations. The nationwide percentage of births delivered at a health facility increased from 21.9 percent in 2005 to 35.9 percent in 2011.[8]

Importantly, the proportion of women who were seen by a trained health professional (doctor, nurse or nurse-midwife) in at least three prenatal visits increased from 76.5 percent to nearly 80 percent.

Figure 11: Total MYAP population: Family Planning and Antenatal/Postnatal Care



CONCLUSION

The indicators for household hygiene, for family planning and for antenatal and prenatal care have shown significant improvement. Other results, especially those for child nutrition and household food security, demonstrate that there remains ample room for improvement. Of particular concern is the high and unchanging proportion of children who show long-term under-nutrition in the form of low attained height or stunting -- a proportion that is essentially unchanged since 2008.

RECOMMENDATIONS

To adequately protect child health, immunization rates in future food assistance programs should be achieve at least 80 percent of the population of children under 5 years of age. Hygiene and cleanliness in the household should continue to be promoted to reduce the transmission of infectious diseases.

[8] As published in the 2005 and 2011 *"Demographic and Health Survey, Haiti"*

Actions to reduce chronic under-nutrition or stunting are of outmost importance. Improving child health and household hygiene and improving household dietary s will be essential. However, the specific interventions to be implemented should be based on further research, particularly regarding the local foods given to infant and young children to improve the quality of their diet and the micronutrient gaps, including the intake of vitamin A, iron, zinc, and fatty acids.

Additional research may be needed to investigate why recommended agricultural practices have been adopted by nearly 90 percent of the population without a corresponding reduction in food provisioning or child stunting. One possibility would be that households are increasingly connected to markets and a cash economy, and therefore store less food at home, as reflected in household provisioning data.

The evaluation also suggests that linking home vegetable gardens, fruit trees, and small animal husbandry activities (e.g., chickens and goats) for Mothers' Clubs may increase the intake of micronutrients through dietary diversity, thus strengthening the link between adoption of improved agricultural practices and enhanced child nutrition status.

The high proportion of mothers who had at least three prenatal care visits by a trained provider during pregnancy is clearly a program success. However, the lower rates of assisted deliveries (about one in three) need to be understood so that appropriate corrective actions can be carried out.

QUESTION 2: DID THE PROGRAM ADDRESS THE MOST CRITICAL PROBLEMS OR CONSTRAINTS TO FOOD SECURITY AND RESILIENCY FOR THE MOST VULNERABLE?

FINDINGS

The three MYAP programs targeted pregnant women, mothers of children under 2-years of age and those acutely malnourished between 24-59 months.

From field visits, interviews with independent stakeholders and review of performance monitoring data, the evaluation found that the most critical constraints to nutrition security among the most vulnerable were addressed by the three CSs. For ACDI/VOCA, under SO 1: improved nutritional and health status of targeted vulnerable groups through three intermediate results: improving nutritional and health practices of targeted vulnerable populations; improved quality of and access to health services; and decreased risks of communicable diseases. For CRS, in three intermediate results under SO 2: Vulnerable communities have reinforced their human capital, particularly under IR 2.1: Vulnerable households have adopted improved sanitary and health practices. For World Vision, in three intermediate results under SO 2: improved maternal and child health; increased access to nutritious foods; and improved household sanitation and access to water. These findings are primarily at the output level whereas outcomes are best measured in section three.

Targeted groups in all MYAP programs included all pregnant and lactating women, children under 2 and those acutely malnourished between 24-59 months in their respective target communities.

A PM2A approach to improving maternal and child health and nutrition

In line with the preventing malnutrition under-2 approach (PM2A),[9] the major programmatic areas addressed by the three CSs were:[10]

- Good nutrition during the first 1,000 days of a child's life (the "window of opportunity" from conception to 2 years of age).
- Exclusive breastfeeding for the first 6 months of life followed by continued breastfeeding for 2 years
- Adequate complementary feeding from 6 to 23 months of age, and for malnourished children aged 24-59 months.
- Adequate intake of vitamin A, iron and other micronutrients for women and children
- De-worming, vaccinations, and diarrhea treatment
- Clean water, hand washing and use of latrines
- Family planning counseling and education

In general, the three CSs follow best practice norms for effectively reducing food insecurity in poor populations. Applying the PM2A approach, as the three CSs have done, is a preventive[11] strategy that reflects recommended practices to improve child nutrition.[12]

According to USAID-funded research, as well as decades of epidemiologic findings and UNICEF recommendations, infants should receive nothing other than breast-milk (exclusive breastfeeding) for the first six months of life. Complementary foods should be introduced only after a child is six-months old, and then to reduce the risk of malnutrition from that point on. UNICEF recommends that breastfed infants aged 6–23 months be fed four or more other food groups daily. Non-breastfed children should be fed milk or milk products, in addition to four or more food groups.

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[9] PM2A is defined as "a food-assisted approach to reducing the prevalence of child malnutrition by targeting a package of health and nutrition interventions to all pregnant women, mothers of children 0-23 months, and children under 2 in food- insecure program areas, regardless of nutritional status" (USAID/FANTA-2 2010b).

[10] ACDI/VOCA's MCHN program used the PM2A approach only since 2010 after its partnership with Management Sciences for Health ended. CRS implemented the PM2A approach only slowly and partially due to (1) resource constraints, (2) lack of storage capacity at the commodity distribution centers, and (3) a desire to implement the approach gradually to ensure its success (USAID/OIG 2012).

[11] Food for Peace (FFP) defines prevention as follows: "As in any public health intervention, prevention means population-based coverage. As an analogy, consider the polio vaccine: all children in a population are entitled to, and should get the polio vaccine no matter the socioeconomic status of the household. Similarly, all children in a population with high stunting rates…are at risk of becoming malnourished during the 1000 days between conception and two years of age and thus should be protected from the ravages of nutritional deficiencies" (USAID/FFP 2012a). A study (Menon et al. 2007) conducted in Haiti over a three-year period in communities randomly selected to receive a preventive approach of a Title II MCHN program, and found that the prevalence of stunting, underweight and wasting respectively was 4, 6 and 4 percentage points lower after three years of activity compared to communities with access only to the recuperative program approach. The preventive approach was also found to more cost-effective than a treatment-after-the-fact approach.

[12] There is consensus that one of the most effective ways to ensure good childhood nutrition is to focus efforts on the 1,000 day window of opportunity, the 9 months preceding a child's birth followed by the 2 years following a child's birth. Damage to physical growth, brain development, and human capital formation that occurs during this period is largely irreversible. Any interventions after this critical period are much less likely to improve nutrition. Starting at birth, improved nutrition yields benefits that cascade through life and even future generations. Undernutrition affects health and survival through higher mortality and morbidity among neonates, infants, and children, with losses in the future of economic output and increased future spending on health (see, for instance, USAID/FFP 2010b; World Bank 2006a).

Infant and Young Child Feeding (IYCF) guidelines also recommend that children be fed a minimum number of times per day (UNICEF 2010).

The provision of micronutrients and vaccinations is also essential in a preventive approach. Applying best practices, both internationally and in Haiti (see, for instance, World Bank 2008; Horton 2008; MSPP 2012), the Cooperating Sponsors' interventions included provision of immunization services, vitamin A distribution, oral rehydration salt with zinc, and de-worming among children under 5 years of age. Reflecting the same best practices, clean water and improved sanitation were also included in the entire MYAP.

Family planning, counseling and education all contribute to maternal and child health outcomes and improved nutrition. In addition to reducing the risk of neonatal, infant, and under-5 mortality, healthy timing and spacing of pregnancies are known to be associated with improved nutritional status of children in all countries. The longer the interval between births, the less likely a child is to be stunted or underweight (USAID/FFP 2010b).

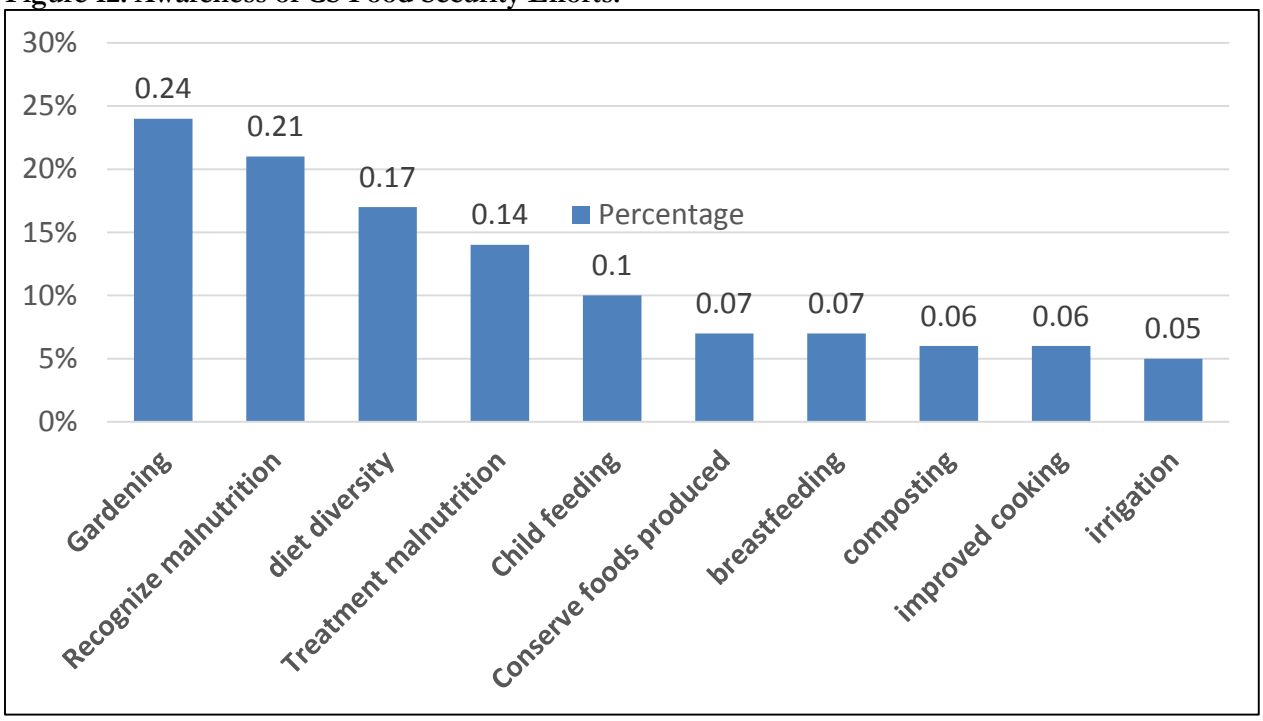
The three MYAP programs addressed this PM2A approach via support from United States food assistance. Food rations are an integral part of PM2A. Rations help prevent malnutrition by supplementing and improving the quality of the diets for pregnant women, mothers of children 0-5 months of age and children aged 6-23 months. The household food ration is intended to supplement the family's food supply and provide an incentive for program participation.

Qualitative evidence about how the program addressed food security, as perceived by beneficiaries

Beneficiaries, neighbors, local leaders and other stakeholders reacted to the semi-structured questions from facilitators by mentioning those program activities that they felt were the most helpful. These discussions primarily captured attitudes and summary views, and did not adequately test whether in fact key messages were properly learned or retained.

Figure 12 below illustrates that participants across many Focus Groups, conducted within the target communities, were aware of the various Cooperating Sponsor efforts in their communities that addressed food security. For example, 24 percent of qualitative surveys found that people were aware of gardening activities and 10 percent familiar with outreach and behavior change activities to improve young child feeding (including dietary diversity). It is not unusual that these numbers are as low as they are, as most of the qualitative discussions were semi-structured and drifted off into idiosyncratic topics. So, the results in large part reflect what the participants were interested in talking about. Inferences can be best drawn about the relative importance of different categories, but the percentage totals do not represent any population-based averages.

Figure 12: Awareness of CS Food Security Efforts:



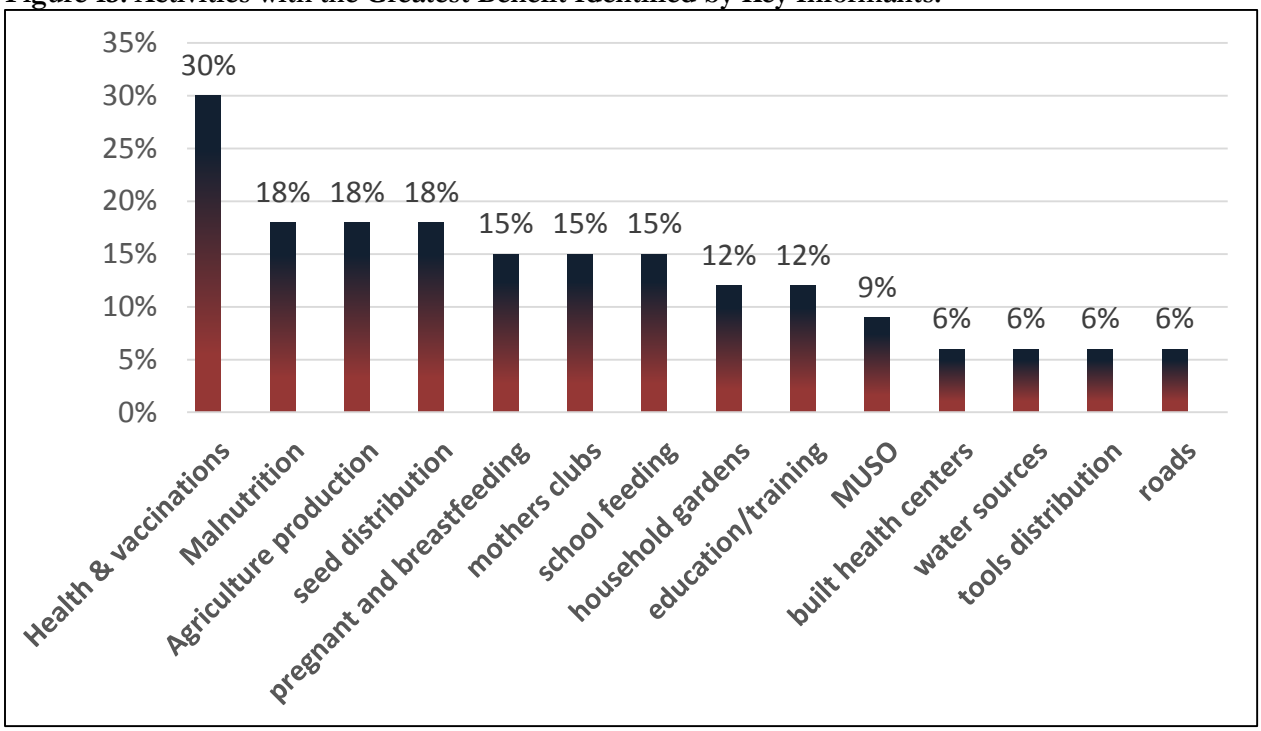
The data presented in this chart serves as partial verification of these activities and also addresses how CS interventions are understood or appreciated. Gardening, for instance, was popular because there were tangible seeds distributed. Irrigation was seen but did not find as much buy-in.

Focus Group respondents acknowledged: *"Before the area was isolated and now we are like a city."*

Figure 13 illustrates the activities deemed to have the greatest benefit for a community according to the key informants interviewed for the evaluation. Thirty percent of the key informants agreed that health and vaccination efforts were most beneficial to the communities and 6 percent identified roads. Other efforts activities which interviewees listed as having the most benefits were malnutrition efforts, agricultural production, and seed distribution.

Many participants spoke about how the program adapted to changing threats and needs: *"I was a victim of the earthquake, my home was destroyed, I did not even have clothes when I came here. I came home it was thanks to this project that I participated in a seminar and now I have succeeded and I am working."*

Figure 13: Activities with the Greatest Benefit Identified by Key Informants:



This figure references the percentages of qualitative interviews or Focus Groups where respondents gave answers about which activities yielded the most benefit. The question did not ask for further evidence and therefore represents the impression of the individual stakeholder. The percentages shown should not be interpreted as statistically representative of any population, as there these interviews were not based on any sampling (random, stratified, or other) to achieve statistical power. However, because of the sheer numbers of persons involved, the results are suggestive of attitudes and perceptions among relevant stakeholders. Because the questions were open-ended, additional types of benefit were identified than shown here as their percentages were low.

The fact that respondents in Focus Groups mixed answers between livelihoods, health, family planning and infrastructure testifies to some success at integrating the components in the beneficiaries thinking and that they understand the links between agriculture and nutrition.

Management of severe acute (short term) malnutrition

The MCHN component for each CS included activities that address severe acute malnutrition among children 24-59 of age, i.e. those with weight-for-height below -3 Z scores or with kwashiorkor (i.e. children with bilateral edema). Medical centers were linked to rally posts within the specific locality served by those centers. Rally posts served anyone within that locality with children. Children, especially those under 5 years of age received vaccinations, de-worming (anti-parasitic drugs), vitamin A, and growth monitoring services. Mothers of malnourished children were instructed to take their children to the health clinic, where children 24-59 of age with severe acute malnutrition received supplementary feeding.

Since children with severe acute malnutrition are at high risk of death, it is recommended (see, for instance, USAID/FANTA-2 2010b) that Community Based Management of Acute Malnutrition

(CMAM) and PM2A programs, which promote greater personal contact with children, include mechanisms to screen for acute malnutrition (e.g., using mid-upper arm circumference) and to refer cases to appropriate treatment programs, including clinics. If such programs are not available, the CS should advocate for or establish a linked program of treatment.

Through its agriculture and livelihoods activities, the three MYAP programs addressed the most critical constraints to increased food security as described in the Haiti national poverty reduction strategy.

A full range of agriculture, natural resources management, and livelihoods activities were implemented in certain communes, while only some activities were available in other communes (primarily vegetable gardens and access to seed and tubers). The three MYAP programs introduced new cultivars and cultivation techniques to help household food security throughout the year, including distribution of improved varieties, short-cycle tubers, and fruit and multi-purpose trees. The program also assisted the most vulnerable farmers (small farmers, especially those living in environmentally vulnerable areas) in the use of the new varieties and cropping methods. They also promoted multiplication of breeding centers for small animals.

These agriculture and livelihoods activities aligned with the national government's 2007 Haiti Poverty Reduction Strategy that was endorsed by the World Bank and the International Monetary Fund in 2008. Two major components of the Haiti poverty reduction strategy were to support agriculture and rural development, as well as to promote private sector growth, especially among small-scale farmers in vulnerable areas – which were also two of the objectives in the MYAP proposal.

In line with the Haiti poverty reduction strategy, the three programs promoted sustainable agriculture that benefited small farmers and helped feed their local communities. This is important because over 90 percent of the Haiti's population depends on subsistence agriculture for their livelihoods in the program areas (Agrifeeds 2013). Agriculture in the program areas consists mainly of small-scale subsistence farms with an average size of less than 1 hectare (ha), where 80 percent of farms fail to produce enough to feed household members and live in a setting where a vicious circle of environmental degradation, little available technology and credit, and weak market infrastructure make growth of sustainable agricultural income difficult (IFAD 2013). The International Fund for Agricultural Development (IFAD) also notes that the overall prevalence of poverty in Haiti is 77 per cent. In rural areas, which are home to 52 per cent of Haiti's population, 88 per cent of people are poor and 67 per cent are extremely poor – especially women who are heads of households, fishermen who do not have their own boats, rural workers who depend exclusively on wage employment, and landless farmer laborers (including sharecroppers).[13]

Participation in MYAP Activities

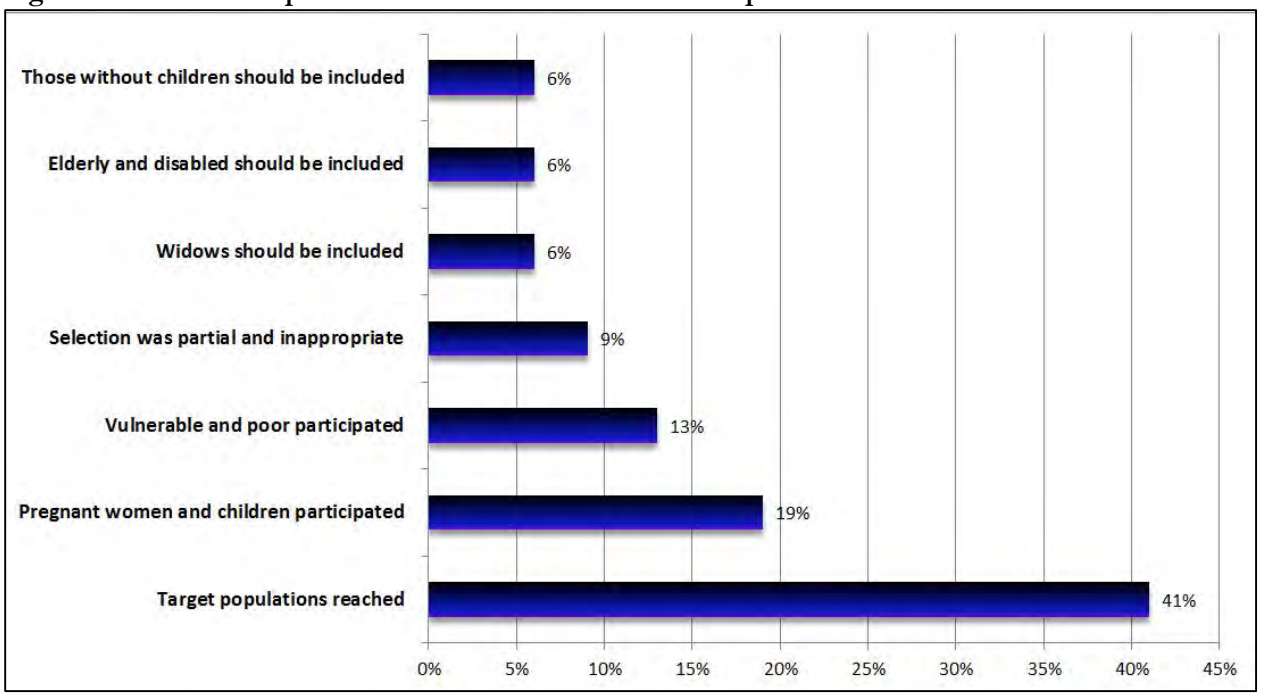
Local perceptions about vulnerability provide an interesting cross-check against external experts' analyses. In the course of Focus Group discussions in 2013, participants shared observations about which categories persons in their communities successfully participated in the MYAP programs and then also spoke about who was left out but should have been included. As shown below, most focus groups felt that those who participated and benefited were appropriate (such as pregnant

[13] Rural people have a per capita income that is about one-third of the income of people living in urban areas.

women). However, community members also had many opinions about which additional people should also be included.. These additional groups, often referred to as "needy", "disabled", or "ill", were not clearly defined. Often the "elderly" and "disabled" were spoken of in the same breath, suggesting that it is not age that is as important as those who were disabled by dint of their age.

In Figure 14 below, clusters of repeated perceptions expressed by participants from Cooperating Sponsor localities about both who did participate and also about who "should have" participated in the MYAP-supported activities, including receipt of rations and services. In general, communities were well aware of the outreach to key vulnerable groups with basic health and food. In interpreting this qualitative data, note that no probability sampling was used and these qualitative surveys are not drawn from large samples. They are indicative but their statistical representativeness is modest.

Figure 14: Focus Group Reactions as to Who Should Participate in MYAP Activities [14]



Community members acknowledged that large numbers of target groups were reached, and gains were also seen among their family members and neighbors. The following quotes from different focus groups are emblematic:

> *"All children were vaccinated."*
>
> *"Food was for the children, but it was eaten by the whole family" and another participant said that*
>
> *"Not all the pregnant women in our community needed food assistance."*

There were some views that came out in Focus Group interviews that identified both confusion and disagreement about whether the most vulnerable were truly targeted, including some complaints that

[14] In the qualitative charts, the denominator used is the number of focus group discussions, and in some cases key informant interviews where the topic was discussed, which varies by topic. In this case the denominator, or n is 32.

beneficiaries were selected via favoritism, not based on need. These quotes from there sources were representative:

Key informants, program staff and document review suggest that the cash-for-work programs were the least successful activities, in large part because they were poorly designed, temporary, and poorly integrated with other activities or with common goals.

> *"The cash for work only benefited the better off."* And *"the cash for work didn't work at all."*
>
> *"The majority of the people involved shouldn't have benefitted. It was all about who you knew"*

Field inquiry indicates that cash or food for work was most problematic in the ACDI/VOCA programs where the mechanism was primarily for road building. As experienced elsewhere in Haiti and in other countries, it is common that cash/food for work programs result in complains and jealousies over who was included.

CONCLUSION

The three MYAP programs did address the most critical problems and constraints to food security and resilience for vulnerable population groups. The three MYAP programs pursued a strategy of preemption of malnutrition, via PM2A, although some of the CSs did so faster and/or in more communes than others. This approach was consonant with a convergence of research on cost-effective ways to address malnutrition[15]. It was also in line with the county's national nutrition policy, which features prevention, management of acute malnutrition and nutrition protection in emergency situations.

The agricultural and livelihoods interventions did address the most critical problems facing small-scale and landless farmers in the program areas -- reflecting the country's poverty reduction strategy that was endorsed by major international development agencies in the same year the MYAP started.

QUESTION 3: ARE THE CONSTRAINTS FACED BY THE TARGET BENEFICIARIES AS OUTLINED IN THE ORIGINAL DOCUMENT STILL RELEVANT?

FINDINGS

The need for further improvement in the food security status of the target population remains high.

The evaluation team found different meanings or usages of the term "constraints" in play in the MYAP, in discussions with key CS administrators, and in the field. One meaning is at the level of nationally acknowledge problems and trends. Another is the strategic challenges that the CSs aimed to take on. Lastly, there were local, often infrastructure constrains to satisfactory delivery of programs.

[15] As highlighted in the 2012 USAID/Inspector General Audit report on Title II programs in Haiti.

Polling data from across the target populations, as detailed in evaluation question 1, key results indicators, especially those related to child nutrition and household food security demonstrate that there is ample room for improvement. Household survey and qualitative evidence all confirm that food insecurity and poor access to health services remain constraints to the food security progress of the beneficiaries in all the MYAP area of operation.

The original CS 2008 proposals and 2011 amendment cited the following constraints which persist as exogenous variables continuing to affect the same communities: low prices for farmers, isolation, denuded watersheds, natural hazards, lack of storage facilities, inadequate water, weak market infrastructure, illiteracy, inadequate access to capital, lack of other agricultural inputs, marginal lands over-cropped, and land tenure.

Other constraints identified in the same documents were to some extent reduced by the programs: agricultural extension, access to new crops, poor weaning practices, water borne illnesses, knowledge of markets and soil conservation.

At the national level, this evaluation found that many external sources of data confirm the persistence of the food security challenges that underpinned the original MYAP proposal. For instance, the need for further progress in the program area and throughout the country is further illustrated by the Global Hunger Index (GHI) for Haiti, which the International Food Policy Research Institute describes as alarming (IFPRI 2013). The situation is worrying because the index for Haiti has shown only a very minor improvement over the past decade (from 25.7 in 2000 to 23.3 in 2013, for only a 9 percent improvement).[16] This speaks to the general Haitian context, but is not specific to the particular areas addressed by the FFP assisted program.

Constraints to households growing out of poverty included broader, unpredictable crises that thwarted the work of international assistance. A series of natural shocks and social and political events have adversely affected food security for the most vulnerable in the program areas and throughout the country since 2008: a food crisis, street demonstrations and a hurricane in 2008; floods and storms in 2008 and 2009; election violence in 2009 and 2010; a devastating earthquake in 2010, a cholera epidemic that began in 2010 and peaked in 2011; and a tropical storm, a hurricane and a food crisis all in 2012.

These shocks resulted in de-capitalization of human and physical household assets, increased vulnerability,[17] unpredictable increases in food prices; damage to infrastructure; crop damage and other agricultural losses; reduced income opportunities; negative coping strategies such as distress sales of productive livestock (working or breeding animals), eating very little food, selling agricultural or fishing equipment, and overexploiting natural resources; and often severe food insecurity. As

[16] The Global Hunger Index (GHI) is a tool designed to comprehensively measure and track hunger globally and by region and country. Calculated each year by the International Food Policy Research Institute (IFPRI), the GHI highlights successes and failures in hunger reduction and provides insights into the drivers of hunger, and food and nutrition insecurity. The index describes hunger as low, moderate, serious, severe, and very severe.

[17] The worst shocks reported in a 2011 survey in Haiti (Echevin 2011) are (in that order) as follows: disease/accident of a household member; death of a household member; cyclone, flood; increase in food prices; animal diseases; irregular rainfall; and crop diseases.

reported by the World Food Program, the food consumption score for Haiti[18] has decreased to its lowest level in over a decade (WFP 2013c).

At the local level, the three CSs acknowledged key physical constraints as persisting in their mid-term report: *"In spite of the presence of the MYAPs however, these Haitian households still face challenges, and many remain vulnerable because of the distance they live from health facilities. Households continued to experience the death of a mother or child, and many have chronically ill individuals living within the households (12% -13% of households)."* [19] The final evaluation finds that the extension of health outreach, i.e. through mothers clubs, helps to bridge the gap of health access imposed by geography. Even though tertiary medical care is not closer to where people live as a result of the MYAP programs, primary health care and improved health-seeking behavior have been extended to rural populations.

Food security and nutrition remain an important national concern.

The government of Haiti has recognized that chronic neglect, malnutrition rates and poverty have resulted in precarious conditions for Haiti's rural poor. Disasters re-occur, often jeopardizing potential gains in the fight against malnutrition. Because of chronic food insecurity and the various shocks that occurred in recent years, the Government of Haiti has emphasized the seriousness of the food security situation and designed programs to address it. Implementation of the new National Policy on Nutrition (*Aba grangou* or "down with hunger" in Creole) and a national restructuring of the local response to household health issues (*Kore Fanmi*) are underway and are meant to address the root causes of food insecurity for the rural population (GOH 2010b; 2011).[20]

The constraints faced by the beneficiaries targeted for agricultural and livelihoods assistance as outlined in the original program document remain considerable.

The continued relevance of the constraints faced by the beneficiaries targeted for agricultural and livelihoods assistance is reflected in the fact that the Government of Haiti considers agriculture in the most vulnerable areas as a strategic sector in the country's economy and in its commitment to increase Haiti's capacity to meet 60 to 70 percent of its food security needs by 2017 through agricultural development and natural resource management (GOH/MARNDR 2012).

A number of constraints were inadequately addressed or not at all:

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[18] Used by Haiti's National Food Security Coordination Unit, known as the CNSA, the food consumption score for measuring food insecurity in Haiti combines three indicators: the food consumption score, the hunger scale and the dietary diversification score.

[19] Pg 51 of Richard Swanson, Greg Charles, Colette Vilgrain 2010 "*Midterm Evaluation: Haiti MYAP Overview, Methodological Approaches, with Major Conclusions, Lessons Learned and Recommendations"*

[20] *Aba grangou* is a Presidential flagship initiative to lead the new government's efforts in combating of hunger and malnutrition in Haiti. Launched in 2012, this nationwide program is financed with $30 million from Venezuela's PetroCaribe fund. It aims to halve the number of the hungry population by 2016 and eradicate hunger and malnutrition altogether by 2025. Under *Aba grangou*, an estimated 2.2 million children are supposed to take part in a school feeding program. The *Kore Fanmi* ('family support' in Creole) model is an initiative aiming at improving the efficiency of social services delivery. Through the use of Community Agents (*Agents Communautaires Polyvalents*), this approach aims to build on the experience of collaboration with existing community agents (agents de santé, ColVols), particularly in rural areas, and to implement an integrated and innovative delivery of services in partnership with donors and NGOs, in order to provide health and nutrition services directly to vulnerable families.

- Small or no land holding, insufficient for subsistence and cash crops: the MYAP programs did not attempt to address this issue.
- Lack of water for crops: the project addressed this issue minimally either through 1) small irrigation kits for vegetable gardens (<get numbers of kits and % coverage>) and 2) through equipment, paid labor and better management for a few irrigated perimeters (estimated 20% coverage of all irrigated perimeters in project areas)
- High gradient slopes not suited for annual cropping: the project addressed this issue through knowledge transfer and to a smaller extent by encouraging contour bunding and fruit tree production, but not enough to make a substantial difference.
- Lack of crop storage capacity, poor post-harvest handling techniques and limited quality assurance: the project addressed this issue through knowledge transfer and in small ways in through the donation of metal silos and the provision of a few grain stores for agro-associations as well as appropriate technology for crop storage solutions (local materials, low cost), as occurred in World Vision's activities in La Gonave.

CONCLUSION

The quantitative survey conducted for this evaluation demonstrates that much remains to be done to improve child nutrition and household food security (see evaluation question 1). The natural shocks and other events (floods, storms, hurricanes and droughts) that have set back food security for the most vulnerable in the MYAP areas and throughout the country since 2008 are likely to continue.

The following critical constraints for food security and resiliency for the most vulnerable have significantly decreased after the project:

- Insufficient agricultural production (yield based): addressed well through: 1) improved varieties of corn, beans and the demonstration of better agricultural techniques (although were seed producers do not have irrigation, they face problems for seed multiplication); 2) dissemination of new or improved tubers (cassava, sweet potato and yams).
- The few irrigated perimeters which the project assisted are now rehabilitated and under good group management with support from the BACs (Bureau Agricole Communal). Although by definition, those with access to irrigated perimeters are not the "most" vulnerable.
- Credit constraints: MUSOs help reduce food insecurity and increase resilience by providing a savings mechanism for all and flexible credit for those who need it. In MUSO areas, people no longer use expensive money lender credit.
- Food diversification through: 1) vegetable gardens both for home use and for sale; 2) other cash crops: fruit trees, chili peppers, onions; 3) bee-keeping
- For these reasons, food security in Haiti remains a national concern and the constraints faced by the beneficiaries targeted for nutrition and livelihoods assistance as outlined in the original program document remain as daunting as before.

QUESTION 4: TO WHAT EXTENT DID THE PROGRAM'S THEORY OF CHANGE CONTRIBUTE TO THE MYAPS ACHIEVEMENTS IN TERMS OF PROJECT RESULTS AND OUTCOMES?

FINDINGS

The theory of change for the three CSs draws on both in-country factors and standard theory and analysis in the two technical sectors underlying its strategic objectives and intermediate results.

The evaluation team used the three results frameworks to define the theory of change for each CS.[21] A theory of change – of which a key component is the development hypothesis within the results framework (USAID 2010)[22] – is a tool that helps program managers to identify well defined objectives within a complex development environment and shows, often in graphic representation, how a series of early and intermediate achievements sets the stage for generating longer-term results. It articulates the critical assumptions – also expressed as risks or vulnerabilities (USAID/ADS 201.3.8.3) -- about the process through which change will occur, and specifies the ways in which all the required early and intermediate outcomes related to achieving the next higher order of change will be brought about and documented as it occurs.

The theory of change for the three MYAP programs laid out a series of critical assumptions and risk management challenges including political stability; security and physical safety risk; natural disasters; infrastructural challenges; institutional constraints; monetization price risk; risk of sale/misuse of food aid; and the need to coordinate with other development agencies/donors. As detailed in the evaluation questions on program relevance, the three MYAP programs addressed some of the most critical constraints in agriculture and the MCHN program has followed scientifically supported best practices and cost-effective interventions.

The theories of change of the three CSs were not able to fully anticipate the unpredictable extraneous factors, such as the 2010 earthquake, or the political instability.

Program Contributions to MYAP Achievements

As detailed in evaluation question 1, the overall MYAP program populations saw improvement in 10 of the 14 key indicators and in all indicators for at least of the 5 activity areas included in the baseline survey and the survey conducted for this evaluation. The strongest improvements observed were in family planning and antenatal/post-natal care, and agricultural production practices.

The following two tables show in numbers major overall MYAP achievements in MCHN and Agricultural productivity, environmental management and market linkages.[23]

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[21] Catholic Relief Services has a generic theory of change they apply based on five core competencies: organizational development, natural resource management, credit/savings, innovation/experimentation, and markets/marketing.
[22] USAID 2010. Performance Monitoring and Evaluation: Building a Results Framework, TIPS Number 13
[23] Since the three CSs do not use the same indicators, it was not possible to combine the figures listed in the tables.

Table 10: CSs Contributions to MYAP Achievements in Agricultural Productivity, Environmental Management and Market Linkages (2008-2012)

ACDI/VOCA

- 27,861 individuals received short-term agricultural sector productivity training
- 6,313 additional hectares cultivated under improved technologies or management practices as a result of program assistance
- 8,835 people trained in natural resources management and/or biodiversity conservation
- 1,126 community members trained in disaster preparedness
- 95 producer organizations, water user associations, trade and business associations, and community-based organizations reached
- 10 women's organizations/associations received program assistance
- 20 savings and loans groups (MUSOG) established and run by community
- 205 grant recipients diversified livelihood strategy into non-agricultural actions

CRS

- 127 people trained in disaster preparedness as a result of assistance
- 7,166 direct beneficiaries reached by the natural resource management NRM program
- 6,066 people receiving training in NRM and/or biodiversity conservation
- 7 new technologies or management practices made available for transfer as a result of MYAP assistance
- 5,290 vulnerable households benefiting directly from MYAP assistance
- 601 farmers trained in the improved use of pesticides and in pest management
- 858 farmers (individuals) received extension/ outreach services
- 1,046 individuals received USG supported short-term agricultural sector productivity training
- 115 producer organizations, water associations, trade & and business associations and community based organizations (CBOs) receiving assistance
- 128 women's organizations/associations (saving's groups) assisted as a result of MYAP- supported intervention
- 8 MSME´s receiving business development services as a result of MYAP assistance
- 100 mothers clubs engaged in livelihoods activities

World Vision

- 36,682 targeted beneficiaries reached
- 21,614 producers using a project-defined minimum number of sustainable agriculture technologies
- 29,398 households benefiting directly from USG interventions
- 1,535 households with adequate grain and seed storage facilities
- 17 technologies or management practices made available for transfer as a result of USG assistance.
- 1,675 additional hectares under improved technologies or management practices as a result of MYAP assistance
- 28,238 vulnerable households benefiting directly from assistance.
- 27,878 rural households benefiting directly from MYAP programming
- 107 producer organizations, water user associations, trade and business associations, and community-based organizations receiving USG assistance
- 24,635 individuals who have received MYAP-supported short-term agricultural sector productivity training
- 19,147 beneficiaries adopting a minimum number of technologies
- 3,275 households with cash crop market-based production
- 576 Number of women's organizations/associations assisted as a result of MYAP- supported interventions
- 16 MSMEs receiving business development services

- 60 savings groups trained and monitored
- 23 entrepreneurs trained in business management
- 4,793 people with increased economic benefits derived from sustainable natural resource management and conservation as a result of MYAP assistance
- 1,94 6people receiving MYAP-supported training in natural resources management and/or biodiversity conservation
- 401 people trained in disaster preparedness as a result of USG assistance
- 53 assisted communities with disaster early warning and response system in place
- 1,069 beneficiaries trained in watershed protection

Source: calculations using data from ACDI/VOCA's IPTT and PMP

Table 11: CSs' Contributions to MYAP Achievements in MCHN (2008-2012)

ACDI/VOCA

- 12,595 pregnant and lactating mothers received food rations
- 28,075 children aged 6-23 months received food rations
- 4,363 malnourished children aged 6-59 months received food rations
- 8,553 postpartum/newborn visits
- 46,434 antenatal care visits by skilled providers from MYAP-assisted facilities
- 313 service providers trained in maternal/newborn health
- 6,577 deliveries with a trained Traditional Birth Attendant (TBA) or Matrons in the program area
- 348 service providers trained in child health care and good nutrition through programs
- 33,670 children reached by nutrition programs
- 7,509 children less than 12 months of age who received Diphtheria Pertussis and Tetanus immunizations (DTP3) in a given year from MYAP-supported activities
- 63,318 children < 5 years of age who received Vitamin A from MYAP-supported programs
- 7,548 cases of child diarrhea rehydrated or treated appropriately
- 87 leader mother groups (LMG) trained
- 5,480 people in target areas with access to improved drinking water supply as a result of program assistance
- 1,641 people in target areas with access to improved sanitation facilities as a result of program assistance

CRS

- 44,707 pregnant and lactating women reached
- 134,155 antenatal care visits by skilled providers
- 122,174 children reached by food or health programming
- 187,491 postpartum/newborn visits
- 37,733 children less than 12 months of age who received DPT3 in a given year from MYAP-supported nutrition programs
- 1,303 people trained in child health care and nutrition through MYAP-supported nutrition programs
- 234 people trained in maternal/newborn health through MYAP-supported nutrition programs
- 88,571 children under 5 who received vitamin A from nutrition programs
- 249 mothers clubs established
- 5 health facilities rehabilitated
- 23,845 deliveries attended by traditional birth attendant
- 1,819 sites being provided by logistical support for vaccinations services

World Vision

- 750,969 targeted beneficiaries reached
- 185,857eligible children involved in USG supported Growth Monitoring and Promotion System

- 21,353 postpartum/newborn visits within 3 days of delivery/birth
- 61,001 antenatal care visits by skilled providers from USG-assisted facilities
- 1,409 services providers trained in maternal/newborn health through MYAP-supported programs
- 1,383 service providers trained in child health and nutrition through MYAP-supported health area programs
- 117,188 children reached by USG-supported nutrition programs
- 56,343children less than 12 months of age who received DPT3 from MYAP-supported programs
- 186,775children under 5 years of age who received vitamin A
- 20,639 cases of child diarrhea treated in USAID-assisted programs
- 8 health facilities rehabilitated
- 20,292 receiving at least one post-natal consultation
- 49 MSPP personnel trained with USG assistance
- 18,481 mothers or caretakers of less than two year-old children trained in exclusive breastfeeding, continued breastfeeding and complementary feeding
- 5,390 deliveries attended by skilled birth attendants health personnel
- 37,721 people trained in reproductive health and family planning
- 19,553 counseling visits for FP/RH as a result of MYAP assistance
- 61,996 people that have seen or heard a specific family planning or reproductive health messages
- 168 MYAP-assisted service delivery points providing FP counseling or services
- 85 communities with hygiene promotion campaigns implemented
- 82 communities supplied with oral rehydration (ORS) and water purification materials
- 620 health promoters trained in integrated management of childhood Illness (IMCI)
- 128 communities with integrated management of childhood Illness management

Source: calculations using data from the three CSs' IPTTs and PMPs.

By not fully integrating MCHN, and agricultural and natural resource management programs in all program areas, the three CSs may not have capitalized on the synergy between the two activities.

In its FY 2008-FY 2012 resources request, ACDI/VOCA stressed that its program "will take a holistic approach such that livelihood strategies and health interventions are occurring in the same communities to ensure sustainability and have complementary impact" because "working with the same beneficiary population for both agriculture and health will reinforce the messages of food security and enable beneficiaries to look at food security from different angles" (ACDI/VOCA 2008e).

However, integration of agriculture and MCHN in the ACDI/VOCA program was not fully realized. By design ACDI/VOCA operated in some areas where it implemented both MCHN and agricultural activities as well as other areas where it implemented only agricultural activities. The MCHN/agriculture area consisted of five communes (Anse à Pitre, Thiotte, Belle Anse, Grand Gosier, and Côtes de Fer) with a population of roughly 190,000 and the agriculture area comprises two communes (La Vallée and Bainet) with a population of over 110,000. In addition, integration of agriculture and health in its MYAP MCHN/agriculture areas was not a major focus. As noted in the 2010 mid-term evaluation and as confirmed during this evaluation, "though sometimes working in the same geographic regions, most activities have been moving in parallel tracks, with different targeted beneficiary groups and different geographic focus areas as well" (ACDI/VOCA/Mid-Term Evaluation 2010a)

CRS's MCHN activities targeted 15 communes: 12 communes in the South Department, two communes in the *Nippes* Department, and one commune in the *Grande Anse* Department. All agriculture activities were located *in Les Anglais* (South Department), with an extension throughout the *Tiburon-St. Jean du Sud* watershed area.

By design, the integration of agriculture and MCHN activities in CRS's program was applied to only one of its program areas. CRS operated in areas where it implemented both MCHN and agricultural activities and areas where it implemented only MCHN activities. Focusing exclusively on MCHN in one of the two program target areas may have been suboptimal in terms of program overall benefits and its resource allocation. Integrating MCHN and agriculture throughout the program area would have bolstered program results.

In areas where CRS implemented MCHN activities in concert with agricultural, natural resources management and livelihoods activities, integration was not successful. CRS pointed out in its proposal that its own DAP experience in the region had demonstrated the importance of integrating MCHN and agricultural, natural resources management and livelihoods interventions. To achieve greater impact, CRS intended to apply a full programmatic integrated strategy. For example, "members of the same families will be reached by several different programs. The father could be involved in soil conservation projects while the mother might be reached by the MCHN component and the children by the education component. At the same time, entire families will benefit from the cross-cutting programming attention (gender, civil society, good governance) inter-woven throughout MYAP activities" (CRS 2007). However, CRS's integration strategy could not be implemented, mainly because the various agricultural, natural resources management and livelihoods activities focused on target groups that were different from the MCHN groups.

Since 2011, CRS made an effort toward greater program integration. However, the adjustment occurred in only three communes. In those communes, a proportion of the vegetable gardens, for example, were implemented in closer collaboration within the Mothers' Clubs for the benefit of the targeted households and their under-5 children. A new performance monitoring indicator was introduced to measure program integration. PMP data indicates that cumulative program achievements were considerably below targets: as of 2012, the number of Mothers' Clubs engaged in livelihoods activities were 100 against a target of 300.

In areas where World Vision implemented MCHN activities in concert with agricultural, natural resources management and livelihoods activities, integration did not prove to be successful because the various agricultural, natural resources management and livelihoods activities focused on target groups that were not always the same as the MCHN groups. In particular, not all mothers of under-5 children benefited from the program's agricultural component unless their children were severely malnourished.

This evaluation notes that the approach proposed to USAID and implemented only partly fulfilled the USAID/FFP guidance that *"PM2A, along with the rest of a Title II program's MCHN component, should be consistently linked with the program's agriculture and livelihoods components"* (USAID/FFP 2010b). This guidance is corroborated by experience from other countries (Rodgers et al. 2004; 2012) indicating that program components should be mutually reinforcing and that integration of nutrition and agricultural interventions is likely to yield the best results.

Results for two of the Haiti MAYAPs provide evidence to support this guidance. As detailed in evaluation question 1 for ACDI/VOCA in a separate report, a comparison of baseline results for key food security indicators with survey data collected for this evaluation indicates that the overall ACDI/VOCA program demonstrated improvement across its program areas. However, the rate of improvement was, with a few exceptions, systematically higher for the integrated MCHN/agriculture areas than for the agriculture-only areas, suggesting that an integrated MCHN/agricultural activity in the future would lead to better outcomes than agriculture-only activities. As also shown in evaluation question 1 for CRS in a separate report, improvement in the 4 CRS's 5 activity areas (child health and household hygiene, child nutrition, household food security, agricultural production practices, and family planning and ante-natal/post-natal care) was generally higher for MCHN/agriculture than for agriculture (improvement in 10 indicators against 9), especially for child nutrition where stunting, wasting and underweight indicators all showed improvement in MCHN/agriculture areas. This result suggests that an integrated MCHN/agricultural program is associated with better outcomes than one where an agriculture-only program is implemented.

Improved access to quality basic education under SO2 (Vulnerable communities have reinforced their human capital) may not be a high priority relative to other food security interventions.

Education for children was included in only the CRS program. The ultimate goal of the CRS MYAP education component is to "encourage communities (including parents, students, community leaders, schools, local officials and local education authorities) to fulfill their proper role in supporting increased access to quality education." Included in IR2 (Improved access to quality basic education) are three major interventions: (1) improve access to school by providing a hot meal to 44,000 kids in 135 schools; (2) enhance ministry of national education oversight and strengthen the inspectorate; and (3) provide support material and equipment to improve quality of education.

These three activities have their own merit, but may not be a priority under a program aimed at reducing short- and medium-term food insecurity and increasing resiliency of vulnerable and extremely vulnerable rural households. The large resources devoted to education to resolve a long-term development goal (30 percent of total program expenditure in 2008-2012)[24] would have been more efficiently allocated to health, nutrition, and safety net interventions.

Focusing on MCHN as a priority intervention is a major resource allocation advantage. There is a remarkable convergence of scientific knowledge now available showing the high resource gains of MCHN interventions through lower mortality and morbidity, lower susceptibility to obesity and non-communicable diseases, human capital building, productivity gains through higher earning potential, and intergenerational benefits.

The 2004, 2018 and 2012 Copenhagen Consensus – a process bringing together panels of experts, comprising the world's most distinguished economists, including several Nobel Laureates -- has consistently ranked nutrition interventions as having the highest impact per dollar investment relative to other interventions , including agriculture, civil conflicts, climate change, communicable diseases, education, governance, migration, and trade reform. In contrast, school feeding, as conducted by CRS, may not be the most effective intervention in a program that focuses on maternal and young child health and nutrition outcomes.

[24] Evaluation team calculations using CS expenditure data.

As detailed elsewhere in this evaluation, nutrition interventions should target a narrow window of opportunity. Investments after this critical period are unlikely to improve nutrition considerably. This is at variance with the traditional view that begins by identifying undernourished children — particularly school children because they are easier to reach — and then targeting interventions to them. Since early nutrition is most important in terms of physical, emotional, and mental development, programs using the traditional approach may be acting too late. This distinction is all the more critical because many of the nutrition programs which governments are now financing — such as preschool feeding programs for children over 24 months of age and school feeding programs for children older than 5 years of age — have little impact on the nutritional status or any of its underlying determinants.[25]

The performance indicators used to measure results in the three MYAP areas have several shortcomings

Performance indicators measure the results identified in the program's theory of change. While results identify what the program sets to achieve, indicators define the standard by which those results will be measured. Results are used not only to assist program managers on focusing on the achievement of development results, but they also and most importantly provide objective evidence that results are being achieved.

A review of the indicators used in the performance management plan for the three Cooperating Sponsor's approaches reveals several major shortcomings:

- In reviewing the ACDI/VOCA's performance management plan, the mid-term evaluation noted that there were "too many indicators being tracked." Although ACDI/VOCA reduced the number of its indicators to 47 in response to the mid-term evaluation recommendation, the number of indicators continued to place a heavy burden on field staff to register, handle and report on the data associated with those indicators. In addition, over 50 percent of those indicators were output or process indicators, rather than results indicators.
- At 73 for CRS and 71 for World Vision, the number of indicators the these two CSs placed a heavier burden on the program a finding emphasized by both the 2010 mid-term evaluation and the 2012 USAID/Office of the Inspector General Audit report. In addition, 75 percent of the CRS indicators were output or process indicators, rather than results indicators. Excluding the 14 indicators used in the baseline survey, only 5.5 percent of those indicators were results indicators. A higher percentage (77 percent) of World Vision's indicators consisted of output or process indicators, rather than results indicators. Excluding the 14 indicators used in the baseline survey, only 3.5 percent of those indicators were results indicators.
- USAID's ADS 203.3.3.1 requires that at least one indicator be used for each result, including the highest level objectives of the results chain. A review of the PMP indicates that no indicators were chosen to measure the higher-level strategic objectives, and should have been.
- Data are missing either partially or for all years for many indicators, especially those related to gender.
- The indicators were not sufficiently gender-sensitive (see evaluation question 5).

[25] Several studies have noted the ineffectiveness of those programs in reducing malnutrition (for details, see for instance World Bank 2006a, Horton et al. 2008, Alderman et al. 2008, and Bryce et al. 2008).

- No capacity-building or sustainability indicators were included in the PMP (see evaluation questions 6-7).

CONCLUSIONS

The theory of change of the three CS programs draws on both in-country factors and standard theory and analysis in the technical sectors underlying the overall strategic objectives and intermediate results of the program. However, the lack of integration between program components may have diminished program benefits. The quantitative survey conducted for this evaluation and evidence from other countries suggest that the program may not have fully capitalized on the synergy between agricultural and natural resources management and MCHN objectives.

Improved access to quality basic education under CRS's SO2 may have great merit under an education program, but may not be a high priority relative to a food security activity focusing on persistently high malnutrition. Similarly, school feeding may not be the most effective intervention in a program that focuses on improving maternal and young child health and nutrition.

The performance indicators used to measure results had several shortcomings, including a disproportionately high number of indicators; the predominance of output and process indicators instead of results indicators to monitor progress; and the absence of indicators that could measure built capacity or sustainability.

Overall, the program achieved substantial and statistically significant results while a number of its targets were not met. However, it is difficult to assess with any degree of accuracy the extent to which the results achieved are attributable to the MYAP program, not least because confirmation of attribution requires a counterfactual for comparison. Those results can, nonetheless, plausibly be associated with program interventions -- although this association is further limited by confounding factors due the multiplicity of relief and development projects in the area, especially since the 2010 earthquake. The rationale for crediting results as likely from program interventions draws from multiple sources, including consistency on key issues across a large number of interviews and the large, statistically significant change between 2008 and 2013.

RECOMMENDATIONS

Future rounds of food assisted programs in Haiti should continue to draw on both in-country factors and best practices as reflected in standard theory and analysis in the two technical sectors underlying its strategic objectives and intermediate results relative to the MCHN, agricultural and natural resources management activities. The PM2A approach should be applied from the beginning and throughout program areas.

USAID food-assisted activities should promote better integration of the agricultural and natural resources management and MCHN components. In particular, the various agricultural, natural resources management and livelihoods activities should focus on the same target groups as the MCHN groups. Prioritizing agricultural and livelihoods activities toward Mothers' Groups would be a crucial step in that direction. This can be achieved as well by ensuring that the referral networks of Mothers Groups are also introduced in target agricultural demonstration areas.

Performance indicators of the future food aid should be anchored in strategic thinking about what must truly be achieved for program success. For this reason, the overall set of indicators should be streamlined with a view to discarding those that may not be necessary. At the same time, some new indicators are needed to measure results, outcomes and impact, rather than processes and outputs.

QUESTION 5: HAVE WOMEN AND OTHER DISADVANTAGED POPULATION GROUPS WHO PARTICIPATED BEEN DIFFERENTLY AFFECTED (POSITIVELY OR NEGATIVELY) BY THE PROJECT?

FINDINGS

The majority of MYAP activities benefitted pregnant and lactating women and their under-5 children.

Considered to be two of the most vulnerable and food insecure groups, women and their young children were the primary targets of the three CSs in their respective MCHN program areas, and thus benefitted the most from the program's MCHN interventions. Evidence from the qualitative surveys confirms that participation was high among these groups, and the benefits were also seen as mostly being in the health outcomes of pregnant women and young children.

In many communes, women and men agreed that women were more empowered as a result of the program and that the equality gap was closing. Women claimed they were more empowered in terms of own income opportunities, in terms of control of their fertility, in terms of their knowledge of health seeking opportunities, and as leaders within their social networks and communities.

Some qualitative interviews indicate that there is a perception among beneficiaries that in some places, the provision of free food rations has created an unintended incentive for some women to choose to have children at an early age. Other program participants denied this claim to the study team. There is no confirmation of whether this incentive effect led to additional pregnancies in the program areas; only that it was a claim restated by participants and also in the media. USAID's Food for Peace (FFP) Office has looked at this claim in other countries and concluded that "*there is no evidence to indicate that providing preventive nutrition and health services, including food aid rations, to all pregnant females has a pro-natal effect,"* and for this reason *"would not recommend that any pregnant woman be denied participation in a program activity because she will have/has another child while participating in the activity."* FFP recommends that "individual development programs should address these potential challenges through an educational component that addresses healthy pregnancy spacing, by working with partners to strengthen family planning services as well as by facilitating access to family planning services available in the food aid program area"(USAID/FFP 2012a).[26]

Few disadvantaged groups other than women were specifically targeted.

[26] FFP further clarifies that "in compliance with the Tiahrt Amendment, food aid should not be given as an incentive for using family planning, and using family planning should not be a condition for receiving a food ration. Individuals need to have informed choice of their family planning options" (USAID/FFP 2012a).

While ACDI/VOCA treated all beneficiaries as vulnerable and did not single out for assistance any specific disadvantaged group, World Vision treated all women beneficiaries as vulnerable. Two other disadvantaged groups that received World Vision program assistance were orphans and vulnerable children (OVC) and people living with AIDS (PLWA). World Vision's PMP tracked indicators for the number of persons from vulnerable groups benefiting directly with food rations from program assistance (children, OVC, pregnant and lactating women, and PLWA).

Major CRS safety net activities were designed to provide food rations to participants, to support safety net institutions to enhance service delivery to participants, and to provide food rations to populations severely affected by natural and manmade disasters. It is worth noting that other disadvantaged groups such as poor widows/widowers, the blind, and other handicapped people were not targeted for assistance in any MYAP area.

Figure 15: How Gender was Monitored in the programs

Indicators	Cooperating Sponsor			Total MYAP
	ACDI/VOCA	CRS	World Vision	
Gender-disaggregated indicators as a percentage of total indicators	21	29	30	28
Percent of indicators for which data are available for all years	0	0	0	0
Percent of indicators for which data are available only for certain years	20	52	33	38
Percent of indicators for which data are not available for any year	80	48	67	62

Note: Excludes baseline survey indicators and includes only indicators specifically tagged by the three CSs as gender-disaggregated.
Source: Evaluation team calculations using data in CS PMP/PIRS/IPTT

The following table describes program activities and outputs in support of the vulnerable groups in CRS and World Vision program areas.

Table 12: Key CRS and World Vision program activities and outputs in support of vulnerable groups

CRS

- 14,784 people living with HIV/AIDS and TB reached by MYAP-supported nutrition programs
- 70,572 people benefiting from social assistance programming
- 8,773 orphans served by OVC programs with 1 or 2 interventions
- 763 assisted organizations and/or service delivery systems strengthened that serve vulnerable populations
- 7,159 social assistance beneficiaries participating in productive safety nets
- 391service providers trained to serve vulnerable
- 35 outpatient care facilities with sanitary rehabilitation implemented

World Vision

- 46,891 individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change beyond abstinence and/or being faithful
- 2,390 individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
- 1,615 orphans served by OVC programs with 1 or 2 interventions
- 509 People living with Aids (PLWA) served by the program
- 1,269 individuals trained in HIV-related stigma and discrimination reduction
- 1,271 individuals trained in HIV-related community mobilization for prevention care and/or treatment

Source: calculations using data in the CRS and World Vision programs' IPPT and PMP

Not all MCHN women beneficiaries were included in the livelihoods activities

In 2010, the mid-term evaluation team found that the integration of MCHN and agricultural activities had not been a major focus for this program from its inception. Though sometimes working in the same geographic regions, most activities had been moving in parallel tracks, with different targeted beneficiary groups and different geographic focus areas as well (MTE 2010).

In its 2011 MYAP amendment, ACDI/VOCA proposed that the MCG approach become a focal point for some SO1, SO2 and SO3 activities, in order to ensure proper integration among its SOs, as recommended in the mid-term evaluation. As a result, where possible, ACDI/VOCA was asked to evaluate the possibility of using MCGs as a convergence point between SO1, SO2 and SO3 activities, to include agriculture, livestock and savings and loan activities, or mutual savings groups. However, there is no evidence in the program PMP to show that this result was achieved.[27]

In 2010, the mid-term evaluation found a lack of coordination between the MCHN and the livelihood components in the CRS activities. It specifically stated that "the households benefiting from most of the agricultural work are not linked in any way to the MCHN component of the program – and the CRS proposal implied that it would," and therefore recommended that "for the balance of this MYAP the focus should shift to greater attention to specific localities where malnutrition remains high and focus on the mothers clubs and through them closely integrate some appropriate livelihood and agricultural activities." Despite this recommendation, CRS focused livelihood activities in only three communes and many mothers remained un-involved in CS-assisted agricultural activities or in MUSOs.

The MCHN women benefited when they had access to the livelihood program. For instance, CRS reports indicate that 79 percent of MUSO members were women, though CRS could not state the percentage of Mothers' Club members who were also members of a MUSO. Similarly, 88 percent of MCHN women benefited from vegetable gardens and 50 percent of goat beneficiaries were MCHN women. MCHN women were on the priority list for receiving cuttings of cassava, yams and sweet potato as resilience crops, and fruit trees both for sale and for nutrition promotion. Gender-disaggregated data on livelihood activities are not available.

In 2010, the mid-term evaluation found a lack of coordination between the MCHN and the

[27] USAID' Office of the Inspector General (USAID/OIG 2012) reports that ACDI/VOCA started tracking MCHN and livelihood integration in 2011, but notes that "the data are internal and not part of its performance monitoring to USAID. In addition, ACDI/VOCA officials said that the data are not accurate because the information comes from beneficiaries who are reluctant to report that they benefit from both programs because they fear losing services or eligibility."

Livelihood components of World Vision's MYAP, and recommended an "integration of health services and agricultural activities," in an effort to include mothers of malnourished children into agricultural activities. In some areas, World Vision successfully integrated these activities and was able to include women in livelihoods activities (agriculture, livestock, MUSOs). Despite their eligibility and the recommendation of the mid-term evaluation, some mothers were still neither involved in agricultural activities nor in MUSOs. Among the reasons suggested by the mid-term 2010 evaluation and later in focus group discussions and key informant interviews conducted for this evaluation include: women dropping out of livelihood programs due to new pregnancy or disease; CS training quota numbers were already reached; and lack of funding for agricultural and credit extension agents to support and train women farmers in all MYAP communes.

The above analysis shows that despite some integration attempts in 2011-2012, the approach that the three CSs followed did not fulfill USAID/FFP guidance, which recommends that a comprehensive Title II program should be "implemented in the same communities as the program's other activities related to [food] access, availability, and utilization. Ideally, individual households will participate in as many different program interventions as possible. For example, families with a pregnant woman or a child under two years of age might participate in a program's income-generation activity in addition to PM2A" (USAID/FFP 2010b).

PMP indicators were not sufficiently gender disaggregated

The following table describes the MYAP gender-disaggregated indicators, by CS and for the total program. Of the 47 total indicators for ACDI/VOCA, only 10 (or 21 percent) were gender disaggregated. Of those12 indicators, there was no indicator that had complete data for achievements through 2012. Of these 10 indicators, not involving baseline survey indicators, only 2 (or 20 percent) had gender-disaggregated data for some or all of the fiscal year (FY) achievements or targets, and 8 (or 80 percent) of these 10 indicators did not have gender-disaggregated data for any FY achievements or targets. Of course, many activities, (i.e. for prenatal and antenatal care) are intrinsically gender-specific. In fact, it would be spurious to ask how many men had received pre-natal health visits.

Table 13: MYAP Gender-Disaggregated Indicators

Indicators	Cooperating Sponsor			Total MYAP
	ACDI/VOCA	CRS	WVH	
Gender-disaggregated indicators as a percentage of total indicators	21	29	30	28
Percent of indicators for which data are available for all years	0	0	0	0
Percent of indicators for which data are available only for certain years	20	52	33	38
Percent of indicators for which data are not available for any year	80	48	67	62
Note: Excludes baseline survey indicators and includes only indicators specifically tagged by the three CSs as gender-disaggregated. *Source: Evaluation team calculations using data in CS PMP/PIRS/IPTT*				

Of the 73 total indicators for CRS, only 21 (or 29 percent) were disaggregated by gender. Of those 21 indicators, there was no indicator that had complete data for the activities and achievements through 2012. Of these 21 indicators, 11 (or 52 percent) had gender-disaggregated data for some fiscal years' achievements; and 10 (or 48 percent) of these 21 indicators did not have gender-disaggregated data for any fiscal years or targets.

Of the 71 total indicators for World Vision, only 21 (or 30 percent) were gender disaggregated. Of those 21 indicators, there was no indicator that had complete data for achievements through 2012. Of these 21 indicators, 7 (or 33 percent) had gender disaggregated data for some fiscal year achievements; and 14 or 67 percent) of these 21 indicators did not have gender-disaggregated data for any fiscal year achievements or targets.

The significance of these shortcomings has acquired more relevance in the last two years of program implementation when USAID/FFP announced that all Title II programs are required to integrate attention to gender, either as a cross-cutting or strategic objective and that gender must appear in the results framework (USAID/FFP 2011a). The guidance further states that " gender-sensitive indicators need to show to what extent and in what ways the Title II program has met gender equality objectives in a given year sector and/or achieved results related to gender equality."

CONCLUSION

No disadvantaged groups other than women and young children were specifically targeted under the ACDI/VOCA program. Although women and young children largely benefited from program interventions throughout the three CS areas, none of the three programs was successful in reaching all women with its livelihoods program. The extensive support to pregnant women drove benefits toward women in each area. In other activities, as no gender-disaggregated data were recorded for livelihoods and safety net activities s, it is not evident to what extent women vs. men benefited from those activities.

RECOMMENDATIONS

Women should be better integrated into livelihood activities to better benefit from MCHN services. Better integration would provide additional resources to purchase food and pay for medicine and health care services. The program should include monitoring data on MCHN and livelihood integration (e.g., number of beneficiaries who benefited from all program components)

Gender-sensitive indicators should be refined and established according to FFP guidelines in the future Title II programs. Those indicators should measure differences in how men and women benefit from or are impacted by the program.

The program should extend assistance to the most disadvantaged groups. These include people living with HIV/AIDS and tuberculosis patients (with food aid to improve overall health); extremely vulnerable people (orphans, sick, homeless, destitute, elderly); and people suffering from natural disasters (emergency feeding).

As covered elsewhere in this report, CSs should:

- Prioritize both agricultural and livelihoods activities for Mothers' Groups
- Have as many mothers of malnourished children as possible participate in livelihood activities, particularly gardening, MUSOs and livestock
- Assure that all MCHN women beneficiaries be included in the livelihoods activities

QUESTIONS 6-7: IS THERE ADEQUATE EVIDENCE SUGGESTING THAT THE PROJECT OUTCOMES ARE LIKELY TO BE SUSTAINED? WHAT WERE THE MAJOR FACTORS WHICH INFLUENCED THE ACHIEVEMENT OR NON-ACHIEVEMENT OF SUSTAINABILITY OF THE PROJECT?

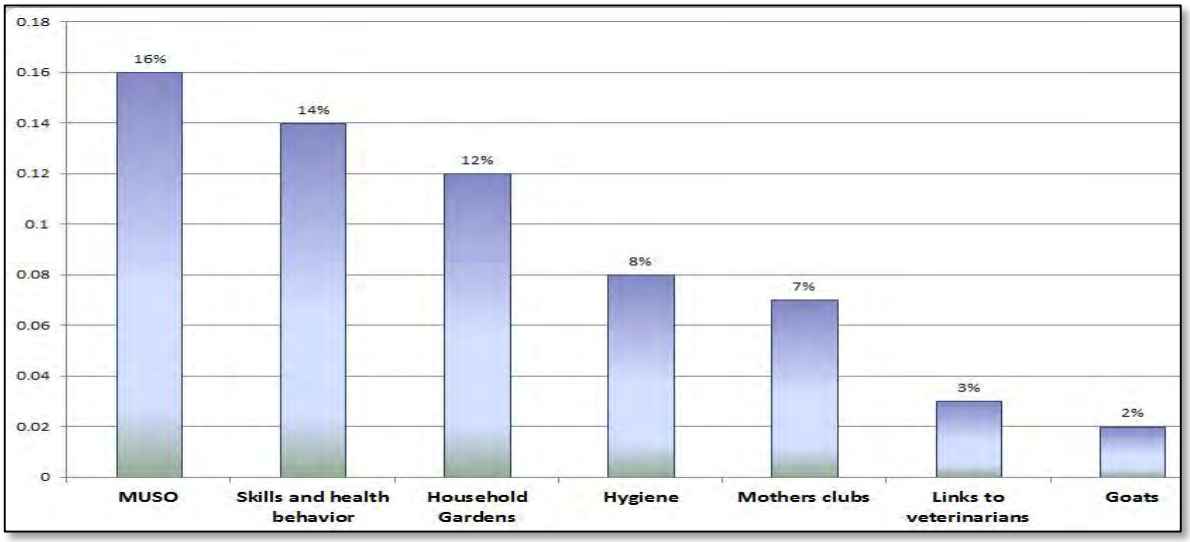
FINDINGS

Qualitative evidence indicates that many processes, community linkages, outputs and outcomes are likely to be sustainable, though firmer evidence will require a follow up investigation. This finding is based on some consistency of views obtained across hundreds of interviews and Focus Group participants. Specific questions were asked in all the focus groups and key informant interviews about whether any activities, practices, skills or behavior would be likely to persist beyond the life of the project. Those answers which clustered around certain themes, across independent groups, provide some evidence pointing to likely sustainability. The findings here are also based on field visits and observations. The below figure 14 shows key informants' and focus group participants' perceptions of the most sustainable MYAP activities. For example, 15 percent of focus group participants perceived MUSOs as the most sustainable activity whereas the food safety was perceived as the least sustainable activity.

Comparison of evidence from technical interviews, field observations and PMP data suggest that the MUSOs, vegetable gardens, livestock (goats and cows in particular), and fruit trees have high likelihood of sustainability.

In contrast, activities related to natural resource management, reforestation and certain expensive agricultural practices (such as contour bunding, drip kits and metal storage silos) are unlikely to be sustained, based on the reality that they already showed lack of continuity during the five year program cycle. Among the agro-associations, some were strong and likely to sustain, whereas many others, particularly those without business plans, are likely to become dormant.

Figure 16: Perceptions of which achievements were resilient



Community members were positive about the following:

- The MUSOs were believed to be sustainable as expressed in each of the MUSO focus groups.
- Mothers clubs, health referrals, and the sharing of information on health were mentioned very often as lasting, as well as the rally points. However, in the long term the referral networks were worrisome. There was recognition that many pregnant women will need food and nutritional supplementation but will be unlikely to receive it outside a MYAP-supported program, because they won't have enough money to purchase it." In theory the health agents and mother leaders in the MCG's ought to continue to do their work, but there was uncertainty whether this would happen. Some predicted that they would not continue, while others felt they would: "These Mother Leaders work on basis of volunteerism and have a chance of being sustainable.
- That poultry and goats for livelihood assets would last or proliferate were mentioned as likely.
- In general, many of the innovations in livelihood practices, if adopted, were felt likely to continue, because they were "learned."
- As with the other CS' populations, there were positive expectations related to ongoing, improved awareness of health and agriculture skills. Key informant interviews were critical of the lack of planning for the long-term sustainability of many activities.

These findings are corroborated by observations and technical inquiry by the field research.

In contrast, the qualitative evidence confirms that pigs were not considered to be sustainable, in part because their health was fragile and their upkeep was expensive. Soil conservation was routinely considered to not be a success. Infrastructure was not found to be sustainable during the life of the program. Food aid safety nets were the most unlikely to continue after the program ends.

Particularly with regard to natural resource management, there was concern that many soil conservation efforts are not sustainable. Both before and after the MYAP, soil erosion challenges were seen as being long-term and intractable. It is not clear that program-related progress was made over the long term in new conservation techniques:

> *"Farmers do not use fallow as they would rather use all the land possible"*
>
> *"The land was more fertile, now it doesn't produce much anymore. A lot of our land was lost due to erosion. We've also suffered lots of hurricanes. This is why the first thing we'd ask for help for from an institution is to plant new trees and have a conservation initiative."*

The sustainability of the food-assisted activities was addressed in each CSs proposal, but no clear sustainability strategy was implemented and no objective indicators to measure sustainability were developed.

According to USAID, *"Sustainability is achieved when host country partners and beneficiaries are empowered to take ownership of development processes, including financing, and maintain project results and impacts beyond the life of the USAID project"* (USAID 2012c).

In response to USAID/Haiti's request to ACDI/VOCA to "regularly articulate its approach to sustainability…in annual work plans, reports and M&E systems," ACDI/VOCA developed a "sustainability strategy" in its original submission (ACDI/VOCA 2007v) that discussed an approach

to ensure continuity of "capacity" and "infrastructure" in selected communities to continue after the MYAP was to end. This included the definition of "clear exit points" to be communicated to the beneficiary groups to prevent a "hand-out" mentality from setting in. The approach was to include "specific plans for implicating" both the Ministry of Agriculture and the Ministry of Health, within GOH decentralization policies.

However, no clear action plans were developed for ensuring that the Haitian government staff at the local level (GOH/DSSE, MSSP) or partner NGOs (for instance, PROFAMIL) would take over the provision of the MCHN services that ACDI/VOCA had provided and/or funded after the end of the MYAP. Exit points were identified, but were not developed in terms of turning over and taking-up of the services by the local partners. There were no specific timelines or sunset clauses for beneficiary group graduation, other than age-related criteria. Clear expectations for sustainability on the part of ACDI/VOCA, beneficiaries, and community groups were not developed and no specific and measurable ways of guaranteeing the take-up of health service provision by local government health offices were defined.

The mid-term evaluation recommended greater definition and clarity for graduation or program phase-out plans for ACDI/VOCA, based on a clear graduation strategy from specific localities within communes where the program was working. It also suggested that the key criteria for such graduation should be based on objective measures, such as the reduction of malnutrition rates within a specific locality (around a rally post) to levels below a certain threshold. This evaluation notes that no follow-up actions to implement these or equivalent recommendations were put in place.

In its MYAP proposal, CRS addressed the sustainability of its activities in terms of guidelines that were too broad to be operational. For instance, the document states that *"CRS must… convince government authorities to carry on the program's key health activities beyond the life of this MYAP.*" The document also states that CRS *"must advocate for increased Haitian government resource investment in social services such as health and education for the ministries to have the financial capacity to fund these services."* CRS also believed that "*the assets and income of rural communities taking part in watershed based natural resource management… activities will be increased. Reforestation, gully plugging, contour barriers and water management will enable them to withstand seasonal environmental shocks from flooding and erosion beyond the life of this program."*

The mid-term evaluation recommended a series of actions leading to "exit points" or sustainability milestones for CRS's MCHN program. For instance, after providing initial training and associated support to mothers' clubs, CRS should "keep track if mothers continue to meet each month to provide the training, if children are being growth monitored, and if they continue to come to the rally points where the other social services are provided. Track if the nutrition levels of the Rally Points is rising or falling. The exit from the mothers club should probably take place not longer than 2-3 years from the beginning of the club. By this time the groups should be well established, both as a group of mothers caring for their ever growing children, as well as having initiated some livelihood activities" (CRS 2010a).

No clear action plans were developed to ensure that these outcomes would be achieved.

Some officers of CSs shared that their NGO was not actually inclined to focus on sustainability as opposed to target achievements. Where the CS had been in a particular region for a long time and would continue to, then sustainability came naturally to the planning, though it was not well articulated as part of the MYAP itself.

Very general exit points were identified such as "a demonstrable commitment from local government health leaders to carry on Title II health activities," but were not developed in terms of when and how turning over program services successfully to local authorities would occur. Staff turnover during the five years of the MYAP made it difficult for the evaluation team to diagnose why sustainability kept being neglected by rounds of new directors. The original assumption of the MYAP proposal appears to be that sustainability was implicit in the extensive training and "demonstration" approaches, as well as in demand-creation by exposing the target populations to new products and services to expect from the government and commercial providers. In practice, the exit point proved to be the end of the overall program resources as support to CRS and the other two CSs in 2013.

In its comments on World Vision's 2007 proposal, USAID requested that World Vision regularly articulate its approach to sustainability. In its 2011 program amendment, World Vision proposed three sustainability leverage points: household and beneficiary capacity, institutional capacity, and civil society capacity to hold local authorities more accountable for service. However, no detailed and clearly defined strategy was developed to implement these three leverage points. This appeared to be due to the great variation seen at the local and village level as to which groups and partners were available or relevant for joint planning. Each of these complex programs involved many small-scale, locally-defined experiments in infrastructure, livelihood exposure and health outreach. A generic plan for how each of these activities, each on their own time-table, would have been complex and unrealistic. There was also considerable uncertainty heading into 2012 about whether activities might be supported in the future through new FFP awards.

Even though World Vision appropriately identified the need to strengthen human capacity, it concentrated on beneficiary training as the mechanism of choice. No clear plans (e.g., MOUs, specific partner agreements or action plans) were developed to ensure that GOH ministry staff at the local level (GOH/DSSE/MSSP) takes over the provision of the MCHN services that World Vision had provided and/or funded when the program ends. In interviews with the evaluation team, World Vision staff could not provide any specific timelines or sunset clauses for beneficiary group graduation, other than the age-related criteria for young children. No clear expectations for sustainability on the part of World Vision, beneficiaries, and community groups were developed and no specific and measurable mechanisms for guaranteeing the take-up of health service provision by local government health offices were developed.

A positive case example where sustainability is likely due to structured collaborative linkages:

> The staff of the integrated community services department of the Albert Schweitzer Hospital (HAS) have been collaborating with World Vision over the life of the MYAP to provide a number of MCHN services to Mother's Clubs in 4 Communal Sections in their catchment area. Their staff of four female health agents first helped identify the best mothers in each area by observing their behavior and their children's health, and picked them to be part of Mothers' Groups. HAS agents continue to provide advice to Club members on children's' nutrition, household hygiene, the health of pregnant and nursing mothers, and children's health. By working with the Mother's Clubs the HAS staff have seen behavior change at the community level in many of these areas. As MYAP funding was ending, HAS made a commitment to continue their support to these clubs and will now begin moving to a Mothers' Care Group

model to reach out to even more mothers in their catchment area, and will soon begin to integrate livelihood activities into their support to these groups.

Experience from other countries (Rodgers et al. 2004a; 2004b, 2012) indicates that without sustained resources, continued focus on capacity building, and realistic incentives to increase motivation, sustainability can be an elusive goal. The withdrawal of food rations and other free MYAP-provided materials and supplies such as birthing kits, water treatment kits, and family planning products, without considering substitute incentives is likely to jeopardize the sustainability of program activities.

Another case example from Bas Plateau demonstrates the values of integration:

> A local agricultural association in the Boucan Carré Commune founded in 2006 was struggling to find markets and expand its production, while coping with the food, health and nutrition challenges of rural Haiti. Composed of over 120 members, under the World Vision MYAP the association was chosen in a competitive process to benefit from assistance with agricultural support. Association members benefitted from a full range of program activities: food distribution for mothers and their children, livestock production (goats, chickens, pigs), natural resource management activities, grain silos, bamboo planting, establishing a tree nursery, composting, and institutional strengthening and marketing assistance from a Haitian agricultural development company. The association identified land in the community and donated it to World Vision to serve as a community training center, after which the CS helped with infrastructure, and association members were able to be trained in and practice the activities described above. With the help of the MYAP project, a number of positive benefits have accrued to the community, and association members now are very positive about the sustainability of these activities: mango production has more than quadrupled over the last four years and the association has been assisted in obtaining an organic certification to be able to take advantage of the US market. They boast of more home-grown vegetables to eat and sell and an active tree nursery run on a semi-commercial scale. Community members are now more aware of the importance of planting trees for soil conservation; women with children are engaging in family gardens ('jardin lakou'); farmers have more disposable income from mango exports to pay for education fees and health care; there are fewer malnourished kids due to improved access to protein sources (goats and chickens); and exports have increased local jobs in mango transformation.
>
> The Bas Plateau association members noted a reduction in malnutrition among children; in part because mothers were taught to use the leaves of Benzolive tree to improve nutrition of kids; many mothers now practice exclusive breast feeding of young children; and young children have fewer diseases due to vaccinations. Finally, as result of their successes, the association was able to convince community members to help rehabilitate 13 kilometers of farm-to-market roads, all done with local labor.

Many of the MYAP-supported activities are likely to have lasting effects. The three programs focused a great deal on training and behavior-change communications, but lacked comprehensive capacity building plans to ensure the provision of MCHN services after the end of the food-assisted programs.

The physical and social hubs of the many MCHN activities have been the GOH/MSSP's community health centers and village-level rally posts. Fixed points were organized to reach beneficiaries where no MSSP health centers or dispensaries were available or where these were too far away from the target population. Community health centers were linked to "rally posts" managed by volunteer community health workers (*Col Vols*). Rally posts consisted of schools and community centers that could serve to provide health services as needed. In CRS areas, health and nutrition activities were implemented through mobile clinics, home visits, and food distribution points.

For each CS, the Mothers' Clubs represented a key set of program activities. ACDI/VOCA started focusing on Mothers' Clubs at the end of the second year of its program. It continued to work with some Mothers' Clubs already inherited from previous CRS involvement in the program area and created some new Mothers' Clubs, which numbered 57 by 2010. Mothers' Clubs were one of the primary vehicles ACDI/VOCA early on used to convey its behavior change communications (BCC) to beneficiaries with training in breastfeeding, child feeding practices, treatment of diarrhea, nutrition, immunization, family planning, and hygiene. The Mothers' Care Group (MCG) Model was introduced in 2011. Based on the standard MCG model, beneficiary households were encouraged to form into groups of 10 households each. From each cluster of households, the beneficiaries selected one peer to be their lead mother, who would represent them at the MCG. Each MCG consisted of 10 Lead Mothers led by a female health agent. In total, 89 MCGs were active in 2012.

CRS used the same approach of Mothers' Clubs as was used in its previous Development Assistance Program (DAP), as proposed in its original MYAP proposal and implemented through to end of the MYAP. CRS used 15 to 20 mothers in each Mothers' Club and limited its membership to mothers selected by community volunteers. The CRS Mothers' Clubs consisted of mothers or those responsible for children under five years of age. Members of Mother's Clubs were trained by the community health agents or ColVols in nutrition, health and hygiene. Membership in Mothers' Clubs later expanded to micro-credit through membership in MUSOs and to activities that complemented the health and nutrition messages, such as home vegetable gardens as an income generation source as well as a source of nutritious food produced at the household level. Eventually membership in MUSOs was also included for members of Mothers' Clubs.

The monthly meetings of the CRS clubs were led by local community volunteers. Training during those meetings consisted of a standard set of MCHN modules. Discussions centered on how to protect the health of children and women and messages were to be shared with community members through behavior change communication (BCC) techniques. The Mothers' Clubs members were expected to take an active role in MCHN activities (e.g., vaccination campaigns and community health meetings).

World Vision began its program with the Mothers' Club model that was launched during World Vision's earlier food assistance (DAP) program and that was used as the primary mechanism for World Vision's education and behavior change communication strategy. In 2011, the concept of 'Lead Mothers network' was introduced, an adaptation of the MCG model. World Vision adapted the MCG model from ACDI/VOCA's own version of the international model pioneered by World Relief and Food for the Hungry.

The Haiti MYAP program approach had several advantages:

- The establishment of well-publicized and used rally posts around fixed points and health centers brought health services and messages to households that never before had such support.
- Women coming to MYAP-supported mobile clinics benefited from pre- and post-natal services, distribution of iron and foliate supplements, immunizations, voluntary counseling and testing, postpartum and newborn care, growth monitoring and promotion vitamin A and de-worming (mebendazole) tablets, child health and treatment for malaria, acute respiratory infection and diarrhea, and exclusive breastfeeding.
- Training of community volunteers ("Col Vols") made community-based health practitioners available within every MYAP locality.
- Having trained leader mothers of mothers clubs to help their circle of mothers practice MCHN principles is likely to leave lasting influence.
- The training of mothers, through rally points and Mothers' Clubs in how to care for their children through vaccination, better hygiene and nutrition is likely to have lasting effects on the community.
- Establishing fixed points may induce the government to introduce and manage health clinics at or near these locations.
- Augmenting MSSP medical staff by hiring nurse assistants and health agents.

However, these advantages may have been offset by two major shortcomings. First, sustainability hinges on the provision of technical assistance to build up the skills and capacity of local partners whose involvement will be critical for maintaining development gains after an assistance project ends. The effectiveness and sustainability of an intervention is likely to depend on the behavior of two groups of people – households and local service providers (World Bank 2010b; Victora, Habicht, and Bryce 2004; Sjoblom 2012; Di Vinadio 2013). In this case, even those women with better knowledge of good child nutrition practices may be limited in their ability to act on this knowledge if they lack access to complementary services such as transportation, health care or markets. Thus, effectiveness and sustainability hinge on supply-side factors – that is, the ability of providers to deliver services effectively.

Second, in addressing how to ensure the supply of MCHN services after MYAP funding ceased, the three CSs focused almost exclusively on training as their main method for building the capacity of local organizations and partners such as GOH service providers, mother's clubs, MCGs and other CBOs. However training is only one piece of the organizational performance puzzle. USAID's guidance on Human and Institutional Capacity Development (HICD) stresses a series of structured and integrated processes designed to remove significant barriers to the achievement of an institution's goals and objectives. From this perspective, success of training and other HICD interventions is measured by improvement in overall organizational output and performance, not by the number of individuals trained.[28] Through a process of identifying performance gaps and designing performance solutions with clear goals and milestones to fill these gaps, organizations can be helped to achieve sustainability goals.

[28] The USAID HICD manual notes that "training does not have an impact until the knowledge or skills acquired by the trainees have been successfully applied to a specific work situation, which, in turn, results in a measurable improvement in performance. Therefore, successful USAID training should not be measured in terms of the number of individuals trained but rather by the contribution made by trainees to organizational performance improvement" (USAID/HICD 2010d)

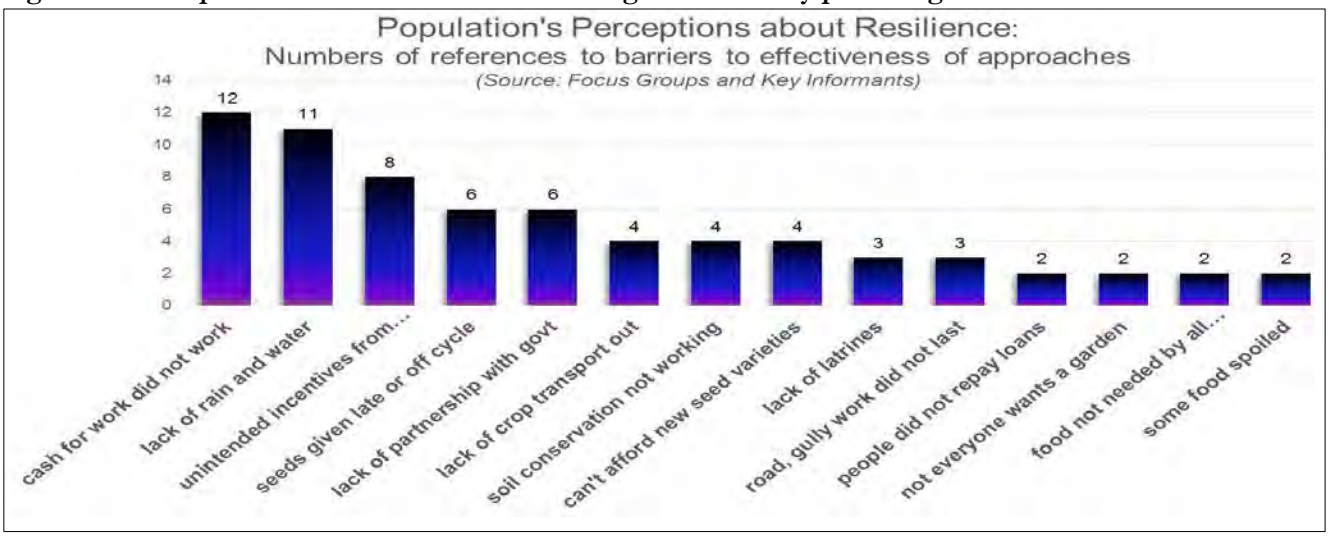
Many of the MYAP's agricultural and livelihoods activities are likely to have lasting effects. However, an ensured continuity of agricultural inputs and services after the end of the program would have strengthened program sustainability.

Many of the CSs' livelihoods activities have been successful. Several features accounted for the observed success:

- New cultivars and techniques to help household food security throughout the year were introduced, including distribution of improved bean varieties, a sorghum variety, short-cycle tubers, and fruit and multi-purpose trees.
- Training local farmer in the use of the new varieties and cropping methods has resulted in the transfer of valuable knowledge.
- Using model farmers to demonstrate the value of the new techniques or new cultivars has been very effective.
- Communities learned to practice improved soil and water conservation techniques.
- Farmers were trained to protect their plots with anti-erosive structures, specifically contour canals with tree seedlings planted along the contour.
- Coastal populations benefited from enhanced fishing and fish-storage techniques. Multiplication centers and breeding stations were established to promote the restocking of small animals in collaboration with the Ministry of Agriculture, Natural Resources and Rural Development.
- The focus on high-value fruit tree (mangoes, mandarins, coffee) grafting is likely to bring higher income to participant farmers in years to come.
- The programs targeted geographic areas that have the greatest potential for expansion.
- Many of the activities were planned with Ministry of Agriculture, Natural Resources & Rural Development (MARNDR) personnel and the introduction of improved varieties of seed and tubers was validated by this and other governmental agencies.

Other livelihood interventions were perceived as unlikely to take hold because they required relatively large costly resources such as silos and bee-hives or a high level of technical knowledge – for instance, to keep seed stocks pure, certified and on-going.

Figure 17: Perceptions about Constraints Inhibiting Sustainability post-Program



A review of program documents and extensive interviews with program staff, beneficiaries and partners indicate that no strong links were created between model farmers to service providers. Similarly, no apparent emphasis was seen to have been placed on entrepreneurship development among community nurseries so that they could evolve to become local vendors from whom supplies (e.g., seeds, seedlings) and services (e.g., fruit tree grafting) could be secured on an as-needed basis. More generally, the program focused on production through donated agricultural inputs, but did not pay sufficient attention to the sustainability of the supply of farming inputs nor to the other links of the value chain, particularly marketing of farm produce through private sector channels.[29]

Whereas MCHN activities are unlikely to be sustained without publicly managed arrangements, sustainable livelihood activities require financing models through private sector participation. In the absence of evaluation reports or performance indicators to measure sustainability of private sector organizations supported by the program, it is difficult to assess whether livelihood activities in the areas have been gradually tied to sustainable models.

The mid-term evaluation recommended that a clear "graduation strategy" from specific localities based on objective criteria be developed. This evaluation notes that those criteria were not developed. This shortcoming is all the more significant because in the absence of evaluation reports or performance indicators to measure sustainability of private sector organizations supported by the program, it is difficult to assess whether livelihood activities in the MYAP areas will be sustained.

CONCLUSIONS

Sustainability is achieved when host country partners and beneficiaries maintain results beyond the life of their external assistance. Many of the MCHN, agricultural and livelihoods activities are likely to have lasting effects. However, the three CSs did not develop a comprehensive capacity development plan to ensure sustainability, nor did it develop sustainability indicators to monitor and evaluate progress, and adjust interventions as appropriate.

The three CSs created demand for their program services. However, sustainability is not driven by demand alone because it also hinges on supply-side factors – that is, the ability of service providers to deliver their services effectively. In their MCHN interventions, the three CSs focused on training, a key capacity development ingredient, but did not place sufficient emphasis on other performance gaps with clear milestones for achieving program sustainability goals. In agriculture, the potential for program sustainability would have been enhanced through greater emphasis on the strengthening of market mechanisms to ensure that the regular supply of agricultural inputs and services are available to program beneficiaries when the program ends.

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[29] The mid-term evaluation recommended that CRS provide targeted small businesses "with setting up their businesses, providing training in costing their services realistically, and help them to link to suppliers they need for success (sources for quality seed for example) and for marketing their products within the community. If the project wishes to distribute 'free trees,' don't produce them through 'community groups' which will almost certainly disappear when the project ends, but purchase them through a series of commune- or *section-communale* level entrepreneurs to provide these services. If the PVO wants to 'give' seedlings to targeted groups (like small farmers in a targeted watershed), give them vouchers that they can redeem for seedlings at one of the private entrepreneurs (who in their turn can redeem the vouchers from the PVO). This helps to build local capacity in a manner which has a greater potential for sustainability." However, no noticeable follow-up actions were undertaken.

RECOMMENDATIONS

Future cooperating sponsors should be required by USAID to develop rigorous sustainability plans. Experience from other countries demonstrates that, to achieve optimal results, sustainability of Title II programs should be an integral part of program design and should be embedded throughout implementation to withdrawal.[30]

In the future, CSs should write a detailed graduation, exit and sustainability strategy for each sector at the inception of FFP supported programs. Reviews against the strategies' implementation should be taken every 6 months and be reported in their Annual Results Report.

Despite the recommendations of the mid-term evaluation, USAID and CSs should rethink whether to pilot new activities late in a program, where rollout occurs largely in the final year. This is intrinsically difficult for communities and capacity building efforts that aim for sustainability.

To properly measure sustainability, follow-up research is recommended. The more useful time to derive more solid evidence about resilience and sustainability would be 6 months or a year after program assistance has ended, to observe whether systems actually sustained would be some time after the program had ended.

Community organizations and individuals should also be aware of their post-exit roles and responsibilities from the outset. The sustainability plan should at a minimum include: decisions about approach (phase out, gradual phase over); explicit benchmarks for progress and timelines; clear allocation of responsibilities; graduation criteria and progressive withdrawal of free inputs; a focus on building the capacity of local community and government organizations to progressively take up the management and provision of MCHN services; and developing alternative incentive structures (e.g., livelihood enhancement programs) to create increased resiliency among beneficiaries to self-fund MCHN and other services. To ensure greater sustainability of livelihood activities stronger emphasis should be placed on private sector participation.

QUESTION 8: TO WHAT EXTENT ARE THE VARIOUS MOTHERS' CLUBS MODELS IMPLEMENTED BY WV, CRS AND ACDI/VOCA COST EFFECTIVE?

This section seeks to analyze the cost-effectiveness of mothers' clubs in the MYAP program areas. In the evaluation it was necessary to (i) identify the various mothers' club models implemented by the cooperating partners, (ii) select the specific common outcome measured, and (iii) estimate the cost of that outcome for each model.

Cost Effectiveness Analysis

Definition: Cost-effectiveness analysis helps to identify interventions that use resources most efficiently. Cost-effectiveness is an evaluation method that examines the costs relative to the outcomes, or results, of interventions.

[30] See the USAID-funded Tufts University Exit Strategy Study, with guidance on sustainable program design.

Cost-effectiveness analysis requires one or more outcome measures that are common among the models being considered. The effectiveness indicators common to the three MYAP programs were selected from the list of indicators identified in the baseline survey, in which data were collected for all those indicators. The percent change from baseline to end-line in the indicator(s) selected (as measured by comparing baseline survey results with the results of the quantitative survey conducted for this evaluation) will be used to measure effectiveness.

This evaluation compared the cost-effectiveness, of different experiences to promote behavior change among women in the MYAP-supported geographical areas. The key question in the evaluation was to compare the outreach models of the three cooperating sponsors to gauge the cost effectiveness between the three approaches.[31]

Effectiveness is measured by comparing a few key outcomes that should have been influenced by the three different cooperating sponsor models in their MCHN activities). These measures are:

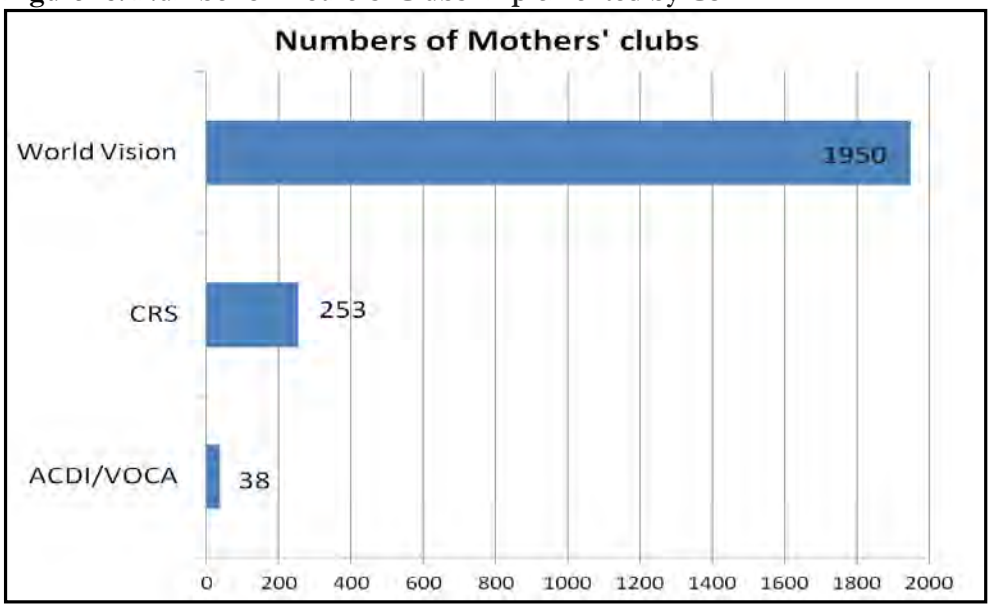
1. % of children fully immunized
2. % of caregivers of children washing hands with soap at least 2 times in the day preceding the survey
3. % of mothers of young children who had any prenatal care visits by a trained provider during her most recent pregnancy

These three measures were combined for this evaluation into a single composite variable. The costs are also calculated for the total MCHN costs per annum. The synthesis score was calculated as a combination of key, robust, valid indices of program results. It was proposed to and agreed to by USAID officers in the planning stages of the evaluation.

Other factors that would have been useful to include would be knowledge received by target populations. However, representative measures of which new practices or knowledge were received, learned or applied by beneficiaries was not available, beyond rough results from Focus Groups. To get at the effectiveness of health outreach, one of the most robust results measures was immunization, albeit immunization rates reflect not only the strict efforts of the CS as part of the MYAP program, but also government services and overlapping aid outreach. The challenge of confounding by partner or other-aid interventions exists across the board, not only for immunization outcomes. The theory of the model is that a key feature of the mothers groups was education for mothers about how to travel to rally points for periodic immunization opportunities.

[31] The approach here is fairly fundamental, for guiding decision making in future programs. By combining results from different program categories, there is also a touch of meta-analysis, attempting to blend findings from different locations. See: Diana Petitti 2000 *Meta-Analysis, Decision-Analysis and Cost-Effectiveness Analysis* Oxford University Press.

Figure 18: Number of Mothers' Clubs Implemented by CS



The Models Tested

The cost effectiveness calculations that are part of this evaluation ask what can be discerned about the effectiveness of the Mothers CARE Group (Mother's Volunteer Leader) model which was adopted by ACDI/VOCA half way through the MYAP period,[32] while CRS maintained its older model of Mother-child Outreach[33] and World Vision used a blended approach after 2010.

The Mothers Care Group Model is a subset of maternal-child health outreach programs, of which there is fifty years of USAID and NGO experience. It is a model that has become known in the last decade through the meetings of the USAID-funded Core Group of implementing partners involved in primary health. In 2013, further findings were published within the NGO community that child health (malnutrition in particular) is effectively improved through the Care Group model, though explicit comparisons with other models have not been undertaken. This project calculated Care Group costs of $2.78 per beneficiary per year."[34]

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[32] ACDI/VOCA started focusing on Mothers' Clubs at the end of the second year of its program. It continued to work with some Mothers' Clubs already inherited from previous CRS involvement in the program area and created some new Mothers' Clubs, which numbered 57 by 2010. Mothers' Clubs were one of the primary vehicles ACDI/VOCA used early on to convey BCC to beneficiaries through training in breastfeeding, child feeding practices, treatment of diarrhea, nutrition, immunization, family planning, and hygiene. The Care Group (MCG) Model was introduced in 2011. Based on the standard MCG model, beneficiary households were encouraged to form into groups of 10 households. From each cluster of households, the beneficiaries selected their peer to be their lead mother, who would represent them at the MCG. Each MCG consisted of 10 Lead Mothers led by a female health agent. In total, 89 MCGs were active in 2012.

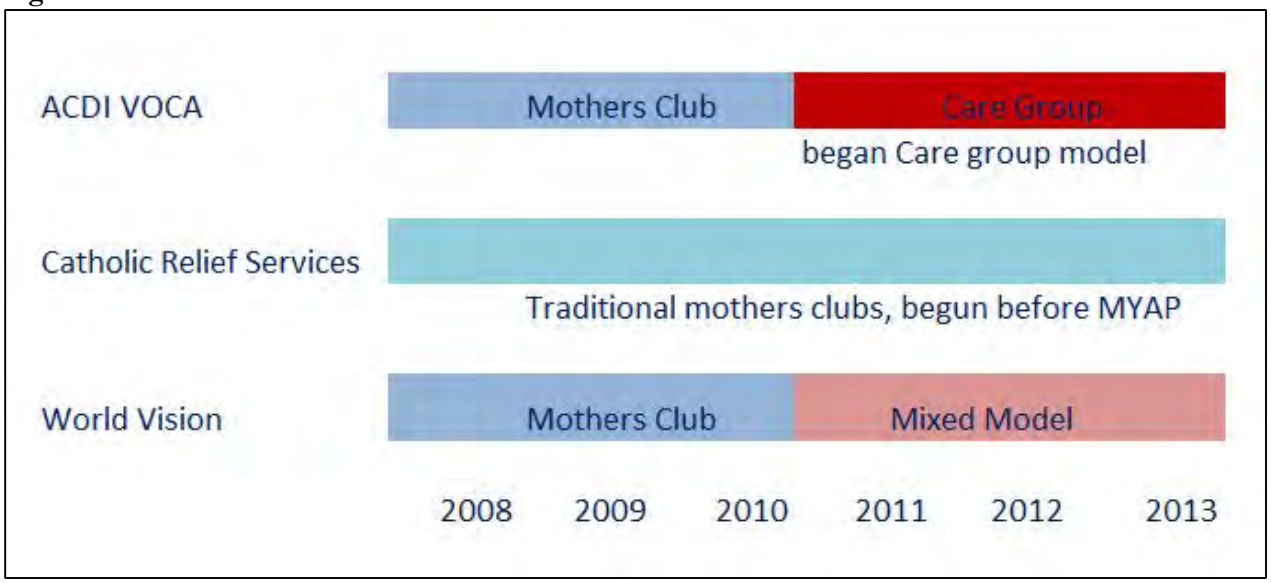
[33] There was some evolution in CRS's approach; after 2010 CRS increased MCHN integration into livelihood with small gardens, and began enlisting members for Mother's Clubs, 5 per club who were trained in agricultural techniques, called Mother Leaders (Meres Liders), different from the Care Group used by ACDI/VOCA after 2010.

[34] Thomas Davis, Carolyn Wetzel et al. 2013 "Reducing Child Global Under-nutrition at Scale in Sofala Province, Mozambique, Using Care Group Volunteers to Communicate Health Messages to Mothers" *Global Health: Science and Practice* Vol 1, #1.

The USAID Inspector General's (IG) 2012 "Audit of USAID/Haiti's Public Law 480 Title II Programs" highlighted the inconsistency among the cooperating sponsors in the use of mother' club models, and quoted one individual as promoting the Care Group Model[35], characterized in the IG report as using some paid staff to train and support leader mothers twice per month, leading to mothers groups of 10 to 15 volunteers per community. The IG further elaborated that World Vision's traditional Mothers' Group Model based its clubs on age, and also grouped pregnant women together and women with malnourished children, which CRS was in the process of replicating.

In its report on Haiti, the IG puts forward a way of looking at cost efficiency which concludes that an MCHN model is efficient if there are more unpaid volunteers involved: "World Vision's clubs had a ratio of 50% paid personnel supporting its clubs compared with ACDI/VOCA's ratio of 10%. By using the traditional mother' clubs (using fewer resources than World Vision), CRS reached at least 600 more mothers than ACDI/VOCA did." The IG also acknowledges that each model has its own history in the respective regions, owing to the long-term investments and training by groups like CRS.[36]

Figure 19: Evolution Over Time of the Mothers' Clubs



Looking at behavior change communication among mothers, the proposition that the IG puts forward is:

> *World Vision's MCHN model had good scale, good coverage but high costs overall;*

[35] Since 1995, World Relief, Food for the Hungry, and 22 other nongovernmental organizations in 21 countries have adopted the Care Group model, largely with the support of USAID. ACDI/VOCA adapted this model and ensured mother-child pairing for the nutrition activities for children 0-59 months, and was to include an organized exit with a well-defined end point.

[36] Based on the approaches of Haiti' Ministry of Public Health (MSPP), CRS used the same approach of Mothers' Clubs as was used in the years prior to the MYAP and as proposed in their MYAP proposal, and used it through to end of MYAP. The CRS approach used 15 to 20 mothers in each Mothers' Clubs in its MCHN program. CRS's model limited the membership of the mothers' clubs to mothers selected by community volunteers.

CRS had more efficient coverage, related to fewer paid staff, but not great outreach;[37]

ACDI/VOCA should have the most efficient coverage (though low coverage overall), in terms of mothers reached per paid staff; therefore would have would have improved and more efficient outreach, because of the Care Group model; therefore ACDI/VOCA should have the best changes in its outcomes viewed from the view of the use of U.S. government resources, or costs.

The current evaluation looked into participation and eligibility of women in their health/nutrition clubs. In general, pregnant women seemed to be targeted, i.e. receiving benefits in each area. There was not much evidence that the non-Care Group models were leaving vulnerable women out.

So, the cost effectiveness calculations that are part of this evaluation ask what can be discerned about the effectiveness of the Care Group Mother's Volunteer Model which was adopted by ACDI/VOCA more than half-way through the MYAP grant period, while CRS stuck with its longer-term model of mother-child outreach, and as a third category World Vision began to use a blend of both traditional and Mother's Volunteer Model approaches.

Building on the IG study, it would be important to go beyond how many individuals were "reached" and attempt to gain some insights about the quality of coverage, the performance of outreach, and the effectiveness.

The effectiveness of the approach in achieving the strategic objectives may be revealed in data collected in 2013. In addition there may be lag effects that, particularly in the case of ACDI/VOCA's late rollout of the CARE Group activities, might be more observable in 2013, or 2014. In addition, the Care Group Model includes a theory of improved sustainability, and evidence from other nonprofit experience suggests that it may be sustainable. For this important question about whether the Care Group Model, as pursued under this MYAP, led to more sustainable community practices and outcomes, a follow-up survey would be recommended, after two years.

Effectiveness Measures

Many outcomes and results in these communities are relevant to look at to glean patterns of effectiveness. The following analysis draws on past experience in the economic evaluation of basic services, largely in health.[38] A core set of robust measures were selected that reflected three important areas: immunization of children, participation of pregnant women in prenatal care, and hand-washing.

A synthetic measure that aggregates these three measures was created for the purpose of this cost-effectiveness analysis, referred to here as the "MCHN Score." The measure was constructed in order to establish one meaningful index of key outcomes or results (benefits) that could be viewed in

[37] Sometimes called 'Mother-to-Mother Groups', this approach includes Positive Deviance approaches and has the mothers in the clubs trained by group leaders, oftentimes local community-based health agents or volunteers (called Col Vols in Haiti). This model required that there would be enough group leaders to run enough clubs for all beneficiaries to attend. The Clubs were usually comprised of mothers of children under 5, with 10 to 20 mothers per group, and the women who make up CRS Mothers Clubs were specially selected as potential mother leaders in their community.

[38] Michael Drumond, Mark Sculpher, George Torrange, Bernie O'Brien, Greg Stoddart 2005 *Methods for the Economic Evaluation of Health Care Programmes* Oxford Medical Publications.

the list of costs. The measure was constructed by adding the annual changes per key indicator for the relevant years that the outreach model was, in effect, tested.

Table 14: Population Changes in Selected Indicators among Mothers' Care Groups, Mothers' Clubs and Mixed Model, Over Time: each number is an average change per annum

	Mothers Care Group (ACDI-VOCA)	Mothers Club (CRS)	Mixed (World Vision)
Years for comparison	2011, 2012, 2013	2008-2013	2008-2013
Child immunization change per annum in % points	13	5	3
Hand washing change per annum in % points	- 13.6	6.4	4.6
Prenatal visits change per annum in % points	24	- .5	18
Composite MCHN Score	23.6	10.9	25.6

Cost Data

In calculating the costs of these programs, effort was made to ascertain costs specific to the particular MCHN activity, and not monetization or other activities.[39]

Field costs were obtained from each cooperating sponsor but they were unable to perfectly disaggregate their program expenses at a granular level to clearly ascertain the full costs that were specific only to the MCHN activities. Among other things, this is because the cooperating sponsors often mixed activities in the same communities and even some program participants. For this analysis, unit costs were calculated for each Cooperating Sponsor, separately, and applied as the denominator in the cost/effectiveness ratio.[40] Though the estimate of costs required some estimation or inference about which costs were relevant for inclusion, and these varied from CS to CS, the overall results are robust with regard to the rankings of cost effectiveness.

Those costs were calculated as: the Cooperating Sponsor expenses per year, each year, in the case of ACDI/VOA for 2011, 2012, and 2013 divided by the participants or beneficiaries. This is based on the application of the costs as seen by agency divided out by the MCHN beneficiaries they reached.

[39] The food procurement, shipping and major ITSH costs, and food monetization administration were all factored out, as being common to the three cooperating sponsors. The main costs examined therefore were the costs of the field programs per se.

[40] A key input to the program was, of course, the food itself, which was applied in clinics and prenatal centers. Because the procurement and CIS costs of the food assistance was a shared resource among the three cooperating sponsors, we can estimate that the relevant food procurement expenses are largely a wash, common among the cooperating sponsors. Where key differences would be expected to arise would be in the tertiary ITSH expenses, of moving food from district transport points out to smaller, more rural communities. This is a common feature across food assistance programs worldwide: that the cost per metric ton of reaching communities that are more rural, off feeder roads, and far from ports and capitals, are dramatically higher, more expensive, than the ITSH costs near ports. This difference is not associated per se with the Care Group Model, but only with the geographic location of some target populations versus other target groups. Therefore, even to the degree that there are notable food ITSH cost differences between sites, it would be misleading to attribute those cost differences to the model of MCHN delivery.

Analysis

The change composite index is defined as follows:

Sum of (Percentage point change in indicator per annum) for each indicator = Change per annum in key results, represents the "MCHN Score".

This index is calculated as an annual average calculated over the relevant years. For each year, the index is divided by the program expense, which was determined after accounting for the estimated number of employees involved in the MCHN. Dividing the MCHN Score by the total staff expenses in the MCHN sector provides a figure that represents the cost *per percentage change* for each of indicators for the entire population (based on sampling of households)

Table 15: Cost per unit change or improvement in the MCHN composite index

Mothers Care Group (as in ACDI/VOCA)	**Mothers Club** (As by CRS)	**Mixed Approach** (As with World Vision)
$76,000	$34,000	$103,000

In other words, for the time periods, the mixed model saw the higher costs per observed improvements in the population, and more traditional Mothers Club model saw the least cost per improvement.

The Mothers Care Group model measured here for the relevant period when it was rolled out was in between, a medium cost.

Sensitivity Analysis

The apparent high costs per units change in the index can be misleading because the composite index is based on a very small selection of change indicators. Were the composite index to include fewer indices, as was shared in a draft report, then the change figures in the numerator would seem smaller compared to the unchanging cost figures in the denominator. Eliminating one of the two reproductive health indices would drive up the apparent costs as follows: Mothers Care Group: $55,046; Mothers Clubs (CRS): $14,231; Mixed model: $138,462

Conversely, if addition measures were added the ratio of MCHN to cost would decrease.

Were weight/age to have been added to the MCHN calculations, where the changes were positive, the cost per MCHN change would drop with even lower costs. And, interestingly, the cost per change would be even more favorable for CRS's traditional Mothers Club model, as CRS saw the sharpest decline in wt/ht of any of the three Cooperating Sponsors, from 23% to 5.6% further supporting the finding that the Mothers Club model demonstrated more positive change over per dollar invested. Because the CRS model had been in place for years prior to this MYAP, this raises the related question of whether any model requires a minimum of several years of minimum activity before the desired results begin to be seen. The sensitivity analysis suggests that this is a likely scenario.

Limitations

The limitations in this effort to measure the cost effectiveness may be viewed as falling five categories.

First, the power of the experiment is poor, because the actual Mothers' Care Group approach had little time to be tested. In a range of activities, the cooperating sponsors improved the management and outreach of their activities over several years. Since the ACDI/VOCA introduction of the Care Group approach came late, it's unclear how it might have improved. Because it was still rolling out to its many villages, with incomplete coverage, when the MYAP ended, the ACDI/VOCA case is an imperfect test – with very low statistical power -- of how effective the model may have been. Arguably what was also being measured is the fact that ACDI/VOCA is largely a livelihoods-NGO with less experience in child health, and therefore less global familiarity with different MCHN models, than the other two Cooperating Sponsors who manage hundreds of millions of dollars in child and reproductive health programs around the world. The ACDI/VOCA deployment of its Care Group Model occurred only in the second half of the MYAP, after 2010, and even then it was rolled out slowly.[41] Health outcomes observed may still be associated with other activities, and not strictly attributable just to the Care Group Model. There may also be lag effects from pre 2010. Therefore the sensitivity to ACDI/VOCA's populations' performance indicators will be imperfectly associated with the Care Group intervention.

A second limitation, also discussed above, is the inability to further break down the agencies' costs to better ascertain the specific costs associated with each outreach activity and thereby allow an understanding of the unit, incremental, and average costs implicated in one mother-outreach model versus another.

Third, the MYAP-supported activities did not include any randomized design of intervention. In fact the programs were all about "getting the word out" and benefits communicated out to as wide a population as possible, therefore difficult to define or identify a control population that was unaffected by the program but still within the region. Many independent variables that may be associated with the geography and other background conditions of the MYAP populations are not controlled for. Again, the statistical power of available evidence to discern the attribution of impact of the Care Group Model is weak.

Fourth, a limitation common among many studies is the possibility of secular trends during the comparison period that influenced community outreach. In other words, changes in community and household practices may be influenced by local changes in municipal or regional government efforts, or local climate or disease patterns, or the work of other NGOs, such as Oxfam which was active in some of the same areas.

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[41] By 2012, promotion of mother care groups (MCGs) was one of the key activities carried out by ACDI/VOCA in the South East Department. During FY12, 49 new groups were formed and received training in two out of the six modules previously developed by ACDI/VOCA. At the end of September 2012, the old care groups completed five modules while the newly formed groups completed two modules. In total, 89 mother care groups (100% of the target – IPTT indicator 36) were active during FY12. Within those care groups 827 mother leaders (95% of those in the program) were active in their communities. Through home visits mother leaders were able to sensitize other women in various subjects including hygiene and sanitation, health seeking behavior, prevention and treatment of diarrhea, child care and maternal health.

Fifth, there is good reason to expect that intra-CS variation in program results may be greater than inter-CS variation in results, at least with regard to outreach and population coverage. This is because it is a likely confounding variable that the geography or local population location may affect the cost more than the type of intervention. The Care Group model's advantages over other MCH extension models are expected to vary with population densities and levels of social interaction in a community. Most models recognize that costs and effectiveness vary by mother leaders' ability to travel to where other mothers live, which is helpful, but difficult if the areas are far away. Hence the success and effectiveness of the Mothers Care Group model is sensitive to the particular landscape of each community and the infrastructure to get there.

Conclusions and Recommendations

Analysis of effectiveness against costs finds that the Mothers Care Group model was not more effective per dollar spent when compared, head to head, against the prior model employed for years by Catholic Relief Services, referred to as a more traditional model.

But because of the short period of testing, the data would not fully test the question. This lack of improved cost effectiveness with the Mothers Care Group approach does not benefit from the approach having been delivered fully and successfully over sufficient time to show the results needed to see its full potential. In theory, there is a lag time between the rollout of such a community based approach and its cumulative effects in terms of household health-seeking behavior and things like immunization rate (which are intrinsically cumulative).

The greater cost-effectiveness revealed in the analysis of the traditional model pursued by Catholic Relief Services speaks to their lean approach, using a high proportion of volunteers, which may have worked because of the patience over the decade that it was pursued.

The mixed model, which showed the lowest cost effectiveness ratio, tells us that when layering approaches on top of one another, it costs more money. The result reflects the fact that World Vision applied more resources to its target populations than the other CS's, which may have been expected given the period of time in question, when Haiti was subject to intense international scrutiny and a large influx of multi-donor funding.

In the future, USAID should build cost-effectiveness hypotheses into the design of new program awards, not only at the time of an independent evaluation.

- Implementing partners should be required to maintain a financial dataset that specifically tracks the costs associated with the models and outcomes of interest in operations research. This will correct for the problems introduced by each CS cataloguing their cost data in divergent ways.

- Natural or convenience control groups should be identified, if any, for similar tracking between baseline and endline or from the time that a model or approach is introduced.

- More rigorous measures of outcome or results measures should be agreed upon in advance.

- The theory of change, heading into the implementation, and well before the analysis, should specify expectations, rationale and observability of key lag times between roll-out and results.

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ANNEXES
Haiti Title II Multi Year Assistance Programs
FINAL EVALUATION REPORT

January 2014

This publication was prepared at the request of the United States Agency for International Development. It was prepared independently by Bechir Rassas, Louis Herns Marcelin, Bernard Crenn, and Felipe Tejeda, International Business & Technical Consultants, Inc. (IBTCI), with Interuniversity Institute for Research and Development (INURED) as sub-contractor

COVER PHOTO
Credit: World Vision Mothers' Club focus group, La Gonave

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ANNEXES

ANNEX 1. EVALUATION STATEMENT OF WORK

I. Evaluation Purpose

The purpose of this Scope of Work is to conduct a final performance evaluation of the Haiti MYAPs Program implemented through three implementing partners, namely World Vision/Haiti, ACDI/VOCA and Catholic Relief Services (CRS). This evaluation will determine the overall impact of the MYAP program by fulfilling the following specific objectives: 1) to what extent the food security status of the targeted population has changed; 2) To what extent the MYAPs programs have contributed to the resiliency of the targeted communities; 3) To what extent the various mothers' clubs models implemented by the Title II cooperating sponsors are cost-effective. As a result, the evaluation is expected to help guide and optimize the effectiveness of future Food for Peace programming in Haiti, and compile the best practices and lessons learned. The primary stakeholders for this evaluation include: Food for Peace (FFP); USAID, World Vision; Catholic Relief service (CRS), ACDI/VOCA and the Government of Haiti (GOH).

II. Background

For several decades, the US Government in collaboration with several International PVOs has supported a number of food security projects in Haiti using PL-480 Title II resources with the aim of improving food security in the country. Three Private volunteer Organizations (PVOs) namely ACDI/VOCA, Catholic Relief Service (CRS) and World Vision Haiti (WVH) separately implemented Title II Multi Year Assistance Programs (MYAP) in Haiti from 2008 to 2013. The FFP Title II MYAP Programs in Haiti finished in the Fall of 2013, and USAID/Haiti commissioned a final performance evaluation of the program according to the new USAID Evaluation Policy: http://usaid.gov/evaluation.

The table below provides a succinct summary of the MYAP program:

Table 1: MYAP General Information

Project Title	Multi-Year Assistance Program (MYAP)
Award Numbers	FFP-A-00-08-00029; FFP-A-00-08-00023; FFP-A-00-08-00024
Award Date	02/19/2008
Funding	PL480 Title II
Implementing Partners	ACDI-VOCA- CRS and WVI
AOTR	Babette Prévot

2.1 World Vision Program:

The goal of the WVH-MYAP Program was to reduce food insecurity and increase resiliency of vulnerable and extremely vulnerable rural households by targeting its most vulnerable members: women, children, and youth. The MYAP program was implemented in sixteen (16) communes of the Upper Central Plateau, Lower Central Plateau, Artibonite and La Gônave (see table 1).

Table 2: Geographic Areas Targeted by World Vision MYAP

Communes of Upper Plateau	Total Population: 347,000	**Communes of La Gônave**	Total Population: 84,250	**Communes of Lower Plateau & Artibonite**	Total Population 605,000
1. Hinche 2. Thomonde 3. Boucan Carre 4. Thomassique 5. Cerca-La-Source 6. Cerca-Carvajal	Target Beneficiaries 330,297	7. Anse-à-Galets 8. Pointe-à-Raquette	Target Beneficiaries 80,072	9. Saut d'Eau 10. Mirebalais 11. Lascahobas 12. Savanette 13. Verettes 14. Petite Riviere 15. Dessalines 16. Maissade	Target Beneficiaries 130,000

Table 3: WVV's MYAP Results framework

Goal	Strategic Objectives	Intermediate Results (IR)
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO1:** Improved Nutritional and Health Status of Targeted Vulnerable Groups	**IR1.1**: Improved Nutritional and Health Practices of Targeted Vulnerable Populations
		IR1.2: Improved Quality of and Access to Health Services
		IR 1.3 Decreased risks of communicable diseases among targeted communities
	SO2: Improved Productive and Profitable Livelihoods	**IR2.1**: Increased Food Production and Household Assets
		IR2.2 Enhanced Market-Based Livelihoods
		IR2.3 Rehabilitated Natural Resources Resiliency and Local Response Capacity
		IR2.4 Enhanced program flexibility and community response capacity to acute needs.

The program through its resiliency enhancement approach, planned to reduce food insecurity in more than 108,000 households (approximately 540,000 beneficiaries). The WVH's MYAP sought to address both the chronic causes as well as the acute symptoms of food insecurity in Haiti through two strategic objectives (SO), namely: (SO1) Improved Nutritional and Health Status of Targeted Vulnerable Groups and (SO2) Improved Productive and Profitable Livelihoods.

In January 2011, in light of Haiti's post-earthquake context, the recent cholera outbreak, the continuous deterioration of economic and environmental conditions, as well as the benefits that could be gained by incorporating several MTE recommendations into the program, WV amended its Haiti MYAP to increase overall program effectiveness and impact, as well as incorporate surge capacity into the design. As a result, WV added two new intermediate results to the existing program (IR1.3 and IR2.4) and the expansion of other program interventions to respond to the MTE recommendations and current country context.

2.2 ACDI/VOCA Program:

The overall goal of the ACDI/VOCA MYAP is to reduce vulnerability to food insecurity in the Southeast Department of Haiti. The program works to bolster food security through improved agriculture, health and nutrition as well as the development of an Early Warning System (EWS). ACDI/VOCA implements its Title II MYAP in the Southeast Department. Out of the 10 communes that make up the Southeast Department, ACDI/VOCA works in seven (7) communes (Table 3) which are the most food insecure and isolated zones in the department and country.

Table 4: Geographic Areas targeted by ACDI/VOCA

Communes of South East	Total Population: 253,427 Target Beneficiaries 174,515
1. Cote de fer 2. Bainet 3. La Vallée de Jacmel 4. Grand Gosier 5. Belle Anse 6. Anse à Pitres 7. Thiote	

Since 2008, ACDI/VOCA and sub-awardee BND have utilized an integrated approach to food security that includes the promotion of sustainable livelihood strategies as well as a focus on health and nutrition in the Southeast Department. For agriculture, priority interventions have included improving household production and post-harvest handling that integrate natural resource management (NRM); improving local capacity of communities through empowerment of producer associations; increasing access to financial resources and to markets; and diversifying livelihood activities where feasible. Health and nutrition interventions have focused on linking the most vulnerable and underserved communities with greater access to health and nutrition services and providing training on health and hygiene practices especially for mothers and children. A supplementary food distribution program for the most vulnerable mothers and children is a key part of the health intervention. Lastly, the program has developed a sustainable EWS designed to create linkages between the Civil Protection Units, local government offices, local association and community leaders and the CNSA. At the same time, the project has also worked with beneficiaries (associations and communities) to increase their internal capacity to monitor conditions and prepare and develop their own local emergency response plans.

As described in its 2011 amendment, ACDI/VOCA's program aim was to provide nutritional support to 154,560 individuals over the life of the project, about 100,000 more than initially projected and approved in its 2008 proposal (that targeted 72,750 beneficiaries)). It also aimed to provide support to 19,955 farmers, in addition to the maternal child health nutrition (MCHN) beneficiaries participating in Title II activities. The ACDI/VOCA's MYAP Results Framework is depicted in table 4 below.

Table 5: ACDI/VOCA's MYAP Results Framework

Goal	Strategic Objectives	Intermediate Results (IR)
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO 1:** Increased resiliency against future food insecurity through the protection and enhancement of livelihoods and the development of communities capacities	**IR1.1**: Enhance agricultural productivity, environmental management and market linkages
		IR1.2: Improved managerial and financial capacity of community based organizations and local groups
		IR1.3 Increased access to financial resources
		IR1.4. Increased diversification of livelihoods strategies
	SO2: Protect vulnerable populations against immediate food insecurity and develop capacity to address long-term nutrition and health needs	**IR2.1**: Improved maternal and child health
		IR2.2 Increased access to nutritious foods
		IR2.3 Improved household sanitation and access to water
	SO3: Improve the ability of communities to identify and successfully respond to vulnerabilities and impending shocks	**IR3.1** Improved capacity of local organizations and groups to identify and respond to vulnerabilities and shocks

2.3. CRS Program:

Catholic Relief Services (CRS) proposed to utilize Title II MYAP resources during the fiscal years (FY) 2008-2012 to spur economic growth through agriculture and natural resource management in fragile watershed areas; invest in people by providing access to quality health and education services, and reduce vulnerability to risk and maintain a capacity for flexible emergency response. The goal of the program: *The most vulnerable communities, particularly those in the South Department, have reduced their food insecurity by 2012.*

The CRS MYAP supports the USAID/Haiti Mission goal of Stability and the Mission SO 1 Improved Employment and Sustainable Livelihoods and SO 2 Increased Access to Quality Social Services. Achievements under the Multi-Year Assistance Program (MYAP) are supposed to be monitored and evaluated using Food for Peace (FFP) and F-Process Program Areas, Elements and Indicators. Table 5 and Table 6 described below described the MYAP's targeted areas as well as the results framework.

Table 6: Geographic Areas Targeted by CRS MYAP

Communes of South Department	Total Population: 391,848 Target Beneficiaries 313,478	**Commune of Grand-Anse**	Total Population: 107,591 Target Beneficiaries 86,072	**Communes of Nippes**	Total Population: 98,431 Target Beneficiaries 78,744
Tiburon Les Anglais Coteaux Chardonnieres Port a piment Roche a bateau Port salut Sait Jean du sud Ile a vache Cavaillon Saint louis du sud Aquin		Jeremie		Miragoane Fonds des Nègres	

Table 7: CRS MYAP Strategic Objectives and Intermediate Results

Goal	**Strategic Objectives (SOs)**	**Intermediate Results (IRs)**
Goal: Reduce food insecurity and increased resiliency of vulnerable and extremely vulnerable rural households.	**SO1:** Vulnerable Communities have increased rural productivity in environmentally sound and economically profitable ways	**IR1.1:** Vulnerable communities practice improved soil and water conservation techniques **IR1.2:** Vulnerable communities have increased farm and off farm income
	SO2: Vulnerable communities have reinforced their human capital	**IR2.1:** Vulnerable households have adopted improved sanitary and health practices **IR2.2:** Vulnerable households have improved access to quality basic education **IR2.3:** Highly vulnerable individuals and households have improved living conditions

In January 2011, CRS submitted an amendment request to USAID/FFP to make three modifications to its

current MYAP programming as a result of critical research findings and changes in the operating environment.

The programmatic modifications were based on the findings of the midterm evaluation recommendations, the Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP), and Food for Peace's formal policy guidance 10-1 on emergency response capacity in MYAP areas. The amendment was approved in April 2011 resulting in three new indicators added to the Indicator Performance Tracking Table.

III. Evaluation Questions

The final evaluation will assess the relevance, appropriateness, sustainability of the program interventions on the target communities in the context of its stated objectives thus attempt to answer the following questions:

A) Relevance:
Q1. How did the food security status of the targeted population change?
Q2. Did the program address the most critical problems or constraints to food security and resiliency for the most vulnerable?
Q3. Are the constraints faced by the target beneficiaries as outlined in the original document still relevant?

B) Appropriateness
Q4. To what extent did the program's theory of change contribute to the MYAPs achievements in terms of project results and outcomes?
Q5. Have women and other disadvantaged population groups participated been differently affected (positively or negatively) by the project?

C) Sustainability
Q6. Is there adequate evidence suggesting that the project outcomes are likely to be sustained? What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

D) Cost-Effectiveness
Q8. To what extent are the various mothers' clubs models implemented by WV, CRS and ACDI/VOCA cost effective?

IV. Methodology

4.1 Evaluation Design

It is expected that the evaluation team propose an overall research design with a mixed data collection approach (quantitative and qualitative) to address the evaluation questions and a plan for collecting and analyzing the data. Among suggested data collection methods and analysis are:

(1) Review of literature and analysis of relevant documents;
(2) In-depth interviews with key informants;
(3) Focus group discussions (FGD); and
(4) Survey of MYAP targeted population
(5) Cost-effectiveness analysis of mothers' models clubs

Note that the bidders are encouraged to propose other data collection and analysis methods that are more appropriate to address the evaluation questions.

For the population-based survey, it is expected that the evaluation team sticks to the non-experimental, pre/post survey design, which was part of the MYAP evaluation plan. This type of design, also known as the adequacy design, implies the collection of key program indicators (see baseline study on indicator selection) for

each CS area at baseline and at final evaluation. Since this type of design does not use controls, statements about attribution and causality cannot be made at the time of final evaluation. All that can be said is whether or not a change of the desired magnitude has occurred at the level of those indicators.

To ensure comparability between the two studies (pre/post), the evaluation should have scheduled to happen in August 2013, the time of the year when the baseline data collection was implemented. However, given the urgency to complete the evaluation work before August 2013, it is suggested that, as much as possible, the data collection tools should mirror the ones used for the baseline survey. Therefore, the questionnaires that were already standardized across the three CSs and translated into Creole at baseline will be updated only if necessary. Data will be collected using Personal Digital Assistants (PDAs) and questionnaires will be adapted to this approach of data collection using software that will be agreed upon between the consulting team and USAID/Haiti. The questionnaire will be fully field-tested prior to enumerator training; and will be again iteratively updated throughout the training period as a result of findings emerging from field and instrument pre-tests.

The successful bidder will update the existing field manual and events calendar that will be translated in both French and Creole to provide guidance for the enumerators about all aspects of the evaluation including indicator definitions, respondent selection, and key points pertaining to collection of data by a PDA.

4.2 Sampling Strategy

The evaluation survey will use population based sampling, meaning that all the households within the program target area, regardless if they are receiving Program's products or services, are part of the sample frame. Because all the localities, households, and individuals selected for interviews will be randomly chosen - i.e., every household will have an equal chance of being selected to participate in the study; and within selected household, every eligible person will be interviewed - the data collected in this survey will be representative of all individuals who live in the various intervention areas. The evaluation team will use the 33x6 cluster design with two strata by Cooperating Sponsors (see baseline reports for more details).

4.3 Data collection methods and instruments

The objectives of the Final Evaluation will be achieved through a combination of quantitative and qualitative methods. The Contractor will propose a detailed methodology and evaluation work plan to carry out the framework suggested by this Scope of Work. This being a pre-post study, it is necessary to use the same survey tools as was used during the baseline study. However, should the Team Leader deem it necessary to revise it, s/he will be welcome to make suggestions (only additions) that will be consequently discussed during the preliminary meetings with USAID/Haiti.

This SOW also describes the qualitative review that will focus on gathering relevant data that will facilitate a deeper understanding of processes and approaches, perceptions and behaviors and other factors that have contributed to achievement and/or non-achievement of objectives.

Participation of a wide cross-section of key stakeholders will be an essential part of the FE including the following:

- MYAP program beneficiaries and participants (including individual families)
- Community volunteers and field facilitators
- PVO field and national office-based staff
- PVOs Program and Technical Officers
- Local government entities
- Partner NGOs
- Relevant in-country technical institutions and universities.

Evaluation processes will rely on proven tools and qualitative techniques such as Focus Groups, Key Informant Interviews.

V. Composition of the Evaluation Team

Composition of the Evaluation Team will mirror the diverse technical program areas of MYAP. It will be composed of a total of four (4) consultants: three (3) international consultants and one (1) local consultant. The complexity of the program also requires that the team members have broad experience not only in their relevant fields but also be able to apply their expertise in a multi-disciplinary environment. The evaluation team is expected to have expertise in the following areas:

- Evaluation
- Quantitative and qualitative data collection and analysis Maternal Child Health and Nutrition
- Livelihoods
- Agriculture or Natural Resource Management Early Warning or Disaster Risk Reduction (DRR) Food for Education
- Food programming of Title II programs
- Local Capacity building
- Gender
- Cost-Effectiveness Analysis

Above all, the Team Leader should be conversant with Title II programs and with prior experience in evaluating similar multi-sectorial programs. The Team Leader should have at least 10 years of rural development/food security experience as well as at least 7 years evaluation experience (using both quantitative and qualitative methods) with food security programs. He/she will be responsible for planning the evaluation, coordinating the implementation of the evaluation, assigning responsibilities and tasks, and authoring the report, in particular findings, conclusions and recommendations. He/she must be fluent in both English and French and have team management experience.

The assistant team leader should be a Haitian national with experience in implementing mix-methods (quantitative and qualitative) surveys. He/she must have a Master of Science in statistics and/or in any related social science field (agronomy, economy or sociology). He/she should have prior experience in implementing large scale quantitative survey, preferably nutrition and agriculture survey. He/she should have the ability to plan the routes for the data collection, form and schedule the fieldwork teams, which are generally composed of supervisors and interviewers.

The other two consultants should have combined expertise that will best complete the team's leader profile to ensure that all areas of expertise required for the evaluation are effectively covered. Team members should have at least 10 years rural development/food security experience, preferably in Latin America. All team members should be fluent in French and English.

Note that the entire evaluation team must be external so that the evaluation is not subject to the perception or reality of biased measurement or reporting due to conflict of interest or other factors.

VI. Responsibilities, Deliverables and Tentative Timeline

Table 4: Suggested tasks and roles

Proposed activity	**Responsible person/entity**
Review of documents	Contractor
Train supervisors and enumerators	Contractor/Assistant Team Leader
Coordinate and Supervise data collection	Contractor/Team Leader
Data Analysis	Contractor/Team Leader
Give verbal debriefing on preliminary findings	Contractor/Team Leader
Draft reports	Contractor/Team Leader
Final reports	Contractor/Team Leader
Submit all survey and field instruments (completed questionnaires, electronic version of data, training manual, and field work logs) to USAID	Contractor/Team Leader
Manage logistics (vehicles, recruit enumerators/supervisors)	Contractor/Team Leader

The consulting team will submit or produce the following documents:

1) An evaluation plan to be submitted for USAID comments and approval.

2) Draft field manual, data entry training manual and other instruments

3) Summary of key evaluation findings to be presented during a briefing to USAID/Haiti Mission staff.

4) First draft reports (main report that includes all CSs data and individual reports by Cooperating Sponsors) to be submitted to the USAID/Haiti Mission for review and feedback five (5) weeks after the end of data collection field work.

5) The Team Leader will submit the final reports within 10 working days after receiving feedback from USAID/Haiti. The final report should integrate USAID/Haiti's comments, and must comply with the USAID Evaluation Policy. An acceptable report will meet the following requirements as per USAID policy (please see: the USAID Evaluation Policy):

    - the evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
    - The evaluation report should address all evaluation questions included in the scope of work.
    - The evaluation report should include the scope of work as an Annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline shall be agreed upon in writing by the USAID Mission M&E Specialist.
    - Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex to the final report.
    - Evaluation findings will assess outcomes and impacts using gender disaggregated data.
    - Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias,

unobservable differences between comparator groups, etc.).

- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions.
- Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an Annex, including a list of all individuals interviewed.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

6) Details about writing an evaluation report can also be found in the USAID publication *Performance Monitoring and Evaluation TIPS: Constructing an Evaluation Report* available at the following website: *http://www.usaid.gov/policy/evalweb/documents/TIPS- Constructing an Evaluation Report.pdf*.

7) USAID/Haiti requests both an electronic version of the final report (Microsoft Word 2003 format) and 5 hard copies of the report. The report will be released as a public document on the USAID Development Experience Clearinghouse (DEC) (http://dec.usaid.gov).

8) Electronic copies of clean data sets (Syntax files) with variables and value labels.

It is anticipated the evaluation data collection effort will last approximately 4 months. The survey and evaluation team will spend a total of five (5) weeks to plan the overall evaluation effort, including refining the evaluation design and the sampling size, designing and pilot testing the questionnaire(s) and planning the survey field work. A total of twelve (12) additional weeks will be needed to field the questionnaire(s), analyze the data and write the evaluation reports.

TASK	**Tentative Timeline**	**# of days**	**By Who**
Evaluation Team on board/Post award conference	May 15, 2013	1	
Documents review & Evaluation protocols (including detailed methodology and analysis plan submitted). Hiring of enumerators and supervisors.	May 15 – May 23 2013	10	Contractor
Evaluation Plan submitted to USAID/FFP for comments and approval.	May 24, 2013	1	Contractor
Evaluation tools finalized	May 24 – May 28., 2013	5	Contractor
USAID comments on Evaluation Plan	May 28	0	USAID/Haiti
Enumerator & Supervisors training and field pilot./ Field preparation	May 29 – June 11	14	Contractor

Approved Evaluation Plan by USAID	June 3	0	USAID/Haiti
Data collection	June 12 – July 09, 2013	28	Contractor
Data Cleaning and Analysis	July 10 - to July 23	14	Contractor
Presentation of preliminary findings	July 24	1	Contractor
Draft evaluation reports (main report + three PVOs reports)	July 25– September 3	41	Contractor
Comment and feedback from USAID. Haiti and Cooperating Sponsors	September 13	0	USAID/Haiti and Cooperating Sponsors
Final evaluation of CRS/WV and ACDI/VOCA reports (Main and three Cooperating Sponsors Reports)	September 16 – September 27, 2013	12	Contractor
TOTAL		127	

ANNEX 2. EVALUATION METHODS AND LIMITATIONS

The IBTCI evaluation team developed tools to collect quantitative and qualitative data, all of which was analyzed in order to assess the relevance, appropriateness, and sustainability of MYAP program interventions on the target communities in the context of the MYAP's stated objectives. Additionally data concerning the cost-effectiveness of different models of Mother's Clubs among the 3 CSs was collected and analyzed.

ANNEX 2.1 QUANTITATIVE SURVEY

Quantitative Data Collection

Extensive, representative, population-based quantitative data was gathered on a wide range of household and child variables via an extensive household survey in September 2013, conducted by enumerators trained and deployed by the evaluation team.

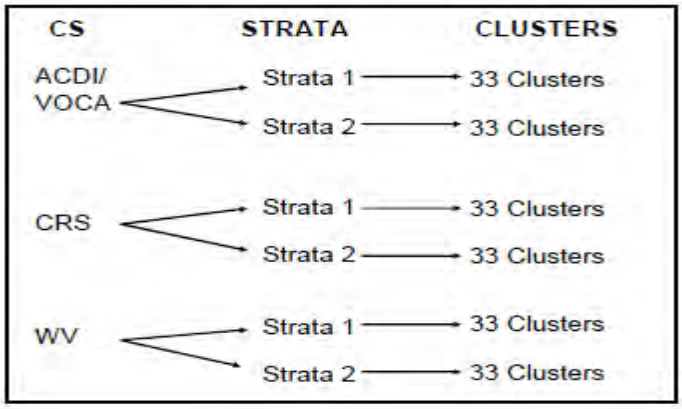
The sampling size and methodology that had been used for the baseline survey in 2008 was closely replicated for the final evaluation to enable comparison between the two datasets. The sample size was large, to achieve statistical power. The 33 clusters (described below) was intended to achieve a sampling of over 1,200 and turned out larger than the minimum sought.

The sampling design was almost identical between 2008 and 2013 and used a stratified 33x6 two-stage cluster design within each stratum where strata were defined by category of intervention (i.e. MCHN vs. Agriculture vs. mixed). Each stratum used in 2013 had 33 clusters. As in 2008 the protocol required the enumerators to randomly visit six households to conduct interviews per respondent group, e.g. in each cluster.

As defined in the baseline reports, Strata 1 areas were defined as areas where both MCHN and agriculture activities are implemented whereas Strata 2 areas were defined as those the areas where only MCHN activities were implemented. For ACDI/VOCA, the strata were defined as follows: Strata 1 areas were those populations for whom the activities integrated both MCHN and agriculture activities; Strata 2 areas were where ACDI/VOCA implemented only agricultural activities.

Within these strata, there was a second randomization at the more local level, known as clusters. These *clusters* are non-overlapping geographic areas within the stratum. This randomization by geographic cluster ensures that each person has an equal chance of being captured in the survey process, ensuring full representation in the results. Clusters within each stratum were selected using a Probability Proportional to Scale (PPS). The clusters corresponded to the *localités* found in each of the CS's implementation areas. Figure 1, below, depicts this tiered approach to the sampling that was used.

Figure 1.



Within each cluster, six interviews were conducted for nine respondent groups. One module was applied for each respondent group. A list of localities where the MYAPs have been implemented was used from each CS. The population living in each locality was updated using annual growth rate data from IHSI (2003). Information about the size of the population was used to then randomly select a sample of localities according to probability proportional to size as follows:

- For each strata, total size of strata population was divided by the number of clusters to find the sampling interval (SI)
- Between 1 and the SI, a number was chosen randomly to find the first cluster
- The SI helped systematically find the next clusters until the number of chosen clusters totaled 33.

The localities chosen by each CS for each stratum were provided as an annex to the evaluation plan. Within localities, households and individuals selected for interviews were randomly chosen, and within selected households, every eligible person was interviewed. The data collected in both the baseline and this evaluative survey was representative of all individuals who live in the MYAP intervention areas.

From the baseline report, the evaluation team had the following information about the respondent groups:

Respondent Type	Eligible respondent	Questionnaire
1	Food preparer	Food security
2	Children 0-59 m	Weight
3	Children 6-59 m	Height
4	Caregiver of children 0-59 m	Hand washing
5	Caregiver of children 6-23 m	Complementary feeding
6	Caregiver of children 12-23 m	Vaccination
7	Mother of children 0-23 m	Pregnancy and Birth
8	Women married/in union 15-49 y	Reproductive health
9	Farmers	Agricultural

Figure 2.

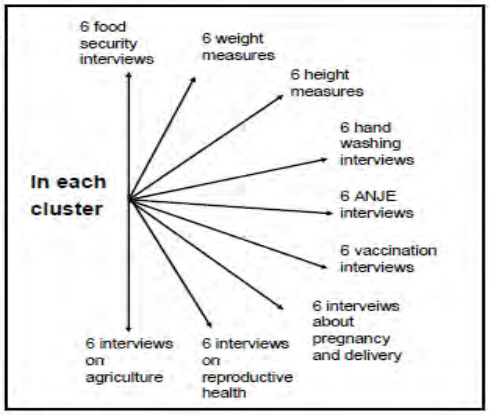


Figure 2 illustrates the nine respondent groups and the number of interviews conducted in each cluster. Within each cluster, six (6) persons from each respondent group were interviewed.

Households were defined as a group of people who regularly contribute to the domestic economy and sleep in the same home or compound. The detailed instructions and guidelines provided by FANTA to field staff during the training phase are provided in Annex 3.

Choice of Households

Figure 2 above illustrates the process as applied at the time of baseline. The methodology for selecting households to be interviewed mirrored the approach used in the baseline survey, using the same randomization. The rules described in the procedures manual was followed.

Household selections were made using the method of "segmentation" followed by the "Spin the bottle" or pen method for field surveys to generate an easy, fast, random direction, which then points to the first household. Selection of households were applied based on the following 11 steps:

Step 1: Greet the community leader and ask permission to conduct survey
Step 2: Draw a map of the locality
Step 3: Divide the locality in 4 parts equals
Step 4: Make a random selection of one of the parts
Step 5: Explain the method *PEV* « *Tournez la Plume* »
Step 6: Go to the center of the cluster
Step 7: Spin a pen or a soda bottle to provide a random direction
Step 8: Households count on the straight line
Step 9: Select a random number
Step 10: Identify the first household chosen randomly in the cluster.
Step 11: Choose subsequent households to be sampled in the cluster, iteratively

Sampling Frame

The primary component of the quantitative evaluation tools was the post-project survey of the MYAP targeted population. The post-survey replicated the pre-survey methods as closely as possible. A second random sample of localities was randomly selected in the 38 communes.

Survey Content

It is important to note that, due to the absence of a valid counterfactual, the survey method did not control for confounders or for exceptional events such as the 2010 earthquake. The survey addressed all evaluation questions that were used at baseline. The survey modules are provided in Annex 3.

Given the level of information called for in each household survey and the local settlement patterns, each enumerator was projected to survey an average of two households per day.

Mapping and Listing

Prior to applying the survey, a mapping and listing team, primarily composed of supervisors, field team leaders and quality control personnel identified for the actual survey visited the selected clusters from the first stage of sampling. After the list was constructed, clusters of households, based on sample size estimates, was identified using random selection in a way that mirrored that used in the baseline survey.

Procedures for Identifying, Selecting and Interviewing Respondents

An initial visit record form was attached to Module 1 of the questionnaire. This was the only module that had to be filled out for every household, and which specified a unique identifier that was cross-referenced to the department, commune, section and household number of respondents and questionnaire modules so that it could be linked to the individual cluster and respondent type to which they refer.

Four Quality Control and Oversight (QC) managers were selected (two for World Vision and one each for ACDI/VOCA and for CRS), 6 supervisors, 12 field team leaders and 36 enumerators. For each CS program area, the quantitative field team was composed of one field logistical and quality control, 2 supervisors, 4 field team leads, and 12 enumerators. Each CS QC manager was responsible for providing direct oversight of the overall survey implementation in the field. This person also directed the logistical support to the assigned CS. He/she coordinated the collection of field materials to the study headquarters at INURED.

Supervisors were responsible for ensuring that the minimum number of respondents per category was interviewed in each cluster. They held primary responsibility for the second-stage sampling procedures (i.e., mapping and listing, selecting households). The supervisor assigned enumerators and ensured that the enumerators were completing their interviews as intended. In addition, the supervisor ensured that

enumerators followed appropriate procedures for obtaining consent. IBTCI and INURED used 12 field teams, 4 for each CS program area. The proposed number of field teams had 3 enumerators and a supervisor. Each field team member was provided one tablet that was programmed to record and later transmit data pertaining to each module. The value of the tablets was that they allowed for data correction immediately, as software-based entry can flag any data that is out of bounds or suspicious. The additional value was that aggregated data can be reviewed immediately.

There were 198 locales to be surveyed in the three CS areas. The overall survey team was coordinated by a program coordinator who was responsible for the overall programmatic tasks associated with the survey (both its qualitative and quantitative components). The program coordinator was assisted by a logistics specialist who organized scheduling and dispatching. He assisted the program coordinator with the recruitment, transportation, housing, and other logistics. The coordinator was also assisted by one quality control specialist for each CS.

By definition, the quantitative survey *was* quantitative and less subject to inter-enumerator differences in observations. However, to reduce the possibility of enumerator drift, to the extent feasible the evaluation team had the enumerator teams move from one CS to another, in "round robin" fashion, on a weekly basis.

Capturing Survey Data

Survey data was be captured using 2012 Nexus 7 ASUS-1B16 tablet computers. The team used *SurveyToGo* web-based software services vended by Dooblo Ltd. to program the quantitative instrument. Using SurveyToGo was more economical than using comparable survey software alternatives, as SurveyToGo rates are based on usage of web-based services and do not require the purchase of licenses or long-term support that would extend beyond the completion of the project. Data collection was completed using portable touchscreen devices that had GPS sensors to facilitate the collection of accurate geographical data in remote locations where wireless signals were not available. The Nexus 7 Tablet with 16 GB of storage was selected for the enumeration for its affordability, portability, long battery life, installed Jelly Bean (4.2) android operating system, and high screen quality. Additional specifications are available at: http://www.google.com/nexus/7/specs/.

The SurveyToGo software and web-based services has the following features:

- Survey navigation including:
    - Skipping
    - Piping
    - Looping
- Offline data collection
- Administration in multiple languages
- Upload and download of touchscreen surveys via an internet connection
- Upload and download of touchscreen survey data via an internet connection
- Automatic capture of GPS coordinates
- Enumerator tracking via GPS sensors
- Web-based support for users via email and chat
- Additional specifications are available at: http://www.dooblo.net/

In general, the SurveyToGo services allow a survey designer to assign roles to individuals who will be reviewing and administering each survey they create. Using the wireless internet connectivity of the Nexus tablets enumerators were able to download survey instruments for offline training and data collection. Enumerators submitted completed surveys directly to Dooblo's servers so that program stakeholders were able to download data from the field as soon as it was uploaded. Any adjustments that needed to be made to the survey instrument could also be distributed to enumerators as soon as they were able to access the internet. In addition to

monitoring data uploads from the field, SurveyToGo provided a feature which tracked enumeration devices via GPS sensors while they were moving in the field.

The datasets that give more details about which locales, sites and communes were visited, broken down fully by CS, by strata and for the entire MYAP are provided in the digital files accompany this report, as referenced in Annex 5.

The exact site selection was generated by INURED based on the goals of stratification, meeting with a range of groups (users, villagers, MUSOs, etc.), for each stratum (program category), in each geographic area, for each CS. As much as possible the local teams included staff from the original baseline survey.

ANNEX 2.2 QUALITATIVE SURVEY

Qualitative Data Collection

The qualitative evaluation survey was conducted by a team of three senior evaluators and a team of local ethnographers. The qualitative tools used by both teams included key informant interviews (KII) and focus group discussions (FGD), using interview guides reflecting the evaluation questions. Interviews were also conducted with relevant Haitian government agencies at different levels, with staff of the CSs and partner NGOs/CSOs at the national and local levels, with staff of relevant donor institutions and commune stakeholders.

All key informant interviews and focus group discussions were conducted by members of the evaluation team and ethnographers in the communes that were visited by the mid-term evaluation team in 2010 and one other. The communes visited were:

- ACDI/VOCA (Southeast: Cote de Fer, Bainet, Belle-Anse, La Vallée).
- CRS (South: Aquin, Les Anglais, Chardonnières).
- World Vision (Upper Plateau: Hinche, Thomonde, Boucan Carré; La Gonave: Anse-a-Galet. Artibonite & Lower Plateau: Verettes and Saut d'Eau).

FGDs in each commune were conducted with three categories of survey respondents: mothers' club members; community volunteers (ColVols) and rally post participants; and livelihood groups, including farmer groups, agro-associations, and MUSO members. The 43 FGDs held reflected the number of tasks that could be completed by the evaluation team and three ethnographer teams within the field-based workdays scheduled for the evaluation.

Data collected using the focus group technique helped assess participants' accounts of their experiences with MYAP programs in their communities. This procedure yielded critical qualitative data as a means of explaining or confirming data obtained from different collection methods. It also helped formulate additional insights on targeting, coverage, changes in sanitation practices, health and nutritional behaviors, resiliency, sustainability, and ancillary practices related to agricultural production and livelihoods strategies.

The 49 KIIs carried out generated information on topics such as (a) perceptions of the MYAP and suggestions as to how implementation could have been improved; (b) changes in food security, nutritional and selected other behaviors and practices since contact with the program; (c) perceptions on sustainability; (d) changes in agricultural livelihoods; (e) perception of changes in other participants' lives after the intervention; and (g) personal experiences and beliefs associated with behavior change.

In addition to conducting interviews in Port-au-Prince, the senior evaluation team conducted extensive interviews with the three CSs and their implementing PVO partners in 13 Communes and Port-au-Prince, as well as key government officials and relevant in-country technical institutions at the commune and

national levels. The evaluation team also conducted selected FGDs and KIIs where the CSs had MYAP field offices. A summary of FGDs and KIIs conducted in each location is presented in the following table.

Summary of Qualitative Survey Activities				
Activity/Location	ACDI/VOCA South-East Department	CRS South Department	WVH Center, West (La Gonave), Artibonite Departments	TOTAL ALL CSs
KII (non CS)	12 interviewees	14 interviewees	23 interviewees	49 interviewees
FGD # of groups	12 groups	11 groups	20 groups	43 groups
FGD # of participants	137 participants	95 participants	193 participants	425 participants

Early in the evaluation, the senior evaluation team delivered a five-day training program for the ethnographers. Once the teams were constituted and deployed, the evaluation team worked with the three teams of ethnographers during their first day of survey work to address any difficulties that may not have been addressed during the training. Periodic reviews were held early on with INURED home office staff and the supervisors of the three teams of ethnographers during their work. This approach helped ensure that the appropriate questions were being asked and that the team of ethnographers was building upon what it had already learned.

During each FGD session, the comments were noted on each interview guide in a structured manner. Each FGD was also audio-recorded. After each FGD the team of three ethnographers reviewed the interview guide and ensured that it was complete and accurately reflected the answers given. Each completed interview guide was then transcribed into an electronic form for later analysis, along with the audio transcripts. The field teams reviewed the electronic copies of the interviews to ensure consistent transcription.

At the end of the enumeration phase, the evaluation team and the ethnographers and their supervisors held a debriefing meeting at the INURED home office. All questionnaires and translated transcripts were subsequently submitted for review and analysis.

There were three categories of commune-level stakeholders that were interviewed as key informants: (1) government administration, such as the *ASECS/CASECs* and mayors; (2) government technical personnel in health and agriculture, and others; and (3) non-government community leaders (*les notables*). These commune-level stakeholders were people in positions of authority, who were not beneficiaries, but who had some involvement in or awareness of the project, its implementation and its results. The interview guide questions were designed to answer the evaluation questions. Some interview guide questions addressed multiple evaluation questions (e.g.; constraints and sustainability). Each of these KIIs helped shed important light on the full scope of program impact.

Separate guides were used for the following three categories of respondents:

1. Government representatives, community leaders and other non-governmental organizations working in the same areas;
2. Mothers' clubs, rally points, ColVols;
3. Farming households, agro-associations and other livelihood groups

Qualitative Data Management and Analysis

The qualitative research staff of ethnographers was supported and monitored during every step of the data collection process. They were under the explicit responsibility of the INURED program coordinator. All three of the qualitative instruments were piloted and then reviewed to ensure validity and reliability. The ethnographers

implemented the FGDs and KIIs in selected sites. Narratives were transcribed and coded. The supervisors of the teams of ethnographers reviewed coded interviews daily to ensure consistent application of content codes.

ANNEX 2.3 DATA ANALYSIS PLAN

The team's guiding principles in data analysis were the evaluation questions. All analysis followed the logic presented in the questions. The team's data analysis was geared to objectively evaluate what worked in the project, what did not and why. The evaluation findings assessed outcomes and impacts using gender disaggregated data. The data analyzed helped produce evaluation findings that were presented as analyzed facts, evidence and data. The action-oriented recommendations were developed that flowed from these findings, with a clear path back to the data collected and analyzed.

Analysis of the data began from an understanding of the proposed theory of change of the program.
The team used the 3 results frameworks to define the theory of change for each of the CS. Therefore the discussion was around achieving the results as stated in the Results Framework

Each question posed by USAID in the Scope of Work required a unique mix of sources of evidence. Because of its statistical power, the household quantitative survey was used as often as possible in this report but each finding was still interpreted against consistency with each source of evidence.

In practice, the evaluation's findings and conclusions derive from a comparison of evidence from the:

1) household surveys,
2) key informant interviews,
3) focus group discussions,
4) direct observation,
5) review of the CS's performance indicators,
6) desktop review of project literature, and
7) general literature about Haiti and best practice in the sectors involved.

For every question in the text of the main report, all of these data sources/methodologies were used to answer the evaluation questions, even if the report highlights or details one data source. Almost all conclusions cited in the text were built upon consideration and triangulation of a blend of these sources of evidence. In the case of the qualitative surveys, many of the findings cited were built on the consistency of perspectives across both focus groups and key informants, buttressed with local observations and consistency with each CS's own findings. The team also drew wherever possible from USAID/FFP and USAID/Haiti research and findings.

The household level, child (under five year old) anthropometric survey data was carefully analyzed and interpreted. The team examined the changes in the three nutrition (anthropometric) indicators at length, exploring how it was that some indicators did not change while weight for age did. The analysis included careful review of the nutrition indicators, checks of their statistical spread, validity, and consistency with the mid-term findings. A large share of the reports findings on changes in food security recognize the importance of the key result indicator of the rates of malnutrition.

In running and re-running the statistical tests against the data, spurious or unuseful patterns of association were not included in the report. Only findings that stood up against a triangulation of evidence. Tests of statistical significance were routinely conducted for most changes observed between CS's and between 2008 and 2013.

Attribution: Many changes seen (or lack of change seen) in the evidence may not be due to a misunderstanding of the theory of change, but rather to a combination of extraneous factors (continuing natural disaster and political shocks to Haiti) and the lack of a solid sustainability strategies with indicators for each CS.

ANNEX 2.4 LIMITATIONS OF APPROACH

The limitations of the household survey were that despite a large sample and extensive survey questions, there were few good measures of livelihood and food security that provided a robust view on results. The question about food provisioning across the year has weak validity and diversity of food sources is more of an intermediate index than a good measure of whether food security was achieved. Instead, measures of vaccination rates and reproductive health were used almost as proxies of overall program effectiveness. Although it had very good statistical power, the quantitative survey was unable to explore the construct validity around specific questions. For instance, it was not possible to interpret the extent of valid answers or how respondents interpreted questions about hand-washing, measles immunization or use of family planning. It was difficult to interpret the extent of recall bias in patterns of answers and how these might have varied from the 2008 dataset.

A good example is hand-washing. In 2008, the hand-washing question was relatively novel and broad for the respondents. But following the cholera epidemic in 2010, hand-washing practices were promoted by the government, media and by NGOs. So by 2013, the respondents' interpretation about what constitutes minimally adequate hand-washing may have evolved considerably and may have answered the questions with a different construct in mind.

The limitations of the qualitative survey can be summarized as: an imperfectly representative sample, lack of unambiguous validation procedures to test answers, the inability of the interviewers to go beyond what the informants reported, the individual biases of informants and evaluators, and the unavailability of most of the field staff for interviews, as the MYAP offices were closing down. A major limitation in cross-checking and learning about how the programs performed against their plans and theories of change was the attrition of key staff. The evaluation team found few people in the field who were available to reflect retrospectively about their programs, due to the timing of the evaluation.

One example of this limitation was the definition of critical problem. The authors of the original MYAP proposals from 2007-2008 were not available to explain their interpretations of critical problems, per USAID's generic question.

As to attribution, the team lacked any counterfactual examples or control groups, and therefore the evaluation could not conclude decisively about firm and irrefutable statements of attribution which cannot be made. That is why this is a 'performance' not 'impact' evaluation. It is a slippery slope to expect or attempt to draw attribution in the absence of counterfactuals, given all of the other exogenous factors affecting the populations concurrently to the MYAP programs.

Cost-effectiveness: as discussed in the main report, the limitations associated with cost-effectiveness were largely due to the actual power of the text run in the field programs of the CS. The new Mothers Care Group model had been implemented so late in the course of the 5 year MYAP that it did not generate enough experience for there to be meaningful observations about whether it led to results in a different way or to a different degree. The other challenge, alluded to above, is that despite the comprehensiveness of the survey, there were few good indicators of results in food security itself.

ANNEX 3. DATA COLLECTION INSTRUMENTS
ANNEX 3.1 QUANTITATIVE SURVEY
ANNEX 3.1.1 QUANTITATIVE SURVEY INSTRUMENTS

MODULE 1: FOOD SECURITY

Respondent: Person responsible for food preparation in the household

Household Identification

Geographic Location

Cluster Code	
Cooperating Sponsor	
Departement	
Arrondissement	
Commune	
Section Communale No.	
Section Communale Name	
Localite	

Survey Identification

Enumerator Name	
Date of Survey (YYYY-MM-DD)	
Household Number	

No.	Variable	Question	Response	Skips
1.1	**agree**	AGREEMENT OF FOOD PREPARER TO PARTICIPATE	Does not accept……..0 → Accepts……..1	**END**
1.2	**resp_name**	NAME OF HOUSEHOLD MEAL MANAGER_____		
		Now I would like to ask you about your household's food supply during different months of the year. When responding to these questions, please think back over the last 12 months.		
1.3	MAHFP_1	**In the past 12 months, were there months in which you did not have enough food to meet your family's needs?**	No ……....0 → Yes ……....1	**1.15a**
1.3b		*IF YES*, **which were the months (in the past 12 months) in which you did not have enough food to meet your family's needs?**		

		WORKING BACKWARD FROM JULY, CHOOSE ENOUGH OR NOT ENOUGH FOR EACH MONTH.		
1.4	MAHFP_July	**July**	Enough……....0 Not enough……....1	
1.5	MAHFP_June	**June**	Enough……....0 Not enough……....1	
1.6	MAHFP_May	**May**	Enough……....0 Not enough……....1	
1.7	MAHFP_Apr	**April**	Enough……....0 Not enough……....1	
1.8	MAHFP_Mar	**March**	Enough……....0 Not enough……....1	
1.9	MAHFP_Feb	**February**	Enough……....0 Not enough……....1	
1.10	MAHFP_Jan	**January**	Enough……....0 Not enough……....1	
1.11	MAHFP_Dec	**December**	Enough……....0 Not enough……....1	
1.12	MAHFP_Nov	**November**	Enough……....0 Not enough……....1	
1.13	MAHFP_Oct	**October**	Enough……....0 Not enough……....1	
1.14	MAHFP_Sept	**September**	Enough……....0 Not enough……....1	
1.15	MAHFP_Aug	**August**	Enough……....0 Not enough……....1	
1.15a	**specialday**	**Was yesterday an unusual or special day (ex: festival, visitor, funeral…)?**	No ……....0 Yes ……....1→	**END**
1.15b		**Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night.** *READ THE LIST OF FOODS. CHOOSE "YES" IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION. CHOOSE "NO" IF NO ONE IN THE HOUSEHOLD ATE THE FOOD.* *THE FOODS LISTED SHOULD BE THOSE PREPARED IN THE HOUSEHOLD AND EATEN IN THE HOUSEHOLD OR TAKEN ELSEWHERE TO EAT. DO NOT INCLUDE FOODS CONSUMED OUTSIDE THE HOME THAT WERE PREPARED ELSEWHERE.* *VERIFY THAT YESTERDAY WAS NOT UNUSUAL OR SPECIAL (FESTIVAL, FUNERAL, VISITER). IF IT WAS A SPECIAL DAY DO NOT ADMINISTER THE REST OF THIS MODULE INTHIS HOUSEHOLD.*		
1.16	HDDS_A	**Any bread, rice, noodles, biscuits, or other foods made from millet, sorghum, maize, wheat, corn**	No ……....0 Yes ……....1	
1.17	HDDS_B	**Any potatoes, yams, manioc, cassava, plaintain or any other foods made from roots or tubers?**	No ……....0 Yes ……....1	
1.18	HDDS_C	**Any vegetables?**	No ……....0 Yes ……....1	

1.19	HDDS_D	**Any fruits?**	No ……....0 Yes ……....1	
1.20	HDDS_E	**Any beef, pork, lamb, goat, rabbit, wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats?**	No ……....0 Yes ……....1	
1.21	HDDS_F	**Any eggs?**	No ……....0 Yes ……....1	
1.22	HDDS_G	**Any fresh or dried fish or shellfish?**	No ……....0 Yes ……....1	
1.22a	HDDS_Haiti1	**Any Hareng or Harengsel**?	No ……....0 Yes ……....1	
1.23	HDDS_H	**Any foods made from beans, peas, lentils, or nuts?**	No ……....0 Yes ……....1	
1.24	HDDS_I	**Any cheese, yogurt, milk, or other milk products?**	No ……....0 Yes ……....1	
1.25	HDDS_J	**Any foods made with oil, fat, or butter?**	No ……....0 Yes ……....1	
1.26	HDDS_K	**Any cane syrup, sugar or honey?**	No ……....0 Yes ……....1	
1.27	HDDS_L	**Any coffee or tea?**	No ……....0 Yes ……....1	
		END		

MODULES 2 & 3: WEIGHT AND HEIGHT

Respondent: Children 0-59.9 m (weight) and children 6-59.9 m (height) with their caregivers

Household Identification

Geographic Location

Cluster Code	
Cooperating Sponsor	
Departement	
Arrondissement	
Commune	
Section Communale No.	
Section Communale Name	
Localite	

Survey Identification

Enumerator Name	
Date of Survey (YYYY-MM-DD)	
Household Number	

No.	Variable Name	Question	Response	Skips
2.1	**agree**	AGREEMENT OF CAREGIVER TO MEASURE CHILD	Does not accept……...0➔ Accepts……..1	**3.2**
2.2	**resp_name**	NAME OF CAREGIVER _____		
2.3	child_name	NAME OF CHILD (AGE 0-59.9 MONTHS) _____		
2.4	HCH220	**What is <NAME>'s gender?**	Female……..……....0 Male ……..……....1	
2.5	birthdate	**What is <NAME>'s birth date?** *COPY DAY MONTH AND YEAR FROM BIRTH HISTORY (birth certificate, health card…) IF AVAILABLE. IF NOT USE CAREGIVER'S MEMORY OR LOCAL CALENDAR.* *IF THE MONTH AND YEAR ARE KNOWN BUT THE EXACT DAY IS NOT KNOWN, ENTER '15' AS THE DAY.*	DAY | M O N T H | YEAR ☐☐ ☐☐ ☐☐☐☐	
	DAY_15	WAS DAY=15 IN 2.5?	No ……....0➔ Yes ……....1	2.5b
2.5a	15_USED	IF 15 WAS ENTERED AS THE DAY, WAS 15 USED BECAUSE THE DAY WAS UNKNOWN?	No ……....0 Yes ……....1	
2.5b	VER_BD	INDICATE HOW <NAME>'s DATE OF BIRTH WAS VERIFIED	Birth certificate……..1 Health card……..2 Other document……..3 Simple recall……..4 Recall with local calendar……5	
2.6	HCH221	**ENTER <NAME>'s AGE IN MONTHS**	Age ……..…. ☐☐	
2.7	WGHT	WEIGHT IN KILOGRAMS *WEIGH <NAME>*	☐☐	
		IF <NAME>'S AGE IS BETWEEN 6 AND 59.9 MONTHS, GO TO 3.1. OTHERWISE, GO TO 3.2.		
3.1	HGHT	HEIGHT IN CENTIMETERS _____ *MEASURE <NAME>*	☐☐	
3.2	NOTHR	*IS THERE ANOTHER CHILD 0-59.9 MONTHS LIVING IN THE HOUSEHOLD? (COLUMN 2 IN THE HH ROSTER)*	No ……....0 Yes ……....1➔	**End. Start new interview in same HH.**
		END		

MODULE 5: INFANT AND YOUNG CHILD FEEDING (IYCF)

Respondent: Caregiver of child 6-23.9 m

Household Identification

Geographic Location

Cluster Code	
Cooperating Sponsor	
Departement	
Arrondissement	
Commune	
Section Communale No.	
Section Communale Name	
Localite	

Survey Identification

Enumerator Name	
Date of Survey (YYYY-MM-DD)	
Household Number	

No.	Variable Name	Question	Response	Skips
5.1	**agree**	AGREEMENT OF CAREGIVER TO PARTICIPATE	Does not accept……....0➔ Accepts……..……....1	**5.32**
5.2	**resp_name**	NAME OF CAREGIVER _____		
5.3	child_name	NAME OF CHILD (AGE 6-23.9 MONTHS)_____		
5.3a	birthdate	**What is <NAME>'s birth date?** *COPY DAY MONTH AND YEAR FROM BIRTH HISTORY (birth certificate, health card…) IF AVAILABLE. IF NOT USE CAREGIVER'S MEMORY OR LOCAL CALENDAR.* *IF THE MONTH AND YEAR ARE KNOWN BUT THE EXACT DAY IS NOT KNOWN, ENTER '15' AS THE DAY.*	DAY | MONTH | YEAR ☐☐ ☐☐ ☐☐☐☐	
	DAY_15	WAS DAY = 15 IN 5.3a?	No ……....0➔ Yes ……....1	5.3c
5.3b	15_USED	IF 15 WAS ENTERED AS THE DAY, WAS 15 USED BECAUSE THE DAY WAS UNKNOWN?	No ……....0 Yes ……....1	
5.3c	VER_BD	INDICATE HOW <NAME>'s DATE OF BIRTH WAS VERIFIED	Birth certificate……..1 Health card……..2 Other document……..3 Simple recall……..4	

			Recall with local calendar……5	
5.4	HCH215	**Was <NAME> ever breastfed?**	No ……....0➔ Yes ……....1	**5.5a**
5.5	HCH216	**Is <NAME> still breastfed?**	No ……....0 Yes ……....1	
5.5a		**Now I would like to ask you about liquids or foods <NAME> had yesterday during the day or at night.** *READ EACH ITEM ALOUD AND MARK THE RESPONSE* **Did <NAME> drink or eat….**		
5.6	HCH217A	**Plain water?**	No ……....0 Yes ……....1 Don't know……....99	
5.7	HCH217B	**Breast milk?**	No ……....0 Yes ……....1 Don't know……....99	
5.8	HCH217C	**Formula?**	No ……....0 Yes ……....1 Don't know……....99	
5.9	HCH218A	**Milk such as tinned, powdered, cow or goat milk?**	No ……....0 Yes ……....1 Don't know……....99	
5.10	HCH218B	**Tea or coffee?**	No ……....0 Yes ……....1 Don't know……....99	
5.11	HCH218C	**Any other liquids like juice, sugar water, soda?**	No ……....0 Yes ……....1 Don't know……....99	
5.12	HCH217D	**Baby cereal?**	No ……....0 Yes ……....1 Don't know……....99	
5.13	HCH217E	**Other porridge or gruel, bread soup?**	No ……....0 Yes ……....1 Don't know……....99	
5.13a		**Now I would like to ask you about (other) liquids or food that <NAME> may have had yesterday during the day or at night. I am interested in whether your child had the item, even if it was combined with other foods.** **Did <NAME> drink/eat…**		
5.14	HCH218D	**Millet, corn, Bread, biscuits, rice, bulgar, noodles, spaghetti, or other foods made from grains?**	No ……....0 Yes ……....1 Don't know……....99	
5.15	HCH218E	**Pumpkin, carrots, or sweet potatoes that are yellow or orange inside?**	No ……....0 Yes ……....1 Don't know……....99	
5.16	HCH218F	**White potatoes, yams, plantain, mazumbelle banana, manioc, cassava, or any other foods made from roots?**	No ……....0 Yes ……....1 Don't know……....99	
5.17	HCH218G	**Any dark green leafy vegetables like spinach, beet leaves, manioc leaves?**	No ……....0 Yes ……....1 Don't know……....99	
5.18	HCH218H	**Ripe mangoes, papayas, apricots, mandarin oranges or other fruits with orange inside?**	No ……....0 Yes ……....1 Don't know……....99	
5.19	HCH218I	**Any other fruits or vegetables like figs, lettuce, pineapple, cachiman, cabbage, white grapefruit,**	No ……....0 Yes ……....1	

		karambola, tomato, melon, peas, cherries?	Don't know……....99	
5.20	HCH218J	**Liver, kidney, heart, or other organ meats?**	No ……....0 Yes ……....1 Don't know……....99	
5.21	HCH218K	**Any meat, such as beef, pork, lamb, goat, chicken, duck, guinea fowl, turkey, pigeon?**	No ……....0 Yes ……....1 Don't know……....99	
5.22	HCH218L	**Eggs? (any sort of eggs)**	No ……....0 Yes ……....1 Don't know……....99	
5.23	HCH218M	**Fresh or dried fish, hareng, or shellfish like crab, conch. Anything for the sea or fresh water?**	No ……....0 Yes ……....1 Don't know……....99	
5.24	HCH218N	**Any foods made from beans, peas, lentils, or nuts like pistachios?**	No ……....0 Yes ……....1 Don't know……....99	
5.25	HCH218O	**Cheese, yogurt, curdled milk, or other milk products?**	No ……....0 Yes ……....1 Don't know……....99	
5.26	HCH218P	**Any oil, fats, butter, lard, coconut oil, or foods made from any of these?**	No ……....0 Yes ……....1 Don't know……....99	
5.27	HCH218Q	**Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?**	No ……....0 Yes ……....1 Don't know……....99	
5.28	HCH218R	**Any other solid or semi-solid food?**	No ……....0 Yes ……....1 Don't know……....99	
5.30	HCH218T	**Foods made with red palm oil, palm nut, palm nut pulp sauce? (Kroko)**	No ……....0 Yes ……....1 Don't know……....99	
5.31	HCH219	**How many times did <NAME> eat solid, semi-solid, or soft foods other than liquids yesterday during the day or night?** *IF CAREGIVER ANSWERS SEVEN OR MORE TIMES, RECORD "7"* *WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.* *LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID.* *USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY*	Number of times…….. ☐ Don't know……....99	
5.32	NOTHR	*IS THERE ANOTHER CAREGIVER OF A CHILD 6-23.9 MONTHS LIVING IN THE HOUSEHOLD? (COLUMN 5 IN THE HH ROSTER)*	No ……....0 Yes ……....1→	**End. Start new interview in same HH.**

		END		

MODULE 9: AGRICULTURE
Respondent: The principal farmer in the household (usually head of household)

Household Identification

Geographic Location

Cluster Code	
Cooperating Sponsor	
Departement	
Arrondissement	
Commune	
Section Communale No.	
Section Communale Name	
Localite	

Survey Identification

Enumerator Name	
Date of Survey (YYYY-MM-DD)	
Household Number	

No.	Variable Name	Question	Response	Skips
9.1	agree	AGREEMENT OF THE PRINCIPAL FARMER TO PARTICIPATE	Does not accept……..……...0→ Accepts……..……....1	**END**
9.2	resp_name	NAME OF THE FARMER_____		
9.2a		**During the year 2012, from January to December, did you use any of the following technologies?** *READ EACH TECHNOLOGY OUTLOUD*		
9.3	AG100	**Improved seeds**	No ……....0 Yes ……....1	
9.4	AG103	**Mulching with leguminous plants**	No ……....0 Yes ……....1	
9.5	**AG104**	**Contour farming / alley cropping / other soil conservation barriers**	No ……....0 Yes ……....1	
9.6	AG105	**Organic fertilizer (such as manure, compost, green manure)**	No ……....0 Yes ……....1	
9.7	AG107	**Control of plant density**	No ……....0 Yes ……....1	
9.8	AG108	**Post-harvest management**	No ……....0 Yes ……....1	

9.9	AG109	**Integrated pest management**	No ……....0 Yes ……....1	
9.10	AG110	**Micro-irrigation**	No ……....0 Yes ……....1	
9.11	AG111	**Crop rotation (sequence)**	No ……....0 Yes ……....1	
9.12	AG112	**Tree planting**	No ……....0 Yes ……....1	
9.13	AG114	**During the year 2012, from January to December, did you put any plot into fallow?** *ONLY INCLUDE PLOTS THAT WERE PUT INTO FALLOW IN 2007. NOT EARLIER THAN 2007.* *ONLY INCLUDE PLOTS INTENTIONALLY PUT INTO FALLOW FOR SOIL MANAGEMENT PURPOSES, NOT PLOTS LEFT UNCULTIVATED FOR ECONOMIC REASONS.*	No ……....0→ Yes ……....1	**9.17**
9.14	AG115	**Is that plot still in fallow?** *IF MORE THAN ONE PLOT IN FALLOW, CHOOSE THE LARGEST PLOT TO ANSWER THIS QUESTION*	No ……....0→ Yes ……....1	**9.16**
9.15	AG116	*IF YES*, **How long has that plot been in fallow?** *COUNT THE AMOUNT OF TIME THE PLOT WAS IN FALLOW SINCE IT FIRST STARTED IN 2007 TO THE PRESENT. DO NOT COUNT INTENDED FUTURE FALLOW TIME.* *DO NOT READ THE RESPONSES ALOUD. CHOOSE ONE ONLY.*	1-3 months……1 4-6 months……2 7-9 months……3 10-12 months……..…4 More than 12 months……5	
9.16	AG117	*IF NO*, **How long was that plot in fallow?** *DO NOT READ THE RESPONSES ALOUD. CHOOSE ONE ONLY.*	1-3 months……1 4-6 months……2 7-9 months……3 10-12 months……..…4 More than 12 months……5	
9.17	AG118	**During the year 2012, from January to December, did you associate any crops on the land that you farm?** *'ASSOCIATE' MEANS TO PLANT DIFFERENT CROPS IN BETWEEN EACH OTHER*	No ……....0→ Yes ……....1	**9.24**
9.18		*IF YES*, **What type of crops did you associate on the land that you farm?** *DO NOT READ THE RESPONSES ALOUD. CHOOSE ALL THAT APPLY*		
9.19	AG119	**Gramineas / gramineas** **Ex: corn and millet** *GRAMINEAS INCLUDES CORN, MILLET, RICE.*	No ……....0 Yes ……....1	
9.20	AG120	**Gramineas / tuber** **Ex: corn and sweet potato** *TUBER INCLUDES POTATOES, YAMS, MANIOC*	No ……....0 Yes ……....1	
9.21	AG121	**Gramineas / leguminous** (specify _____) Ex: corn and beans	No ……....0 Yes ……....1	

		LEGUMINOUS INCLUDES ALL SORTS OF PEAS/BEANS		
9.22	AG122	**Gramineas / gramineas / tuber** Ex: Corn and millet and sweet potato	No ……....0 Yes ……...1	
9.23	AG123	**Gramineas / leguminous / tuber** Ex: corn and beans and sweet potato	No ……....0 Yes ……...1	

9.24		**Which, if any, of the following things does your household currently own?** *READ EACH ONE ALOUD*		**9.38a**	**How many of these things does your household currently own?**
9.25	AG200	**Hoe**	No ……....0 Yes ……...1	**9.**25a AG211	
9.26	AG201	**Machete**	No ……....0 Yes ……...1	**9.26a** AG212	
9.27	AG202	**Plow (charrue)**	No ……....0 Yes ……...1	**9.27a** AG213	
9.28	AG203	**Motorized tiller (motoculteur)**	No ……....0 Yes ……...1	**9.28a** AG214	
9.29	AG204	**Shovel (pelle)**	No ……....0 Yes ……...1	**9.29a** AG215	
9.30	AG205	**Wheelbarrow (brouette)**	No ……....0 Yes ……...1	**9.30a** AG216	
9.31	AG206	**Billhook (Serpette)**	No ……....0 Yes ……...1	**9.31a** AG217	
9.32	AG207	**Pick**	No ……....0 Yes ……...1	**9.32a** AG218	
9.33	AG208	**Watering can (arrosoir)**	No ……....0 Yes ……...1	**9.33a** AG219	
9.34	AG209	**Radio**	No ……....0 Yes ……...1	**9.34a** AG220	
9.35	AG210	**Motorcycle**	No ……....0 Yes ……...1	**9.35a** AG221	

9.36		**Which, if any, of the following animals does your household currently own?** *READ EACH ANIMAL ALOUD. INCLUDE ONLY THE ANIMALS THE RESPONDANT OWNS EVEN IF THEY ARE RENTED OUT. DO NOT INCLUDE ANIMALS THE*			**How many of these animals does your household currently own?** **FOR EACH TYPE OF ANIMAL, WRITE THE TOTAL NUMBER OWNED BY MEMBERS OF THE HOUSEHOLD**

		RESPONDANT IS RENTING FROM OTHER PEOPLE AND DOES NOT OWN.			
9.37	AG223	**Pigs**	No ……....0 Yes ……....1	**9.37a** AG232	
9.38	AG224	**Goats**	No ……....0 Yes ……....1	**9.38a** AG233	
9.39	AG225	**Poultry (chicken, guinea fowl, duck, turkey)**	No ……....0 Yes ……....1	**9.39a** AG234	
9.40	AG226	**Donkeys**	No ……....0 Yes ……....1	**9.40a** AG235	
9.41	AG227	**Mules**	No ……....0 Yes ……....1	**9.41a** AG236	
9.42	AG228	**Horses**	No ……....0 Yes ……....1	**9.42a** AG237	
9.43	AG229	**Cows**	No ……....0 Yes ……....1	**9.43a** AG238	

9.44	AG240	**Did your household purchase any animals, land, or tools during the year 2012, from January to December?**	No ……....0→ Yes ……....1	**END**
9.45	AG241	*IF YES*, **What did you purchase?** *CHOOSE ALL THAT APPLY*	Animal (s) ……1 Land……..2 Tool (s) ……3	
		END		

EVALUATION CONJOINTE

PROGRAMME TITRE II
HAÏTI 2013

Cooperating Sponsors:
World Vision, ACDI/VOCA, Catholic Relief Services

MANUEL D'INSTRUCTION

SANTE ET NUTRITION
AGRICULTURE

HAÏTI
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1. Introduction

Avant toute opération de collecte de données sur le terrain, il est important, pour toutes les personnes qui sont impliquées dans son organisation, notamment les superviseurs, les enquêteurs/enquêtrices, les mesureurs et assistants, les chauffeurs, de bien connaître les objectifs fixés et les résultats attendus. Il est aussi indispensable à ces agents de bien maîtriser les définitions des principaux concepts clés ainsi que la manière de remplir le questionnaire.

Ce manuel est conçu pour aider tous les enquêteurs à collecter des données de qualité et à les enregistrer sur le questionnaire.

Ce manuel est aussi conçu pour aider les superviseurs à bien mener leur travail d'animation et d'organisation des équipes et de gestion des ressources mises à leur disposition dans le cadre de cette opération de collecte de données sur le terrain.

Il constitue à cet effet leur guide principal auquel ils doivent se référer à tout moment.

A. Présentation de l'enquête

Le nouveau Titre II MYAPs en Haïti a été implanté pour cinq ans (2008-2013) par trois organisations (Cooperating Sponsors), World Vision Inc. Haïti (WVH), Catholic Relief Services (CRS) et ACDI/VOCA. Ces programmes ont mis l'emphase sur le renforcement de la capacité des bénéficiaires pour adresser plus efficacement les causes multisectorielles de l'insécurité alimentaire en milieu rural en Haïti. Il est nécessaire d'évaluer la performance de ce programme MYAP.

Cette évaluation est une enquête portant sur un échantillon couvrant les régions d'intervention des trois organisations : CRS, World Vision, ACDI/VOCA. Elle vise à fournir des informations sur : la sécurité alimentaire, l'état nutritionnel des enfants, l'alimentation du nourrisson et du jeune enfant, la vaccination des enfants, les soins prénataux et l'accouchement, l'utilisation des méthodes contraceptives.

Pourquoi cette évaluation finale?

- Comparer les conditions après l'exécution du projet avec les conditions avant le projet pour voir l'impact du programme.
- Etablir la situation sur le terrain après l'exécution du programme et les niveaux des indicateurs atteints dans les systèmes de suivi-évaluation des CS
- Etablir si les activités du programme ont répondu aux besoins des bénéficiaires
- C'est une condition du financement

Indicateurs de l'étude

Indicateur	*Unité d'analyse*
Sécurité alimentaire du ménage	
Nombre de mois moyen ou où le ménage a eu suffisamment de nourriture	Ménage
Nombre moyen de groupes de nourriture consommés par le ménage	
Anthropométrie	
% d'enfants 6-59.9 mois en retard de croissance	Enfant 6-59.9 mois
% d'enfants de 0-59.9 mois qui souffrent d'une insuffisance pondérale	Enfant 0-59.9 mois
Hygiène	
% des mères/gardiens d'enfants 0-59.9 mois qui se disait d'avoir lavé les mains au moins deux occasions appropriées dans les derniers 24 heures.	Mère/gardiens d'enfant 0-59.9 mois
Santé de la mère et de l'enfant	
% d'enfants 12-23.9 mois complètement vacciné (BCG, DPT3, et Polio 3) avant l'age de 12 mois	Enfant 12-23.99 mois
% d'enfants 6-23.9 mois bénéficiant de 3 pratiques d'alimentation de nourrisson et de jeune enfant	Enfant 6-23.9 mois
% des mères d'enfant de 0-23.9 mois dont le dernier accouchement était assiste par un médecin, infirmière, ou sage femme entraînée	Mère d'enfant 0-23.9 mois
% des mères d'enfants de 0-23.9 mois ayant au moins 3 visites prénatales durant leur dernière grossesse	
Planning Familial	
% des femmes mariées/en union de 15 a 49.9 ans utilisant des méthodes modernes de PF	Femme mariée/en union et 15-49 ans
Agriculture	
% agriculteurs utilisant des méthodes améliorées/ environnementaux	Agriculteur
Biens du ménage	Ménage

Neuf (9) Types de Répondants

Types de Répondant	Répondants Éligible	Modules
1	Personne qui prend les décisions pour la préparation des repas	Sécurité alimentaire
2	Enfant 6-59.9 mois	Taille
3	Enfant 0- 59.9 mois	Poids
4	Gardien d'enfant 0-59.9 mois	Lavage de mains
5	Gardien d'enfant 6-23.9 mois	Alimentation des nourrissons et des jeunes enfants (ANJE)
6	Gardien d'enfant 12-23.9 mois	Vaccination
7	Mère d'enfant 0-23.9 mois	Grossesse et accouchement
8	Femmes mariée/en union 14-49.9 ans	Santé reproductive
9	Agriculteur principal du ménage	Agriculture

B. Méthodologie

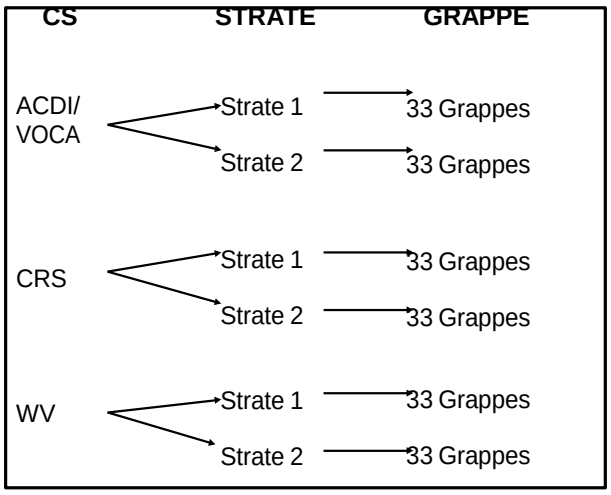
L'évaluation utilise *un échantillonnage de probabilité*, ce qui signifie que l'information recueillie au cours de l'enquête sera représentative de toutes les personnes vivant dans les zones où World Vision, CRS et ACDI/VOCA exécutent des activités, bien que seulement un petit nombre de personnes seront interviewées. Les procédures décrites dans le guide (*Voir en annexe « Instruction pour l'échantillonnage » qui décrit les différentes étapes de l'échantillonnage)* garantissent que les localités, ménages, et individus choisis pour les interviews le sont aléatoire et sans biais.
L'échantillonnage se fait à trois étapes :

- 1ère étape: Identification des grappes (localités)
- 2ème étape : Identification des ménages
- 3ème étape : identification des répondants

Chaque ménage vivant dans les zones d'interventions de WV, CRS, ACDI/VOCA doit avoir une chance égale d'être choisie pour l'étude. Au sein des ménages choisis, toutes les personnes sont éligibles pour être interviewé. Chaque répondant éligible dans ces ménages doit avoir une chance égale d'être choisie pour l'étude. Si les règlements décrit dans ce document sont violés, les données de l'enquête peuvent être biaisées, c'est à dire que les ménages et les personnes qui participent dans l'enquête sont différentes de et donc non représentatives du reste des personnes vivant dans les zones d'intervention.

Le plan d'échantillonnage adopté pour l'évaluation finale Titre II en Haïti est appelé *un plan de grappes stratifiées 33x6*. En d'autres termes, chaque *Cooperating Sponsor* (CS) a 2 strates. Ils doivent conduire 6 interviews (par groupe de répondants) dans 33 *grappes* dans chacune des deux strates. Les **strates** sont des zones géographiques qui ne se chevauchent pas au sein de la zone d'intervention du CS.

Figure 1.



Pour WV et CRS, les strates sont définies comme suit:

Strate 1: Les zones ou le CS implémente à la fois la santé maternelle et infantile et la nutrition (MCHN) et des activités d'agriculture

Strate 2: Les zones ou le CS implémente seulement des activités MCHN

Pour ACDI/VOCA les strates sont définies comme suit:

Strate 1: Les zones ou le CS implémente à la fois la santé maternelle et infantile et la nutrition (MCHN) et des activités d'agriculture

Strate 2: Les zones ou le CS implémente seulement des activités d'agriculture

Les ***grappes*** sont des zones géographiques au sein des strates qui ne se chevauchent pas au sein de la strate. Elles correspondent aux localités trouvées dans les zones d'implémentation du CS.

Figure 1 illustre la relation entre CS, strate et grappes.

Collecte des données
La collecte des données sur le terrain est assurée par des équipes composées d'un superviseur et de 3 enquêteurs. Chaque CS a ses propres équipes qui enquêtent dans les zones d'intervention de ce CS:
- WV:Centre, Ouest, & Artibonite
- CRS: Sud & Nippes
- ACDI/VOCA: Sud-Est

(**Voir *Rôle des superviseurs et Rôle des enquêteurs***)

2. Rôles, Responsabilités, Comportement, Procédures

A. Rôles et Responsabilités des Superviseurs

Assurer la bonne performance des enquêteurs Formation des enquêteurs
- Former les enquêteurs sur les points suivants :
  - L'échantillonnage et l'utilisation des fiches de suivi (*La Fiche de Ménage et Suivi de Grappes*)
  - Leurs rôles et responsabilités
  - Compétences en interview
- Encadrer les enquêteurs dans des petits groupes pendant la formation
- Observer les enquêteurs pendant le test de terrain et faire des recommandations
- Participer à la section finale des enquêteurs

Contrôle de qualité
- Avoir une bonne connaissance du questionnaire
- Bien localiser les aires de travail
- S'assurer que le choix du premier ménage est aléatoire
- Faire la rétro-vérification de 5% des interviews. 10 interviews par strate doivent être rétro-vérifiés
- Observer au moins 1 interview par jour
- Se réunir *chaque soir* avec les enquêteurs pour un compte rendu, partage des problèmes et rectification des points nécessaires
- Faire chaque soir : «sync »des TABLETTES
- Faire chaque soir le contrôle de la qualité des enquêtes et faire des rappels sur les points à améliorer
- Faire tout pour diminuer le nombre de refus et de remplacement. Les documenter.
- Prendre les décisions pour les remplacements (les enquêteurs n'ont pas le droit de prendre ces décisions)
- Assurer la sécurité des données (USB et ordinateurs)

Logistique et administration

- Coordonner le transport et l'hébergement des enquêteurs
- Gérer le véhicule et les autres ressources dotées à l'équipe (fonds de carburant, de guides locaux, etc.)
- Obtenir et garder les factures de toutes dépenses
- Faire les prises de contact avec les autorités locales et les informer de la présence de l'équipe sur le terrain
- Ne pas laisser la grappe avant d'avoir terminer le travail

Gestion de l'équipe

- Aider les enquêteurs en difficulté
- Faire respecter la convivialité et le respect mutuel entre les membres de l'équipe
- S'assurer que les membres de l'équipe mangent le matin avant de gagner le terrain
- Prendre les dispositions nécessaires pour la sécurité de l'équipe et du matériel
- Se montrer juste dans la répartition des membres de l'équipe sur le terrain
- Avant de se rendre sur le terrain, s'assurer que l'enquêteur soit en possession de la lettre d'introduction et que chaque membre de l'équipe aie son badge

B. Rôles et Responsabilités des Enquêteurs

Enquêteurs

- Maîtriser le et l'utiliser correctement
- Conduire les interviews en conformité avec les procédures de l'enquête
- S'assurer que la batterie de la TABLETTE ne décharge jamais
- Ne pas perdre ni abîmer la TABLETTE
- Réviser les questionnaires sur la TABLETTE avant de les remettre au superviseur
- Avec le moniteur, prendre les mesures anthropométriques soigneusement et avec précision

Moniteur

- Assurer une sélection aléatoire du premier ménage dans chaque groupe
- Sélectionner les répondants éligibles en conformité avec les procédures de l'enquête
- S'assurer que tous les répondants éligibles d'un ménage soient interviewés
- Assurer au moins deux revisites et consulter le superviseur avant de faire un remplacement
- S'assurer que le nombre et type nécessaire d'interviews soient complétés par grappe
- Remplir les fiches *Recensement des Ménages* et *Suivie de Grappe* soigneusement et avec précision

Moniteur et Enquêteurs

- Avoir une bonne connaissance du questionnaire
- Consulter le manuel de formation quand nécessaire
- Respecter les directives du superviseur
- Faire preuve d'esprit d'équipe
- Protéger l'image de l'équipe sur le terrain (Ex : s'habiller décemment)
- Informer le superviseur de tout problème ou difficultés
- Etre disponible pour les rencontres journalières de travail avec le superviseur

C. Comportement de l'Enquêteur

Au début de l'interview

- Se présenter et montrer le badge d'identification pour l'enquête.
- Il faut toujours demander l'accord du répondant. Expliquer dans une manière clair et simple l'objectif de l'enquête et de quoi il s'agit afin que le répondant puisse prendre la décision de participer ou non.
- Expliquer au répondant combien de temps il faut pour l'interview.
- Ne pas entrer dans une maison sans être invité.
- Ne pas demander une chaise.
- Ne pas accepter les offres de manger, sauf en cas ou un refus serait impoli.
- Ne pas donner ou accepter des cadeaux.

Pendant l'interview

- Mener l'interview dans un endroit tranquille et privé.
- Maintenir la confidentialité: ne pas conduire l'interview en présence d'autres personnes ; expliquer au répondant que ses réponses restent confidentielles.
- Le centre de votre attention doit être le répondant, pas la TABLETTE.
- Ne jamais se fâcher. Soyer aimable et positif.
- Maintenir une interaction de conversation- éviter une interrogation.
- Parler lentement et clairement.
- Ne pas changer la formulation ou l'ordre des questions.
- Ne pas sauter les questions. Poser les questions exactement comme elles sont écrites.
- Attendre la réponse, soyer silencieux et après la première réponse, sonder/creuser poliment si nécessaire.
- Ne pas pousser le répondant à aller plus vite.
- Si le répondant ne comprend pas la question ou sa réponse n'est pas claire, répéter la question. Eviter de trop changer la forme de la question.
- Ne jamais diriger le répondant :
  - Ne pas suggérer une réponse à travers votre voix, expression faciale, ou votre attitude.
  - Ne pas suggérer la réponse « correcte ».
  - Ne pas réagir à la réponse de la personne comme si vous approuvez ou désapprouvez de ce qu'elle a dit.
  - Rester neutre quand vous sonder/creuser.
- Si une réponse est inconsistante par rapport à une réponse donnée antérieurement, chercher à clarifier la confusion.
- Chercher à valider l'âge des enfants.
- Utiliser les termes locaux surtout pour les sujets délicats.
- Ne jamais inventer une réponse ou un questionnaire.

A la fin de l'interview

- Remercier les répondants à la fin de l'interview.

D. Procédures d'Enquête

Quoi faire avant de voyager vers la grappe

- S'assurer que tous les matériaux nécessaires sont disponibles et en bonne condition.
- S'assurer que la balance est calibrée.

- S’assurer que le véhicule est plein de carburant.

Quoi faire une fois arrive à la grappe
- Chercher un leader de la communauté.
- Présentez vous, expliquer le but de l’enquête, expliquer la méthodologie.
- Demander que le leader vous accompagne pour la sélection du premier ménage.

Comment faire l’échantillonnage pour identifier le premier ménage et les répondants éligibles

- Voir le « Guide d’Echantillonnage ».

Comment mener l’interview
- Voir « Comportement de l’enquêteur ».
- Saluer les occupants et demander de parler au chef de ménage.
- Présentez vous. Expliquer le but de l’enquête.
- Remplir *La Fiche de Ménage*, avec le chef de ménage ou un autre adulte. Assigner un numéro unique à ce ménage. Le nombre de ménage est écrit sur *La Fiche de Ménage*, *la Fiche de Grappe*, et dans la TABLETTE.
- Consulter *la Fiche de Grappe*, pour vérifier les interviews qui restent à faire dans la grappe. Noter l’heure du début de l’interview sur *la Fiche de Ménage* et *La Fiche de Grappe.*
- Administrer les interviews dans l’ordre qui convient aux membres du ménage et pour éviter d’appeler la même personne deux fois.
- Rappel : la présence de l’enfant (avec son gardien) est nécessaire pour le module No. 2 & 3 seulement.
- Demander l’accord de chaque répondant(e) :

> “La participation à l’enquête est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important…. Avez-vous des questions pour moi ? Je peux commencer l’enquête ?”

Comment Utiliser la TABLETTE
Voir les instructions dans un autre document

Quoi faire à la fin de l’interview
- Remercier le/la répondant(e).
- S’assurer que vous aviez fait Back Up pour tous les répondants.
- Compléter la colonne « Résultat » dans la *Fiche de Ménage* pour ce ménage
- Ajouter ce ménage à la *Fiche de Grappe*, et remplir les colonnes.

Quoi faire à la fin de la journée
- Soumettre au superviseur: les fiches, les TABLETTES, les cartes.
- Le superviseur fait le contrôle.
- Le superviseur synchronise sauvegarde les données.
- Charger les batteries des TABLETTES.

Quoi faire avant de quitter la grappe

- S’assurer que, au moins, 2 re-visites ont été faites dans les ménages où un ou plusieurs répondants éligibles étaient absents (avant de mettre M dans la colonne des résultats).
- S’assurer que tous les matériaux et équipements soient récupérés et mis dans le véhicule.
- Remercier le leader de la communauté.

3. Collecte des données

A. Instructions générales pour l’enquêteur

Chaque interview est une nouvelle source d’information. Il existe des principes de base que les enquêteurs/trices doivent suivre pour garantir la qualité des données. Des instructions générales pour administrer les instruments d’enquête sont fournies dans cette section.

Comment poser les questions et enregistrer les réponses

Il est très important de poser chaque question exactement comme elle est écrite dans l’instrument d’enquête. Si le répondant ne comprend pas la question (après que vous l’ayez posée correctement et avec l’intonation voulue), vous devrez utiliser des questions extra pour approfondir. Dans ce cas, vous pouvez reprendre la question en utilisant d’autres mots qui sont déjà inscrits dans le questionnaire avec un « / »(Ex : pifò tan /pi souvan), ou encore reprendre en ajoutant des explications qui sont entre parenthèses dans la question. Il est important que tous les enquêteurs utilisent les mêmes questions d’approfondissement.

A travers les instruments d’enquête, on retrouve des instructions qui sont inscrites en LETTRES CAPITALES. Ce sont des instructions pour l’enquêteur, elles ne doivent pas être lues pour le répondant. Avant d’aller sur le terrain l’enquêteur doit bien maîtriser ces instructions.

Dans certains cas, les instructions consistent à vérifier des informations déjà notées et à inscrire une réponse selon l’information (Ex : LE JOUR EST-IL = « 15 » A 7.2b ?)

Les mots en gras entre < >, comme <**NOM**>, indiquent qu’il faut les remplacer par une information que le répondant avait déjà fourni. Ex : à la place de <**NOM**>, on citera le nom de l’enfant en question.

La plupart des questions ont des réponses précodées. Il est important de ne pas lire les réponses pour le répondant. Quand vous poser une question, vous devez écouter la réponse du répondant et ensuite cliquer (TABLETTE) ou encercler (dans la colonne réponse) le code qui correspond le mieux à la réponse du répondant.

Skip (saut)

Il est très important de demander au répondant seulement les questions qui concernent leur situation. Pour certaines questions, on vous demande de faire un saut à la question appropriée suivante, selon la réponse donnée par le répondant.

Les instructions pour les skips (sauts), sont habituellement situées à la dernière colonne à droite du questionnaire sur papier. Pour certaines questions, les instructions pour les skips (sauts) se trouvent dans la même colonne que les questions. Dans ce cas, elles sont inscrites en majuscules. Les skips (sauts) dans la TABLETTE sont automatiques et l’enquêteur ne doit rien faire.

B. Fiche de Ménage : Identification du Répondant Eligible

La fiche de ménage est l'outil principal pour l'identification des répondants éligibles dans un ménage.

Après qu'un ménage ait été choisi et que vous ayez salué tous les membres et expliqué l'objectif de l'enquête, demandez à parler au chef de ménage ou à un autre adulte qui connaît l'âge de tous les membres du ménage.

Pendant l'enregistrement des membres du ménage il faut se rappeler que la ligne 01 correspond toujours au chef de famille. La ligne 02 correspond en priorité au partenaire du chef de famille si celui-ci/celle-ci en a un ; autrement elle est utilisée pour un autre membre du ménage.

Dans cette étude, un ménage est décrit comme une unité résidentielle. Il comprend toutes les personnes qui y habitent ; en d'autres termes, un ménage se compose des personnes qui dorment sous le même toit et mangent dans la même marmite. Cette unité est dirigée par un chef de ménage, qui peut être un homme ou une femme. Toutes les personnes y vivant habituellement sont notés sur la fiche de ménage.

NB :

a) Une personne de passage dans le ménage (ex : en vacances ou visiteur) n'est pas considérée comme faisant partie du ménage.
b) Par contre, un membre habituel du ménage qui est absent momentanément, mais qui compte y retourner, fait parti du ménage.

Remplissage de la fiche

On inscrit d'abord (dans la deuxième colonne) tous les noms des personnes vivant habituellement dans le ménage (à chacune de ces personnes va correspondre un numéro de ligne qui se trouve dans la première colonne). On inscrit ensuite le sexe et l'âge (en année) de ces personnes.

Puis, dans la colonne de « âge en année », on recherche tous ceux qui ont entre 0 et 6 ans, et l'on demande la date de naissance de ces enfants. On vérifie la date de naissance dans la carte de santé/carte de vaccination ou bien dans l'acte de naissance ou « baptistè » de l'enfant. Puis on inscrit cette date dans la colonne « date de naissance ». La TABLETTE peut calculer pour vous l'age de cet enfant. Dans le module « Calcul d'Age » de la TABLETTE, on fait entrer la date de naissance de l'enfant et l'age en mois sortira. On l'inscrit dans la colonne « âge en mois » de la Fiche de Ménage.

Pour les modules 2 à 7, l'âge en mois des enfants de 0 à 59 mois est indispensable pour déterminer les répondants éligibles et il varie selon le module. Il faut donc y être très attentif.

(***Pour plus de précision sur la recherche de l'âge, voir la section suivante sur « Date de naissance/Âge »).***

Après la colonne « âge en mois », on remarque, qu'à la tête des neuf colonnes suivantes, il y

a un numéro de 1 à 9. Ces numéros correspondent aux différents modules (1 à 9). Pour noter les informations dans ces colonnes, on procède *colonne par colonne*. Les informations notées permettront d'identifier les répondants éligibles pour chacun des modules.

Au bas de chaque colonne, dans la ligne correspondant au « Total nombre de répondants éligibles dans le ménage », on note le nombre total de répondants éligibles pour le module en question (N.B : On ne met pas de total au bas des colonnes dont la case est pleine/ hachurée).

Colonne module 1
Sécurité alimentaire
On met un crochet (✓) dans la case correspondant à la ligne de la personne qui est en charge en ce qui a trait aux décisions pour la préparation de la nourriture. Il faut poser la question pour obtenir cette information. Il ne faut jamais décider soi-même. Dans chaque ménage on a un seul répondant pour ce module. Il peut arriver que la personne que l'on interroge manque certaines informations, dans ce cas, on peut lui demander de faire appel à une autre personne qui peut l'aider à avoir les informations manquantes. Il peut arriver qu'un ménage n'ait personne qui est en charge de la nourriture, par exemple des jeunes célibataires qui ont l'habitude d'acheter leurs repas.

NB : On ne fait qu'un seul module « sécurité alimentaire » dans un même ménage

Colonnes module 2 et 3
Taille et poids
Dans la colonne taille, on met un crochet (✓) dans la case correspondant à la ligne de tous les enfants qui ont entre 6 et 59.9 mois (pour cela, on vérifie la colonne « âge en mois »).

Dans la colonne poids, on met un crochet dans la case correspondant à la ligne de tous les enfants qui ont entre 0 et 59.9 mois (pour cela, on vérifie la colonne « âge en mois »).

Les enfants éligibles sont donc représentés par les crochets.

NB:

a) Dans ce module, les enfants 0-59 mois (pour le poids) et ceux de 6-59 mois (pour la taille) sont les sujets, toutes les données sont relatives à l'enfant (Ex : son poids, sa taille), mais il faut l'accord et la présence d'un adulte responsable dans le ménage pour prendre les mesures anthropométriques. C'est le seul module où la présence de l'enfant est obligatoire.
b) Si arrivé dans un ménage, c'est seulement la section taille qui n'était pas complétée (alors que pour le poids l'on avait déjà pesé 6 enfants) il faut faire également le poids, car ces deux modules marchent ensemble. Donc, toutes les fois qu'une de ces mesures est nécessaire pour compléter les six modules de la grappe pour la pesée ou le poids, il faut prendre les deux mesures.

Colonne module 4
Lavage des mains
Dans cette colonne, pour chaque enfant de *0-59* mois, on inscrit le numéro de ligne de la mère ou de la personne qui a sa charge (si la mère n'habite pas le ménage). Pour chacun des

enfants de 0-59 mois, il faut donc demander qui est la mère de l'enfant ou qui est en charge de cet enfant (si la mère n'habite pas le ménage) et on note le numéro de ligne de cette personne, dans la ligne qui représente l'enfant. Si, dans cette colonne, on trouve un même numéro de ligne plus d'une fois (c'est-à-dire qu'une même personne est la mère ou la gardienne de plusieurs enfants de 0 à 59 mois), on encercle, dans cette colonne, le numéro de ligne de cette personne pour l'enfant le plus jeune. On va considérer le plus jeune enfant dont cette personne à la charge pour remplir ce module. Mais, toutes les personnes qui sont représentés dans cette colonne par leur numéro de ligne doivent être interviewées (s'il s'agit de personnes différentes).

NB : Ce module ne peut être administré qu'une seule fois à une même personne.

Colonnes module 5

Alimentation des bébés et jeunes enfants

On remarque qu'il y a 2 colonnes pour ce module. Dans la première, on va mettre un crochet (✓) dans la case correspondant à la ligne de tous les enfants qui ont entre *6 et 23.9* mois (pour cela, on vérifie la colonne « âge en mois »). Puis, pour chacun de ces enfants, on va inscrire, dans la colonne suivante le numéro de ligne de sa mère ou de celui qui en a la charge.

NB:

a) Dans ce module, les enfants de 6 à 23.9 mois sont les sujets. Ils sont tous, sans exception, éligibles pour ce module. Mais c'est à leur mère ou personne en charge que l'on va poser des questions sur leur alimentation (alimentation des enfants). La présence des enfants n'est pas nécessaire. Si une personne est mère ou à la charge de plusieurs enfants de 0-23 mois, le module sera fait pour chacun des enfants.
b) Ce module peut être administré plusieurs fois à une même personne si elle a la charge de plusieurs enfants de 6 à 23.9 mois

Colonnes module 6

Vaccination

On remarque qu'il y a 2 colonnes pour ce module. Dans la première, on va mettre un crochet (✓) dans la case correspondant à la ligne de tous les enfants qui ont entre *12 et 23.9* mois (pour cela, on vérifie la colonne « âge en mois »). Puis, pour chacun de ces enfants, on va inscrire, dans la colonne suivante le numéro de ligne de sa mère ou de celui qui en a la charge.

NB:

a) Dans ce module, les enfants de 12 à 23.9 mois sont les sujets. Ils sont tous, sans exception, éligibles pour ce module. Mais c'est à leur mère ou personne en charge que l'on va poser des questions sur les vaccins qu'ils ont reçus (vaccination des enfants). La présence des enfants n'est pas nécessaire.
b) Ce module peut être administré plusieurs fois à une même personne si elle a la charge de plusieurs enfants de 12 à 23.9 mois

Colonnes module 7

Grossesse et Accouchement

On remarque qu'il y a 2 colonnes pour ce module. Dans la première, on va mettre un

crochet (✓) dans la case correspondant à la ligne de tous les enfants qui ont entre *0 et 23.9* mois (pour cela, on vérifie la colonne « âge en mois »). Puis, pour chacun de ces enfants, on va inscrire, dans la colonne suivante le numéro de ligne de **sa mère**. Si, dans cette colonne, on trouve un même numéro de ligne plus d'une fois (c'est-à-dire qu'une même personne est la mère de plusieurs enfants de 0 à 23.9 mois), on encercle, dans cette colonne, le numéro de ligne de cette personne pour l'enfant le plus jeune. Dans ce cas, les questions seront posées pour la grossesse et l'accouchement du plus jeune enfant.

NB:

a) Dans ce module, les enfants de 0 à 23.9 mois ne sont pas les sujets. Mais on veut avoir des informations sur la grossesse et l'accouchement relatifs à leur naissance.
b) Ce module ne peut être administré qu'une seule fois à une même personne (référence dernier enfant de 0-23.9 mois)

Colonne module 8
Santé Reproductive
Pour remplir cette colonne, on vérifie d'abord les colonnes sexe et âge en année pour identifier les femmes de 15 à 49 ans. Dans la colonne âge, on encercle l'âge de toutes les femmes de 15 à 49 ans. Puis on cherche à savoir si elles sont en union (marié, placée, «vivavek ») en leur posant la question écrite à la colonne 8. Dans la colonne 8 on met un crochet (✓) dans la ligne de toutes les femmes de 15 à 49 ans en union. On cherche les femmes qui sont dans une relation stable avec un homme, une relation qui est reconnu par tout le monde. On ne prend pas les femmes non mariées qui sortent avec les garçons. L'important est la relation permanente.

Colonne module 9
Agriculture
Pour remplir cette colonne, on cherche d'abord à savoir qu'elles sont les personnes du ménage qui sont agriculteurs (hommes ou femme). S'il y a plusieurs agriculteurs on choisit l'agriculteur principal, c'est-à-dire celui/celle qui prend les décisions relatives au choix des cultures ou des techniques agricoles. On met un crochet (✓) dans la case correspondant à la ligne de la personne.

NB. : Le chef de ménage n'est pas nécessairement l'agriculteur principal

C. Date de Naissance / Age

L'âge exact de l'enfant est nécessaire pour l'échantillonnage, pour décider si l'enfant est toisé debout ou couché et pour convertir la taille et le poids en indices standard. Dans les modules 2 à 7 le choix des répondants éligibles en tient compte

1. Critères d'inclusion et d'exclusion
Sont inclus dans cette enquête, les enfants de 0 à 59.9 mois, c'est-à-dire nés entre août 2008 (après date du jour de l'enquête) et août 2013. Dépendamment du module, les groupes d'âges considérés peuvent varier, mais se situent dans cet intervalle.

2. Quand utiliser le calendrier d'évènements?
Pour la détermination de l'âge de l'enfant, l'enquêteur doit chercher à connaître la date de naissance de l'enfant.

- Si l’enfant possède un carnet de santé ou une pièce d’état civil mentionnant sa date de naissance : **noter la date de naissance sur la fiche ménage dans la colonne date de naissance, puis procéder comme indiqué (dans le module « Calcul d’Age » de la TABLETTE) pour calculer l’âge en mois.**

  Cette méthode est la plus fiable et doit être préférée à l’estimation de l’âge en mois toutes les fois où cela est possible.

- Si l’enfant ne possède pas de carnet de santé ou de pièce d’état civil : déterminer la date de naissance grâce au calendrier d’évènements et la noter sur la fiche ménage dans la colonne date de naissance, puis procéder comme indiqué (« Calcul d’Age » de la TABLETTE) pour calculer l’âge en mois.

3. Comment utiliser le calendrier des événements ?

Utilisez une série de questions formulées ainsi:

"<NOM> est-il/elle né(e) avant ou après <évènement>?

Choisissez les évènements dans la colonne la plus appropriée du calendrier pour réduire l'intervalle à chaque question.

Lorsque la mère/gardien connaît l’âge en années, posez lui des questions sur les circonstances qui ont entouré la naissance de l’enfant pour déterminer le mois de naissance et si possible le jour. Précisez avec la mère:

- Sur le calendrier, s’il y a un évènement particulier (par exemple un cyclone) proche de la naissance de l’enfant, demandez à la mère si la naissance de son enfant est intervenue avant ou après cet évènement.
- Demander pendant quelle saison l’enfant est né : pluies, sécheresse, etc.
- Ces différentes informations vous permettront d’estimer l’âge de l’enfant de manière beaucoup plus précise.

Lorsque la mère/gardien connaît la date de naissance de l’enfant, mais n’a pas de document officiel pour le justifier:

- Localiser la date de naissance sur le calendrier d’événement ;
- Poser des questions à la mère sur les évènements qui ont entouré la naissance de l’enfant (fêtes, saison, etc.) pour estimer l’âge en mois effectif.

Lorsque la mère/gardien ne connaît ni l’âge ni la date de naissance, on utilisera les évènements notés sur le calendrier pour l’aider à se souvenir des circonstances de la naissance de son enfant et estimer la date de naissance.

- Demandez à la mère ou la personne en charge de l’enfant si elle se rappelle de la période ou d’un événement lors de l’accouchement de cet enfant,
- Posez une sérié de questions en fonction de sa réponse pour localiser le mois et l’année de naissance.

Lorsqu'il est absolument impossible d'obtenir des indications de la mère, chercher un enfant d'âge probablement similaire dans l'entourage

- Déterminez l'âge de l'autre enfant
- Estimer la différence d'âge entre les deux enfants en se servant du calendrier
- En déduire l'âge de l'enfant enquêté

D. Fiche de Grappe

Il est très important de faire le suivi du nombre et du type des interviews qui ont été conduits pour chaque groupe de répondants, ainsi que du nombre de ménages visités. La « Fiche de Grappe » est utilisée pour faire le suivi des ménages visités ainsi que le nombre et le type de questionnaires complétés dans chaque ménage. Elle indique aussi quels ménages ont du être revisitées, lesquelles n'avaient personne à la maison et lesquelles ont refusé de participer. (***Voir forme en annexe***)

E. Conduire les Interviews

- Une fois que la **Fiche de Ménage** est remplie, vérifiez la **Fiche de Grappe** pour voir quels questionnaires n'ont pas atteint le minimum de 6 pour la grappe. Par exemple, si vous venez tout juste de remplir la Fiche de Ménage pour ménage # 3 et que vous ayez déjà complété 3 interviews sur la santé reproductive dans le ménage # 1 et 3 questionnaires sur la santé reproductive dans le ménage # 2, il n'est plus nécessaire de remplir des questionnaires sur la santé reproductive dans le ménage # 3.
- Vous pouvez remplir les questionnaires dans l'ordre qui convient le plus aux membres du ménage. Par exemple, si une personne doit sortir sous peu, questionnez cette personne en premier.
- Lorsque vous avez un répondant, administrez tous les questionnaires qui s'appliquent à ce répondant pour que vous n'ayez pas à rappeler cette même personne plus tard.
- Rappelez-vous que pour les questionnaires 2 & 3, l'enfant et celui/celle qui prend soin de lui doivent être présents tous les deux.
- Rappelez-vous que même si vous avez marqué les enfants avec un ✓ pour les questionnaires 4, 5, 6, et 7, il n'est pas nécessaire que l'enfant soit présent pour ces interviews. Seule la mère ou la personne qui s'occupe de l'enfant doit être présent.

Après avoir complété la fiche de ménage, on procède aux différentes interviews avec les répondants éligibles du ménage. Vous devez interviewer tous les répondants éligibles dans un ménage. La seule exception serait si 6 personnes d'un type particulier de répondants avaient déjà été interviewées dans d'autres ménages de la grappe. Dans ce cas, vous auriez seulement besoin de recueillir des données de tous les individus qui remplissent les conditions des types de répondants pour lequel le minimum de 6 n'avait pas encore été obtenu.
Parce que vous devez interviewer tous les répondants éligibles dans chaque ménage choisi, parfois vous excéderez les 6 questionnaires et ce n'est pas un problème. Cependant, il n'est pas acceptable de compléter moins que 6 questionnaires par type de répondant dans chaque grappe.

Le Règle d'or
On cherche à interviewer tous les répondants éligibles dans un ménage.
Seule exception: Si l'équipe a déjà complété 6 interviews pour un groupe de répondants dans la grappe, il ne cherche plus d'interviews dans ce groupe.

F. Les Modules

Page d'Identification du ménage

Le code des grappes se retrouve sur la liste des grappes. Il suffit d'entrer ce code pour que toutes les informations relatives à la localisation géographique du ménage se remplissent ainsi que le nom du CS. Il faut bien vérifier que l'on se trouve dans la localité indiquée sur la TABLETTE.

Dans la section identification de l'enquête :
- Choisir votre nom sur la liste
- Utiliser le calendrier pour indiquer la date de l'interview
- Designer un nombre unique à chaque ménage sectionné dans la grappe.
- Le même nombre est écrit sur la *Fiche de Ménage*
- Ecrire le nom du chef de ménage. Prénom au minimum et nom de famille s'il est approprié selon le contexte.

Module 1 : Sécurité Alimentaire

L'objectif de ce module est d'obtenir des informations sur l'accès du ménage à la nourriture. Cette section est constituée d'une série de questions se rapportant à la quantité et type de nourriture disponible pour le ménage pendant les 12 derniers mois précédant l'enquête.

Répondant : La personne en charge de la gestion de la nourriture dans le ménage

No 1.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi?
Je peux commencer l'enquête ? »

No 1.2
Inscrire le prénom au minimum et nom de famille s'il est approprié selon le contexte, de celui qui est en charge de la gestion de la nourriture.

No 1.3
L'objectif de cette question est de déterminer combien de mois de l'année une famille n'a pas eu assez de nourriture pour rencontrer ses besoins : dans quels mois l'accès de la famille à la nourriture a été limité, indépendamment de la source de nourriture (achat, échange, production).

La question réfère à la nourriture de l'ensemble des personnes du ménage et non à une personne en particulier (le ménage est considéré comme un tout). Nous estimons que la personne en charge de la nourriture est la mieux placée pour répondre aux questions, mais les questions s'adressent à tous les membres du ménage.

Lire la partie d'introduction de la question doucement, en mettant l'emphase sur le fait que la question concerne les **12 derniers mois** précédant l'étude. Mettre l'emphase sur le fait que la question concerne le ménage dans son entier.

No 1.4 à No 1.5
Pour chacun des mois, il faut noter si le ménage a eu assez de nourriture ou pas assez.

No 1.6 à 1.6I
L'objectif de cette question est de déterminer à combien de groupes de nourriture le ménage a accès. C'est une approximation de la situation économique du ménage. Cette question **ne mesure pas la qualité** de la diète du ménage.

C'est un rappel de 24 heures.

S'assurer que la veille n'était pas un jour particulier ou spécial (Fête, funérail, visite, etc.). Si la veille n'était pas une journée ordinaire, trouver un autre ménage pour administrer ce module.

La question réfère à la nourriture de l'ensemble des personnes du ménage et non à une personne en particulier (le ménage est considéré comme un tout). Nous estimons que la personne en charge de la nourriture est la mieux placée pour répondre aux questions, mais les questions s'adressent à tous les membres du ménage.

Informer les répondants que l'on parle ici de nourriture préparée dans le ménage et consommée dans le ménage ou encore préparée pour être consommée par les membres du ménage en dehors de la maison (boite à lunch). Ne pas inclure les nourritures consommées en dehors de la maison et qui n'étaient pas préparées dans la maison. Ne pas considérer les nourritures préparées en dehors de la maison et données au ménage.

Même si c'est une seule personne qui a mangé un aliment préparé dans la maison, il faut considérer cet aliment pour cette question.

MODULES 2 & 3: Taille et Poids

L'objectif de ce module est d'évaluer la situation alimentaire des enfants en prenant des mesures anthropométriques (taille pour les enfants de 6 à 59.9 mois, poids pour les enfants de 0 à 59.9 mois). Les mesures prises sur les enfants portent sur la stature (c.-à-d., taille debout ou longueur allongée sur le dos) et le poids. La longueur allongée sur le dos est à prendre pour les enfants de moins de 24 mois, alors que la taille debout est à prendre pour les enfants de 24 mois ou plus.

Répondant: Enfant de 6-59.9 mois pour la taille et enfant 0-59.9 mois pour le poids, avec la mère ou la personne qui a la charge de l'enfant.

No 2.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 2.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de la mère ou de celui qui a la charge de l'enfant.

No 2.3
Inscrire le prénom au minimum, et nom de famille s'il est approprie selon le contexte, de l'enfant de 0-59.9 mois.

No 2.5
Valider la date de naissance selon un document, le rappel simple du gardien ou le rappel assisté par le calendrier local. Inscrire la date. Si la date du jour n'est pas connue, mettre 15 dans les cases du jour (*Voir «Date de naissance/Age » pour plus de précision pour la recherche de l'âge*).

No 2.5a
Enregistrer la source de vos informations sur la date de naissance de l'enfant. Cette question n'a pas besoin d'être posée à la personne.

No 2.6
La TABLETTE calcule automatiquement l'âge de l'enfant en mois. Si l'enfant ne tombe pas dans le groupe d'âge souhaité, la TABLETTE vous informe de l'erreur. Vous devrez arrêter l'interview et chercher un autre répondant. Effacer ce fichier dans la TABLETTE.

No 2.7
Suivre les procédures de l'anthropométrie.

Instructions générales pour l'anthropométrie

Chaque étape décrite dans le manuel fait référence à des participants bien précis qui sont désignés en caractères gras au début du texte.

- **Il faut deux personnes expérimentées.** Pour mesurer la taille d'un enfant, en position debout ou couchée, le Mesureur tient l'enfant et effectue les mesures. L'assistant aide le Mesureur à tenir l'enfant.
- **Positionnement du ruban métrique et de la balance.** Commencez par repérer les endroits où l'on peut poser la balance. Choisissez l'endroit avec soin. Il est préférable d'effectuer les mesures à l'extérieur pendant la journée. Mais s'il pleut, ou si l'on est gêné par les regards indiscrets, on peut être mieux installé à l'intérieur pour effectuer les mesures. Dans ce cas, assurez-vous que l'endroit soit suffisamment bien éclairé.
- **Evaluation de la position à utiliser pour la mesure de la taille.** Avant de mesurer un enfant, il faut décider s'il doit être mesuré debout ou allongé. La longueur allongée sur le dos est à prendre pour les enfants de moins de 24 mois, alors que la taille debout est à prendre pour les enfants de 24 mois ou plus.
- **Ne mesurer et peser qu'un seul enfant à la fois.** Lorsqu'il y a dans un ménage plusieurs enfants à mesurer, il faut remplir toutes les sections du questionnaire y compris celle consacrée aux mesures d'un seul enfant à la fois. L'opération sera répétée pour chaque enfant en reprenant le questionnaire au début. EVITER de mesurer tous les enfants en même temps, car cela peut introduire facilement la confusion et multiplier par la même les risques d'erreurs, par exemple en écrivant les mesures d'un enfant sur le questionnaire

concernant un autre enfant. Dès que vous avez fini de prendre les mesures dans un ménage, remettez immédiatement le matériel dans les sacs protecteurs.

- **Maintenir l'enfant.** Quand on prend les mesures d'un enfant, il faut le maintenir immobile. Il ne faut pas sous-estimer la force et la mobilité d'un enfant, même très jeune. Soyez ferme avec les enfants, mais avec douceur. Si vous faites preuve de calme et de confiance, il en ira de même pour la mère et l'enfant. Quand un enfant est en contact avec un appareil de mesure, il doit être maintenu de façon à ne pas risquer de trébucher ou de tomber. Il ne faut jamais laisser un enfant seul avec l'appareil de mesure. Il faut toujours garder le contact physique avec lui.
- **Ne pas effrayer l'enfant.** Pour peser et mesurer un enfant, il faut le toucher et le manipuler, et celui-ci sera plus impressionné que dans le cas d'une enquête où l'on se contente d'interroger les gens. Expliquez à la mère et, dans le cas échéant à l'enfant, ce que vous allez faire: vous éviterez ainsi une éventuelle résistance de leur part, vous calmerez leurs craintes et vous leur causerez le minimum de désagrément. Il faut s'assurer que l'enfant, ou sa mère, ne soit pas bouleversé au point qu'il faille arrêter les mesures. N'oubliez jamais qu'un jeune enfant est souvent peu coopératif, qu'il a tendance à pleurer, crier, donner des coups de pied et parfois mordre. Si un enfant est vraiment perturbé ou qu'il fait une crise de larmes, essayez de le calmer ou redonnez-le à sa mère un moment avant de poursuivre les mesures.

Evitez de prendre toute mesure si:

- La mère s'y oppose;
- L'enfant est trop malade ou trop perturbé;
- L'enfant est atteint d'une malformation qui gêne la mesure au risque de donner un résultat erroné. Toutefois, pour ne froisser personne, il est parfois bon deprendre quand même les mesures et de signaler la malformation dans le questionnaire.

- **Notation des résultats et précautions nécessaires.** Lorsque vous prenez les mesures d'un enfant, ne conservez aucun objet à la main et retirez vos crayons de votre bouche, de vos cheveux ou de la poche de votre veston pour ne pas risquer de blesser l'enfant ou de vous blesser vous-même. Veillez à avoir les ongles courts. Avant de travailler, retirez les bagues et les montres qui pourraient vous gêner. Ne fumez pas en travaillant ni dans la maison que vous visitez.
- **Il faut se perfectionner sans arrêt.** Vous deviendrez un Mesureur qualifié si vous cherchez constamment à vous perfectionner et si vous vous conformez exactement aux procédures à suivre en opérant chaque fois toujours de la même façon. Qualité et vitesse s'amélioreront avec la pratique.
- Vous aurez à prendre les mesures d'un grand nombre d'enfants. Ne prenez jamais les choses à la légère même si les opérations à effectuer vous paraissent simples et répétitives. Il est facile de faire des erreurs lorsqu'on n'est pas soigneux. Ne sautez aucune des étapes prescrites. Concentrez-vous sur ce que vous faites.

Procédure à suivre pour la mesure de la taille

- En fonction de l'âge de l'enfant et de sa capacité à se tenir debout, vous mesurerez sa taille en position couchée (taille couché) ou en position debout (taille debout).

Se préparer à mesurer la taille couché ou debout

- Enlevez les chaussures et chaussettes de l'enfant.
- Défaites la coiffure de l'enfant et enlevez les accessoires de coiffure, s'ils risquent de

fausser la mesure de la taille.

- Si un bébé est pesé nu, une couche propre peut être remise à l'enfant afin d'éviter d'être mouillé pendant que l'on mesure sa taille.
- Si la pièce est fraîche et qu'il y a un peu d'attente, gardez l'enfant au chaud dans une couverture jusqu'à ce que sa taille puisse être mesurée.
- Expliquez l'ensemble de la procédure à la mère et assurez-vous de son soutien.
- Recouvrez la surface horizontale d'un tissu peu épais dans un souci d'hygiène et pour le confort du bébé. La mère devra placer le bébé sur la surface horizontale elle-même puis vous aider à maintenir la tête du bébé en place tandis que vous prendrez la mesure.
- Montrez-lui où se placer pour mesurer le bébé avec le ruban métrique.
- Montrez-lui aussi comment placer la tête du bébé.
- Demandez-lui d'allonger l'enfant sur le dos, en comprimant ses cheveux.
- Demandez à la mère de tenir la tête de l'enfant dans cette position.
- Vérifiez que l'enfant est allongé droit sur le ruban métrique et ne change pas de position.
- Ses épaules doivent toucher la surface horizontale et la colonne vertébrale ne doit pas être arquée.
- Maintenez les jambes de l'enfant sur la surface horizontale avec une main et déplacez la partie mobile avec l'autre.
- Appuyez doucement sur les genoux pour étendre les jambes aussi loin que possible sans faire mal à l'enfant. Remarque : il n'est pas possible d'étendre les jambes des nouveau-nés de la même façon que pour des enfants plus âgés.
- Leurs genoux sont fragiles et peuvent facilement être blessés, aussi n'exercez qu'une pression très faible.
- Si un enfant est extrêmement agité et qu'il n'est pas possible de maintenir ses deux jambes dans la bonne position, prenez la mesure avec une seule jambe en bonne position
- La plante de ses pieds doit être plane et les orteils tournés vers le haut.
- Lisez la mesure et notez la taille de l'enfant couché en centimètres.
- Assurez-vous que le ruban métrique vertical ou horizontal s'aligne sur une surface plane.
- Vérifiez que les chaussures, chaussettes et accessoires de coiffure de l'enfant ont été retirés.
- Veillez à travailler avec l'aide de la mère et à vous mettre à genoux pour être au niveau de l'enfant.
- Aidez l'enfant à se tenir debout, les pieds légèrement écartés.
- L'arrière de sa tête, ses omoplates, ses fesses, ses mollets et ses talons doivent tous toucher la surface verticale.
- Lisez la mesure
- Notez la taille de l'enfant debout en centimètres.

***Procédure à suivre pour la mesure de la taille allongée (moins de 2 ans)*:**

- Si un enfant a moins de 2 ans, mesurez sa taille en position couchée (allongée) en utilisant le ruban métrique aligné sur une surface plane et stable. Ou encore à même une table qui sera utilisée comme surface plane.
- À l'aide d'un ruban métrique prenez la taille de l'enfant.
- Partant de la fontanelle postérieure faite une ligne bien droite avec votre ruban jusqu'au talon de l'enfant.
- Veuillez dans les deux cas à ce que l'enfant soit maintenu couché et bien accolé à la surface plane.
- Noter la taille en cm.

Procédure à suivre pour la mesure de la taille debout (plus de 2 ans):

- Si l'enfant a 2 ans ou plus mesurez sa taille en position debout à moins que l'enfant ne soit pas capable de se tenir debout.
- À l'aide d'un ruban métrique prenez la taille de l'enfant.
- A l'aide d'un ruban métrique prenez la taille de l'enfant partant de la fontanelle postérieure faite une ligne bien droite avec votre ruban jusqu'au talon de l'enfant.

Remarques.-
- La taille en position debout est inférieure d'environ 0,7 cm à la taille en position allongée. Cette différence a été prise en compte lors de l'élaboration des normes de croissance de l'OMS. Par conséquent, il est important d'ajuster les mesures si l'on mesure la taille couché au lieu de la taille debout.
- Si un enfant de moins de 2 ans refuse de s'allonger pour que sa taille couché soit mesurée, mesurez sa taille debout et ajoutez 0,7cm. Pour convertir celle-ci en taille couché.
- Si un enfant de 2 ans ou plus ne peut pas se tenir debout, mesurez-le en position allongée et soustrayez 0,7 cm pour convertir sa taille couché en taille debout.

Procédure à suivre pour la mesure du poids.-

La procédure double pesée pour les enfants de moins de 2ans
- La mère enlèvera ses chaussures et montera sur la balance pour être d'abord pesée seule.
- Quelqu'un d'autre doit tenir le bébé déshabillé enveloppé dans une couverture.
- Demandez à la mère de se tenir debout au milieu de la balance, les pieds légèrement écartés.
- Restez sans bouger.
- Notez le poids.
- Retournez l'enfant à sa mère. Puis demandez-lui de quitter la balance.
- Tendez le bébé déshabillé à la mère et demandez-lui de remonter sur la balance.
- Notez ce poids à nouveau.
- Pour connaitre le poids de l'enfant soustraire poids la mère seule du poids de l'enfant et de la mère en double pesée

Procédure à suivre pour la mesure du poids pour les enfants de plus de 2 ans.-
- Si un enfant est âgé de 2 ans ou plus, il peut rester sans bouger.
- Pesez l'enfant seul.
- Demandez à la mère d'aider l'enfant à retirer ses chaussures et ses vêtements à l'exception des sous-vêtements.
- Expliquez à l'enfant qu'il est important de ne pas bouger.
- Demandez à l'enfant de monter au milieu de la balance, pieds légèrement écartés.
- Restez sans bouger jusqu'à ce que le poids s'affiche.
- Notez le poids de l'enfant.

MODULES 4: Lavage des mains

L'objectif de ce module est d'évaluer une pratique d'hygiène du répondant. Répondant: La mère ou la personne qui a la charge de l'enfant de 0-59.9 mois

No 4.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 4.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de la mère ou la personne qui a la charge de l'enfant de 0-59.9 mois.

No 4.2a
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de l'enfant de 0-59.9 mois (le plus jeune, si le répondant a plus d'un enfant de 0-59 mois à charge).

No 4.2b
Valider la date de naissance selon un document, le rappel simple du gardien ou le rappel assisté par le calendrier local.

No 4.3, 4.4
Le manque de savon dans différentes places dans le ménage, incluant la cour, est un indicateur de non lavage des mains. S'il n'y a pas de savon dans un point de lavage des mains, aucun lavage des mains avec du savon ne se fera. C'est pourquoi, vérifier pour voir si le savon est présent au point de lavage des mains est un indicateur important.

No 4.5, No 4.6, No 4.7
Le lavage des mains avec du savon, spécialement après défécation et contact avec les selles d'un enfant, peut beaucoup réduire les cas de diarrhée.

Pour prévenir les maladies diarrhéiques, les situations critiques dont le caregiver (celui qui prend soin de l'enfant) devrait tenir compte pour se laver les mains sont les suivantes : après défécation, après avoir nettoyé un enfant, avant de préparer la nourriture, avant de donner à manger à un enfant, avant de manger.

Des questions directes au sujet du lavage des mains avec du savon après certaines situations critiques, même quand spontanées, conduisent à une surestimation du lavage des mains. Alors, ces questions (du module) mettent l'emphase sur l'utilisation du savon au lieu de demander directement d'après le lavage des mains. Cette approche devrait réduire le biais venant du répondant, comme on ne fait pas mention directement de l'hygiène personnel et que l'accent est mis sur l'utilisation d'un agent nettoyant.

Habituellement, le premier usage du savon qui est mentionné est lié aux activités de nettoyage dans le ménage : nettoyer la vaisselle, laver les vêtements. C'est seulement après que ceux-ci aient été mentionnés que l'utilisation du savon dans des buts d'hygiène personnel est mentionnée. Alors, il faut investiguer «kisa ankò » (quoi d'autre) pour avoir tous les utilisations possibles du savon.

No 4.7
Cette question demande au répondant de citer les occasions ou il/elle a utilisé du savon

pendant un période de 24 heures.

MODULE 5: Alimentation des bébés et jeunes enfants

Répondant: La mère ou la personne qui a la charge de l'enfant de 6-23.9 mois

No 5.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 5.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de la mère ou la personne qui a la charge de l'enfant de 6-23.9 mois.

No 5.3
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de l'enfant de 6-23.9 mois.

No 5.3a
Valider la date de naissance selon un document, le rappel simple du gardien ou le rappel assisté par le calendrier local. Inscrire la date. Si la date du jour n'est pas connue, mettre 15 dans les cases jours (Voir «Date de naissance/Age » pour plus de précision pour la recherche de l'âge).

No 5.4 à 5.5
Dans cette question on cherche simplement à savoir si l'enfant a été l'allaité à une période de temps quelconque après sa naissance. La durée de la période d'allaitement importe peu. Peu importe si l'enfant a été ou /est allaité par une femme autre que sa mère.

No 5.4a
On cherche à savoir si on allaite encore l'enfant. Si l'enfant est toujours allaité on note «Oui» ; si on ne l'allaite plus (l'enfant est sevré), on note « Non ».

No 5.5a à 5.13
Le but principal est d'avoir une bonne image de la diversité de la diète de l'enfant. On interroge la mère ou la personne qui prend soin de l'enfant au sujet des types de liquides et de nourritures qui ont été donnés à l'enfant le jour précédant l'enquête (« hier durant le jour ou la nuit »).

Ces questions font référence principalement aux différents liquides que l'enfant a reçus le jour précédent l'enquête (« hier durant le jour ou la nuit »). Le but de ces questions est de déterminer si l'enfant a reçu le lait maternel ou une autre sorte de lait, car le lait est très important pour les enfants de cet âge.

Il faut lire doucement la question à **5.5a,** puis lire séparément les différents liquides ou groupe de liquide dans la liste (**5.6 à 5.13**). Il faut attendre la réponse du répondant après

chaque liquide ou groupe de liquides cités et enregistrer si l'enfant a reçu ou non ces liquides. (NB. Dans cette liste d'aliments, on retrouve également des bouillies).

No 5.8
On considère ici les formules de lait commercialisées, spécialement faites pour bébé (Ex: Enfamil, S26, Similac etc.).

No 5.9
On considère ici tout autre lait qui n'est pas une formule spéciale pour bébé (Ex : Carnation, Alaska, Bongou, Lido etc.)

No 5.10 à 5.11
Quelque soit le liquide autre que le lait, le thé, ou le café, on le considère ici. Si le répondant dit avoir donné du jus à l'enfant, on note « Oui », qu'il s'agisse de jus naturel ou artificiel.

No 5.12
On considère ici les céréales commercialisées spécialement préparées pour bébé. A ces céréales, il y a généralement des vitamines ajoutées (Ex : Gerber, Beachnut etc.). On ne considère pas les farines locales.

No 5.13a à 5.30
Ces questions aideront à montrer si les enfants vivant dans l'aire du projet reçoivent ou non les différents groupes d'aliments dont ils ont besoin.

Les aliments semblables sont regroupés. Choisir «Oui » si un quelconque des aliments dans un groupe a été mangé.

Lire l'introduction à cette question doucement (**5.13a**), en mettant l'emphase sur le fait que dans cette question on cherche à savoir ce que l'enfant a mangé le jour précédent l'enquête (« hier durant le jour ou la nuit »). Ensuite, demander pour chacun des aliments ou groupe d'aliments, dans l'ordre dans lequel ils apparaissent dans la question.

Pendant que vous posez des questions sur ces aliments, le répondant peut vous interrompre et donner la liste de liquides et nourritures que l'enfant a consommé la veille. Dans ce cas, rentrer tout ce que le répondant aura mentionné dans la TABLETTE, puis reculer pour poser les questions sur les groupes d'aliments qu'il n'aura pas encore mentionnés.

Alors que vous commencez à poser des questions systématiques sur tous les types d'aliments, le répondant peut vous dire que l'enfant n'avait reçu que les aliments qu'il a déjà mentionnés. Dans ce cas, il faut toujours confirmer avec le répondant que l'enfant n'avait rien pris d'autre (Ex : en lui demandant «Est-ce que <NOM> n'a bu aucun autre liquide du tout ? » et « Est-ce que <NOM> a reçu un autre aliment solide ou semi solide quelconque »). Si le répondant confirme, en répondant à ces questions, qu'aucun autre liquide ou nourriture n'avait été donné à l'enfant, marquer « Non » pour tous les autres aliments ou groupes d'aliments de la liste qu'il n'aurait pas cités.

Il est possible que le répondant consulte un autre membre du ménage sur ce que l'enfant avait mangé la veille, s'il n'était pas le seul à avoir donné à manger à l'enfant.

Certains aliments sont listés seuls (Ex : pois), mais ils peuvent être consommés en sauce, soupe ou ragoût. Si l'enfant a mangé une nourriture qui combine plusieurs aliments (Ex : bouillon, tchaka etc), il faut noter tous les types d'aliments qui rentrent dans la composition de cette nourriture (Ex : Banane, Feuilles vertes, carotte etc).

NB. Il ne faut pas noter les aliments qui ont été ajoutés en très petite quantité, ou juste pour donner un peu de goût. Par exemple, si une cuillérée de poudre de poisson (Ex hareng), a été ajouté dans une grande quantité de ragoût (pour plusieurs personnes), il ne faut pas noter que l'enfant avait consommé du poisson. Si un poivron a été ajouté dans toute la chaudière du repas familial, on ne peut pas noter cela comme « un autre fruit ou végétal ».

No 5.31
Dans cette question on cherche à savoir combien de fois l'enfant a mangé des aliments solides ou semi solides le jour précédant l'enquête (« hier durant le jour ou la nuit »). Poser la question au répondant telle qu'elle est écrite. Il faudra chercher à approfondir avec le répondant, pour qu'il se rappelle de toutes les fois que l'enfant a mangé la veille.

Les aliments solides ou semi solides incluent ce que l'enfant a consommé dans le repas familial, et aussi les repas spéciaux qui ont été préparés pour lui. Les soupes épaisses et ragoûts devraient être incluent. Les bouillies épaisses sont aussi incluent. Mais les soupes et bouillies très liquides ne sont pas inclues, car l'enfant ne reçoit pas assez de calories dans les soupes et bouillies très liquides.

Les liquides ne comptent pas pour cette question. Les très petits goûters, ou une ou deux bouchées de la nourriture de quelqu'un d'autre ne devraient pas être compté. Il faut considérer un repas capable de satisfaire plus ou moins la faim de l'enfant.

MODULE 6 : Vaccination

Les questions de ce module sont relatives à la vaccination des enfants. Elles aideront à montrer le pourcentage d'enfants de 12 à 23.9 mois, vivant dans l'aire du projet, qui étaient complètement vaccinés à 12 mois Répondant: La mère ou la personne qui a la charge de l'enfant de et 12-23.9 mois

No 6.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 6.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de la mère ou la personne qui a la charge de l'enfant de 12-23.9 mois.

No 6.3
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de

l'enfant de 0-59.9 mois.

No 6.3a
Valider la date de naissance selon un document, le rappel simple du gardien ou le rappel assisté par le calendrier local.

No 6.4
Si le répondant dispose de la carte de santé ou de vaccination de l'enfant, il est important de la lui demander même si cela doit prendre un peu de temps pour la chercher. Il faut être patient. Demander à la mère toutes les cartes de santé de l'enfant, y compris les cartes données lors des campagnes de vaccination. Bien vérifier que la carte est celle de l'enfant concerné par le module. Lire le nom sur la carte, vérifier qu'il est le même qui figure dans la fiche ménage et confirmer avec la mère (en lisant pour elle le nom qui figure sur la carte)

NB : la carte la plus complète pour les vaccins est généralement la carte « chemen la santé ». Cependant, les cartes données lors des campagnes de vaccination peuvent aider pour compléter les informations (Ex : au cas où une troisième dose ne serait pas inscrite sur la carte « chemen la santé »).

Si le répondant vous montre la carte de l'enfant, choisissez « Oui, vue...2 ». Mais si le répondant vous dit qu'elle a une carte, mais qu'elle n'est pas en mesure de vous la montrer parce que quelqu'un d'autre l'a, elle l'a perdue, ou qu'elle n'est pas accessible pour l'interview, choissez «Oui, mais pas vue..1 ». Si le répondant dit qu'il n'a pas de carte pour l'enfant, Choissez « Pas de carte..0 ».

No 6.5, 6.9, 6.12, 6.13
On vérifie sur la carte si le vaccin mentionné a été donné (BCG, Polio, DTPER, Rougeole).
On note « Oui » si le vaccin a été donné. NB. Pour Polio et DTPER, on note « Oui » seulement si la troisième dose a été donnée.

No 6.5a, 6.9a, 6.12a, 6.13a
On inscrit la date à laquelle le vaccin mentionné a été donné, d'après la carte. NB. Pour Polio et DTPER, on inscrit la date à laquelle la troisième dose a été donnée.

Avant de noter la date inscrite sur la carte, il faut examiner la carte soigneusement. Les vaccins peuvent y être inscrits dans un ordre différent de celui du questionnaire. Soyez attentif et inscrivez les dates correctement. Attention à ne pas inscrire des dates de rendez-vous. Inscrire seulement les dates aux qu'elles les vaccins on été données.

Certaine situations peuvent se présenter :

a) Si le mois et l'année sont connus, mais que la date du jour n'est pas connue, inscrire 15 dans les cases du jour
b) Si la date de Polio 3 est inscrite, mais pour le DTPER 3 on a simplement mit un crochet, on inscrit la même date que pour Polio 3 (ces deux vaccins sont habituellement donnés le même jour, le crochet voudra probablement dire qu'il a été également donné le même jour). Le même est vrai pour la situation inverse.
c) Dans certaines cartes, il y a une même ligne pour Polio1 et DTPER1, Polio2 et DTPER 2 etc, si la date est inscrite sur seulement une de ces lignes (ex pour Polio 3 et DTPER 3) on inscrit la même date pour les deux vaccins. NB : il faut bien s'assurer qu'il s'agit

de la même dose pour les deux vaccins.

d) Si pour chacun des vaccins on note « reçu », mais qu'aucune date n'est mentionné, on inscrit la date de l'enquête même (jour, mois, année).

No 6.14

Vous poserez cette question seulement si toutes les doses de vaccins recherchées n'étaient pas inscrites sur la carte. Dans ce cas il faudra s'assurer que l'enfant n'avait pas reçu d'autres vaccins qui n'étaient pas inscrits sur la carte.

No 6.15

Vous poserez cette question seulement si la carte de santé /vaccination n'a pas été vue. Dans ce cas, toutes les informations au sujet de la vaccination de l'enfant seront collectées du répondant en faisant appel à sa mémoire pour identifier les vaccins reçus par l'enfant.

No 6.16, 6.17, 6.20, 6.22

Comme il y a plusieurs types de vaccins, pour rafraîchir la mémoire du répondant, ces questions donnent des explications sur la façon dont chacun des vaccins est habituellement donné. Il est donc important de lire lentement et complètement la question avant d'accepter la réponse du répondant.

No 6.19, 6.21

On cherche à savoir le nombre de doses que l'enfant a reçues pour la Polio et le DTPER. Car pour ces vaccins, il faut 3 doses. NB : pour la Polio, l'enfant peut avoir reçue 4 doses, car il y a une dose Polio 0 que l'enfant peut avoir reçue à la naissance. Cette dose ne comptera pas pour déterminer si l'enfant a été complètement vacciné. Il lui faut les trois autres doses dont la première est donnée vers 1½ mois. Lorsqu'on posera la question au répondant, il faudra donc s'assurer que, dans le nombre de dose de vaccin polio donné à l'enfant, celle donnée à la naissance (avant 1½ mois) n'y figure pas.

MODULE 7 : Grossesse et accouchement

Répondant: La mère de l'enfant de 0-23.9 mois.

Les soins prénatals sont des soins destinés à protéger la santé de la mère enceinte et à assurer la croissance et des soins à l'enfant avant sa naissance.

No 7.3 à 7.11

Ces questions permettent de déterminer d'une part si la mère a reçu des soins prénatals pendant la période où elle était enceinte de l'enfant de 0-23.9 mois et d'autre part le type de consultation qu'elle a reçu pendant les visites prénatales. Si la mère a reçu des soins prénatals pendant la période où elle était enceinte de sa plus jeune enfant de 0-23.9 mois, toutes les personnes consultées pour les soins prénatals seront mentionnées ici. Les réponses multiples sont possibles pour cette question, et toutes les réponses de la répondante seront enregistrées. Cela signifie qu'on continuera à demander à la répondante si elle a consulté d'autres personnes pour les soins prénatals jusqu'à ce qu'elle indique qu'elle n'avait plus consulté d'autres personnes pendant sa grossesse. *La sage-femme* (**7.6 et 7.15**) est un personnel de santé. Elle peut-être une infirmière ou une auxiliaire qui a reçue une formation spéciale pour suivre la femme enceinte et conduire l'accouchement. Elle travaille le plus souvent au niveau d'une institution de santé. Il ne faut pas confondre la **matrone** avec la **sage-femme**. La matrone n'est pas un personnel de santé. Si une femme vous dit qu'elle a consulté une sage-

femme pendant qu'elle était enceinte, ou encore qu'une sage-femme l'a assisté pour l'accouchement il faut chercher plus de précision pour savoir de qui il s'agit exactement (matrone ou sage femme). Très souvent, les femmes utilisent le mot sage-femme pour parler des matrones. Les matrones ne travaillent pas au niveau des institutions de santé, mais elles peuvent accompagner la femme enceinte à l'institution si elle a des problèmes ou encore pour l'accouchement.

Il faut également faire une différence entre la **matrone avec boite** et la **matrone sans boite**. Habituellement ce sont les termes utilisés pour distinguer les matrones qui ont reçu une formation et un encadrement d'une institution de santé, de celles qui n'ont pas encore reçu de formation à ce niveau. Autrefois, la matrone qui complétait une période de recyclage au niveau de l'institution de santé recevait de cette dernière une trousse contenant un kit pour accouchement.

No 7.12
Cette question permet de déterminer le nombre de consultations prénatales que la mère a effectué auprès d'un professionnel de la santé pendant la période où elle était enceinte de l'enfant de 0-23.9 mois.

Important: Seules les consultations prénatales auprès d'un professionnel de la santé (médecin, infirmière, sage-femme, auxiliaire, prestataire de santé, ou autre personnel médical formé, **Q7.4 à Q7.7a**) seront prises en compte dans le nombre total de consultations prénatales effectuées.

No 7.12a
Cette question permet d'identifier les personnes qui ont assisté la mère lors de l'accouchement d'enfant de 0-23.9 mois.

Les réponses multiples sont possibles pour cette question, et toutes les réponses fournies par la répondante seront notées. Cela signifie qu'on continuera à demander à la répondante si d'autres personnes ont assisté à son accouchement jusqu'à ce qu'elle indique qu'aucune autre personne n'y avait assisté.

MODULE 8

Le module 8 porte sur l'utilisation des méthodes de planification familiale. On s'enquière des méthodes utilisées pour contrôler les grossesses.

Répondant: Femme de 15 à 49.9 ans en union (Ex : mariée, placée, vivavek)

No 8.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 8.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de la femme de 15 à 49.9 ans qui est en union.

No 8.3
Si la femme dit qu'elle n'est pas enceinte, ou si elle ne sait pas ou n'est pas sure qu'elle est enceinte, on note « Non ».

No 8.4
On cherche à savoir si la femme ou bien son partenaire utilisent actuellement une méthode de planning.

No 8.5 à 8.18
Ces questions informent plus spécifiquement sur les différents types de méthodes de planification familiale pratiqués actuellement par le répondant ou son partenaire

Il ne faut pas lire les méthodes. Cependant, si la femme mentionne une méthode, il faut chercher à savoir si elle ne combine pas cette méthode avec une autre en lui demandant quelle autre méthode elle utilise (par exemple, certaines femmes qui utilisent la méthode du calendrier, l'associe parfois avec le condom). On considère seulement les méthodes qu'elle utilise actuellement. L'on notera «Oui » pour la/les méthodes que la femme aura mentionnée, et « Non » pour celles qu'elle n'aura pas citées.

No 8.5
La *stérilisation féminine* consiste pour la femme à faire une opération dans le but de ne plus être capable d'avoir d'enfants. En Haïti, la méthode la plus courante de stérilisation féminine est la ligature des trompes. Dans ce cas, la femme dira « mwen fè ligati ». C'est une méthode définitive.

No 8.6
La *stérilisation masculine* consiste pour l'homme à faire une petite opération dans le but de plus être en mesure d'avoir d'enfant, on parle ici de vasétocmie. Dans le langage populaire, les gens parleront de « chatré ». C'est une période définitive.

No 8.7
La *pilule* consiste à avaler un comprimé contraceptif (à base d'hormone) tous les jours. La femme qui utilise cette méthode dira « mwen pran grenn planin ».

No 8.8
Le *stérilet ou "filaman*". Un personnel de santé qualifié introduit dans l'utérus de la femme (qui choisit cette méthode) le stérilet qu'elle gardera durant le temps qu'elle décidera ne pas avoir d'enfants.

No 8.9
L'*injectable* encore appelé « Piki 3 mwa » est une injection d'hormone (Depo-Provera) que l'on fait à la femme chaque trois mois dans le but de prévenir la grossesse.

No 8.10
Le *Norplan* qui est couramment appelé par les femmes « *piki 5 an* » sont de petits bâtonnets que l'on implante (par intervention chirurgical minime) dans le bras de la femme pour l'empêcher de tomber enceinte pendant cinq ans.

No 8.12
Le condom féminin est un plastic mince et transparent que la femme place dans le vagin avant les rapports sexuels pour éviter d'être enceinte.

No 8.15
La méthode *MAMA* consiste à retarder le retour de la menstruation (des règles) après avoir donné naissance à un enfant, en l'allaitant exclusivement jusqu'à six mois, et en continuant à l'allaité aussi longtemps que les menstruations/règles ne retournent pas. Après un accouchement, tant que le retour des règles ne se fait pas, la femme a moins de risques de tomber enceinte.

No 8.16, No 8.16a, No 8.16b
La *continence périodique* est une méthode contraceptive naturelle basée sur le principe du suivi de la période d'ovulation, et de ne pas avoir de rapports sexuels durant la période fertile (période du mois où la femme a des risques de tomber enceinte si elle a des rapports sexuels sans protection). Actuellement en Haïti, on retrouve principalement trois méthodes basées sur la continence périodique : la méthode du calendrier, la méthode du collier, la méthode de la glaire cervicale.

Dans la *méthode du calendrier* (**No 8.16,)** la femme évalue la période possible de fertilité, en comptant les jours du mois de mémoire ou à partir d'un calendrier.

Dans la *méthode du collier* (**No 8.16a),** la femme évalue la période possible de fertilité, en utilisant un collier conçu à cet effet (et représentant les 30 jours du mois).

Dans la *méthode de la glaire cervicale* (**No 8.16b),** la femme va à la recherche de la glaire cervicale pour déterminer sa période d'ovulation.

No 8.17
Le retrait / coït interrompu, encore appelé en créole « voye deyò ». L'homme se retire avant d'éjaculer.

No 8.18
On considère dans « AUTRE », toutes autres méthodes non mentionnées que la femme dit utilisée pour ne pas tomber enceinte, qu'il s'agisse de méthode moderne (Ex : diaphragme, gel, mousse, tablette vaginale, crême) ou traditionnelle (Ex utilisation de certaines plantes). Comme méthode utilisée, la femme peut encore parler d'abstinence prolongée.

Gel, mousse, tablette vaginale, crème sont des spermicides qui sont mis dans le vagin avant les rapports sexuels pour tuer les spermatozoïdes. Le *diaphragme («ti bol »)* est une sorte de cup ovale en plastic souple que l'on introduit dans le vagin (avant les rapports sexuels) pour recouvrir le col de l'utérus et empêcher au sperme de pénétrer dans l'utérus.

MODULE 9

Ce module couvre deux aspects : les pratiques agricoles et la situation économique du ménage.

Répondant : Agriculteur principal du ménage

On parle d'agriculteur principal dans le cas où il y aurait plusieurs personnes du ménage à pratiquer l'agriculture. S'il y a plusieurs personnes du ménage à travailler sur les mêmes portions de terre, l'agriculteur principal sera celui qui prend les décisions sur les cultures à planter et sur les techniques utilisées. S'il n'y a qu'un seul agriculteur dans un ménage, il sera le répondant.

No 9.1
Présentez-vous. Expliquer l'enquête.

« La participation du répondant est volontaire et vous pouvez décider de ne pas répondre aux questions. Cependant, nous espérons que vous allez participer parce que votre avis est important »

« Avez-vous des questions pour moi ? Je peux commencer l'enquête ? »

No 9.2
Inscrire le prénom au minimum, et nom de famille s'il est approprié selon le contexte, de l'agriculteur principal du ménage.

No 9.3 à No 9.15
On cherche à savoir si l'agriculteur utilise certaines techniques améliorées pour travailler sa terre, et lesquelles. Il faudra citer chacune des techniques et noter « Oui » si le répondant dit la pratiquer. Avant de noter une réponse, il faut s'assurer que le répondant a bien compris de qu'elle technique vous parlez. Avant de citer la technique pour le répondant, vous devez prendre au préalable connaissance des instructions qui expliquent la technique, afin d'être en mesure d'expliquer au répondant de quoi il s'agit.
NB : Il s'agit de techniques utilisées par le répondant lui-même, et non de techniques utilisées dans la zone.

No 9.3
Les semences améliorées sont des semences qui sont préparées à cet effet. Elles sont vendues en magasin. Il y a aussi des organisations qui les préparent dans les communautés.

No 9.13 à No 9.16
Ces questions concernent plus spécifiquement la mise en jachère, qui est une technique utilisée pour permettre au sol de régénérer. Elle consiste à laisser le sol se reposer un certain temps, sans y mettre aucune culture. Pour considérer qu'une terre est mise en jachère, il faut que l'agriculteur décide volontairement de la laisser au repos. On ne considèrera pas qu'une terre est mise en jachère si l'agriculteur ne la cultive pas parce qu'il n'en n'a pas les moyens.

No 9.13
On veut savoir si l'agriculteur a des terres qu'il a laissé reposer au cours de l'année 2012. S'il en a qui étaient au repos avant 2012, on ne les considère pas, de même que celles mises en jachère seulement en 2013. Par contre, on considère une terre mise en jachère en 2012 et qui est encore en jachère en 2013.

No 9.14
On veut savoir si la terre mise en jachère en 2012 est encore en jachère au moment de

l'enquête. Si l'agriculteur avait mis plusieurs terres en jachère en 2012, on considèrera *la parcelle la plus grande.* On demandera donc si la portion de terre la plus grande qu'il avait mise en jachère en 2012 est encore en jachère au moment de l'enquête.

No 9.15
Si « Oui » à 9.14, on cherche à savoir depuis combien de temps cette portion de terre est en jachère. Si l'agriculteur a plusieurs portions de terre en jachère, dans cette question, on fera référence à la même parcelle de terre (la plus grande) dont on parlait à 9.14.

On ne cite pas les réponses. On choisit une seule réponse (selon la durée de temps mentionnée par l'agriculteur).

No 9.16
Si l'agriculteur avait dit que la terre n'était plus en jachère au moment de l'enquête (à), on lui demande ici pendant combien de temps il l'avait laissé en jachère. (NB : on continue à parler de la même parcelle de terre qu'à 9.14 et 9.15).

No 9.17
On veut savoir si l'agriculteur avait associé plusieurs cultures différentes sur une même parcelle de terre au cours de l'année 2012. Associer des cultures veut dire planter différentes cultures entre elle.

No 9.18
On veut connaître les associations de culture que le répondant a pratiqué au cours del'année 2012 sur les terres qu'il cultive. Avant de poser cette question, il faut bien connaître et comprendre les associations possibles afin de noter les réponses correctement.

No 9.19 à 9.23
On considère des associations possibles de cultures que le répondant peut mentionneravoir pratiqué sur une même portion de terre pendant l'année 2012. *Il ne faut pas les citer*. D'après les cultures que le répondant aura mentionnées avoir combinées, on notera «Oui » dans la ligne correspondant à l'association concernée. Pour les associations qui n'auront pas été mentionnées, on notera « Non ».

Il faut bien comprendre les associations possibles, car le répondant ne mentionnera pas les termes techniques mais citera les produits qu'il aura associés. Il faudra savoir dans quelles catégories ces cultures rentrent (Ex : graminée, tubercule, légumineuse).

Dans ces questions, 3 types de cultures sont considérés :

a) Les graminées
   Ce sont des plantes qui donnent des épis. Toutes les céréales sont des graminées (Ex : maïs, petit mil, riz).
b) Les tubercules
   Ce sont des plantes qui se développent sous la terre. On les appelle des racines. Exemple: patate, igname, manioc, malanga, pomme de terre.
c) Les légumineuses
   Ceux sont des plantes dont le fruit est une gousse. Ex : tous les types de pois, les lentilles

No 9.19
Graminée /graminée
Consiste dans l'association de deux céréales. Ex : maïs et petit mil.

No 9.20
Graminée / tubercule
Consiste dans l'association d'une céréale avec un tubercule. Ex : mais et patate

No 9.21
Graminée /légumineuse
Consiste dans l'association d'une céréale avec un pois quelconque. Ex : maïs et pois noir.

No 9.22
Graminée /graminée/tubercule
Consiste dans l'association de deux céréales et d'un tubercule. Ex : maïs et petit mil et patate. On a ici une association de trois cultures différentes.

No 9.23
Graminé /légumineuse/tubercule
Consiste dans l'association d'une céréale avec une légumineuse (pois), et un tubercule (Ex patate). Ex : maïs et pois noir et patate. On a ici une association de trois cultures différentes.

No 9.24 à 9.45
Ces questions permettent de déterminer la situation économique du ménage. Un ensemble d'articles (principalement des instruments aratoires) et d'animaux sont listés et l'on veut savoir lesquels les membres du ménage possèdent et combien de chacun d'eux.

Il faut citer chacun des articles ou animaux, et demander combien pour chacun d'eux. Il faudra faire le total de ce que chacun des membres du ménage possède pour chacun d'eux. C'est ce total qui sera noté. Au **No 9.39,** il faudra faire le total de ce que les membres du ménage possèdent pour l'ensemble des types de volaille.

Attention :
a. Le répondant aura tendance à noter ce que lui il possède. Il faudra insister pour savoir si d'autres personnes du ménage possèdent ce que vous avez mentionné. Si le répondant ne sait pas, il faudra demander aux autres membres du ménage.
b. Les instruments aratoires loués ne sont pas considérés. Il faut qu'un des membres du ménage (quelque soit ce membre) possède l'article pour qu'il soit considéré.
c. Les animaux que les membres du ménage gardent pour d'autres personnes (mais qu'ils ne possèdent pas) ne sont pas considérés. Par contre, ceux qu'ils donnent à garder (mais qu'ils possèdent), sont considérés.

No 9.44, No 9.45
On veut savoir si, au cours de l'année 2012, un membre quelconque du ménage avait acheté un animal, une terre ou un outil. Si « Oui », on note au No 9.45 de quoi il s'agit. La volaille n'est pas considérée ici comme animal.

Si dans le ménage, il y a une personne qui fait le commerce, elle achète des animaux pour les revendre tout de suite (sans les garder), ces animaux ne comptent pas.

EVALUATION CONJOINTE : PROGRAMME TITRE II

HAÏTI 2013

Instructions pour l'Echantillonnage

L'évaluation finale du projet MYAP utilise *un échantillonnage de probabilité,* ce qui signifie que l'information recueillie au cours de l'enquête sera représentative de toutes les personnes vivant dans les zones où World Vision, CRS et ACDI/VOCA exécutent des activités, bien que seulement un petit nombre de personnes seront interviewées. Les procédures décrites dans ce guide garantissent que les localités, ménages, et individus choisis pour les interviews le sont aléatoire et sans biais.

Chaque ménage vivant dans les zones d'interventions de WV, CRS, ACDI/VOCA doit avoir une chance égale d'être choisie pour l'étude. Au sein des ménages choisis, toutes les personnes sont éligibles pour être interviewées. Chaque répondant éligible dans ces ménages doit avoir une chance égale d'être choisie pour l'étude. Si les règlements décrits dans ce document sont violés, les données de l'enquête peuvent être biaisées, c'est à dire que les ménages et les personnes qui participent dans l'enquête sont différentes de et donc non représentatives du reste des personnes vivant dans les zones d'intervention.

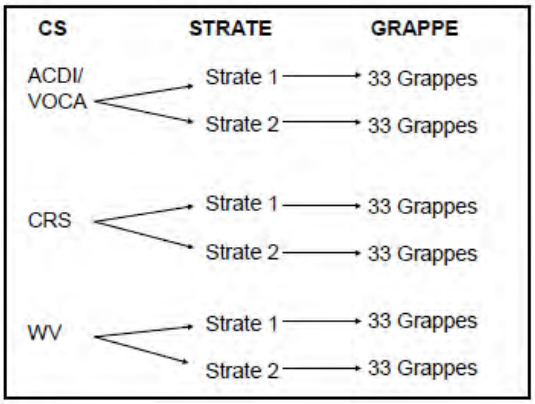
Vue d'ensemble du Plan d'Échantillonnage

Le plan d'échantillonnage adopté pour l'évaluation finale Titre II en Haïti est appelé *un plan de grappes stratifiées 33x6*. En d'autres termes, chaque *Cooperating Sponsor* (CS) a 2 strates. Ils doivent conduire 6 interviews (par groupe de répondants) dans 33 *grappes* dans chacune des deux strates. Les **strates** sont des zones géographiques qui ne se chevauchent pas au sein de la zone d'intervention du CS. Pour WV et CRS, les strates sont définies comme suit:

Strate 1: Les zones ou le CS implémente à la fois la santé maternelle et infantile et la nutrition (MCHN) et des activités d'agriculture

Strate 2: Les zones ou le CS implémente seulement des activités MCHN

Figure 1.



Pour ACDI/VOCA les strates sont définies comme suit:

Strate 1: Les zones ou le CS implémente à la fois la santé maternelle et infantile et la nutrition (MCHN) et des activités d'agriculture

Strate 2: Les zones ou le CS implémente seulement des activités d'agriculture

Les ***grappes*** sont des zones géographiques au sein des strates qui ne se chevauchent pas au

sein de la strate. Elles correspondent aux localités trouvées dans les zones d'implémentation du CS.

Figure 1 illustre la relation entre CS, strate et grappes.

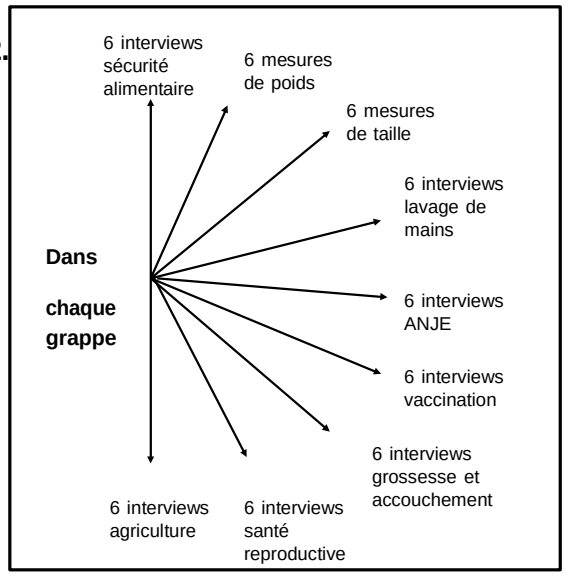
Les ***groupes de répondants*** sont les différents types de personnes qui seront interviewées. Pour cette enquête il y a 9 types de répondants. Il y a un questionnaire (« module ») pour chaque type de répondant.

Type de Répondant	**Répondant Éligible**	**Questionnaire**
1	Personne chargé de la préparation de la nourriture dans le ménage	Sécurité alimentaire
2	Enfants 0-59.9 m	Poids
3	Enfants 6-59.9 m	Taille
4	Personne qui prend soin des enfants de 0-59.9 m	Lavage des mains
5	Personne qui prend soin des enfants de 6-23.9 m	Alimentation du Nourrisson et de Jeune Enfant (ANJE)
6	Personne qui prend soin des enfants de 12-23.9 m	Vaccination
7	Mère d'enfants de 0-23.9 m	Grossesse et Accouchement
8	Femmes mariées/en union 15-49.9 a	Santé reproductive
9	Fermiers	Agriculture

Figure 2 illustre les 9 groupes de répondants et le nombre d'interviews devant être conduits dans chaque grappe.

Au sein de chaque grappe, six (6) personnes de chaque groupe de répondants doivent être interviewées.

Figure 2.



Les grappes (localités), ménages, et répondants qui participent dans l'enquête doivent être choisis aléatoire et sans biais. Il y a trois degrés dans la procédure de l'échantillonnage.

- Degré 1: la sélection des grappes (localités) devant être visitées
- Degré 2: la sélection des ménages devant être échantillonnées dans chaque localité
- Degré 3: la sélection des répondants devant être interviewés dans chaque ménage choisi

Degré 1: Sélection des Grappes (Localités)

La première étape de l'échantillonnage, la sélection des grappes, a été conduite par FANTA avant l'évaluation finale. Dans cet échantillonnage nous maintenons la même sélection. La liste des localités choisies pour chaque CS est fournie dans l'Annexe 1. Il est très important que les superviseurs et les énumérateurs respectent la liste des localités. Les équipes de terrain devraient s'assurer qu'elles sont dans la bonne localité avant de commencer à interviewer. Dans aucun cas une équipe de terrain ne devrait changer les localités qui lui sont assignées. S'il est impossible d'avoir accès à une grappe pour des raisons de sécurité ou problèmes d'accès, la situation doit être rapportée au Superviseur d'équipe qui doit communiquer avec le spécialiste de Contrôle de Qualité aussi tôt que possible pour des instructions supplémentaires.

Degré 2: Sélection des Ménages

La seconde étape de l'échantillonnage est la sélection des ménages. Un ménage est défini comme :

> Groupe de personnes avec ou sans lien de parenté, vivant sous le même toit ou dans la même concession, prenant leur repas ensemble ou par petits groupes et reconnaissant d'une même autorité appelée "chef de ménage"

Dans les endroits ou il est difficile de distinguer des ménages car plusieurs ménages sont logés ensemble (ex : immeubles d'appartement) on traite séparément chaque ménage dans le bâtiment. On fait au préalable un listing des ménages, puis un choix aléatoire d'un des ménages et on commence avec ce ménage et ensuite on continue « à droite, à droite ».

Dans les cas de polygamie: Si les femmes vivent séparément dans les différentes maisons et elles préparent et mangent séparément, on trait chaque femme et ses enfants comme un ménage à part. Le mari est considéré chef de ménage dans le ménage où il a le plus récemment passé la nuit. Pour les autres ménages, les femmes y sont le chef. Mais, si les femmes vivent ensemble et elles préparent et mangent ensemble, on les trait comme un seul ménage avec le mari comme chef de ménage. L'important c'est qu'on ne considère pas la même personne dans plus d'un ménage.

La sélection des ménages sera faite en utilisant la méthode de « Segmentation » suivie par la méthode PEV « Tournez la Plume » pour la sélection du premier ménage. Des instructions détaillées pour exécuter la méthode sont fournies ci-dessous.

Étape 1. Saluez le Leader Communautaire et Demandez la Permission de Mener l'Enquête Dès l'arrivée sur un site de grappe (localité) choisi pour l'échantillonnage, trouvez un leader communautaire et informez le/la sur l'arrivée de l'équipe d'enquêteurs. Rappelez au leader communautaire l'objectif de l'enquête et comment les données recueillies seront

utilisées. Demandez la permission du leader pour conduire les interviews avec les ménages choisies aléatoire dans la localité.

Étape 2: Dessiner une Carte de la Localité

Avec l'aide du leader communautaire et d'autres personnes qui connaissent très bien la localité, dessiner une carte de la localité sur papier. La carte doit montrer

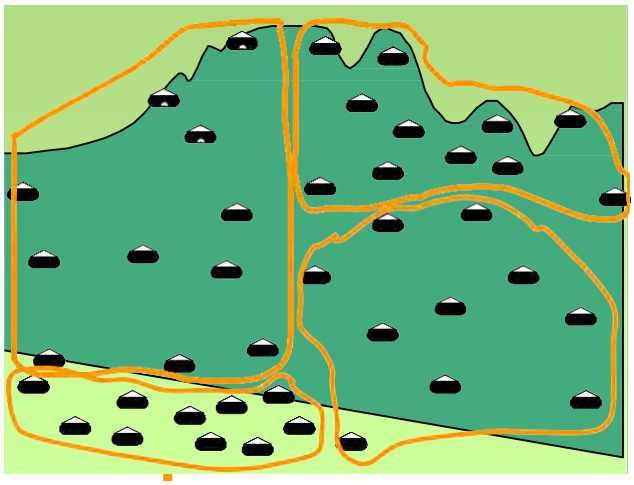
- les limites de la localité
- les points de références comme les routes, les fleuves, les bâtiment ou lieux publics
- la localisation des ménages de la localité

Garder la carte pour soumettre plus tard au superviseur. Il se peut que vous auriez déjà une carte formelle/officiel de la localité. Même si vous avez déjà une carte, ne pas sauter cette étape. La carte peut être ancienne. Travailler avec les résidents de la localité pour confirmer/renouveler les points de référence et la localisation des ménages.

Étape 3: Diviser la Localité en 4 Parties Égales

Sur la carte, diviser la localité en 4 parties égales. Les parties devraient être égale au niveau de la taille de la population (nombre de ménages). C'est à dire, plus ou moins le même nombre de ménage doit être dans chaque partie.

Dans cet exemple, la localité est divise en 4 parties et il y a 10-11 ménages dans chaque partie bien que la surface des parties est très différente.



Étape 4: Faire un Choix Aléatoire d'une des Parties

Ecrire les nombres 1-4 sur 4 morceaux de papier. Plier les papiers, mélanger-les, et choisir un morceau de façon aléatoire. Le nombre qui a été choisi représente la partie de la localité ou l'équipe devrait commencer la méthode PEV « Tournez la Plume ».

Etape 5 : Expliquer la Méthode PEV « Tournez la Plume »

Demandez au leader ou à un autre membre de la communauté d'accompagner l'équipe d'enquêteurs pour la procédure Tournez la Plume dans la localité. Expliquez l'importance de l'aléatoire dans la sélection des ménages. Expliquez la méthode Tournez la Plume pour que le processus soit transparent et bien compris.

Étape 6 : Allez au Centre de la Grappe (Localité)

Demandez au Leader de vous conduire au centre de la localité. On cherche le centre au niveau de la taille de la population de la grappe, non pas le centre social ou physique.

Étape 7 : Tournez la Plume

Donnez un stylo au leader. Au centre de la grappe, demandez au leader d'envoyer la plume dans l'air et permettez-la de tomber sur le sol sans aucune interférence. La pointe de la plume pointera dans la direction que les énumérateurs prendront pour choisir le premier ménage aléatoire.

Étape 8 : Comptez les Ménages sur la Ligne Droite

Imaginez une ligne droite qui part du centre de la localité vers la limite de la localité dans la direction indiquée par la pointe de la plume. Marchez le long de cette ligne droite, comptant les ménages qui se trouvent sur la ligne, jusqu'à ce que vous arriviez à la fin de la localité. Le leader communautaire peut vous dire lorsque vous atteignez la limite où il n'y a plus de ménages. Assignez des numéros à ces ménages (1,2, 3,… etc.). Dessinez une carte simple pour vous aider à suivre les ménages et utilisez de la craie pour marquer le numéro du ménage sur la maison. Si le leader communautaire/ membre connaît le nom de la famille qui réside dans les maisons qui sont choisies, il serait utile d'écrire cette information.

Même si la marche dans la direction indiquée est difficile, c'est la direction dans laquelle les ménages faisant partie de la grappe doivent être comptées.

Étape 9 : Choisissez un Numéro Aléatoire

Supposez qu'il y ait 20 ménages sur la ligne droite. Utilisez le tableau des numéros aléatoire (voir l'Annexe 2) pour choisir un numéro entre 1 et 20. Fermez vos yeux et pointez votre doigt ou une plume sur le tableau des numéros aléatoire. (Le leader communautaire peut aussi faire cela.) Si le chiffre choisi est plus élevé que 20, choisissez encore jusqu'à ce que vous trouviez un numéro entre 1 et 20.

Étape 10 : Identifiez le Premier Ménage Choisi Aléatoire pour l'Échantillon dans la Grappe.

Supposez que votre doigt s'arrête sur le numéro 09 sur le tableau des numéros pris aléatoire. Cela veut dire que la 9ème maison sur la ligne droite est l'endroit ou vous commencerez l'enquête. Utilisez votre carte, les marques de craie, et toute note écrite sur le nom du ménage, retournez à la 9ème maison.

Lorsque vous arrivez à la première maison choisie aléatoire, assignez à la maison un nouveau numéro, '01'. C'est le premier ménage où vous conduirez des interviews. Écrivez '01' sur votre première Fiche de Ménage.

Étape 11 : Choisissez des Ménages Subséquents pour être Échantillonné dans la Grappe

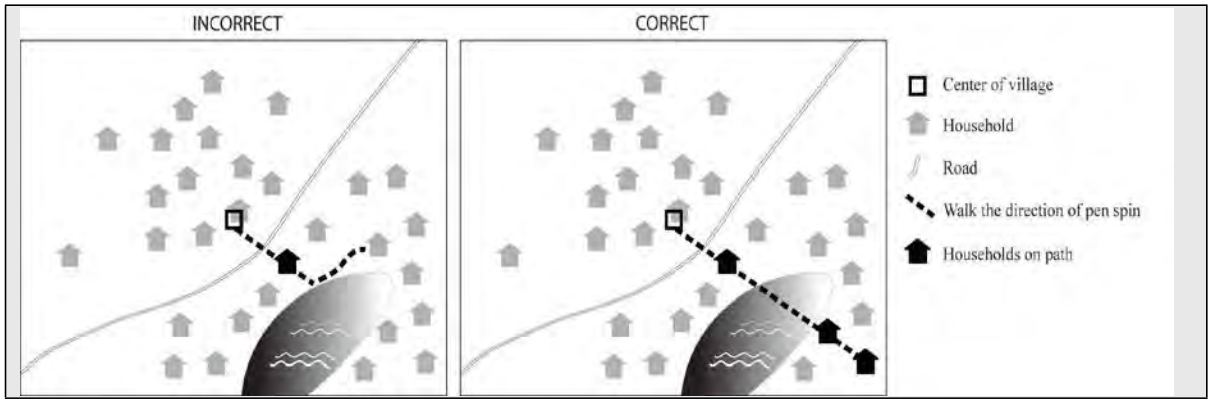
Vous commencerez les interviews dans le premier ménage choisi aléatoire. Lorsque vous avez fini dans le premier ménage, le second ménage est choisi en allant à la maison la plus proche se trouvant à droite de la porte d'entrée (lorsqu'on est en face d'elle) de la première maison choisie aléatoire. La troisième est choisie en allant à la maison la plus proche à

droite de la seconde maison choisie aléatoire, etc. A chaque maison, commencez une nouvelle Fiche de Ménage et assignez un numéro au ménage, '02', '03' etc.

S'il n'y a plus de maisons à droite ou que vous ayez atteint la limite de la localité:
A partir de la porte de la dernière maison, tournez à gauche de 90 degrés et échantillonnez la maison la plus proche à gauche, et la prochaine maison à gauche après cela, etc.

Si après avoir changé de direction, il n'y a toujours pas de maisons à échantillonner, la méthode Tournez la Plume peut être utilisée une seconde fois. Retournez au centre de la localité et procédez à partir des étapes 1 à 7, comme vous l'avez fait précédemment, pour identifier ou continuer l'échantillonnage. Cependant, ceci devrait arriver très rarement, si jamais.

Les ménages ne devraient pas être échantillonnés plus d'une fois.



Lorsqu'il y a plusieurs Grappes dans une Localité

D'habitude une grappe est égale à une localité. Cependant dans certaines localités très larges, il peut y avoir plusieurs grappes choisies. Par exemple, s'il y a deux grappes dans une grande localité de Mahotierre dans la Vallée, cela veut dire qu'au lieu de conduire seulement 6 interviews (par type de répondant), l'équipe doit conduire 12 interviews (par type de répondants) dans Mahotierre. De plus, chaque grappe doit commencer avec la méthode *Tournez la Plume EPI* afin de choisir aléatoire le premier ménage de la grappe. Cela veut dire que l'équipe de terrain doit utiliser la méthode Tournez la Plume deux fois à Mahotierre.

Il est important de s'assurer qu'aucun ménage ne sera interviewée plus d'une fois. Dans les cas ou la localité a plus d'une grappe, demandez à un adulte répondant dans chaque ménage choisie si le ménage a déjà été interviewée. Si un ménage a déjà été interviewé pour une autre grappe, suivez les étapes dans l'instruction de EPI *Tournez la Plume* ci-dessus: Tournez à gauche de 90 degrés et échantillonnez la prochaine maison la plus proche à gauche, et la prochaine à gauche après cela, etc. Si après avoir change de direction, tous les ménages ont déjà été échantillonnés, la méthode *Tournez la Plume* peut être répétée. Retournez au centre de la localité et procédez à partir des étapes 1 à 7, comme vous l'avez fait auparavant, pour identifier ou continuer l'échantillonnage. Cependant, ceci devrait arriver très rarement, si jamais.

Degré 3: Sélection des Répondants

Neuf types de personnes sont éligibles pour être interviewé pour l'enquête de l'évaluation finale du MYAP Haïti:

1. Personne en charge de la préparation de nourriture dans le ménage;
2. Enfants de 0-59.9 mois;
3. Enfants de 6-59.9 mois;
4. Personne qui s'occupe des enfants de 0-59.9 mois;
5. Personne qui s'occupe des enfants de 6-23.9 mois
6. Personne qui prend soin des enfants de 12-23.9 mois;
7. Mère d'enfants de 0-23.9 mois;
8. Femmes de 15-49 ans qui sont mariées ou en concubinage;
9. Fermier responsable de la prise de décision concernant les terres agricoles exploitées par le ménage.

Il y a des questionnaires différents pour chaque type de répondant. Dans chaque grappe (localité) 6 questionnaires au minimum doivent être complétés pour chaque type de répondant.

Lorsque vous arrivez au ménage choisi, vous devez interviewer tous les répondants éligibles dans ce ménage. La seule exception serait si 6 personnes d'un type particulier de répondants avaient déjà été interviewées dans d'autres maisons de la grappe. Dans ce cas, vous auriez seulement besoin de recueillir des données de tous les individus qui remplissent les conditions des types de répondants pour lequel le minimum de 6 n'avait pas encore été obtenu.

Parce que vous devez interviewer tous les répondants éligibles dans chaque ménage choisi, parfois vous excéderez les 6 questionnaires et ce n'est pas un problème. Cependant, il n'est pas acceptable de compléter moins que 6 questionnaires par type de répondant dans chaque grappe.

Étape 1. Après qu'une ménage ait été choisie et que vous ayez salué tous les membres et expliqué l'objectif de l'enquête, demandez à parler au chef de ménage ou un autre adulte qui connaît l'age de tous les membres de le ménage.

Étape 2. Remplissez la **Fiche de Ménages** avec le nom, le sexe et l'age des personnes vivant dans le ménage. Les membres du ménage sont définis comme des personnes qui mangent et dorment d'habitude dans cette maison. Commencez avec le chef de ménage. Faites la liste de toutes les personnes qui vivent dans cette maison même s'ils ne sont pas présents pour le moment. Posez la question: "Y a t-il d'autres personnes vivant ici?" jusqu'à ce que tous les membres soient sur la liste.

Étape 3. Utilisez la **Fiche de Ménage** pour identifier quels membres du ménages sont des répondants éligibles. Remplissez chaque colonne du tableau en mettant un ✓ dans toutes les colonnes qui ont rapport à chaque membre du ménage. Pour les enfants vous indiquerez qui est leur mère ou la personne qui prend soin d'eux.

Étape 4. Résumez le nombre de répondants éligibles dans le ménage pour chaque questionnaire.

Conduire les Interviews

- Une fois que la **Fiche de Ménage** est remplie, vérifiez la **Fiche de Grappe** pour voir quels questionnaires n'ont pas atteint le minimum de 6 pour la grappe. Par exemple, si vous venez tout juste de remplir la Fiche de Ménage pour ménage # 3 et que vous ayez déjà complété 3 interviews sur la santé reproductive dans le ménage # 1 et 3 questionnaires sur la santé reproductive dans le ménage # 2, il n'est plus nécessaire de remplir des questionnaires sur la santé reproductive dans le ménage # 3.

- Vous pouvez remplir les questionnaires dans l'ordre qui convient le plus aux membres du ménage. Par exemple, si une personne doit sortir sous peu, questionnez cette personne en premier.

- Lorsque vous avez un répondant, administrez tous les questionnaires qui s'appliquent à ce répondant pour que vous n'ayez pas à rappeler cette même personne plus tard.

- Rappelez-vous que pour les questionnaires 2 & 3, l'enfant et celui/celle qui prend soin de lui doivent être présents tous les deux.

- Rappelez-vous que même si vous avez marqué les enfants avec un ✓ pour les questionnaires 4, 5, 6, et 7, il n'est pas nécessaire que l'enfant soit présent pour ces interviews. Seule la mère ou la personne qui s'occupe de l'enfant doit être présent.

Suivi des Interviews

Il est très important de faire le suivi du nombre et du type des interviews qui ont été conduits pour chaque groupe de répondants, ainsi que du nombre de ménages visités. A l'un des deux énumérateurs est assigné le rôle d'intervieweur. Il/elle est responsable de conduire l'interview en utilisant la TABLETTE. Le superviseur est le "Moniteur" (Celui qui fait le suivi). Celui qui fait le suivi est responsable de :

1) Gérer le processus d'identification de la première maison choisie en utilisant la méthode Tournez la Plume
2) Identifier les répondants éligibles dans chaque ménage échantillonné;
3) Faire le suivi des ménages ou des visites additionnelles doivent être faites
4) Faire le suivi du nombre d'enquêtes complété pour chaque groupe d'échantillon dans chaque grappe, d'assurer que 6 questionnaires de chaque type sont complétés dans chaque grappe
5) Vérifier les Fiches de Ménage et de Grappe

La **Fiche de Grappe** est utilisée pour faire le suivi des ménages visités ainsi que le nombre et le type de questionnaires complétés dans chaque ménage. Elle indique aussi quels ménages ont du être revisitées, lesquelles n'avait personne à la maison et lesquelles ont refusé de participer.

Questions et Réponses

Combien d'interviews devraient être conduits dans chaque ménage?

Le nombre d'interviews devant être conduit dans chaque ménage dépend du nombre de répondants éligibles de chaque type qui sont dans le ménage.

Exemple 1. Une équipe d'enquête trouve un ménage formé de deux individus, tous deux âgés de plus de 55 ans: un homme chef du ménage qui prend toutes les décisions concernant la terre agricole pour le ménage et sa femme qui prépare la nourriture pour le ménage. Il n'y a pas d'enfants dans le ménage. Dans ce cas, seulement deux questionnaires seront utilisés. Le questionnaire agricole sera utilisé pour l'homme chef de ménage. Le questionnaire sur la sécurité alimentaire sera utilisé pour sa femme qui prépare la nourriture pour le ménage.

Une même personne peut-elle être interviewée plus d'une fois?
Oui.

<u>Le même questionnaire peut être utilisé plus d'une fois pour une personne.</u>
Deux des questionnaires (questionnaire # 5 et questionnaire # 6) posent des questions au répondant (celui qui fournit les soins) sur ce qu'un enfant de 6 à 23.9 mois a mangé ou si un enfant de 12 -23.9 mois a reçu des vaccins. Les questions concernent l'enfant et non celui qui fournit les soins. La personne qui fournit les soins peut être responsable pour plus d'un enfant dans le groupe d'age, donc elle pourrait avoir à répondre au même questionnaire plus d'une fois pour des enfants différents. Tous les autres questionnaires posent au répondant des questions sur lui-même/elle-même, donc vous ne poserez jamais au répondant les mêmes questions plus d'une fois.

<u>Plusieurs questionnaires peuvent être administrés à une personne</u>
Il est possible (et, en fait, très probable) qu'un individu dans une ménage remplisse les critères de plusieurs types de répondants. Lorsque cela arrive, on utilisera pour cet individu *tous* les questionnaires pour lesquels il/elle remplit les conditions.

Quand le processus des interviews prend-il fin dans une grappe ?

Le processus des interviews prend fin dans une grappe lorsque 6 interviews pour chaque groupe de répondants ont été complétées. Cela ne pose pas de problème si plus de 6 questionnaires sont complétés par type de répondants dans une grappe. Il n'est cependant pas acceptable si moins de six questionnaires sont complétés.

De plus, les questionnaires devraient être administrés à *tous* les répondants éligibles dans *chaque* ménage échantillonné jusqu'à ce que l'exigence minimum de six soit satisfaite ou dépassée pour un type particulier de répondant. Il n'est pas acceptable d'interviewer

seulement *certains* des individus remplissant les conditions pour un type de répondant dans un ménage donné.

Exemple 2. Une équipe d'enquête trouve trois femmes mariées âgées entre 15 et 49.9 vivant dans le ménage # 1, donc ils complètent trois questionnaires #8. Ils auront seulement besoin de remplir trois questionnaires additionnels pour atteindre le minimum de 6. Dans le second ménage, ils trouvent trois femmes qui remplissent les conditions pour ce questionnaire. Les énumérateurs intervieweront les trois femmes pour un grand total de 6 questionnaires # 8. Le minimum pour le questionnaire a été trouvé dans les deux premiers ménages. Il n'est pas nécessaire que ce questionnaire soit utilisé dans d'autres ménages de la grappe.

Exemple 3. Une équipe d'enquête trouve quatre femmes mariées âgées entre 15 et 49.9 vivant dans le ménage # 1, donc ils complètent quatre questionnaires 8. Ils auront seulement besoin de remplir deux questionnaires additionnels pour atteindre le minimum de 6. Dans le second ménage, ils trouvent trois femmes qui remplissent les conditions pour ce questionnaire. Les enquêteurs doivent donc interviewer toutes les trois femmes pour un grand total de 7 questionnaires # 8. Les intervieweurs ne peuvent PAS interviewer seulement deux des trois femmes vivant dans le ménage numéro 2. Il est obligatoire qu'ils interviewent toutes les trois. Cependant, dans les ménages suivants de cette grappe, le questionnaire # 8 ne sera plus utilisé car le nombre minimum de 6 a déjà été atteint dans les deux premiers ménages.

Et si personne n'est à la maison dans un ménage choisie pour l'échantillonnage ?

Demandez aux voisins si la maison est inhabitée et quand les membres du ménage reviendront. Vous devez assigner un numéro à cette maison et portez le numéro sur la Fiche de Ménages pour cette maison.

Si les occupants sont près et reviendront le même jour ou le lendemain, entrez la maison dans la Fiche de Grappe et indiquez qu'une revisite est nécessaire. Retournez à la maison plus tard lorsque les membres seront à la maison. Ne substituez pas un autre ménage sans la permission de votre superviseur. Au moins deux revisites devraient être faites afin de recueillir les données des répondants éligibles dans cette ménage.

Si les occupants sont hors de la ville et ne reviendront pas le même jour ni le lendemain, entrez la maison dans la Fiche de Grappe et indiquer que la maison est vide. Vous pouvez procéder à la maison la plus proche a droite.

Et s'il n'y a pas d'adulte à la maison dans une maison choisie pour l'échantillonnage ?

Arrangez vous pour revenir une autre fois, lorsqu'il y aura un adulte à la maison pouvant fournir les informations nécessaires pour compléter la Fiche de Ménage. Vous devez assigner un numéro à ce ménage et gardez une Fiche de Ménage pour ce ménage. Entrez le ménage dans la Fiche de Grappe et indiquez qu'une revisite est nécessaire. Retournez à la maison plus tard lorsque les membres seront à la maison. Ne substituez pas un autre ménage sans la permission de votre superviseur. Au moins deux revisites devraient être faites pour recueillir les données des répondants éligibles de cette ménage.

Et si un répondant n'est pas à la maison?

Après avoir rempli la Fiche de Ménage, administrez tous les questionnaires appropriés aux membres du ménages qui sont présents. Pour les répondants qui ne sont pas à la maison, écrivez un « Rv » dans la colonne des « résultats » de la Fiche de Ménage. Entrez le ménage dans la Fiche de Grappe et indiquez qu'une revisite est nécessaire. Arrangez-vous pour revenir une autre fois afin d'administrer les questionnaires nécessaires aux répondants éligibles qui ne sont pas à la maison au moment de l'interview initiale. Ne substituez pas un autre ménage sans la permission de vote superviseur. Au moins deux revisites devront être faites pour recueillir les données des répondants éligibles de ce ménage.

Et si personne n'est à la maison après deux revisites ?

Portez les dates et heures des revisites sur la Fiche de Ménage et la Fiche de Grappe. Portez un « M » pour manquant dans la colonne « Résultat ». Informez votre superviseur qui peut vous demander de revisiter ce ménage, ou de visiter un autre ménage.

Et si un répondant éligible n'est pas à la maison après deux revisites?

Portez les dates et heures des revisites sur la Fiche de Ménage et la Fiche de Grappe. Marquez un « M » pour manquant dans la colonne des « Résultat » à coté des répondants manquants. Informez votre superviseur qui peut vous demander de revisiter ce ménage, ou de visiter un autre ménage afin de trouver un autre répondant éligible.

Et si toute une ménage ou un répondant individuel refuse d'être interviewé ?

Il est très important que touts les ménages choisis et tous les répondants éligibles dans les ménages participent dans l'enquête. Tous les efforts devraient être faits afin d'obtenir les interviews. Si un chef de ménage ou un répondant refuse, demandez s'il y a un moment plus approprié ou vous pourrez revenir et conduire l'interview. S'ils refusent quand même, informez-les que vous demanderez à votre superviseur de visiter le ménage. Marquez ces ménages/répondants comme « Rv » pour « revisiter ». Informez votre superviseur du problème. Le superviseur parlera au(x) répondant(s) réticent(s). Il/elle peut se faire accompagner par un leader communautaire. Si le ménage/répondant refuse quand même, marquez « Rf » sur la Fiche de Ménage et la Fiche de Grappe.

ANNEX 3.2 QUALITATIVE SURVEY DATA COLLECTION INTRUMENTS

KEY INFORMANT INTERVIEW (KII) GUIDE

GOVERNMENT REPRESENTATIVESM COMMUNITY LEADERS AND OTHER NON-GOVERNMENTAL ORGANIZATIONS WORKING IN THE SAME AREAS

GENERAL INFORMATION

Interview Number

Date

Day Month Year

Start Time

Hour Minute AM/PM

End Time

Hour Minute AM/PM

INTRODUCTION AND INFORMED CONSENT

This questionnaire will be used either for KII or small FGD.

Do you have any questions before we start the discussion?

Notes:

RESPONDENT INFORMATION

1	Name	Agency/Department	Position
1			
2			
3			
4			
5			
6			

2a How long have you worked with community development projects in general?

1	< 1 year	1 – 5 years	5-10 years	> 10 years
2	< 1 year	1 – 5 years	5-10 years	> 10 years
3	< 1 year	1 – 5 years	5-10 years	> 10 years

4	< 1 year	1 – 5 years	5-10 years	> 10 years
5	< 1 year	1 – 5 years	5-10 years	> 10 years
6	< 1 year	1 – 5 years	5-10 years	> 10 years

2b. How long have you been working with the MYAP or DAPs?

1	< 1 year	1 – 3 years	3-5 years	> 5 years
2	< 1 year	1 – 3 years	3-5 years	> 5 years
3	< 1 year	1 – 3 years	3-5 years	> 5 years
4	< 1 year	1 – 3 years	3-5 years	> 5 years
5	< 1 year	1 – 3 years	3-5 years	> 5 years
6	< 1 year	1 – 3 years	3-5 years	> 5 years

3. Please describe how you are "involved" with the MYAP [get details and use the numbers above]

Notes:

.....

.....
....

.....
....
.....
....

[fill based on what the respondent says, ask for examples to establish levels of participation]

1	Involved **occasionally** or **regularly**? How often? .....
2	As an information conduit: Y / N ; if Yes: up or down or both*? .....
3	As **new** information provider : Y / N ; if Yes: up or down or both*? .....
4	As authorization provider: Y / N ; .....
5	For consultation on project design: Y / N ; .....
6	For consultation on project implementation: Y / N ; .....
7	To help solve problems with respect to beneficiaries? Y / N ; .....
8	To help solve problems laterally or upwards? Y / N ; .....
9	Other.....

* up = towards NGO staff or supervisors; down = toward beneficiaries or staff; laterally = among one's peers

ACTIVITY DESCRIPTION

4. What do you feel were the three most **important** (but not necessarily successes) program activities? Why?

	Activity	Explain – why?
1		
2		
3		

Notes:
.....

.....

PROJECT TARGETING

5a. What are the characteristics of the households who have the greatest difficulty feeding themselves today? [column B only]

5b. Are these the same households that participated in the project? [columns C, D &E]

A	B	C	D	E
a	Most vulnerable (define:.....	>2/3	1/2	< 1/3
b	Mothers with children <5	>2/3	1/2	< 1/3
c	Mothers with children <2	>2/3	1/2	< 1/3
d	Most poor (define:.....	>2/3	1/2	< 1/3
e	Most food insecure (define:.....	>2/3	1/2	< 1/3
f	Pregnant/lactating women	>2/3	1/2	< 1/3
g	Single female households	>2/3	1/2	< 1/3
h	Other.....	>2/3	1/2	< 1/3
i	Other.....			

Notes:
.....

.....

6a. Was the selection of beneficiaries to receive food rations appropriate? Why/why not? N/A

.....**6b**. Was the selection of beneficiaries for MCHN activities appropriate? Why/why not? N/A
.....

6c. Was the selection of beneficiaries for Agriculture & Livelihood activities appropriate? Why/why not?
.....

PROJECT RESULTS

7. Tell us what you know about **how** the project helped **which** people [no prompt]:

How	How – details	Which people –individuals, HH and groups
Materially		
Knowledge		
Attitudes		
Practices		
Sustainability		
Resiliency		
Other:		

Notes:
.....

8. Who in your community do you feel has most benefited from the project? How and why?

		Who: Individuals, HH and groups	How and why?
1	Direct benef.		
2	Indirect benef. but expected/ intended		
3	Indirect benef. but unexpected/ unintended		
4	Other:		

Notes:
.....

9a. What do you think are the project's 3 best successes (results)?
9b. What is the evidence for what you say?

	Best success	Evidence
1		
2		
3		

Notes:
.....

9c. What do you think are the project's 3 failures (not achieving results)?
9d. What is the evidence for what you say

	Failures	Evidence
1		
2		
3		

Notes:
.....

.....

SUSTAINABILITY

10. Now that the MYAP has operated for 5 years and is finishing, which program activities do you think will **continue without NGO support**? Explain why.

.....

.....

	Activities	Why
a. **Food**: Mothers and children		
b. **Health:** Mothers and children		
c **nutrition:** Mothers and children		
d. **food security:** Households		
e. **Livelihoods:** Households		
f. **Livelihoods:** Groups		
g. Mothers Clubs		
h. Farmer Groups		
i. Other:		
j. Other:		

Notes:
.....
.....

.....
.....

11. What would you recommend for future similar projects to ensure greater sustainability?

.....
.....

12. How could your office/agency/organization be more involved with similar projects?

.....
.....
.....

FOCUS GROUP DISCUSSION (FGD) GUIDE: 1

INTERVIEW NUMBER

MOTHERS'/FATHERS' CLUBS, RALLY POINTS, COLVOLS

GENERAL INFORMATION

Date: day month year

Start Time : hr. min. AM/PM

End Time : hr. min. AM/PM

Participation:

# male	# female	# total	# male	# female	# total

start **end**

Participant type:

# male	# female	# male	# female	# male	# female

mothers' club **rally point** **ColVols**

Group type:

# groups represented	# group localities

INTRODUCTION AND INFORMED CONSENT

Do you have any questions before we start the discussion?

RESPONDENT INFORMATION

1.	Did anyone in this group already answer the evaluation questionnaire or participate in another focus group in the last 2 weeks? < *If yes, this person is not eligible to participate.* >	**Yes** **#.....**	**No** **#.....**

2.	Which (MYAP) program activities did you or anyone in your household participate in? <*people can participate in multiple activities*>	**#F**	**#M**
a	Mothers' club		
b	Food distribution		
c	Rally post (Vitamin A, deworming, vaccinations, etc.)		
d	Farmer Group		
e	Agricultural production for home		
f	Agricultural production for market (incl. trees)		
g	Livestock production		
h	Micro-credit group (MUSO/SILC)		
i	Youth Clubs		
j	Natural resource management (soil and water conservation structures, tree planting, contour bunding, etc.)		
k	Food for Work		
l	Cash for Work		
m	Community Volunteer (ColVol, Lead Mother, Model farmer, extensionist, etc.)		
y	Other program activities not listed 1)		
z	2)		

Notes:

ACTIVITY DESCRIPTION

4.	For nutrition, what have you learned but could not practice? Why could you not put in practice? <*Each participant in turn asked to say one **new** item and at the end the group votes on each*>

	4-1. Learned but could not practice	**4-2. # Learned**	**4-3. # Not Do**	**4-4. Why Not Do?**
Ex:	*vegetables are healthy*	*12*	*0*	*n/a*
Ex:	*eggs good for our health*	*10*	*8*	*too expensive to buy*
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				

Notes:

5.	For hygiene, what have you learned but could not practice? Why could you not put in practice? *<Each participant in turn asked to say one **new** item and at the end the group votes on each>*

	5.1 Learned but could not practice	**5-2. # Learned**	**5-3. # Not Do**	**5-4. Why Not Do?**
Ex:	*microbes cause illness*	*12*	*n/a*	*n/a*
Ex:	*use soap before eating*	*8*	*4*	*the food tastes better*
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				

Notes:

6.	What other program activities would you have liked to participate in (but did not)? Why & why not? [*each participant in turn asked to say one **new** item and at the end the group votes on each*]

	6-1 Project topic	**6-2 Activity**	**6-3 Why?**	**6-4 Why not?**	#
Ex:	*Livelihoods*	*MUSO*	*Cheap credit*	*Could not join a group*	*4*
a	Food (quantity)				
b	Eating (quality)				
c	Health				
d	Livelihoods				
e	Resilience				
f	.....				
g	.....				

Notes:

PROJECT TARGETING

7.	Describe the characteristics of people who participated in the program activities. *PROBE: household composition, household assets, feeding practices, livelihoods activities, health status, resiliency to external stressors.*

	7-1 Type of people	**7-2. Coverage**		
		>2/3	**1/2**	**<1/3**
a	Most vulnerable Define:.....			
b	Most poor Define:.....			
c	Most food insecure Define:.....			
e	Single parents Define:.....			
f	Pregnant women			
g	Mothers with children <5			
h	Mothers with children <2			
i	Farmers			
j	Elderly			
k	Sick/Handicapped			
l	Other.....			
m	Other.....			
n	Other.....			

Notes:

8.	Which type of people, households or groups should have been included but were not? Explain why you think these people should have been included in the program. <*no prompt*>

	8-1. Who?	**8-2. Why?**
Ex:	*elderly and handicapped*	*Also hungry and no money*
a		
b		
c		
d		

Notes:

PROJECT RESULTS

9.	Think about how program participants (individuals, households and groups) lived **before** the project and **today**. In terms of project activities: a) What **changes** (positive and negative) do you see in the program participants? (ref Q7) b) How many of the changes are due to the project and to external reasons? Explain why/how.

	9-1. Change Category	9-2. Who? (Q7)	9-3. Changes Due to Project	9-4. Changes Due to External Sources
Ex:	Food (quantity)		*better food storage avoids loss*	*good rains to grow more*
Ex:	Eating (quality)		*eating more vegetables due to education*	*good rains to grow vegetables*
Ex:	Health: HH		*less diarrhoea due to handwashing stations*	*more cholera prevention*
Ex:	Resilience: HH		*better credit because of training on how to access*	*new Fonkoze office for easier access*
Ex:	Resilience: grp		*common food store because project helped with materials*	*better transport to sell harvest*
a	Food (quantity)			
b	Eating (quality)			
c	Livelihoods: HH			
d	Livelihoods: groups			
e	Health: HH			
f	Health: groups			
g	Resilience: HH			
h	Resilience: group			

i	Other			

Notes:

10a.	Have you seen similar changes in non-project people (indirect beneficiaries)?	**Yes**	**No**	**Don't know**

10b.	If yes, explain the changes [10b-1] (what), which people? (who) [10b-2]. What are these changes attributed to (why) [10b-3]?

	10b-1. Change/what	**10b-2. Type of people/who (Q7)**	**10b-3. Why/How**
Ex:	*Eat more vegetables*	*Poor households*	*Easy to get seeds, have land, learned from neighbors*
a			
b			
c			
d			

Notes:

11.	What have been the **positive** results of the project on women and men? *<No prompt except first 2 rows; not activities but Knowledge, Attitude and Practices>*

	11-1. Type of Woman/Man	**11-2. Positive Effects**	**11-3. Participation**		
			>2/3	**1/2**	**<1/3**
Ex:	W: pregnant	*Food distribution, better health*	✓		
Ex:	W: with young children	*Food distribution, knowledge, gardens*		✓	
a	**W: pregnant**				
b	**W: with young children**				
c	W: farmers				
d	W: with any children				
e	W: not mothers				
f	W: elderly				
g	W: sick/handicapped				
h	W: very poor				
i	W: ”single” (widows, etc..)				
j	W:				
k	M: elderly				
l	M: sick/handicapped				
m	M: farmers				
n	M: very poor				
o	M: ”single”				
p	M:				

Notes:

12.	What have been the **negative** results of the project on women and men? *<No prompt except first 2 rows; not activities but Knowledge, Attitude and Practices>*

	12-1. Type of Woman/Man	**12-2. Negative Effects**	**12-3. Participation**		
			>2/3	**1/2**	**<1/3**
Ex:	W: with young children	*now busier, less time for work*	✓		
a	W: pregnant				
b	W: with young children				
c	W: farmers				
d	W: with any children				
e	W: not mothers				
f	W: elderly				
g	W: sick/handicapped				
h	W: very poor				
i	W: ”single” (widows, etc..)				
j	W:				
k	M: elderly				
l	M: sick/handicapped				
m	M: farmers				
n	M: very poor				
o	M: ”single”				
p	M:				

Notes:

13.	**Which** project beneficiaries are **not** enjoying a better quality of life [*eating better, earning a better living, healthier (Food Security, Livelihoods and Resiliency)*] after participating in the program [13-1]? Why [13-2]?		
	Quantity of Households [13-3]: 1= >2/3	2= 1/3 to 2/3	3= > 2/3

	13-1. Which Project Households	**13-2. Why?**	**13-3. Qty of Hhlds**
Ex:	*HH with too many young children*	*Mother tired/sick and no support for farm and income*	*3*
Ex:	*not motivated*	*Want the project to continue giving things*	*2*
a			
b			
c			
d			

Notes:

SUSTAINABILITY

14.	Today, if you have health issues, what do you do [14-2]? <*get ideas from each participant*> If you speak with someone, who do you talk to [14-3]?		
	14-3. Who: Nothing/nobody.....0 Non-project people .....1 Other project beneficiaries... 2	Project volunteers.....3 Any NGO staff .....4 Community leader(s) 5	Government agents.....6 Private/commercial agents.. 7 Other.....99

	14-1. Project Topics	14-2. Action (what do you do)	14-3. Who
a	Nutrition		
b	Breastfeeding /Weaning		
c	Pregnancy & Birth		
d	Hygiene		
e	Vaccinations		
f	Reproductive Health		
g	Food Supplementation		
h	Other ……		

Notes:

16.	Which results of the project do you feel are sustainable **without** further NGO support? Why are they sustainable? *< no prompting and count those who agree with each statement >* *< use lists from Q2 and Q6 >*

	16-1. Project Topics	**16-2. Activities/results**	**16-3. Why Sustainable**	**16-4 #**
Ex:	Resilience	*MUSOs*	*Good training, good motivation, easy to do, good benefit*	
a	Food (quantity)			
b	Eating (quality)			
c	Health			
d	Livelihoods			
e	Resilience			
f	.....			

Notes:

17.	Which results of the project do you feel are **not** sustainable without further NGO support? Why are they not sustainable? *<no prompting and count those who agree with each statement >* *< use lists from Q2 and Q6 >*

	17-1. Project Topics	**17-2. Activities/results**	**17-3. Why NOT Sustainable**	**17-4 #**
Ex:	Health	*Health education*	*No one to teach us*	
a	Food (quantity)			
b	Eating (quality)			
c	Health			
d	Livelihoods			
e	Resilience			
f	.....			
g	.....			

Notes:

FOCUS GROUP DISCUSSION (FGD) GUIDE: 2

FARMING HOUSEHOLDS & AGRO-ASSOCIATION

Interview Number

GENERAL INFORMATION

Date: | | | | **Start Time:** | | | | **End Time:** | | | |

day month year hr. min. AM/PM hr. min. AM/PM

Participation:

# male	# female	# total	# male	# female	# total
	start			**end**	

Participant type:

# male	# female	# male	# female	# male	# female
group leader / committee		**simple member**		**notable**	

Group type:

# groups represented	# group localities	# groups represented	# group localities
farmers group		**producer group**	

INTRODUCTION AND INFORMED CONSENT

Do you have any questions before we start the discussion?

RESPONDENT INFORMATION

		Yes	No
1.	Did anyone in this group already answer the evaluation questionnaire or participate in another focus group in the last 3 weeks? (*If yes, this person is not eligible to participate.*)	**#.....**	**#.....**

2.	Which (MYAP) program activities did you or anyone in your household participate in? <people can participate in multiple activities>	**#F**	**#M**
a.	Mothers' club		
b.	Fathers' club		
c.	Food distribution		
d.	Rally post (Vitamin A, deworming, vaccinations, etc.)		
e.	Farmer Group		
f.	Agricultural activities for home		
g.	Agricultural production for market (incl. trees) – Agro Association		
h.	Livestock production		
i.	Micro-credit group (MUSO/SILC)		
j.	Youth Clubs		
k.	Natural resource management (soil and water conservation structures, tree planting, contour bunding, etc.)		
l.	Food for Work		
m.	Cash for Work		
n.	Community Volunteer (ColVol, Lead Mother, Model farmer, extensionist, etc.)		
z.	Other program activities not listed 1)…..... 2)		

Notes:

ACTIVITY DESCRIPTION

4. In terms of farm production (crops and livestock) and natural resource management, what have you learned but **are not able to practice**? And why?

[*each participant in turn asked to say one **new** item and at the end the group votes on each*]

	Knowledge	**Why not able to put in practice?**	**# F**	**#M**
Ex:	*growing forage grass on contour bund*	*Not enough land*	*2*	*4*
Ex:	*using improved seed*	*No money*	*4*	*6*
a				
b				
c				
d				
e				
f				
g				
h				

Notes:

5. What other program activities would you have liked to participate in (but did not)? Why & why not ? [*each participant in turn asked to say one **new** item and at the end the group votes on each*]

	5-1Project topic	**5-2Activity**	**5-3Why?**	**5-4 Why not?**	**#**
Ex:	*Livelihoods*	*MUSO*	*Cheap credit*	*Could not join a group*	*4*
a	Food (quantity)				
b	Eating (quality)				
c	Health				
d	Livelihoods				
e	Resilience				
f	.....				
g	.....				

Notes:

PROJECT TARGETING

6. Describe the characteristics of people who participated in the program activities.
PROBE: household composition, household assets, feeding practices, livelihoods activities, health status, resiliency to external stressors.

	6-1. Type	6-2. Coverage		
		>2/3	1/2	<1/3
a	Most vulnerable Define:.....			
b	Most poor Define:.....			
c	Most food insecure Define:.....			
d	Single parents Define:.....			
e	Pregnant women			
f	Mothers with children <5			
g	Mothers with children <2			
h	Farmers			
i	Elderly			
j	Sick/Handicapped			
k	Other.....			
l	Other.....			
m	Other.....			

Notes:

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7. Which type of people, households or groups should have been included but were not? Explain why you think these people should have been included in the program. [*no prompt*]

	7-1. Who?	**7-2. Why?**
Ex:	*elderly and handicapped*	*Also hungry and no money*
a		
b		
c		
d		

Notes:

PROJECT RESULTS

8. Think about how program participants (individuals, households and groups) lived **before** the project and **today**. In terms of project activities

a.) What **changes** (positive and negative) do you see in the program participants: (ref Q6)

b) How many of the changes are due to the project and to external reasons? Explain why/how.

	8-1 Change	**8-2 Who (Q6)**	**8-3 Changes due to project**	**8-4 Changes due to external sources**
Ex:	Food (quantity)		*better food storage avoids loss*	*good rains to grow more*
Ex:	Eating (quality)		*eating more vegetables due to education*	*good rains to grow vegetables*
a	Food (quantity)			
b	Eating (quality)			
c	Livelihoods: HH			
d	Livelihoods: grp			
e	Health: HH			
f	Health: groups			
g	Resilience: HH			
h	Resilience: grp			
i	.....			
j	.....			

Notes:

9a.	Have you seen similar changes in non-project people (indirect beneficiaries)?	**Yes**	**No**	**Don't know**
9b.	If yes, explain the changes [9b-1] (what), which people? (who) [9b-2]. What are these changes attributed to (why) [9b-3]?			

	9b-1. Change/what	**9b-2. Type of people/who**	**9b-3. Why/Why not?**
Ex:	*Ex: better crops*	*Small farmers*	*Learned from project farmers and extensionists, free improved seed*
a			
b			
c			
d			

Notes:

10.	What have been the **positive** results of the project on women and men? *<No prompt except first 2 rows; not activities but Knowledge, Attitude and Practices>*

	10-1. Type of Woman/Man	**10-2. Positive Effects**	**10-3. Participation**		
			>2/3	**1/2**	**<1/3**
Ex:	W: pregnant	*Food distribution, better health*	✓		
Ex:	W: with young children	*Food distribution, knowledge, gardens*		✓	
a	**W: pregnant**				
b	**W: with young children**				
c	W: farmers				
d	W: with any children				
e	W: not mothers				
f	W: elderly				
g	W: sick/handicapped				
h	W: very poor				
i	W: ”single” (widows, etc..)				
j	W:				
k	M: elderly				
l	M: sick/handicapped				
m	M: farmers				
n	M: very poor				
o	M: ”single”				
p	M:				

Notes:

11.	What have been the **negative** results of the project on women and men? *<No prompt except first 2 rows; not activities but Knowledge, Attitude and Practices>*

	11-1. Type of Woman/Man	11-2. Negative Effects	11-3. Participation		
			>2/3	1/2	<1/3
Ex:	W: with young children	*now busier, less time for work*	✓		
a	W: pregnant				
b	W: with young children				
c	W: farmers				
d	W: with any children				
e	W: not mothers				
f	W: elderly				
g	W: sick/handicapped				
h	W: very poor				
i	W: ”single” (widows, etc..)				
j	W:				
k	M: elderly				
l	M: sick/handicapped				
m	M: farmers				
n	M: very poor				
o	M: ”single”				
p	M:				

Notes:

12.	**Which** project beneficiaries are **not** enjoying a better quality of life [*eating better, earning a better living, healthier (Food Security, Livelihoods and Resiliency)*] after participating in the program [12-1]? Why [12-2]? <*get ideas from each participant*>		
	Quantity of Households [12-3]: 1= >2/3	2= 1/3 to 2/3	3= > 2/3

	12-1. Which Project Households	**12-2. Why?**	**12-3. Qty of HH**
Ex:	*HH with too many young children*	*Mother tired/sick and no support for farm and income*	*3*
Ex:	*not motivated*	*Want the project to continue giving things*	*2*
a			
b			
c			
d			

Notes:

SUSTAINABILITY

13.	After the project ends, if you have a problem with farm production, post-harvest handling or marketing, what do you do? [13-2]? If you speak with someone, who do you talk to [13-3]? *<get ideas from each participant>*		
	13-3. Who: Nothing/nobody.....0 Non project beneficiaries .....1 Other project beneficiaries... 2	Project volunteers.....3 Any NGO staff .....4 Community leader(s) 5	Government agents.....6 Private agents .....7 Other.....99

	13-1. Project Topics	13-2. Action (what do you do)	13-3. Who
a	Crop production		
b	Livestock production		
c	Post-harvest		
d	Marketing		
e	Natural resource management (HH)		
f	Natural resource management (community)		

Notes:

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14. For agro-associations only: Agro-association status

		Assoc 1	**Assoc 2**	**Assoc 3**	**Assoc 4**
1	How many years in existence?				
2	Were you able to sell all your production every year? If not, why not?	Y / N / DK	Y / N / DK	Y / N / DK	Y / N / DK
3	What kind of profit last season (income – all expenditures)?	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know
4	What did you do with the profit? (skip if no profit)	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members
5	How else could the project help association	A. ..... B. ..... C.	A. ..... B. ..... C.	A. ..... B. ..... C.	A. ..... . B. ..... C. .....

Notes:

		Assoc 5	**Assoc 6**	**Assoc 7**	**Assoc 8**
1	How many years in existence?				
2	Were you able to sell all your production every year? If not, why not?	Y / N / DK	Y / N / DK	Y / N / DK	Y / N / DK
3	What kind of profit last season (income – all expenditures)?	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know	a. > than expected b. = expected c. < expected d. no profit e. loss f. Don't know
4	What did you do with the profit? (skip if no profit)	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members	A. Re-invest in same activities B. Re-invest in different commercial activities C. shared with group members
5	How else could the project help association	A. ..... B. ..... C.	A..... B. ..... C.	A..... B. ..... C.	A..... . B. ..... C. .....

15.	Which results of the project do you feel **are** sustainable **without** further NGO support? Why are they sustainable? *< no prompting and count those who agree with each statement >* *< use lists from Q2 and Q5 >*

	15-1. Project Topics	**15-2. Activities/results**	**15-3. Why Sustainable**	**15-4 #**
Ex:	Resilience	*MUSOs*	*Good training, good motivation, easy to do, good benefit*	
a	Food (quantity)			
b	Eating (quality)			
c	Health			
d	Livelihoods			
e	Resilience			
f	.....			
g	.....			

Notes

16. Which results of the project do you feel are **not** sustainable without further NGO support? Why are they not sustainable?

<*no prompting and count those who agree with each statement* >

< *use lists from Q2 and Q5* >

	16-1. Project Topics	**16-2. Activities/results**	**16-3. Why NOT Sustainable**	**16-4 #**
Ex:	Health	*Health education*	*No one to teach us*	
a	Food (quantity)			
b	Eating (quality)			
c	Health			
d	Livelihoods			
e	Resilience			
f	.....			
g	.....			

Notes:

1 KAY PEYIZAN YO AK AGRO-ASOSYASYON

NIMEWO ENTEVYOU

1.1 ENFOMASYON JENERAL

Dat: | | | | jou | mwa | lane |

Le l komanse: | | | | le | min. | AM/PM |

Le l fini: | | | | le | min. | AM/PM |

Patisipasyon:

# gason	# fanm	# total	# gason	# fanm	# total
	komanse			fini	

Seks patisipan:

# gason	# fanm	# gason	# fanm	# gason	# fanm
Gwoup lide / komite		senp manb		notab	

Kalite gwoup:

# gwoup ki reprezante	# lokalite gwoup yo	# gwoup ki reprezante	# lokalite gwoup yo
Gwoup abitan yo		Gwoup prodikte yo	

1.2 ENTWODIKSYON EPI KONSANTMAN EKLERE

Eske ou gen kesyon avan nou komanse diskisyon an ?

1.3 ENFOMASYON REPONDAN

		Wi	Non
1.	Eske gen moun nan gwoup sa a ki te deja reponn kesyone evalyasyon sa a oswa ki te patisipe nan yon lot fokis gwoup nan 2 denye semen ki sot pase la yo? (*Si wi, moun sa pa elijib pou l patisipe.*)	**#.....**	**#.....**

2.	Ki aktivite nan pwogram MYAP la ou menm oswa nenpot moun nan kay la te patisipe? <moun nan ka patisipe nan plizye aktivite>	**#F**	**#G**
a.	Kleb manman yo		
b.	Kleb papa yo		
c.	Distribisyon manje		
d.	Pos vaksinasyon (Vitamin A, kont parazit, vaksinasyon, elatriye.)		
e.	Gwoup kiltivate		
f.	Aktivite agrikilti pou kay la		
g.	Pwodiksyon agrikol la pou mache (pyebwa tou) – Agro-asosyasyon		
h.	Pwodiksyon bet yo		
i.	Gwoup mikwo-kredi (MUSO/SILC)		
j.	Kleb jenn yo		
k.	Jesyon resous natirel (te a ak dlo, strikti kap konseve dlo a, plante pyebwa, teknik irigasyon, elatriye.)		
l.	Manje pou travay		
m.	Kob pou travay		
n.	Volonte kominote (ColVol, lide fanm, abitan model, animate, elatriye.)		
z.	Lot aktivite nan pwogram nan ki pa nan lis la 1)…..... 2)		

Not:

1.4 DESKRIPSYON AKTIVITE A

4. Le nap pale de pwodui ki fet kay abitan (agrikilti ak levasyon bet) epi jesyon resous natirel, ki sa ou te aprann **men ou pat rive aplike**? Poukisa ? [chak patisipan ap di, youn apre lot, yon **nouvo** praktik epi alafen gwoup la vote pou chak]

	4.1 Konesans	**4.2 Poukisa ou pat kapab pratike li?**	**#F**	**# G**
Egz:	*fe zeb pouse sou teren an*	*Pa gen ase te*	*2*	*3*
Egz:	*itilize semans amelyore*	*Pa gen kob*	*4*	*6*
a				
b				
c				
d				
e				
f				

Not:

6. Ki lot aktivite nan pwogram nan ou te vle patisipe men ou pat rive patisipe ? Pouki? Pouki pa?
[chak patisipan ap di, youn apre lot, yon **nouvo** praktik epi alafen gwoup la vote pou chak]

	6-1 tem proje	**6-2Aktivite**	**6-3 Pouki?**	**6-4 Pouki pa?**	**#**
Egz:		MUSO	Kredi bon mache	Pa ka antre nan yon gwoup	4
a	Manje (kantite)				
b	Manje (kalite-nitrisyon)				
c	Sante				
d	Mowyen de subsistans				
e	Fason ou fe				
f	.....				
g	.....				

Not:

1.5 GWOUP MOUN SIBLE

Pale nou an detay de moun nou konnen ki te patisipe nan pwogram nan. ***CHACHE KONNEN:*** ***kompozisyon kay la, byen ni ka kay la, pratik alimante, aktivite sibzistans****, kondisyon lasante, fason yo fe fas ak tet chaje an deyo kay la.*

	7-1. Jan de moun	**7-2. Patisipasyon**		
		>2/3	**1/2**	**<1/3**
a	Pi vilnerab pase tout lot kay yo Defini:.....			
b	Pi pov pase tout lot kay yo Defini:.....			
c	Pi gwo pwoblem grangou pase tout lot kay yo Defini:.....			
d	Sel paran nan kay la Defini:.....			
e	Fanm ansent			
F	Manman avek pitit < 5			
G	Manman ak pitit < 2			
H	Abitan yo			
I	Granmoun			
J	Malad/Andikape			
K	Lot.....			
L	Lot.....			

Not:

---

8. Ki jan de moun oswa famiy oswa gwoup moun ou panse ki te dwe patisipe nan pwogram nan, men ki pat rive patisipe? Esplike poukisa ou panse moun sa yo te dwe patisipe nan pwogram nan. [pa di anyen]

	8-1. Ki moun?	**8-2. Poukisa?**
Egz:	Granmoun ak andikape	Yo grangou epi yo pat gen kob
A		
B		
C		
D		

Not:

REZILTA PWOJE A

Reflechi sou kouman patisipan nan pwogram nan (moun epi gwoup) tap viv **avan** pwoje ak **jodia a**. [mande chak patispan di yon **nouvo** pratik]

9. a) Ki kalite **chanjman** ou we nan moun o swa gwoup moun ki tap patisipe nan pwogram nan. [chanjman gen dwa pozitif oswa negatif] (refere w nan Q6)

b) Konbyen nan chanjman sa yo ki fet a koz pwoje a epi kombyen lot ki soti nan lot sous ki pa pwoje a? Esplike poukisa/kouman.

	9-1. Chanjman	**9-2. Ki moun? (Q7)**	**9-3. Chanjman a koz pwoje a**	**9-4. Chanjman a koz lot sous ki pa nan pwoje a**
Egz:	lamanjay (kantite)		Pi bon fason yo stoke manje a pou yo evite gaspiye li	Bon jan lapli pou bay plis lamanjay
Egz:	manje (kalite)		Manje plis legim a koz fomasyon	Bon jan lapli pou bay legim
Egz:	Lasante: kay la		Mwens dyare a koz kote yo lave men	Plis prevansyon kont kolera
Egz:	Fason yo fe fas ak pwoblem: kay		Pi bon kredi akoz fomasyon	Nouvo biwo Fonkoze a avek akse ki pi fasil
Egz:	Fason yo fe fas ak pwoblem: gwoup		Depo lamanjay kominote paske pwoje a te bay materyo pou fel	Pi bon transpo pou vann rekot la
a	lamanjay (kantite)			
b	manje (kalite)			
c	Mwayen sibzistans: kay			
d	Mwayen sibzistans: Gwoup yo			

	9-1. Chanjman	9-2. Ki moun? (Q7)	9-3. Chanjman a koz pwoje a	9-4. Chanjman a koz lot sous ki pa nan pwoje a
e	Lasante: kay			
f	Lasante: Gwoup yo			
g	Fason yo fe fas ak pwoblem: kay			
h	Fason yo fe fas ak pwoblem: Gwoup yo			
i	Lot.....			

Not:

10a.	Eske ou we menm kalite chanjman sila nan moun ki pat patisipe nan pwoje a?	**Wi**	**Non**	**Mwen pakonnen**
10b.	Si se wi, eskplike chanjman sa yo [10b-1], nan ki jan de moun [10b-2]. Chanjman sa yo te fet a koz kisa [10b-3]?			

	10b-1. Chanjman	**10b-2. Ki jan de moun**	**10b-3. Pouki / Pouki pa?**
Egz:	*Egz: pi bon rekot*	*Ti kiltivate*	*Yo te aprann plis infomasyon a koz pwoje a*
a			
b			
c			

Not:

---

11. Ki rezilta **pozitif** (rezilta, pa aktivite yo) sou pwoje a ki te konsantre sou fanm ak gason? [pa di anyen; pa aktivite yo men konesans, kompatman ak Pratik]

	11-1. Tip Fanm / Gason	**11-2. Rezilta Pozitif**	**11-3. Patisipasyon**		
			>2/3	**1/2**	**<1/3**
Egz:	F: ansent	Distribisyon lamanjay, pi bon lasante			
Egz:	F: avek jenn timoun	Distribisyon lamanjay, konesans, jaden yo			
a	**F: ansent**				
b	**F: avek jenn timoun**				
c	F: kiltivate yo				
d	F: avek nenpot timoun				
e	F: pa manman				
f	F: granmoun				
g	F: malad/andikape				
h	F: pov anpil				
i	F: ”selibate” (vef, elatriye..)				
j	F:				
k	G: granmoun				
l	G: malad/andikape				
m	G: kiltivate yo				
n	G: pov anpil				
o	G: ”selibate”				
p	G:				

Not: .....

.....

12. Ki rezilta **negatif** (rezilta, pa aktivite yo) sou pwoje a ki te konsantre sou fanm ak gason? [pa di anyen; pa aktivite yo men konesans, kompatman ak Pratik]

	12-1. Tip Fanm / Gason	**12-2. Rezilta Negatif**	**12-3. Patisipasyon**		
			>2/3	**1/2**	**<1/3**
Egz:	F: avek jenn timoun	Konnye a yo pi okipe, yo gen mwens tan pou yo travay			**X**
a	**F: ansent**				
b	**F: avek jenn timoun**				
c	F: kiltivate yo				
d	F: avek nenpot timoun				
e	F: pa manman				
f	F: granmoun				
g	F: malad/andikape				
h	F: pov anpil				
i	F: ”selibate” (vef, elatriye..)				
j	F:				
k	G: granmoun				
l	G: malad/andikape				
m	G: kiltivate yo				
n	G: pov anpil				
o	G: ”selibate”				
p	G:				

Not: .....

.....

13.	Ki moun o swa ki gwoup moun ki patisipe nan pwoje a epi proje a **pa** bay yon lavi miyo [manje lamanjay pi bon, gen pi bon mwayen sibzistans, pi bon lasante] apre yo patisipe nan pwogram nan? Poukisa?		
	Kantite Fanmiy yo: 1=>2/3	2=1/3-2/3	3=>2/3

	13-1. Ki kay pwoje a?	**13-2. Poukisa?**	**13-3. kantite fanmiy yo**
Egz:	Kay avek twop jenn timoun	Manman malad/bouke epi li pa gen sipo pou lakou a ak manjwa epi pa gen kob	4
Egz:	Pa motive	Vle pwoje a kontinye bay yo kek bagay gratis	5
a			
b			
c			
d			

Not:

1.6 DEVLOPMAN DIRAB

14.	Apre pwoje a fini, si ou ta genyen yon problem sou prodiksyon agrikilti (agrikilti/levasyon bet), kisa ou ap fe ? [14-2] Si ou pale avek yon moun, ki moun ou pral chwazi [14-3] ? [prezante chak topik nan 14-1]		
	14-3. Ki jan de moun ou pale anyen/pesonn.....0 benefisye pa nan pwoje a .....1 Lot benefisye pwoje a 2	Volonte pwoje yo .....3 Nenpot moun nan ONG .....4 Lide kominote yo 5	ajan gouvenman an .....6 Ajan prive yo .....7 Lot 99

	14-1. Tem Pwoje yo	**14-2. Aksyon**	**14-3. Ki moun**
a	Pwodiksyon rekot		
b	Pwodiksyon bet yo		
c	Apre rekot		
d	piblisite		
e	Jesyon resous natirel nan kay la		
f	Jesyon resous natirel nan kominote a		
g	Lot:.....		

Not:

---

15. Pou asosyasyon-agrikol selman: esplike plan biznis paw la epi kouman ou pral kontinye fe pwofi nan biznis lan. [souple ekri sou yon lot fey papye pou chak tip biznis]

		Assoc 1	**Assoc 2**	**Assoc 3**	**Assoc 4**
1	Depi konbyen tan li egziste?				
2	Eske ou te kapab vann tout prodwi ou chak lane? Si se non, poukisa?	W N Pa konnen	W N Pa konnen	W N Pa konnen	W N Pa konnen
3	Ki vale benefis an tou ou te fe lane pase? Si w pat benefis , eksplike poukisa	a. pi plis ke w te espere b. = sa w te espere mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere c. mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere c. mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere c. mwens ke w te espere d. Pa gen benefis pedi pa konnen eksplikasyon:.... .....
4	Kisa ou fe ak benefis la?	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite C. pataje ak menm gwoup moun D. Lot.....	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite C. pataje ak menm gwoup moun D. Lot.....	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite C. pataje ak menm gwoup moun D. Lot.....	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite C. pataje ak menm gwoup moun D. Lot.....
5	Kijan proje a ta ka ede gwoup a pi byen?	A. ..... B. ..... C.	A. ..... B. ..... C.	A . ..... B. ..... C.	A. ..... B. ..... C. .....

Not:

		Assoc 5	**Assoc 6**	**Assoc 7**	**Assoc 8**
1	Depi konbyen tan li egziste?				
2	Eske ou te kapab vann tout prodwi ou chak lane? Si se non, poukisa?	W N Pa konnen	W N Pa konnen	W N Pa konnen	W N Pa konnen
3	Ki vale benefis an tou ou te fe lane pase? Si w pat benefis , eksplike poukisa	a. pi plis ke w te espere b. = sa w te espere c. mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere mwens ke w te espere Pa gen benefis pedi pa konnen eksplikasyon:.....	a. pi plis ke w te espere b. = sa w te espere c. mwens ke w te espere d. Pa gen benefis pedi pa konnen eksplikasyon:.... .....
4	Kisa ou fe ak benefis la?	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite pataje ak menm gwoup moun	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite pataje ak menm gwoup moun	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite pataje ak menm gwoup moun	A. W Envesti nan menm aktivite a B. W Envesti nan yon lot aktivite C. pataje ak menm gwoup moun
5	Kijan proje a ta ka ede gwoup a pi byen?	A. ..... B. ..... C.	A. ..... B. ..... C.	A . ..... B. ..... C.	A. ..... B. ..... C. .....

Not:

---

16. Ki rezilta dirab pwoje a bay san sipo ONG? Poukisa rezilta sa yo dirab? [*sevi avek lis Q2 ak Q5]*

	16-1 tem proje	**16-2. Aktivite/Rezilta**	**16-3. Poukisa li dirab**	**16-4 #**
EGZ:	Mowyen de subsistans	MUSOs	Bonjan fomasyon , bonjan motivasyon , fasil pou fe, bonjan benefis .	
A	Manje (kantite)			
B	Manje (kalite-nitrisyon)			
C	Sante			
D	Mwayen de sibzistans			
E	Fason ou fe			
F	.....			

Not:

---

17. Ki rezilta ki pa dirab pwoje a bay san sipo ONG? Poukisa yo **pa** dirab ? [pa di anyen]

	17-1 tem proje	**17-2. Aktivite/Rezilta**	**17-3. Poukisa li dirab**	**17-4 #**
EGZ:	Sante	Edikasyon sou lasante	Pa gen moun ki pou fome nou	
A	Manje (kantite)			
B	Manje (kalite-nitrisyon)			
C	Sante			
D	Mwayen de sibzistans			
E	Fason ou fe			
F	.....			

Not:

---

1 KLEB MANMAN/PAPA YO, PWEN VAKSENASYON, COLVOLS

NIMEWO ENTEVYOU

1.1 ENFOMASYON JENERAL

Dat: | | | | day | month | year |

Le l komanse: | | | | Le. | min. | AM/PM |

Le l fini: | | | | Le. | min. | AM/PM |

Patisipasyon:

# gason	# fanm	# total	# gason	# fanm	# total
Le l komanse			**Le l fini**		

Tip patisipan:

# gason	# fanm	# gason	# fanm	# gason	# fanm
Kleb manman		**Pwen rasenbleman**		**ColVols**	

Tip gwoup:

# gwoup ki reprezante	# lokalite gwoup yo

1.2 ENTWODIKSYON AK KONSANTMAN EKLERE

Eske ou gen kesyon avan nou komanse diskisyon an ?

1.3 ENFOMASYON REPONDAN

1.	Eske gen moun nan gwoup sa a 2it e deja reponn kesyone evalyasyon sa a oswa 2it e patisipe nan yon lot fokis gwoup nan 2 denye semen ki sot pase la yo? (*Si wi, moun sa pa elijib pou l patisipe.*)	**Wi** **#……**	**Non** **#……**

2.	Ki aktivite nan pwogram MYAP nou menm oswa nenpot moun lakay nou te patisipe ? <moun ka patisipe nan plizye aktivite>	**#F**	**#G**
a.	Kleb manman yo		
b.	Kleb papa yo		
c.	Distribisyon manje		
d.	Pwen rasanbleman (Vitamin A, kont parazit, vaksinasyon, elatriye.)		
e.	Gwoup kiltivate		
f.	Aktivite agrikilti pou kay la		
g.	Pwodiksyon agrikol la pou mache (pyebwa tou) – Agro-asosyasyon		
h.	Pwodiksyon bet yo		
i.	Gwoup mikwo-kredi (MUSO/SILC)		
j.	Kleb jenn yo		
k.	Jesyon resous natirel (te a ak dlo, strikti kap konseve dlo, plante pyebwa, teknik irigasyon, elatriye.)		
l.	Manje pou travay		
m.	Kob pou travay		
n.	Volonte kominote (ColVol, lide fanm, abitan model, animate, elatriye.)		
z.	Lot aktivite nan pwogram nan ki pa nan lis la 1)……..... 2) ….....		

Not:

1.4 DESKRIPSYON AKTIVITE

Kisa ou te aprann nan kesyon manje nan pwogram nan men ou pa pratike? Poukisa ou pat aplike sa ou te aprann lan? *<chak patisipan ap di, youn apre lot, yon **nouvo** praktik epi alafen la vote pou chak>*	**4.** *gwoup*

	4-1. aprann men pa pratike	**4-2. # te aprann**	**4-3. # Pa aprann**	**4-4. Poukisa ou pa fe l?**
Egz:	Mikrob fe moun malad	12	0	n/a
Egz:	Lave men ak savon anvan w manje	10	8	Manje a gen pi bon gou
a				
b				
c				
d				
e				
f				

Not:

5.	Le nou ap pale yjyenn, kisa ou te aprann nan pwogram nan men ou pa pratike? Poukisa ou pat aplike sa ou te aprann lan? *<chak patisipan ap di, youn apre lot, yon **nouvo** praktik epi alafen gwoup la vote pou chak>*			
	5-1. Pi enpotan konesans/aprantisaj	**5-2. # Konesans/aprantisaj**	**5-3. # Pa fe**	**5-4. Poukisa ou pa fe l?**
Egz:	Mikwob bay maladi	12	n/a	n/a
Egz:	Sevi ak savon avan ou manje	8	4	Manje a gen pi bon gou
a				
b				
c				
d				
e				
f				
g				
h				

Not:

6. Ki lot aktivite nan pwogram nan ou te vle patisipe men ou pat rive patisipe ? Pouki? Pouki pa?
[chak patisipan ap di, youn apre lot, yon **nouvo** praktik epi alafen gwoup la vote pou chak]

	6-1 tem proje	**6-2Aktivite**	**6-3 Pouki?**	**6-4 Pouki pa?**	**#**
Egz:		MUSO	Kredi bon mache	Pa ka antre nan yon gwoup	4
a	Manje (kantite)				
b	Manje (kalite-nitrisyon)				
c	Sante				
d	Mowyen de subsistans				
e	Fason ou fe				
f	Lot				
g	.....				

Not:

1.5 GWOUP MOUN SIBLE

Pale nou an detay de moun nou konnen ki te patisipe nan pwogram nan. ***CHACHE KONNEN:***	
7.	***kompozisyon kay la, byen ni ka kay la, pratik alimante, aktivite sibzistans****, kondisyon lasante, fason yo fe fas ak tet chaje an deyo kay la.*

	7-1. Jan de moun	**7-2. Patisipasyon**		
		>2/3	**1/2**	**<1/3**
a	Pi vilnerab pase tout lot kay yo Defini:.....			
b	Pi pov pase tout lot kay yo Defini:.....			
c	Pi gwo pwoblem grangou pase tout lot kay yo Defini:.....			
d	Sel paran nan kay la Defini:.....			
e	Fanm ansent			
F	Manman avek pitit < 5			
G	Manman ak pitit < 2			
H	Abitan yo			
I	Granmoun			
J	Malad/Andikape			
K	Lot.....			
L	Lot.....			

Not: ----------

8.	Ki jan de moun oswa famiy oswa gwoup moun ou panse ki te dwe patisipe nan pwogram nan, men ki pat rive patisipe? Esplike poukisa ou panse moun sa yo te dwe patisipe nan pwogram nan. [pa di anyen]

	8-1. Ki moun?	**8-2. Poukisa?**
Egz:	Granmoun ak andikape	Yo grangou epi yo pat gen kob
a		
b		
c		
d		

Not: ----------

1.6 REZILTA PWOJE A

9. Reflechi sou kouman patisipan nan pwogram nan (moun, fanmiy oswa gwoup) tap viv **avan** pwoje ak **jodia a**. [mande chak patispan di yon **nouvo** pratik]

1.6.1 Ki kalite **chanjman** ou we nan moun o swa gwoup moun ki tap patisipe nan pwogram nan. [chanjman gen dwa pozitif oswa negatif] – refere w nan Q7

1.6.2 Konbyen nan chanjman sa yo ki fet a koz pwoje a epi kombyen lot ki soti nan lot sous ki pa pwoje a? Esplike poukisa/kouman.

	9-1. Chanjman	**9-2. Ki moun? (Q7)**	**9-3. Chanjman a koz pwoje a**	**9-4. Chanjman a koz lot sous ki pa nan pwoje a**
Egz:	lamanjay (kantite)		Pi bon fason yo stoke manje a pou yo evite gaspiye li	Bon jan lapli pou bay plis lamanjay
Egz:	manje (kalite)		Manje plis legim a koz fomasyon	Bon jan lapli pou bay legim
Egz:	Lasante: kay la		Mwens dyare a koz kote yo lave men	Plis prevansyon kont kolera
Egz:	Fason yo fe fas ak pwoblem: kay		Pi bon kredi akoz fomasyon	Nouvo biwo Fonkoze a avek akse ki pi fasil
Egz:	Fason yo fe fas ak pwoblem: gwoup		Depo lamanjay kominote paske pwoje a te bay materyo pou fel	Pi bon transpo pou vann rekot la
a	lamanjay (kantite)			
b	manje (kalite)			
c	Mwayen sibzistans: kay			
d	Mwayen sibzistans: Gwoup yo			

	9-1. Chanjman	9-2. Ki moun? (Q7)	9-3. Chanjman a koz pwoje a	9-4. Chanjman a koz lot sous ki pa nan pwoje a
e	Lasante: kay			
f	Lasante: Gwoup yo			
g	Fason yo fe fas ak pwoblem: kay			
h	Fason yo fe fas ak pwoblem: Gwoup yo			
i	Lot.....			

Not:

10a.	Eske ou we menm kalite chanjman sila nan moun ki pat patisipe nan pwoje a?	**Wi**	**Non**	**Mwen pakonnen**

10b.	Si se wi, eskplike chanjman sa yo [10b-1], nan ki jan de moun [10b-2]. Chanjman sa yo te fet a koz kisa [10b-3]?

	10b-1. Chanjman	**10b-2. Ki jan de moun (Q7)**	**10b-3. Pouki/Pouki pa?**
Egz:	Manje plis legim	Kay nan povrete	Fasil pou jwenn semans, gen te, vwazen yo te montre m
a			
b			
c			
d			

Not:

11. Ki rezilta **pozitif** (rezilta, pa aktivite yo) pwoje a ki konsene fanm ak gason? [pa di anyen eksepte de premye ranje yo; pa aktivite yo men konesans, kompatman ak Pratik]

	11-1. Tip Fanm / Gason	**11-2. Rezilta Pozitif**	**11-3. Patisipasyon**		
			>2/3	**1/2**	**<1/3**
Egz:	F: ansent	Distribisyon lamanjay, pi bon lasante			
Egz:	F: avek jenn timoun	Distribisyon lamanjay, konesans, jaden yo			
a	**F: ansent**				
b	**F: avek jenn timoun**				
c	F: kiltivate yo				
d	F: avek nenpot timoun				
e	F: pa manman				
f	F: granmoun				
g	F: malad/andikape				
h	F: pov anpil				
i	F: ”selibate” (vef, elatriye..)				
j	F:				
k	G: granmoun				
l	G: malad/andikape				
m	G: kiltivate yo				
n	G: pov anpil				
o	G: ”selibate”				
p	G:				

Not:

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12. Ki rezilta **negatif** (rezilta, pa aktivite yo) pwoje a ki konsene fanm ak gason? [pa di anyen eksepte de premye ranje yo; pa aktivite yo men konesans, kompatman ak Pratik]

	12-1. Tip Fanm / Gason	**12-2. Rezilta Negatif**	**12-3. Patisipasyon**		
			>2/3	**1/2**	**<1/3**
Egz:	F: avek jenn timoun	Konnye a yo pi okipe, yo gen mwens tan pou yo travay			**x**
a	**F: ansent**				
b	**F: avek jenn timoun**				
c	F: kiltivate yo				
d	F: avek nenpot timoun				
e	F: pa manman				
f	F: granmoun				
g	F: malad/andikape				
h	F: pov anpil				
i	F: ”selibate” (vef, elatriye..)				
j	F:				
k	G: granmoun				
l	G: malad/andikape				
m	G: kiltivate yo				
n	G: pov anpil				
o	G: ”selibate”				
p	G:				

Not:

13.	Ki moun o swa ki gwoup moun ki patisipe nan pwoje a epi proje a **pa** bay yon lavi miyo [manje lamanjay pi bon, gen pi bon mwayen sibzistans, pi bon lasante] apre yo patisipe nan pwogram nan? Poukisa?		
	Kantite kay yo: 1 = > 2/3	2 = 1/3 – 2/3	3 = > 2/3

	13-1. Ki moun?	**13-2. Poukisa?**	**13-3. kantite kay yo**
Egz:	Kay avek twop jenn timoun	Manman malad/bouke epi li pa gen sipo pou lakou a ak lamanjay epi pa gen kob	3
Egz:	Pa motive	Vle pwoje a kontinye bay yo kek bagay gratis	2
a			
b			
c			
d			

Not:

1.7 DEVLOPMAN DIRAB

14.	Jodia, si ou moun oswa on gwoup moun gen problem sante ki sa nap fe ? [14-2] <*pran kek lide nan men chak patisipan*> Si ou pale avek yon moun, ki moun ou pral chwazi [14-3] ?		
	14-3. Ki jan de moun ou pale anyen/pesonn.....0 benefisye pa nan pwoje a .....1 Lot benefisye pwoje a 2	Volonte pwoje yo .....3 Nenpot moun nan ONG .....4 Lide kominote yo 5	ajan gouvenman an .....6 Ajan prive yo .....7 Lot 99

	14-1. tem Pwoje yo	**14-2. Aksyon**	**14-3. Ki moun**
a	Nutrition		
b	Allaitement/ sevrage		
c	Grossesse et accouchement		
d	Hygiène		
e	Vaccinations		
f	Santé reproductive		
g	Supplément alimentaire		
h	Autres.....		

Not:

16.	Selon nou menm, Ki rezilta dirab nan pwoje a nou we ki ka kontinye rete nan zonn nou san sipo ONG? Poukisa rezilta sa yo dirab? *<sevi avek lis Q2,Q6>*			
	16-1 tem proje	**16-2. Aktivite/Rezilta**	**16-3. Poukisa li dirab**	**16-4 #**
EGZ:	Mowyen de subsistans	MUSOs	Bonjan fomasyon , bonjan motivasyon , fasil pou fe, bonjan benefis .	
A	Manje (kantite)			
B	Manje (kalite-nitrisyon)			
C	Sante			
D	Mwayen de sibzistans			
E	Fason ou fe			
F	.....			

Not:

17.	Selon nou menm, Ki rezilta dirab nan pwoje a nou we ki ka pap ka kontinye rete nan zonn nou san sipo ONG? Poukisa rezilta sa yo dirab? *<sevi avek lis Q2,Q6>*

	16-1 tem proje	**16-2. Aktivite/Rezilta**	**16-3. Poukisa li dirab**	**16-4 #**
EGZ:	Mowyen de subsistans	*Edikasyon sou lasante*	*Pa gen moun ki pou fome nou*	
A	Manje (kantite)			
B	Manje (kalite-nitrisyon)			
C	Sante			
D	Mwayen de sibzistans			
E	Fason ou fe			
F	.....			

Not:

1 REPREZANTAN GOUVENMAN, LIDE KOMINITE A, EPI LOT OGANIZASYON NON-GOUVENMANTAL KAP TRAVAY NAN MENM ZON NAN

NIMEWO ENTEVYOU

1.1 ENFOMASYON JENERAL

Dat:				Le l komanse:				Le l fini:			
	jou	Mwa	lane		le	min.	AM/PM		le.	min.	AM/PM

1.2 ENTWODIKSYON AK KONSANTMAN EKLERE

Anket la pral itilize pou KII oubyen pou piti FGD.

Eske ou gen kesyon avan nou komanse diskisyon an ?

Not:

_____

_____

_____

_____

1.3 INFOMASYON REPONDAN

1	Non	Ajans/Depatman	Pozisyon
1			
2			
3			
4			
5			
6			

2a. An jeneral, konbyen tan ou te travay avek pwoje devlopman kominite yo?

1	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane
2	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane
3	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane
4	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane
5	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane
6	< 1 lane	1 – 5 lane	5-10 lane	> 10 lane

2b. Depi kile ou te travay nan proje MYAP la oswa DAPs?

1	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane
2	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane
3	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane
4	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane
5	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane
6	< 1 lane	1 – 3 lane	3-5 lane	> 5 lane

3. Tanpri dekri kouman ou te « enplike » nan pwoje MYAP la [pran detay]:

Not: .....

.....

.....

.....

[make sa repondan di, mande kom egzanp pou byen defini nivo patisipasyon li]

1	Enplike **detanzantan** oswa **regilyerman**? Konbyen fwa? .....
2	Tankou yon moun kap fe yo jwenn infomasyon an: W / N ; si se Wi: anle oswa anba oswa toulede*? .....
3	Tankou yon nouvo moun kap bay moun enfomasyon: W / N ; si se Wi: anle or anba or toulede*? .....
4	Tankou yon moun kap otorize bay moun enfomasyon: W / N ; .....
5	Pou konsey sou plan oswa sou chema pwoje a: W / N ; .....
6	Pou konsey sou kijan pou w mete pwoje a kanpe: W / N ; .....
7	Ede rezoud pwoblem kap konsene benefisye yo? W / N ; .....
8	Ede rezoud pwoblem yo kap pase nan menm nivo oswa nan yon lot nivo? W / N ; .....
9	Lot.....

* anle = nan direksyon pou staff oswa sipevize ONG yo; anba = nan direksyon pou benefisye yo oswa staff la; nan menm nivo = avek koleg

1.4 DESKRIPSYON AKTIVITE A

4. Dapre w ki twa aktivite nan pwogram nan ki pi enpotat (men ki pat toutafe yon sikse) pase tout lot aktivite? Poukisa?

	Aktivite	Esplike – poukisa?
1		
2		
3		

Not: ……

……

……

1.5 GWOUP MOUN SIBLE

5a. Ki jan de moun ki gen pi plis difikilte pou yo manje jodia? [kolon B selman]
5b. Eske se menm moun sa yo ki te patisipe nan pwoje a? [kolon C, D &E]

A	B	C	D	E
a	Pi vilnerab pase tout lot yo (defini:.....	>2/3	1/3-2/3	< 1/3
b	Manman avek timoun <5	>2/3	1/3-2/3	< 1/3
c	Manman avek timoun <2	>2/3	1/3-2/3	< 1/3
d	Pi pov pase tout lot yo (defini:.....	>2/3	1/3-2/3	< 1/3
e	Pi grangou pase tout lot yo (defini:.....	>2/3	1/3-2/3	< 1/3
f	ansent/fanm kap bay tete	>2/3	1/3-2/3	< 1/3
g	Kay ak yon fanm selibate	>2/3	1/3-2/3	< 1/3
h	Lot.....	>2/3	1/3-2/3	< 1/3
i	Lot.....	>2/3	1/3-2/3	< 1/3

Not: .....

.....

6a. Eske benefisye ki te seleksyone yo te resevwa ase manje? Pouki? Pouki pa? N/A
.....

.....

6b. Eske benefisye ki te seleksyone pou MCHN se yo ki te dwe chwazi? Pouki? Pouki pa? N/A
.....

.....

6c. Eske benefisye ki te seleksyone pou aktivite agrikilti yo epi mwayen pou fe fas ak bezwen yo te aproprye? Pouki? Pouki pa? N/A
.....

.....

1.6 REZILTA PWOJE A

7. Di nou sa ou konnen sou kouman pwoje sa a te ede **ki moun egzak li te ede** [pa di anyen]:

Kouman	**7.1 Kouman – detay**	**7.2 Ki moun egzak – kay yo epi gwoup yo**
a. Materyelman		
B Konesans		
C konpotman		
D Pratik		
E dirabilite		
F Fason yo fe fas ak pwoblem yo		
G Lot:		

Not: ……

……

8. Ki moun ou konnen nan kominite ou a ki te pwofite pi plis nan pwoje sa a? Kouman? Poukisa?

		8.1 Ki Moun: moun ak gwoup	**8.2 Kouman/Poukisa?**
A	Benefisye direk		
B	Benefisye endirek Men yo espere benefisye/ prevwa benefisye		
C	Benefisye endirek Men yo pat espere nan program nan/ benefisye ke yo pat espere		
D	Lot:		

Not: .....

.....

.....

.....

.....

9a. Kisa ou panse ki twa pi bon sikse nan proje sa a (rezilta)?
9b. Ki sa ou ka bay kom prev ?

	a. Pi Byen Fet	**b. Prev**
1		
2		
3		

Not: .....

.....

9c. Kisa ou panse ki twa rezilta pi feb nan proje sa a?
9d. Ki sa ou ka bay kom prev ?

	c. Pa Byen Fet	**d. Prev**
1		
2		
3		

Not: .....

.....

1.7 DIRABILITE

10. Kounye a pwogram MYAP la ki tap opere pannan 5 lane pral rive nan bout li, ki aktivite nan pwogram nan ou panse ki ka **kontinye san sipo ONG?** Esplike poukisa.

	10.1 Aktivite yo	**10.2 Poukisa**
10a. manman ak pitit pou **lamanjay**		
10b. manman ak pitit pou **lasante**		
10c manman ak pitit pou nitrisyon		
10d. kay ak sekirite alimante		
10e. kay ak mwayen sibzistans		
10f. gwoup manman yo		
10g. gwoup manman yo		
10h. Gwoup Kiltivate		
10i. Lot:		

Not: .....

.....

11. Kisa ou ta bay kom konsey pou si gen yon pwoje konsa alavni ka dire pi lontan?

.....

.....

.....

12. Kouman biwo/oganizasyon/ka pi enplike nan aktivite sa yo ?

.....

.....

.....

13. Eske ou gen lot komante sou proje sa a ke ou potko di?

……

……

.....

1 COOPERATING SPONSOR FIELD AND HEADQUARTERS AND THEIR PRIVATE VOLUNTARY ORGANZATION PARTNERS

FOCUS GROUP DISCUSSION & KEY INFORMANT INTERVIEW FIELD GUIDE QUESTIONS

1.1 GENERAL INFORMATION

Date:				Start Time:				End Time:			
	day	month	year		hr.	min.	AM/PM		hr.	min.	AM/PM

Department:	
Respondent Name:	
Respondent Position:	

1.2 INTRODUCTION AND INFORMED CONSENT

Hello. My name is _____ (and this is ____). We are conducting an evaluation of the USAID-funded MYAP [insert local name of program]. We are trying to learn some of what only you know so we can improve future programs aimed at food security. We want to find out what you learned and did during the program and how you think the program affected your community, your household and yourselves.

All of the information will be strictly confidential. Nothing you say will be attributed to you directly. Our final report will discuss donor and project staff, community leaders, and project participants' feelings and experiences in general. There are no right or wrong answers. The final report will be completed after we speak to people in many different communes in Haiti.

You have been selected to participate because of your past experiences with the program. Your participation in this interview is completely voluntary and anonymous. I will be asking you questions but you are not required to respond to every question if you don't want to. If you don't know how to answer a question, I ask the question more clearly. To recall the important things you say for the report I would like your permission to take written notes and record what you say. To indicate your agreement to participate in this study and to our note taking and recording, please sign your name on this sign in sheet. Your names will be kept separately from the responses you give me.

Do you have any questions before we start the discussion?

1.3 RESPONDENT INFORMATION

1a.	How long have you been working with [NAME OF ORGANIZATION]?		
1b.	How long have you been working in Haiti?		
1c.	When did your involvement with the MYAP begin?	a. month	b. year
2.	Please describe how you are involved with the MYAP		

1.4 ACTIVITY DESCRIPTION

Q2	3.	How did your organization respond to the main issues raised in the MTE?

1.5 PROJECT TARGETING

Q4	4.	How would you describe the purpose of a MYAP?
Q4	5a.	What is your theory of change for the project?
Q5	5b.	Does this theory deal with the target population differently than the most vulnerable, women or other disadvantaged people? Explain. What are the differences between: vulnerable, most vulnerable and disadvantaged?
Q5	6a.	Explain the targeting for the project (as households, groups of households and individuals)? How did you determine the selection criteria for your participants? How did you implement the selection? What are the graduation criteria and who has graduated? How effective was the targeting compared to the original plan? Who do you think should have been included but was not (and why/why not)?
Q2	6b.	What proportion of households are considered 'vulnerable'? (from MTE)
Q3	7.	Are the constraints faced by the target beneficiaries (or population?) as outlined in the original document still relevant? Why/why not?

1.6 PROJECT RESULTS

Q4	8.	How did your theory of change contribute to the MYAPs achievements in terms of project intermediate results and strategic objectives?
Q1	9.	How effective do you feel the project has been in reaching its goals/objectives? How could it have been better?
Q1	10.	How did the food security status of the targeted population change?
Q5	11.	How have women and men been affected differently (positively and negatively)? How have disadvantaged population groups and the general population been affected differently (positively and negatively)?
Q8	12.	How have the mothers' clubs been effective? How have the mothers' clubs not been effective?
Q8	13.	How do you measure the level of effectiveness?

1.7 SUSTAINABILITY

Q6	14a.	What are the sustainable project outcomes? Sustainability in terms of; 1) financial & other resources; 2) leadership & management; 3) adaptability/learning; and 4) external environment.
Q6	14b.	What are the non-sustainable project outcomes?
Q7	15.	What is the evidence supporting your sustainability claims?
Q6	16.	What are the major factors to influence the project achievements and non-achievements?

1.8 INTERVIEW COMMENTS

ANNEX 4 SOURCES OF INFORMATION

ANNEX 4.1 EVALUATION QUESTIONS AND OTHER DATA SOURCES

Evaluation question	Data sources
Relevance	
Q1 How did the food security status of the targeted population change?	Quantitative survey
Q2. Did the program address the most critical problems or constraints to food security and resiliency for the most vulnerable?	• Cooperative agreements • Amendments • Annual reports • Other program documents • Qualitative survey • National documents on food security and resiliency • International literature on food security and resiliency
Q3. Are the constraints faced by the target beneficiaries as outlined in the original document still relevant?	• Quantitative survey • PMP data • IPTT data • Qualitative survey and evaluation team interviews • National documents on food security and resiliency • International consensus on food security and resiliency
Appropriateness	
Q4. To what extent did the program's theory of change contribute to the MYAPs achievements in terms of project results and outcomes?	• Cooperative agreements • Amendments • Program indicators • PMP data • IPTT data • Other program documents • National documents on food security and resiliency • International consensus on best practices and approaches (what works and what does not work)
Q5. Have women and other disadvantaged population groups who participated been differently affected (positively or negatively) by the project?	• Program documents • PMP data • IPTT data • Qualitative survey and evaluation team interviews
Sustainability	
Q6. Is there adequate evidence suggesting that the project outcomes are likely to be sustained? **Q7. What were the major factors which influenced the achievement or non-achievement of sustainability of the project?**	• CS quantitative indicators and associated results • CS documents (cooperative agreement, amendment, evaluation reports) • Qualitative survey • Evaluation team own interviews • Best practices and approaches related to sustainability
Cost-effectiveness	
Q8. To what extent are the various mothers' clubs models implemented by WV, CRS and ACDI/VOCA cost effective?	Quantitative survey data Expenditure data MYAP documents Key informant interviews

ANNEX 4.2 OTHER DATA SOURCES FOR ANALYSIS

ANNEX 4.2.1. IYCF TABLE (% CHANGE)

	Entire area			MCHN Only			AG Only			MCHN + AG		
Feeding Practice	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change
Ever breastfed	(1287) 97.2	(1248) 96.5	**-0.7%**	(432) 96.5	(396) 96.0	**-0.5%**	(207) 97.6	(211) 95.3	**-2.3%**	(648) 98.6	(641) 97.2	**-1.4%**
Currently breastfeeding	(1259) 68.4	(1248) 58.9	**-9.5%**	(417) 67.8	(396) 58.3	**-9.5%**	(202) 63.9	(211) 48.3	**-15.6%**	(640) 68.4	(641) 62.7	**-5.7%**
Non-breastfed child given milk, dairy, or infant formula in past 24 hrs	(426) 37.3	(512) 54.7	**+17.4 %**	(150) 40.1	(165) 66.1	**+26.0 %**	(78) 32.1	(109) 39.4	**+7.3%**	(198) 28.3	(238) 53.8	**+25.5 %**
Breastfed child 9 – 23.9 mos. ate at least 3 times in last 24 hrs.	(683) 21.5	(573) 33.7	**+12.2 %**	(218) 19.1	(178) 37.6	**+18.5 %**	(106) 20.8	(83) 27.7	**+6.9%**	(359) 23.8	(312) 33.0	**+9.2%**
Breastfed child 6 to 8.9 mos. ate at least 2 times in last 24 hrs.	(178) 63.2	(159) 55.3	**-7.9%**	(64) 65.5	(53) 52.8	**-12.7%**	(23) 60.9	(18) 72.2	**+11.3 %**	(91) 57.4	(88) 53.4	**-4.0%**
Non-breastfed child 6 to 23.9 mos. ate at least 4 times in last 24 hrs.	(426) 5.2	(514) 13.0	**+7.8%**	(150) 5.3	(165) 10.9	**+5.6%**	(78) 1.3	(109) 14.7	**+13.4 %**	(198) 3.9	(240) 13.8	**+9.9%**
Child ate at least minimum recommended # times	(1287) 22.1	(1244) 27.9	**+5.8**	(432) 21.2	(396) 28.5	**+7.3%**	(207) 17.9	(210) 24.8	**+6.9%**	(648) 22.1	(638) 28.5	**+6.4%**
Breastfed child ate from at least 3 food groups	(861) 83.4	(735) 76.7	**-6.7%**	(282) 84.3	(231) 82.7	**-1.6%**	(129) 83.7	(102) 80.4	**-3.3%**	(450) 82.1	(402) 72.4	**-9.7%**
Non-breastfed child ate from at least 4 food groups	(426) 81.4	(515) 78.1	**-3.3%**	(150) 81.7	(165) 81.2	**-0.5%**	(78) 70.5	(109) 75.2	**+4.7%**	(198) 80.4	(241) 77.2	**-3.2%**
Child ate from the recommende	(1287) 82.7	(1248) 77.2	**-5.5%**	(432) 83.4	(396) 82.1	**-1.3%**	(207) 78.7	(211) 77.7	**-1.0%**	(648) 81.6	(641) 74.1	**-7.5%**

d minimum # of food groups (or more)												
Breastfed child fed acc. to a min. of appropriate feeding practices	(861) 27.2	(735) 32.2	**+5.0%**	(282) 26.1	(231) 34.6	**+8.5%**	(129) 21.7	(102) 31.4	**+9.7%**	(450) 28.1	(402) 31.1	**+53.0 %**
Non-breastfed child fed acc. To a min. of appropriate feeding practices	(426) 1.7	(512) 9.0	**+7.3%**	(150) 2.0	(164) 9.1	**+7.1%**	(78) 1.3	(108) 9.3	**+8.0%**	(198) 0.6	(240) 8.8	**+8.2%**
Child fed acc. to a min. of appropriate feeding practices	(1287) 18.7	(1245) 22.7	**+4.0%**	(432) 17.8	(395) 24.1	**+6.3%**	(207) 14.0	(210) 20.0	**+6.0%**	(648) 19.2	(640) 22.8	**+3.6%**
NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.												

ANNEX 4.2.2 PRIMARY INDICATORS BY STRATA (PROJECT CATEGORY): % CHANGE (2008 – 2013)

	MCHN Only			***AG Only***			***MCHN + AG***		
Indicator	***2008***	***2013***	***% change***	***2008***	***2013***	***% change***	***2008***	***2013***	***% change***
Food Security	***n = 452***	***n = 561***		***n = 204***	***n = 281***		***n = 659***	***n = 809***	
Month of adequate HH food provisioning[1]	***5.6***	***3.6***	***dif = -2.0***	***5.9***	***4.4***	***dif = -1.5***	***5.5***	***4.0***	***dif = -1.5***
	n = 447	***n = 542***		***n = 203***	***n = 281***		***n = 654***	***n = 878***	
Dietary Diversity[2] *Score*	***5.8***	***5.8***	***dif = 0.0***	***6.0***	***6.0***	***dif = 0.0***	***5.3***	***5.5***	***dif = 0.2***
Child health & HH Hygiene	***n = 410***	***n = 394***		***n = 198***	***n = 208***		***n = 609***	***n = 649***	

[1] In 2013, significant differences were obtained between the AG only strata (4.4) and both the MCHN Only (3.6) and the MCHN/AG (4.0) strata, which did not differ significantly from one another $F(2, 1648) = 5.96$, $p = .003$.

[2] Note: Table 4.3.2 from the baseline report lists n for each strata incorrectly. Note n's in Table 4.3.1. In 2013, significant differences were found across strata with highest dietary diversity found in the AG Only strata (6.0) which was significantly higher than dietary diversity in the MCHN/AG (5.5) strata. Dietary diversity in the MCHN Only strata (5.8) did not differ significantly from either of the other two. Differences between interventions were significant, though differences from baseline to endline were not.

% children 12-23mos fully immunized[3]	***57.8%***	***77.4%***	***+19.6%***	***60.6%***	***66.8%***	***+6.2%***	***44.2%***	***70.6%***	***+26.4%***
% children 12-23 mos vaccinated against measles[4]	***68.3%***	***65.7%***	***-2.6%***	***60.6%***	***55.3%***	***-5.3%***	***55.1%***	***63.3%***	***+8.2%***
	n = 456	***n = 545***		***n = 203***	***n = 264***		***n = 683***	***n = 880***	
% caregivers of children 0-59 mos wash hands properly ≥ twice just prior to interview[5]	***2.1%***	***29.9%***	***+27.8%***	***2.0%***	***26.9%***	***+24.9%***	***1.6%***	***24.7%***	***+23.1%***
IYCF Indicator	***n = 432***	***n = 395***		***n = 207***	***n = 210***		***n = 648***	***n = 640***	
	17.8%	***24.1%***		***14.0%***	***20.0%***		***19.2%***	***22.8%***	
Family Planning & Pregnancy/Birth	***n = 453***	***n = 573***		***n = 207***	***n = 263***		***n = 674***	***n = 856***	
% 15 – 49 yrs using modern family planning method[6]	***40.4%***	***56.5%***		***30.0%***	***50.6%***		***30.0%***	***52.2%***	
	n = 434	***n = 149***		***n = 206***	***n = 79***		***n = 646***	***n = 216***	
% mothers of children < 2 whose delivery was attended by professional[7]	***30.5%***	***55.0%***		***19.9%***	***49.4%***		***11.8%***	***38.0%***	
% mothers of children < 2 reporting at least 3 prenatal visits by professional[8]	***78.7%***	***81.2%***		***56.8%***	***84.8%***		***63.3%***	***88.4%***	
Sustainable Agricultural Production Practices	***n = 435***	***n = 516***		***n = 204***	***n = 241***		***n = 657***	***n = 807***	
% farmers reporting ≥ 3[9]	***74.7%***	***88.2%***		***94.6%***	***95.9%***		***71.0%***	***89.5%***	

[3] Rates "fully immunized" were significantly higher in the MCHN Only strata (77.4%) than in either the AG Only (66.8%) or MCHN/AG (70.6%) in 2013.
[4] In 2013, rates of vaccination against measles were significantly higher in both the MCHN Only (65.7%) and MCHN/AG (63.3%) strata than in the AG Only (55.3%) strata.
[5] Proportion practicing appropriate hand washing significantly higher in the MCHN Only (29.9%) than in the MCHN/AG (24.7%) strata in 2013. Rates in the AG Only strata (26.9%) did not differ significantly from the other strata.
[6] In 2013, these rates do not differ significantly across the three strata.
[7] Rates significantly higher in the MCHN Only strata (55.0%) than in the MCHN/AG strata (38.0%) in 2013. Rate in the AG Only strata (49.4%) did not differ significantly from the other two strata.
[8] Rates did not differ significantly across strata in 2013.

% farmers reporting ≥4	***52.1%***	***76.9%***		***83.3%***	***86.7%***		***52.7%***	***78.8%***	

[1] Rates significantly higher in the AG Only strata (95.9%) than in either the MCHN Only (88.2%) or MCHN/AG (89.5%) strata that did not differ significantly from one another. The same pattern can be observed for the next agricultural indicator as well.

ANNEX 4.2.3 SUSTAINABLE AGRICULTURAL PRACTICES: % CHANGE FROM 2008 TO 2013

	Entire area			MCHN Only			AG Only			MCHN + AG		
Agricultural Practice	2008 (n=1296)	2013 (n=1564)	% change	2008 (n=435)	2013 (n=516)	% change	2008 (n=204)	2013 (n=241)	% change	2008 (n=657)	2013 (n=806)	% change
improved seeds	13.8	28.4	**+14.6**	13.1	26.4	**+13.3**	2.9	29.9	**+27.0**	11.4	29.2	**+17.8**
mulching with leguminous plants	38.3	61.2	**+22.9**	37.1	63.2	**+26.1**	68.6	57.3	**-11.3**	36.0	61.2	**+25.2**
contour farming, alley cropping, other soil conservation barriers	30.3	40.0	**+9.7**	27.3	39.5	**+12.2**	44.1	35.7	**-8.4**	34.5	41.6	**+7.1**
organic fertilizer	28.6	60.7	**+32.1**	24.5	53.3	**+28.8**	82.8	89.2	**+6.4**	36.9	56.8	**+19.9**
control of plant density	90.8	31.6	**-59.2**	90.5	31.8	**-58.7**	96.1	41.5	**-54.6**	90.9	28.5	**-62.4**
post harvest management	22.4	86.9	**+64.5**	21.2	77.9	**+56.7**	36.8	92.9	**+56.1**	22.9	90.9	**+68.0**
integrated pest management	33.0	29.5	**-3.5**	34.0	29.7	**-4.3**	29.4	27.4	**-2.0**	29.3	30.0	**+0.70**
micro irrigation	16.3	40.8	**+24.5**	16.2	41.5	**+25.3**	15.2	41.1	**+35.9**	12.6	40.3	**+27.7**
crop rotation	66.0	73.1	**+7.1**	66.3	75.6	**+9.3**	68.1	66.0	**-2.1**	57.1	73.7	**+16.6**
tree planting	51.2	79.8	**+28.6**	47.8	73.8	**+26.0**	77.0	94.6	**+17.6**	53.7	79.3	**+25.6**
During 2007/2012, at least one plot into fallow	55.0	57.5	**+2.5**	50.6	45.7	**-4.9**	72.1	65.1	**-7.0**	58.6	62.8	**+4.2**
During 2007/2012, at least one set of associated crops	83.2	76.8	**-6.4**	78.9	66.7	**-12.2**	92.6	89.6	**-3.0**	93.1	79.5	**-13.6**
During 2007/2012, purchased animals, land, or tools	41.3	31.1	**-10.2**	39.9	29.5	**-10.4**	43.6	36.1	**-7.5**	42.6	30.7	**-11.9**
Using at least 3 sustainable agricultural practices	75.0	90.0	**+15.0**	74.7	88.2	**+13.5**	94.6	95.9	**+1.3**	71.0	89.5	**+18.5**
Using at least 4 sustainable agricultural practices	54.1	79.4	**+25.3**	52.1	76.9	**+24.8**	83.3	86.7	**+3.4**	52.7	78.8	**+26.1**

NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.

ANNEX 4.2.4 ANTENATAL CARE AND ASSISTANCE AT DELIVERY

	Entire area			MCHN Only			AG Only			MCHN + AG		
	2008 (n) %	2013 (n)[1] %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change
Saw trained health professional for antenatal care	(1286) 90.2%	(1418) 92.4%	**+2.2%**	(434) 91.3%	(444) 90.3%	**-1.0%**	(206) 80.6%	(226) 93.8%	**+13.2%**	(646) 83.9%	(748) 93.2%	**+9.3%**
Saw trained health professional for antenatal care ≥ 3 times	(1286) 76.5%	(444) 85.4%	**+8.9%**	(434) 78.7%	(149) 81.2%	**+2.5%**	(206) 56.8%	(79) 84.8%	**+28.0%**	(646) 63.3%	(216) 88.4%	**+25.1%**
Trained health professional assisted with delivery	(1286) 24.8%	(444) 45.7%	**+20.9%**	(434) 30.5%	(149) 55.0%	**+24.5%**	(206) 19.9%	(79) 49.4%	**+29.5%**	(646) 11.8%	(216) 38.0%	**+26.2%**
NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.												

1 Sample is small due to substantial missing data (977 cases).

ANNEX 4.2.5 TABLE- FAMILY PLANNING

	(N = 1692)			(N = 573)			(N = 263)			(N = 856)		
	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change
Respondent is pregnant	(1334) 13.1%	(1692) 9.2%	-3.9%	(453) 14.0%	(573) 8.0%	-6.0%	(207) 13.5%	(263) 8.7%	-4.8%	(674) 11.6%	(856) 10.2%	-1.4%
Currently using family planning method	(1169) 47.1%	(1539) 63.0%	+15.9%	(390) 49.5%	(527) 65.3%	+15.8%	(179) 40.8%	(242) 62.0%	+21.2%	(600) 39.0%	(770) 61.7%	+22.7%
Female sterilization	(529) 2.2%	(979) 2.5%	+0.3%	(194)	(346) 1.7%	+1.7%	(74) 1.4%	(150) 5.3%	+3.9%	(261) 2.3%	(483) 2.1%	-0.2%
Pill	(527) 8.0%	(975) 11.1%	+3.1%	(192) 7.2%	(345) 8.1%	+0.9%	(74) 9.5%	(149) 6.0%	-3.5%	(261) 11.4%	(481) 14.8%	+3.4%
Injectables	(526) 52.6%	(974) 63.2%	+10.6%	(192) 56.1%	(345) 64.3%	+8.2%	(74) 21.6%	(149) 50.3%	+28.7%	(260) 41.6%	(480) 66.5%	+24.9%
Implant	(526) 2.8%	(974) 6.9%	+4.1%	(192) 2.0%	(345) 8.4%	+6.4%	(74) 6.8%	(149) 9.4%	+2.6%	(260) 6.3%	(480) 5.0%	-1.3%
Condom	(526) 12.8%	(974) 15.6%	+2.8%	(192)	(345) 15.4%	+15.4%	(74) 17.6%	(149) 16.1%	-1.5%	(260) 7.5%	(480) 15.6%	+8.1%
Female Condom	(525) 0.1%	(974) 0.8%	+0.7%		(345) 0.9%	+0.9%		(149) 0.0%	-	(259) 0.7%	(480) 1.0%	+0.3%
LAM	(525) 10.2%	(974) 2.6%	-7.6%	(192) 8.6%	(345) 4.6%	-4.0%	(74) 9.5%	(149) 0.0%	-9.5%	(259) 9.7%	(480) 1.9%	-7.8%
Rhythm method (calendar)	(525) 6.6%	(973) 3.3%	-3.3%	(192) 6.6%	(345) 2.0%	-4.6%	(74) 23.0%	(149) 6.7%	-16.3%	(259) 10.3%	(479) 3.1%	-7.2%
Rhythm method (vaginal discharge)	(525) 0.9%	(973) 0.5%	-0.4%	(192) 1.0%	(345) 0.0%	-1.0%		(149) 2.0%	+2.0%	(259) 0.7%	(479) 0.4%	-0.3%
Rhythm method (necklace)	(525) 0.1%	(973) 0.7%	+0.6%		(345) 0.3%	+0.3%		(149) 2.0%	+2.0%	(259) 0.1%	(479) 0.6%	+0.5%
Withdrawal	(525) 6.3%	(972) 12.9%	+6.6%	(192) 4.2%	(345) 10.1%	+5.9%	(74) 28.4%	(149) 20.8%	-7.6%	(259) 16.8%	(478) 12.3%	-4.5%
Other	(524) 2.4%	(972) 1.6%	-0.8%	(192) 2.0%	(345) 1.7%	-0.3%	(74) 1.4%	(149) 2.0%	+0.6%	(258) 2.1%	(478) 1.5%	-0.6%
Use modern family planning method	(1334) 38.2%	(1692) 53.4%	+15.2%	(453) 40.4%	(573) 56.5%	+16.1%	(207) 30.0%	(263) 50.6%	+20.6%	(674) 30.0%	(856) 52.2%	+22.2%
Non-pregnant women using modern FP method	(1169) 43.6%	(1536) 58.9%	+15.3%		(527) 61.5%	-		(240) 55.4%	-		(769) 58.1%	-

NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.

ANNEX 4.2.6. MONTHS OF ADEQUATE HOUSEHOLD FOOD PROVISIONING: % CHANGE FROM 2008 TO 2013

	Entire area			MCHN Only			AG Only			MCHN + AG		
	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change	2008 (n) %	2013 (n) %	% change
# months of adequate HH food provisioning	(1315) 5.6	(1651) 3.9	**-1.7 months**	(452) 5.6	(561) 3.6	**-2.0 months**	(204) 5.9	(281) 4.4	**-1.5 months**	(659) 5.5	(808) 4.0	**-1.5 months**
January	(1279) 76.2	(1651) 50.8	**-25.4%**	(438) 75.8	(561) 48.1	**-27.7%-**	(201) 78.6	(281) 50.2	**-28.4%**	(640) 75.8	(808) 53.0	
February	(1279) 55.1	(1651) 41.1	**-14.0%**	(438) 56.8	(561) 38.7	**-18.1%**	(201) 47.3	(281) 45.9	**-1.4%**	(640) 56.4	(808) 41.1	
March	(1279) 42.7	(1651) 29.4	**-13.3%**	(438) 44.7	(561) 29.5	**-15.2%**	(201) 32.3	(281) 26.3	**-6.0%**	(640) 44.5	(808) 30.3	
April	(1279) 32.8	(1651) 22.4	**-10.4%**	(438) 43.8	(561) 23.6	**-20.2%**	(201) 24.9	(281) 14.6	**-10.3%**	(640) 27.7	(808) 24.4	
May	(1279) 28.7	(1651) 21.2	**-7.5%**	(438) 31.4	(561) 22.3	**-9.1%**	(201) 30.3	(281) 17.4	**-12.9%**	(640) 26.3	(808) 21.7	
June	(1279) 33.3	(1651) 26.3	**-7.0%**	(438) 29.4	(561) 20.9	**-8.5%**	(201) 42.8	(281) 31.7	**-11.1%**	(640) 33.1	(808) 28.2	
July	(1279) 36.1	(1651) 30.0	**-6.1%**	(438) 27.1	(561) 18.4	**-8.7%**	(201) 60.2	(281) 45.6	**-14.6%**	(640) 34.6	(808) 32.5	
August	(1279) 31.1	(1651) 26.2	**-4.9%**	(438) 28.8	(561) 19.4	**-9.4%**	(201) 43.8	(281) 36.7	**-7.1%**	(640) 28.8	(808) 27.3	
September	(1279) 29.2	(1651) 24.8	**-4.4%**	(438) 30.6	(561) 20.5	**-10.1%**	(201) 34.8	(281) 36.3	**+1.5%**	(640) 26.6	(808) 23.8	
October	(1279) 41.4	(1651) 30.9	**-10.5%**	(438) 45.0	(561) 29.2	**-15.8%**	(201) 38.8	(281) 39.1	**+0.3%**	(640) 39.7	(808) 29.2	
November	(1279) 55.0	(1651) 38.8	**-16.2%**	(438) 55.7	(561) 39.4	**-16.3%**	(201) 58.2	(281) 44.8	**-13.4%**	(640) 53.4	(808) 36.4	
December	(1279) 76.3	(1651) 52.5	**-23.8%**	(438) 73.3	(561) 53.7	**-19.6%**	(201) 84.1	(281) 53.0	**-31.1%**	(640) 75.9	(808) 51.6	
NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.												

ANNEX 4.2.7. HOUSEHOLD DIETARY DIVERSITY AND FOODS EATEN IN PAST 24 HOURS: % CHANGE FROM 2008 TO 2013

	Entire area			MCHN Only			AG Only			MCHN + AG		
	2008 (n = 1304)	2013 (n=1701)	% change	2008 (n = 447)	2013 (n=542)	% change	2008 (n=203)	2013 (n=281)	% change	2008 (n=654)	2013 (n=878)	% change
Average HH dietary diversity score	5.7	5.7	dif = 0	5.8	5.8	dif = 0	6.0	6.0	dif = 0	5.3	5.5	dif = 0.2
foods from basic grain	91.1	85.4	-5.7%	93.4	87.1	-6.3%	92.1	94.3	+2.2%	89.0	81.4	-7.6%
foods from roots or tubers	37.9	35.9	-2.0%	35.6	37.5	+1.9%	36.5	36.3	-0.2%	34.6	34.8	+0.2%
any vegetables	36.8	39.2	+2.4%	37.2	41.5	+4.3%	32.5	44.5	+12.0%	34.3	36.1	+1.8%
any fruits	63.6	46.9	-16.7%	64.4	45.6	-18.8%	72.9	49.8	-23.1%	57.8	46.9	-10.9%
any meat/organ meats	21.7	24.7	+3.0%	25.2	33.2	+8.0%	15.3	19.2	+3.9%	13.1	21.2	+8.1%
any eggs	8.3	13.2	+4.9%	8.7	14.8	+6.1%	10.3	10.0	-0.3%	7.0	13.3	+6.3%
any fresh or dried fish/shellfish	16.4	21.9	+5.5%	18.1	22.5	+4.4%	6.9	11.7	+4.8%	10.9	24.7	+13.8%
Hareng	22.6	24.2	+1.6%	22.8	24.2	+1.4%	26.4	29.2	+2.8%	16.8	22.6	+5.8%
any foods made from pulses	69.3	69.3	0.0%	69.8	68.6	-1.2%	76.4	78.6	+2.2%	72.1	66.8	-5.3%
any milk products	9.3	10.3	+1.0%	8.7	11.8	+3.1%	8.9	8.5	-0.4%	8.7	9.9	+1.2%
any foods made with oil, fat, or butter	92.7	90.6	-2.1%	93.2	88.5	-4.7%	97.5	96.1	-1.4%	91.2	90.1	-1.1%
any cane syrup, sugar, or honey	62.4	50.3	-12.1%	62.6	51.4	-11.2%	77.8	52.3	-25.5%	60.2	48.9	-11.3%
any coffee or tea	62.1	57.3	-4.8%	63.0	56.2	-6.8%	70.9	70.1	-0.8%	55.1	53.8	-1.3%

NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.

ANNEX 4.2.8. TABLE - HOUSEHOLD HYGIENE & HAND-WASHING (% CHANGES)

	(n) %	(n) %	change	(n) %	(n) %	change	(n) %	(n) %	change	(n) %	(n) %	change
Can you show me where you usually wash your hands?												
inside house/yard, near toilet	(1342) 29.5	(1689) 8.4	**-21.1%**	(456) 26.6	(545) 10.1	**-16.5%**	(203) 30.5	(264) 9.5	**-21.0%**	(683) 36.8	(880) 7.0	**-29.8%**
inside house/yard, near kitchen/cooking	(1342) 20.9	(1689) 10.8	**-10.1%**	(456) 20.2	(545) 14.9	**-5.3%**	(203) 27.6	(264) 9.8	**-17.8%**	(683) 20.6	(880) 8.6	**-12.0%**
elsewhere in yard	(1342) 21.0	(1689) 15.4	**-5.6%**	(456) 22.0	(545) 14.1	**-7.9%**	(203) 17.2	(264) 21.6	**+4.4%**	(683) 17.1	(880) 14.3	**-2.8%**
outside yard	(1342) 3.2	(1689) 49.7	**+46.5%**	(456) 3.8	(545) 42.4	**+38.6%**	(203) 4.4	(264) 43.2	**+38.8%**	(683) 1.3	(880) 56.1	**+54.8%**
no specific place	(1342) 25.2	(1689) 14.7	**-10.5%**	(456) 27.2	(545) 16.9	**-10.3%**	(203) 19.7	(264) 15.5	**-4.2%**	(683) 24.2	(880) 13.2	**-11.0%**
no permission to see	(1342) 0.0	(1689) 0.3	**+0.3%**	(456)	(545) 0.6		(203) 0.5	(264) 0.0	**-0.5%**		(880) 0.2	
does not wash hands	(1342) 0.2	(1689) 0.7	**+0.5%**	(456) 0.2	(545) 1.1	**+0.9%**	(203)	(264) 0.4			(880) 0.5	
Can you show me what you use to wash your hands?												
soap	(1342) 73.1	(1688) 94.5	**+21.4%**	(456) 73.0	(545) 93.4	**+20.4%**	(203) 82.3	(264) 95.5	**+13.2%**	(683) 73.8	(880) 95.0	**+21.2%**
detergent	(1342) 12.8	(1688) 1.1	**-11.7%**	(456) 13.9	(545) 2.0	**-11.9%**	(203) 10.3	(264) 1.1	**-9.2%**	(683) 8.5	(880) 0.6	**-7.9%**
ash	(1342) 2.1	(1688) 0.7	**-1.4%**	(456) 2.4	(545) 0.4	**-2.0%**		(264) 0.0		(683) 0.6	(880) 1.0	**+0.4%**
leaves	(1342) 1.3	(1688) 0.5	**-0.8%**	(456) 1.2	(545) 0.4	**-0.8%**	(203) 1.5	(264) 0.0	**-1.5%**	(683) 1.2	(880) 0.8	**-0.4%**
none	(1342) 10.0	(1688) 1.3	**-8.7%**	(456) 8.9	(545) 1.7	**-7.2%**	(203) 5.9	(264) 0.8	**-5.1%**	(683) 15.0	(880) 1.3	**-13.7%**
do you have soap in your house?	(359) 52.8	(1688) 69.8	**+17.0%**	(123) 51.4	(545) 75.4	**+24.0%**	(40) 45.0	(264) 72.7	**+27.7%**	(196) 48.5	(880) 65.4	**+16.9%**
used soap today or yesterday	(1179) 97.0	(1688) 89.3	**-7.7%**	(399) 97.5	(545) 88.8	**-8.7%**	(183) 97.3	(264) 95.5	**-1.8%**	(597) 95.9	(880) 87.7	**-8.2%**
What did you use soap for?												
washing clothes	(1131) 48.7	(1689) 59.0	**+10.3%**	(389) 49.6	(545) 64.4	**+14.8%**	(179) 45.8	(264) 54.9	**+9.1%**	(563) 41.7	(880) 56.9	**+15.2%**
washing my body	(1131) 86.5	(1689) 87.4	**+0.9%**	(389) 86.3	(545) 90.1	**+3.8%**	(179) 89.4	(264) 88.6	**-0.8%**	(563) 87.6	(880) 85.3	**-2.3%**
washing children	(1131) 45.2	(1689) 61.2	**+16.0%**	(389) 45.9	(545) 65.0	**+19.1%**	(179) 55.3	(264) 58.7	**+3.4%**	(563) 44.2	(880) 59.5	**+15.3%**
washing child's bottom	(1131) 2.3	(1689) 23.5	**+21.2%**	(389) 1.5	(545) 23.3	**+21.8%**	(179) 6.2	(264) 29.5	**+23.3%**	(563) 4.7	(880) 21.8	**+17.1%**
washing child's hands	(1131) 4.5	(1689) 31.3	**+26.8%**	(389) 4.7	(545) 30.3	**+25.6%**	(179) 2.2	(264) 34.8	**+32.6%**	(563) 3.6	(880) 30.9	**+27.3%**
washing hands after defecating	(1131) 4.9	(1689) 27.3	**+22.4%**	(389) 4.2	(545) 27.9	**+23.7%**	(179) 3.9	(264) 30.3	**+26.4%**	(563) 6.1	(880) 26.0	**+19.9%**
washing hands after cleaning child	(1131) 1.2	(1689) 10.4	**+9.2%**	(389) 1.0	(545) 11.9	**+10.9%**	(179) 1.7	(264) 21.2	**+19.5%**	(563) 0.7	(880) 6.1	**+5.4%**
washing hands before feeding child	(1131) 1.6	(1689) 18.5	**+16.9%**	(389) 1.5	(545) 21.5	**+20.0%**	(179) 1.7	(264) 22.3	**+20.6%**	(563) 1.2	(880) 15.5	**+14.3%**
washing hands before preparing food	(1131) 4.0	(1689) 15.4	**+11.4%**	(389) 4.4	(545) 17.2	**+12.8%**	(179) 2.8	(264) 22.0	**+19.2%**	(563) 1.9	(880) 12.3	**+10.4%**
washing hands before eating	(1342) 2.0	(1689) 24.8	**+22.8%**	(456) 2.1	(545) 24.0	**+21.9%**	(203) 2.0	(264) 29.9	**+27.9%**	(683) 1.4	(880) 23.8	**+22.4%**
other	(1131) 2.9	(1689) 9.9	**+7.0%**	(389) 3.3	(545) 7.9	**+4.6%**	(179) 0.6	(264) 7.2	**+6.6%**	(563) 1.3	(880) 12.0	**+10.7%**
washed hands w/soap at least twice preceding interview	(1342) 2.2	(1689) 26.7	**+24.5%**	(456) 2.1	(545) 29.9	**+27.8%**	(203) 2.0	(264) 26.9	**+24.9%**	(683) 1.6	(880) 24.7	**+23.1%**

NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.

ANNEX 4.2.9. TABLE-IMMUNIZATIONS (% CHANGE)

	Entire area			MCHN Only			AG Only			MCHN + AG		
Immunization as revealed on card or by recall	2008 (n=1217)	2013 (n=1251)	**% change**	2008 (n=410)	2013 (n=394)	**% change**	2008 (n=198)	2013 (n=208)	**% change**	2008 (n=609)	2013 (n=649)	**% change**
BCG	87.9	81.6	**-6.3%**	90.7	87.3	**-3.4%**	74.2	74.5	**+0.3%**	72.1	80.4	**+8.3%**
Polio3	70.1	87.8	**+17.7%**	71.9	91.4	**+19.5%**	56.6	80.3	**+23.7%**	53.4	88.1	**+34.7%**
DPT3	70.4	80.2	**+9.8%**	72.4	84.3	**+11.9%**	56.1	73.1	**+17.0%**	53.3	80.0	**+26.7%**
Measles	68.0	62.7	**-5.3%**	68.3	65.7	**-2.6%**	60.6	55.3	**-5.3%**	55.1	63.3	**+8.2%**
BCG, Polio3, DPT3	57.6	72.1	**+14.5%**	57.8	77.4	**+19.6%**	60.6	66.8	**+6.2%**	44.2	70.6	**+26.4%**
NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.												

ANNEX 4.2.10. PROPORTION OF CHILDREN MALNOURISHED

	Entire area			MCHN Only			AG Only			MCHN + AG		
	2008 (n) %	2013 (n)[1] %	**% change**	2008 (n) %	2013 (n) %	**% change**	2008 (n) %	2013 (n) %	**% change**	2008 (n) %	2013 (n) %	**% change**
% children 0- 59.9 mos underweight	(1579) 19.7	(1912) 9.7	**-10.0%**	(531) 19.8	(621) 9.6	**-10.2%**	(237) 26.2	(405) 7.1	**-19.1%**	(811) 18.9	(886) 10.0	**-8.9%**
% children 6-59.9 mos stunted	(1406) 22.1	(1912) 22.8	**+0.7%**	(476) 21.8	(621) 22.2	**+0.4%**	(215) 34.9	(405) 24.4	**-10.5%**	(715) 22.5	(886) 24.9	**+2.4%**
% children 6-59.9 mos wasted	(1405) 4.9	(1912) 6.8	**+1.9%**	(476) 4.9	(621) 7.1	**+2.2%**	(215) 5.6	(405) 5.6	**0.0%**	(714) 4.5	(886) 5.6	**+1.1%**
NOTE: "+" change indicates increase from 2008 to 2013; "-" change indicates decrease from 2008 to 2013.												

1 Sample is small due to substantial missing data (977 cases).

ANNEX 4.3 LIST OF PERSONS INTERVIEWED

Name	Title	Category
ALEXANDRE,Claudel	DDA Director	MARDNR – Sud Est
Alix,Joseph		FEWSNET/Haiti
Annonce, Alexis	Grhaba Ag Association	WVH Stakeholder
Armand,Mrs. Sheila	Assist. Regional MCHN Coordinator	WVH Staff
Auguste, Jean Rones	Grhaba Ag Association	WVH Stakeholder
Augustin, Eugenie	Member	MomClub
Benita, Casimir	Member	Clubmom/Colvol
Berci, Joseph Gerard	Grhaba Ag Association	WVH Stakeholder
Berci, Vesta	Member	Mothers Club/Colvol
Bernard,Carine	HQ coordinator for Livelihoods	WVH
Bernateau	M&E/SDSH	MSH/SDSH
Bre Anne, Lapon	PMSE	HAS Stakeholder
BRUNO,Edmund	Responsable Petits Périmètres Irrigués	DDA – Centre
Cadet, Francois	Grhaba Ag Association	WVH Stakeholder
Cavalier,Kerna	Volunteer	CRS ColVol
Cherenfant, Dr. Pierre Marie	Health Unity Communal	WVH Stakeholder
Chilaine,Alexis	Member	MomClub
Chrislene, Eduard	Member	Clubmom/Colvol
CLERVAL, FENOLD	Commodities	ACDI/VOCA
Clotaire,Geneus	Ag/Livelihoods	WVH Staff
Clotilde, Merville	Member	MomClub
Cottin,Jacques Paul Ernitte	Volunteer	CRS ColVol
DEBOLIO,Jean Jacques	DDA Director	MARDNR - Sud
DELPHIN, GERRY ALEXANDER	EWS	ACDI/VOCA
Denis,Marie Gertrude	Member, Mother's Club	CRS ColVol
DESANGE,Brinette	Regional nurse	WVH
Desinor, Dr. Olbeg	Nutrition Officer	USAID Mission Health Office
Désir, Dr. Ernest	Medical Director	ACDI/VOCA Stakeholder
Desroches,Nancy	Member	MomClub
Desrose, Marie Annite	PMSE	HAS Stakeholder
Devrose, Yvrose	Member	Clubmom/Colvol
Domina,Morose	Nurse	CRS Stakeholder
DOMINIQUE,Jean Harry	Agriculture Coordinator	CRS
Dubuche, Dr. Georges	Tech Director/SDSH	MSH/SDSH
Dulaurier,Jdhymi	HQ coordinator for M&E	WVH

Dupuis, Ninette	Nutrition Nurse Focal Point for Heath Department	Stakeholder
Edna, Demosthene	Member	Clubmom/Colvol
Estim,Jean-Robert	Chief of Party	USAID/WINNERS
Felix,Dr. Eddy	Nutritionist	UNICEF/Haiti
Fevrier,Dr. Jean Bernard	Departmental Director	CRS Stakeholder
FLEURANTIN,GARDY	Livelihood	ACDI/VOCA
FLEURANTIN,Gardy	Agriculture Sector Manager	ACDI/VOCA
Francois, Benita	Member	Clubmom/Colvol
Fritzbert,Jean	Actg Reg Coord	WVH Staff
Galon,Frantz	HQ coordinator for Agriculture	WVH
Garconville, Guerline	Member	Clubmom/Colvol
GENEUS,Jean Clother	Regional Agriculture Coordinator	WVH
Genia, Ezille	Member	Clubmom/Colvol
George, Dr. Jean Baptiste	Community Doctor	ACDI/VOCA Stakeholder
GERVAIS,Jackson	Regional Agriculture Coordinator	WVH
Gracia, Lionel	Deputy Director, Hinche	WVH
Greathouse,Greta	Chief of Party	USAID/High Five
Guerda,Ofre	Member	MomClub/ColVol
Guirlande, Gustave	Mother-Leader	MomCLub
Hubert,Paul	Dir Admin/Fin	WVH Staff
Huggues, Dr. Jerome Jean	Regional Coordinator, Health	WVH Staff
Huggues,Dr. Jerome Jean	Regional Coord	WVH Staff
Johnson, Dawn	Director Administrator	HAS Stakeholder
Joseph, Favolette	Mere Modele	Clubmom/Colvol
Joseph,Jacqueline	Member	MomClub
Juste, Andrenese	Responsible for Nutrition, MSSE	ACDI/VOCA Stakeholder
KALALU,JEFF	MCHN	ACDI/VOCA
Lafalaise, Remy	Assistant Responsible for Health Program	ACDI/VOCA Staff
Lafontant,Bellani	Member	MomClub
LAFORTUNE,Walmy	MYAP M&E Coordinator	CRS
LAGOU,Jean Iler	Regional Coordinator (also with Agriculture expertise)	WVH
LAGUERRE,Daham	Former Mayor (during project)	Anse à Galets Commune - La Gonave
Lazarre, Dr. Ted	Departmental Director	ACDI/VOCA Stakeholder
Limage, Herold Marie	General Coordinator Agriculture Program	WVH Staff
Lozier, Thomas	Responsible of BAC	WVH Stakeholder
Mackintosh,Jeffrey	Deputy Country Representative	CRS

Marcelus, Gary Louis	Health agent	MomClub/ColVol
Marise, Talma	Health Agent	MomClub/ColVol
Martino,Dr. Louiné	Project coordinator MCHN	WVH Staff
Martino,Dr. Louiné	Project coordinator MCHN	WVH Staff
Masse, Reginalde	Family Planning Officer	USAID Mission Health Office
Mathieu,Gary		CNSA/GOH
Mercidier, Francois	Grhaba Ag Association	WVH Stakeholder
Michaud, Dr.	Director, Hinche	WVH
Monfort, Miraclide	Member	Mothers Club/Colvol
Mukadi,Jean-Claude	National Director	WVH
Nesivar, Elisabeth	PMSE	HAS Stakeholder
Noel, Roland	Program Coordinator	HAS Stakeholder
Ohler,Frits M.J.	FAO Representative	FAO/Haiti
Pampil,Christine	Mere Leader	CRS Stakeholder
Paul, Louisena	Member	Mothers Club/Colvol
PAUL,Ernold Junior	Field Technician	AGRIDEV (a WVH subcontrator)
Paultre,Volney	Assistant Programme Representative	FAO/Haiti
Pierre, Wilner	Grhaba Ag Association	WVH Stakeholder
Pierre,Delice	Volunteer	CRS Col Vol
Pierre,Dr. Fonnie Pierre,Fonie	Responsible of Program CRS	CRS Staff WVH
Pierre,Mahrone	Nutrition Director	MSSP/GOH
Previlon, Louise	PMSE	HAS Stakeholder
Rock, Dr. Marie Michelle Dorceus	Assistant Responsible for Health Program	ACDI/VOCA Staff
Roseline, Joseph	Member	Clubmom/Colvol
Rosemond, Marjorie	Nurse Responsible of Heath Community	WVH Stakeholder
Savignin,Yionel	Volunteer	CRS ColVol
Shamamba,Leonardo	DCOP/MYAP	WVH
SIMON,Ludger Jean	SO1 Coordinator	CRS
St. Victor, Kettely	Member	Clubmom/Colvol
Stanley,Dr. Fleury	Acting Doctor	CRS Stakeholder
SUVANTO,Janne	Assistant Director	WFP/Haiti
Tampil,Christine	Volunteer	CRS ColVol
Termilus,Clermita	Volunteer	CRS ColVol
Terrien,Regis	ACDI/VOCA COP	ACDI/VOCA
Thelius, Rosa Paul	Program Nurse	HAS Stakeholder
VANTÉ,Pierre René	Mayor	Les Anglais Commune – Sud

Venise, Elen	Member	Clubmom/Colvol
Vilaine, Vileriste	Mother-Leader	MomClub
Weslaine,Charles	Member	MomClub
Weslin, Dr. Valiere	Regional Coordinator	WVH Staff
WILNER,Ocule	BAC Director	Anse à Galets Commune - La Gonave
WILNER,TERMILUS	DCOP	ACDI/VOCA
Winchel,Dr. Jason	Acting Doctor	CRS Stakeholder

ANNEX 4.4 BIBLIOGRAPHY

1. "Calendrier Local Des Evenements." Evenements annuels particuliers from 2003-2008.
2. ACDI. ACDI Program Area. Entire Program Area-ACDI, MCHN + Agriculture Strata, Agriculture-only Strata chart.
3. ACDI/VOCA, USAID. 2013a. P.L. 480 Title II Multi-Year Assistance Program/Development Activity Program. Quarterly Activity Report (January – March 2013).
4. _____. 2013b. P.L. 480 Title II Multi-Year Assistance Program/ Development Activity Program. Quarterly Activity Report (October – December 2012). Submission Date: January 31, 2013.
5. _____. 2013c. Haiti Annual IPTT FY13-MCHN.
6. _____. 2013d. Haiti Title-II MYAP Presentation for the Orientation of the Final Evaluation Team. Haiti.
7. _____, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2012a. USAID Title II MYAP Amendment ACDI/VOCA Haiti. Transfer Authorization Number: FFP-A-00-08-00029-00.
8. _____, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2012b. Fiscal Year 2012 Annual Results Report. Transfer Authorization Numbers: FFP-A-00-08-00029-00 and 521-A-12-00013.
9. _____. 2012c. USAID Title II MYAP Amendment. ACDI/VOCA/Haiti.
10. _____. 2012d. Strata 1: MCHN + AG SITES.
11. _____. 2012e. Multi-Year Assistance Program for Haiti. Performance Management Plan Updated for FY 2012.
12. _____. 2011a. Fiscal Year 2011 Annual Results Report. Transfer Authorization Number: FFP-A-00-08-00029-00.
13. _____. 2011b. Multi-Year Assistance Program for Haiti Performance Management Plan Updated for FY 2011.
14. _____. 2010a. ACDI/VOCA Haiti Title II MYAP Mid-Term Evaluation, Report #4. Award Number: FFP-A-00-08-00029.
15. _____, CRS and WV. 2010b. Annex 1: Final Evaluation Logistic Table (Detailed Timeline). Haiti MYAP Mid-Term Evaluation (MTE).
16. _____, CRS and WV. 2010c. Protocol for Haiti MYAP Mid-Term Evaluation. Annex 3: Haiti MYAP Mid-Term Evaluation Protocol.
17. _____, CRS and WV. 2010d. Suivi du module Vaccination of 2006-2008.
18. _____, CRS, USAID and World Vision. 2010e. Annex 4: Key Documents Consulted.
19. _____, CRS, USAID and World Vision. 2010f. Annex 7: Mid-Term Evaluation Multi-Years Assistance Program May 2010. MYAP Questionnaire.
20. _____, CRS, USAID and World Vision. 2010g. Attachment A Statement of Work Midterm Evaluation for World Vision Haiti MYAP Program. Annex 1: Scope of Work for Haiti MTE.
21. _____, CRS, USAID and World Vision. 2010h. Haiti MYAP Mid-Term Evaluation (MTE) Annex 2: Final Evaluation Logistic Table (Detailed Timeline).
22. _____, CRS, USAID and World Vision. 2010i. Midterm Evaluation (MTE) for Haiti MYAP Program Haiti MYAP Overview, Methodological Approaches, with Major Conclusions, Lessons Learned and Recommendations. MYAP Report #1.
23. _____, CRS, USAID and World Vision. 2010j. Protocol for Haiti MYAP Mid-Term Evaluation of FY 2008-2013. Annex 3: Haiti MYAP Mid-Term Evaluation Protocol.

24. _____, CRS, USAID and WV. 2010k. Midterm Evaluation (MTE) for Haiti MYAP Program Haiti MYAP Overview, Methodological Approaches, with Major Conclusions, Lessons Learned and Recommendations. Annex 9: MYAP Report #1.
25. _____, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2010l. FY 2010 Annual Results Report. Transfer Authorization Number: FFP-A-00-08-0029-00.
26. _____, CRS and World Vision. 2010m. Annex 7: Mid-Term Evaluation Multi-Years Assistance Program. MTE MYAP Questionnaire. MTE Quantitative Survey Instrument.
27. _____, CRS, FANTA, MTE Consultants, USAID and World Vision. 2010n. Annex 5: List of Key Contacts for Haiti MYAPs Mid-Term Evaluation.
28. _____, CRS, FANTA, USAID/Haiti and WV. 2009a. Joint Baseline Report for the Title II Multi Year Assistance Programs in Haiti.
29. _____. 2009b. Attachment A: Indicator Performance Tracking Table (IPTT) of FY 2009 Results Report. Submission Date: November 4, 2009.
30. _____, USAID, Development Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2009c. Fiscal Year 2009 Annual Results Report. Transfer Authorization Number: FFP-A-00-08-00029-00. Submission Date: November 4, 2009.
31. _____, CRS and WV.2008a. Haiti Title-II Joint Baseline Survey of July-August 2008. Modules 1-9.
32. _____, CRS, CS and World Vision. 2008b. Manuel D' Instruction Sante et Nutrition Agriculture. Enquete De Base Conjointe Programme Titre II Haiti 2008.
33. _____, CRS, CS and WV. 2008c. Resume De Collecte.
34. _____, CRS, CS and WV. Rapport des Activites de Terrain. Enquete De Base Conjointe Programme Titre II Haiti 2008d.
35. _____, USAID Office of Food for Peace. 2008e. Annual Performance Report for USAID/Haiti Mission of Fiscal Year 2008: Haiti-ACDI/VOCA. Multi-Year Assistance Programs/ Development Activity Programs.
36. _____, CRS and WV. 2008f. Entire Title II Program Area. Haiti Baseline Results.
37. _____, CRS and WV. 2008g. Grappes Pour l-Equete de Base, Haiti Title-II, 2008. List of clusters.
38. _____, Management Sciences for Health (MSH). 2007a. Letter of Institutional Support. Communication between Avram Guroff and Jonathan Quick. Request for proposal: FY 2008 Food for Peace program in Haiti.
39. _____, Bureau De Nutrition Et Development (BND). 2007b. "Subject: Letter of Insititutional Support." Communication between Carl Leonard and Rob Padberg. Multi-Year Assistance Program for Haiti of FY 2008-2012.
40. _____, Office of Food for Peace. 2007c. ACDI/VOCA's FY 2008-2012 Multi-Year Assistance Program (MYAP) Proposal for the Republic of Haiti. Communication between William Hammink and Avram Guroff.
41. _____ Office of Food for Peace. 2007d. LOA Line 8 Commodity Cost Estimate Worksheet of FY 2008-2012.
42. _____, BND and MSH. 2007e. Appendix 4: Initial Environmental Examination. Environmental Compliance Documentation of P.L. 480 Title II Monetization Program of FY 2008-2012.
43. _____, CARE, CRS, Save the Children (SC) and World Vision (WV). 2007f. Appendix 8: Bellmon Disincentive Analysis 2007-2012 Distribution and Monetization Commodities Haiti PL-480 Title II Programs.
44. _____, USAID/Haiti. 2007g. Notice to All USAID/HAITI Partners, Office Chiefs, Cognizant Technical Officers and Activity Managers. Subject of letter: Country-Wide Waiver of Source/Origin

Requirements for Vehicles Used Outside Port-au-Prince on a Regular Basis. FY 2008-2012 Multi Year Assistance Program for Haiti.
45. _____. 2007h. Appendix 1: Executive Summary Tables and Commodity Procurement Schedule. Office of Food for Peace. Executive Summary Table. FY08 Commodity Procurement Schedule.
46. _____. 2007i. Appendix 10: Country/Intervention Area Map. FY 2008-2012 Multi-Year Assistance Program for Haiti.
47. _____. 2007j. Appendix 11: M&E Indicator Definition Table. Program goal to reduce food insecurity in the Southeast of Haiti. Multi-Year Assistance Program of FY 2008—2012.
48. _____. 2007k. Appendix 12: Organizational Charts. ACDI/VOCA FY 2008-2012 Haiti Title II Organizational Charts.
49. _____. 2007l. Appendix 2.1 and 2.2 Haiti Comprehensive and Detail Budget Spreadsheet.
50. _____. 2007m. Appendix 2.1: Comprehensive Budget and Appendix 2.2 Detailed Budget.
51. _____. 2007n. Appendix 2.4: Budget Notes. Budget Notes: Haiti MYAP Proposal of FY 2008-2012.
52. _____. 2007o. Appendix 3: Annual Estimate of Requirements. Title II, PL 480 Commodities for Annual Estimate of Requirements of FY 2008 Standard-Original.
53. _____. 2007p. Appendix 5: Certifications Regarding Lobbying. FY 2008-FY 2012 MYAP.
54. _____. 2007q. Appendix 6: Certifications Regarding Terrorist Financing. FY 2008-FY 2012 MYAP.
55. _____. 2007r. Appendix 7: Agreements, Letters of Support, MOUS. Haiti Host Country Agreement. Multi Year Assistance Program for Haiti of FY 2008-2012.
56. _____. 2007s. Appendix 9: Approval of Non-US Equipment USAID/Haiti Mission Policy. FY 2008-2012 Multi-Year Assistance Program for Haiti.
57. _____. 2007t. Bellmon Disincentive Analysis 2007-2012 Distribution and Monetization Commodities Haiti PL-490 Title II Programs. Appendix 8: Bellmon Analysis.
58. _____. 2007u. Ministere De L'Agriculture Des Ressources Naturelles Et Du Developpment Rural. FY 2008-2012 Multi-Year Assistance Program for Haiti. Communication between Avram Guroff and Joseph Simon Milien.
59. _____. 2007v. Multi-Year Assistance Program Proposal Application P.L. 480 Title II Haiti/ACDI/VOCA of FY 2008-FY 2012.
60. _____Food for Development Division. 2007w. Ref: Letter of Collaboration. Communication between Avram Guroff and Yves Gaston Deslouches. Request for proposal: support for the ACDI/VOCA's Food for Peace Program in Haiti.
61. _____Food for Development Division. 2007x. Caritas Diocesaine De Jacmel. Communication between Avram Guroff and Simon Francois. Request for proposal: support ACDI/VOCA's Food for Peace Program in Haiti.
62. _____Food for Development Division. 2007y. Rotary Club Jacmel #3 Rue de' l'Eglise. Communication between Avram Guroff and Joseph Blaise. Request for proposal: support for the ACDI/VOCA's Food for Peace Program in Haiti of FY 2008.
63. _____. 2005. Appendix 2.3: Negotiated Indirect Cost Rate (NICRA) Agreement of FY 2008-2012. Multi-Year Assistance Program for Haiti.
64. Alderman, H. 2008. Stimulating Economic Growth through Improved Nutrition. Disease Control Priority Project. www.dcp2.org.
65. Antoine, Wesner. 2010. MYAP MTE Findings Haiti WI. AV, CRS, and WV. Annex 8 MTE Quantitative Data Tables.
66. Arias, Diego, Weber, Nicholas. 2011. Taking Haitian Agriculture to the Clouds: Implementing Google Apps for Government at the Ministry of Agriculture. SmartLessons.

67. Association Pour la Promotion de la Famille Haïtienne (PROFAMIL), Kisa PROFAMIL Ye. (Brochure). Port-au-Prince, Haïti.
68. AV, CRS and World Vision. 2010a. Annex 9: MYAP FFP Title II Mid Term Evaluation.
69. _____. 2010b. Annex 8 MYAP MTE Findings Haiti WI. Results of quantitative survey for Midterm Evaluation document of MYAP program in Haiti.
70. Black, R.E., Allen L.H., et al. 2008. Maternal and Child Undernutrition: Global and Regional exposures and Health Consequences> Lancet 371 (9608): 243-260.
71. Canadian International Development Agency (CIDA). 2002. Assessing Sustainability. http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUImages/Performancereview3/$file/Assessing_Sus.pdf
72. CRS, CARE. CRS/CARE MYAP 2008-2012 Beneficiary Level.
73. ___, CS, USAID. Fiche d'information sur les localites enquetees.
74. ___. CRS Program Area. Haiti baseline results.
75. ___, MYAP. Appendix 11: Gender Strategy.Multi Year Assistance Program strategy document for Haitian women.
76. ___, MYAP. Comprehensive Budget Sample Format (US$) for MYAPS (Years 1-5), CARE Detailed Budget, CRS Detailed Budget. CARE and CRS Detailed Budget Charts.
77. ___. "Strata 1: MCHN + AG Sites."
78. ___, USAID. 2013a. CRS/Haiti Multi Year Assistance Program 'Kole Zepol' of FY 2013 Quarterly Report Q2 (January-March 2013).
79. ___, USAID. 2013b. CRS/Haiti Multi Year Assistance Program 'Kole Zepol' Performance Monitoring Plan (PMP) of FY 2008-2012.
80. ___, 2013c. Food Aid Program Close-out Plan. Details for closeout Plan. (July 17, 2013)
81. ___, 2013d. CRS Haiti FY 2013 IPTT
82. ___, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2012a. Multi-Year Assistance Program Annual Results Report Fiscal Year 2012. Award Number: FFP-A-00-08-00023-00.
83. ___, 2012b. Fonctionnement du réseau de Collaborateur Volontaire. Programme Santé-Nutrition Haiti. (Oct 2012)
84. ___, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2011a. Multi-Year Assistance Program Annual Results Report Fiscal Year 2011.
85. ___, 2011b. MYAP Amendment. CRS/Haiti. Award number: FFP-A-00-08-00023-00. Haiti. (January 2011.)
86. ___, USAID. 2010a. Catholic Relief Service: Haiti Title II MYAP Mid-Term Evaluation, Report #3. Prepared by the Mid-Term Evaluation Team: Dr. Richard Swanson, et al. (July 31, 2010)
87. ___, USAID, Bureau for Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2010b. Annual Results Report Fiscal Year 2010. Multi-Year Assistance Programs.
88. ___, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2010c. Annual Results Report Fiscal Year 2010."
89. ___, USAID. 2010d. Appendix 13: CRS-Indicator Performance Tracking Table (FY 2008-2012).
90. ___, USAID. 2010e. Appendix 13: CRS-Indicator Performance Tracking Table (FY 2008-2012).
91. ___, USAID. 2009a. Appendix 13: CRS-Indicator Performance Tracking Table (FY2008-2012).
92. ___. 2009b. Les Club des Mères, Les Cayes.
93. ___, MYAP. 2008a. MYAP FY 2008 & 2009 Organization Chart (Years 1&2) and MYAP FY 2010-2012 Organization Chart (Years 3-5). Appendix 15 organization charts.
94. ___. 2008b. Appendix I.1.b. Final Commodity Requirement Worksheet for LOA (by AER category) of FY 2008-2012 and Appendix I.1.c. Commodity Procurement Schedule (FY 2008).

95. ___. 2008c. LOA Line 8 Commodity Cost Estimate Worksheet of FY 2008-2012.Appendix 1 executive summary tables.
96. ___, USAID/Haiti. 2008d. CRS/Haiti Multi Year Assistance Program 'Kole Zepol' Performance Monitoring Plan (PMP) of FY 2008-2012.
97. ___. 2008e. Title II, PL480 Commodities Annual Estimate of Requirements-FY 2008 Standards-Original. Instructions for Completing Form Aid 1550-3 Annual Estimate of Requirements.
98. ___. 2007a. Objet: Lettre de recommandation pour soutenir le Multi-Year Assistance Programm (MYAP). Communication between Monsieur William Canny and Ministre Gerard Germain. Appendix 7.3 Ministry of Social Affairs Support Letter.
99. ___. 2007b. Objet: Lettre de recommendation pour soutenir le MYAP 2008-2012. Letter between Monsieur William Canny and Gabriel Bien-Aime. Appendix 7.4 Ministry of Education Support Letter.
100. ___. 2007c. Subject: FY 2007 Title II—Haiti UMR for Wheat and Wheat Flour. Communication between Ron Croushorn and Cina Radler.
101. ___.2007d. Appendix 8.2 OIL UMR Program Justification. Vegoil commodity in Haiti of Fiscal Year 2007.
102. ___, MYAP. 2007e. Appendix 13: Indicator Performance Tracking Table (FY 2008-2012).
103. ___, 2007f. PL 480 Title II Haiti/CRS FY 2008-2012. Multi-Year Assistance Program (MYAP) Khloe Zepol (August 22, 2007)
104. ___, MYAP. 2006a. CRS MYAP Budget Narrative. Budget Categories Table and Motor Vehicle Procurement tables for project.
105. ___, USAID. 2006b. Negotiated Indirect Cost Rate Agreement. Appendix 2.3 contract between USAID and CRS chief financial officer.
106. ___. 2006c. Appendix 7.1 Host Country Import Tax Exemption. Certificat d'accomplissement fiscal "B" Quitus."
107. ___. 1984. Appendix 7.2 Host Country Permission to Work. Le Moniteur document from Amos Durosiru.
108. Department of State. 1958. Relief Supplies and Packages. Agreement Between the United States of America and Haiti.
109. Development Associates. 2007. Evaluation of the PL 480 Title II Program: USAID/HAITI Development Assistance Program.
110. Echevin, Damien. 2011a. Vulnerability and Livelihoods Before and After the Haiti Earthquake. Policy Research working paper No. WPS 5850. The World Bank. 1818 H Street, NW. Washington, DC 20433, USA. http://documents.worldbank.org/curated/en/2011/10/15330947/vulnerability-livelihoods-before-after-haiti-earthquake
111. _____. 2011b. Livelihoods and the Allocation of Emergency Assistance after the Haiti Earthquake. Policy Research working paper No. WPS 5851. The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.
112. Enquete Mortalite, Morbidite et Utilisation des Services 2005-2006 and Ministere de la Sante Publique et de la Population (MSPP). 2007. Enquete Mortalite, Morbidite et Utilisation des Services Emmus-IV Haiti 2005-2006.
113. FAO and PAM. 2010. Rapport Special Mission FAO/PAM D'Evaluation de la Recolte et de la Securite Alimentaire en Haiti.
114. Fass, Simon M. 1990. Political Economy in Haiti: The Drama of Survival. Transaction Publishers. New Jersey.
115. Favre, Ralphy, Cheikh Ndiaye, Giorgia Nicolo, Jean Senahoun, Mario Zappacosta, Nicole Steyer, Raoul Balletto, Lawan Tahirou. 2010. FAO and WFP. Special Report FAO/WFP Crop and Food Security Assessment Mission to Haiti.

116. Glaeser Laura M., Peter Horjus and Shannon Strother. 2011. Haiti Prospective Food Security Assessment. Food and nutrition Technical Assistance (FANTA 2). November 2012.
117. Government of Haiti- Ministere de la Sante Publique et de la Population (MSPP), Haitian Childhood Institute [l'Institut Haïtien de l'Enfance] (IHE) and ICF International. 2013. 2012 Haïti Mortality, Morbidity, and Service Utilization Survey: Key Findings. MSPP, IHE, and ICF International. Calverton, Maryland, USA.
118. _____.2012a. Enquete Mortalite, Morbidite et Utilisation des Services EMMUS-V Haiti 2012.
119. _____. 2012b. Elimination of Cholera in Haiti: Implementation in December 2012.
120. _____, Unité de Coordination du Programme National d'Alimentation et d Nutrition (UCPNANu). 2012c. Politique Nationale de Nutrition, Aba Grangou . Port-au-Prince, Haïti.
121. _____, The Haitian Childhood Institute [l'Institut Haïtien de l'Enfance] (IHE). 2012d. January-June 2012 Mortality, Morbidity, and Service Utilization Survey, Key Findings. Haïti.
122. _____. 2011. Bureau de la Première Dame de la République d'Haïti. Note Conceptuelle du Programme National de Lutte contre la Faim et la Malnutrition.
123. _____. 2010a. Protocole National de Prise en Charge de la Malnutrition Aigüe Globale en Haïti. Port-au-Prince, Haïti.
124. _____, Haiti Household Development Agent Program (Kore Fanmi). 2010b. A new model of family support in Haiti. Port-au Prince, Haiti
125. _____.2001. Enquete Mortalite, Morbidite et Utilisation des Services EMMUS-III Haiti 2000.
126. Haiti Scaling Up Nutrition- Aba Grangou. 2012. <http://scalingupnutrition.org/sun-countries/haiti>
127. HaitiLibre.com. 2012. Haiti - Social : The couple Martelly officially launched the program «Aba grangou» (Speech), http://www.HaitiLibre.com
128. Horton, S., H. Alderman, and J. Rivera. 2008. Hunger and Malnutrition. Copenhagen Consensus 2008 Challenge Paper. Copenhagen Consensus Center. Copenhagen, Denmark.
129. Institut Haitien de l'Enfance and Demographic and Health Surveys Macro International Inc. 1995. Enquete Moprtalite, Morbidite et Utilisation des Services (EMMUS-II) Haiti 1994/95.
130. Kore Fanmi Website. <http://korefanmi.net/>
131. Le nouvelliste, L'Oxfam et l'UE s'unissent contre l'insécurité alimentaire. 2013. PaP.
132. Mattern, Max, Wilson, Kim. 2013. High Five (USAID Project). Integrating Finance to Support Agricultural Value Chains: A Study of HIFIVE Grants in Haiti.
133. Menon, Purnima, Ruel, Marie, T. World Vision Haiti, 2007. Prevention is Better than Cure. Final Report of the Evaluation: Prevention or Cure? Comparing Preventive and Recuperative Approaches to Targeting Maternal and Child Health and Nutrition Programs in Rural Haiti, IFPRI, Cornell University.
134. Organization for Economic Co-operation and Development (OECD). 2011. Cairo Consensus on Capacity Development: Call To Action. Cairo, Egypt. (http://www.oecd.org/development/governance-development/48168754.pdf)
135. Pan American Health Organization (PAHO). 2013. Beyond Survival: Integrated Delivery Care Practices for Long-Term Maternal and Infant Nutrition, Health and development.
136. Perry H, Cayemittes M, Philippe F, et al. 2006. Reducing under-five mortality through Hôpital Albert Schweitzer's integrated system in Haiti. Health Policy Plan 2006; 21(3):217–230. Articles from American Journal of Public Health are provided by American Public Health Association.
137. Rassas, Bechir. World Bank. 2009. The Case for Investing In Child Nutrition in The Middle East And North Africa. Reviewing the Evidence and Estimating The Economic Benefits Of Moving Up Child Nutrition On The National Agenda. Submitted to the World Bank, June 24, 2009. The International Bank for Reconstruction and Development/The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.

138. Relief Web. 2013. Food Aid Reform Becomes More Urgent as Food Insecurity and Malnutrition Increase. http://www.reliefweb.int
139. Rogers, Beatrice Lorge and Macías, Kathy E. 2004. Program Graduation and Exit Strategies: Title II Program Experiences and Related Research. http://www.fantaproject.org/downloads/pdfs/Exit_Strategies2004.pdf.
140. Rogers, Beatrice, Coates, Jennifer, Andrews, Johanna, Blau, Alexander, Bondre, Ameya, Fierstein, Jamie, Houk, Kathryn, Galante, Tina, Klemeyer, Carisa, Kegode, Elizabeth, Sanchez, Leslie. 2012. Effectiveness of Title II Program Exit Strategies: Conclusions and Recommendations. USAID, FANTA, FHI 360, Tufts University.
141. Ruel, Marie T. 2008. Age-Base Preventive Targeting of Food Assistance and Behaviour Change and Communication for Reduction of Childhood Undernutrition in Haiti: A Cluster Randomised Trial. Lancet 371: 588–595. Haiti.
142. Sjoblom, Mirja, Alix Beith, Rena Eichler. 2012. Performance-Based Incentives for Child Health: Taking Stock of Current Programs and Future Potentials. Health Systems 20/20. Abt Associates. Bethesda, MD.
143. Tommaso Balbo Di Vinadio, Priyanka Sinha, and Paramjit Sachdeva. 2013. Strengthening Inclusive Ownership through Capacity Development: Operational Lessons from Case Studies. World Bank Institute Capacity Development and Results
144. UNICEF.2013. State of the World Children 2013.
145. _____. 2010. Community based infant and young child feeding (IYCF). New York, USA.
146. _____. 1990. Strategy for Improved Nutrition of Children and Women in Developing Countries. New York, USA.
147. United States Agency for International Development (USAID). 2012a. Questions and Answers on Health and Nutrition Programming: Title II Development Programs. Washington, D.C., USA.
148. _____. 2012b. Office of Inspector General. Audit of USAID/Haiti's Public Law 480 Title II Programs. Audit Report No. 1-521-12-004-P July 20, 2012. San Salvador, El Salvador.
149. _____. 2012c. Building Resilience to Recurrent Crisis: USAID Policy and Program Guidance, December 2012. Washington, D.C., USA.
150. _____ 2011a. Project Design Sustainability Analysis Tool (http://pdf.usaid.gov/pdf_docs/pnadz042.pdf)
151. _____, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2011b. MYAP Amendment Catholic Relief Services/Haiti. Award Number: FFP-A-00-08-00023-00.
152. _____, World Vision. 2010a. World Vision Haiti Title II MYAP Midterm Evaluation, Report #2 of FY 2008-2013.
153. _____, Bureau for Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2010b. Preventing Malnutrition in Children under 2 Approach (PM2A) TRM, Title II Technical Reference Materials (TRMs). Washington, D.C., USA.
154. _____. 2010c. Annex 6A: World Vision Indicator Performance Tracking of FY 2008-2012." IR1.1-IR1.3 Chart.
155. _____. 2010d. Human and Institutional Capacity Development Handbook, A USAID Model for Sustainable Performance Improvement.
156. _____. 2010e. Human and Institutional Capacity Development Handbook: A USAID Model for Sustainable Performance Improvement. Washington, DC, USA.
157. _____/Haiti. 2010f. Success Story, Model Father Contest.
158. _____. 2009a. Human and Institutional Capacity Development (HICD) Policy Paper: A Mandatory Reference for ADS Chapter 201. Washington, D.C., USA.
159. _____. Bureau for Democracy, Conflict and Humanitarian Assistance. Office of Food for Peace. 2009b. Attachment Bi: FY 2010 Detailed Implementation Plan of 2009 Annual Results Report.

160. _____, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2008. "Fiscal Year 2009: Pipeline and Resource Estimate Proposal Guidance Attachment E.ii.b: Monitoring and Evaluation Materials: Detailed Implementation Plan."
161. _____. 2007a. Haiti. Spreadsheet of Food Needs Estimate, Food Aid Deliveries, Haiti Commodity Storage & Transportation Estimate.
162. _____/Haiti. 2007b. Attachment 1-11 for food aid and consumption, commodity storage and transportation estimate spreadsheets for Haiti. Appendix 8.
163. _____/Haiti. 2007c. Evaluation of the PL 480 Title II Program. USAID/Haiti Development Assistance Program.
164. _____. 2005a. Strategic Plan for 2006-2010. Washington, D.C., USA.
165. _____/FFP. 2005b. Strategic Plan for 2006-2010. Washington, DC, USA.
166. _____. 1988. USAID and the University of Maryland, International Development Management Center. A Conceptual Framework for Institutional Sustainability. (http://pdf.usaid.gov/pdf_docs/PNABF611.pdf)
167. VAM PAM Analyse de la Securite Alimentaire. 2007. Analyse Comprehensive de la Securite Alimentaire et de la Vulnerabilite (CFSVA) en Milieu Rural Haitien.
168. Van Daele, Elvira. 2012. Against All Odds: Giving Businesses an Edge in Haiti. International Finance Corporation. SmartLessons.
169. Van Haeften, R. Anderson, Caudill, H. Kilmartin, E. 2013. Second Food Aid and Food Security Assessment (FAFSA-2). FHI 360/FANTA. Washington, DC, USA.
170. Verner, Dorte. 2008. Making Poor Haitians Count: Poverty in Rural and Urban Haiti Based on the First Household Survey for Haiti. World Bank, Social Development, Sustainable Development Division. Policy Research Working Paper.
171. World Bank. 2013a. Haiti Household Development Agent Program (Kore Fanmi). A new model of family support in Haiti. Initiative Agent Communautaire Polyvalent, MANUEL DE MISE EN ŒUVRE. Port-au-Prince, 1er mai 2013. L'Initiative Agent Communautaire Polyvalent fait partie du Programme de Réponse Sociale Rapide (RSR) de la Banque mondiale, un fond fiduciaire multi-donateur financé par la Fédération de Russie et la Norvège. The International Bank for Reconstruction and Development/The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.
172. _____. 2013b. Kore Fanmi: Improving Social Coverage for 15,000 Vulnerable Families. http://www.worldbank.org/en/news/feature/2013/06/20/kore-fanmi-improving-social-coverage-for-15000-vulnerable-families-haiti
173. _____. 2013c. Program Document for a Proposed Grant from the International Development association for an Economic Reconstruction and Growth Development Policy Grant. Report No. 67219-HT.
174. _____. 2013d. Project Appraisal Document f on a Proposed Grant from the International Development association and a Proposed Grant from the Health Results Innovation Trust to the Republic of Haiti for the Improving Maternal and Child Health through Integrated Social Services Project. Report No. 67945-HT.
175. _____. 2012. Guide to Evaluating Capacity Development Results: A Collection of Guidance Notes to Help Development Practitioners and Evaluators Assess Capacity Development Efforts.
176. _____. 2010a. Promoting Nutrition Security in Haiti: An Assessment of Pre- and Post-Earthquake Conditions and Recommendations for the Way Forward. World Bank. The International Bank for Reconstruction and Development/The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.
177. _____. 2010b. Determinants of Nutrition Security in Haiti. The International Bank for Reconstruction and Development/The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.
178. _____. 2009. Haiti: Country Note on Climate Change Aspects in Agriculture. Report from World Bank.

179. _____. 2006a. Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action. Washington, DC: World Bank. The International Bank for Reconstruction and Development/The World Bank. 1818 H Street, NW. Washington, DC 20433, USA.
180. _____. 2006b. Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action. Washington, DC, USA.
181. World Food Programme. 2013a. Country Summaries. Issue 9. Annex to the Global Food Security Update.
182. _____. 2013b. Global Food Security Update Tracking Food Security Trends in Vulnerable Countries. Issue 9.
183. _____. 2013c. Global Food Security Update Tracking Food Security Trends in Vulnerable Countries." Issue 10.
184. _____. 2008. Comprehensive Food Security and Vulnerability Analysis (CFSVA) – 2007/2008. Executive Brief: Haiti.
185. World Health Organization. 2007. Indicators for assessing infant and young child feeding practices.
186. WfP, 2013. Haiti 2010-2013.
187. World Vision. Srata 1: MCHN + AG Sites.
188. _____. WV Program Area: Haiti Baseline Results.
189. _____. P.L. 480 Title II Multi-Year Assistance Program (MYAP) For FY 2008 – FY 2012. Sak Plen Resiliency Enhancement Program (SAK REP). Haiti MYAP Amendment FY11-FY12. Haiti.
190. _____. 2013a. Pipeline and Resource Estimate Proposal. World Vision Inc./Haiti. Award Number: FFP-A-00-08-00024.
191. _____. 2013b. PP Presentation to MYAP Evaluation Team.
192. _____. 2012. Fiscal Year 2012 Annual Results Report. Multi Year Assistance Program (MYAP): FFP-A-00-08-00024. Haiti.
193. _____, USAID. 2011a. Fiscal Year 2012 Annual Results Report. Multi Year Assistance Program (MYAP). Award Number: FFP-A-00-08-0024.
194. _____. 2011b. Sak Plen Resiliency Enhancement Program (SAK REP) Haiti MYAP Amendment FY11-FY12. P.L. 480 Title II Multi-Year Assistance Program (MYAP) For Haiti FY 2008-2012
195. _____, USAID. 2011c. Fiscal Year 2011 Annual Results Report. Multi Year Assistance Program (MYAP): FFP-A-00-08-00024.
196. _____, Development & Information Strategies. 2010a. Midterm Evaluation for World Vision Haiti MYAP Program. Attachment A:Statement of Work.
197. _____, USAID, Bureau of Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace. 2010b. Fiscal Year 2010 Annual Results Report. Multi Year Assistance Program (MYAP): FFP-A-00-08-00024.
198. _____. 2010c. Annex 5: List of Key Contacts for Haiti MYAPs Mid-Term Evaluation. Contacts from USAID/Haiti, World Vision, Catholic Relief Service, ACDI/VOCA, MTE Consultants, and FANTA/USA/Washington DC.
199. _____. 2010d. Annex 6A: World Vision Indicator Performance Tracking. Table of Indicators between FY08-FY12.
200. _____, USAID. 2009. Fiscal Year 2009 Annual Results Report. Multi Year Assistance Program (MYAP): FFP-A-00-08-00024.
201. _____. 2007. MYAP FY 2008-FY 2012 proposal, SAK Plen Resiliency Enhancement Program.

ANNEX 5 QUANTITATIVE AND QUALITATIVE SURVEY DATABASES

This information is located on a separate zip drive which includes the quantitative survey dataset; (2) data analysis by survey module and (3) qualitative survey notes and notes on the focus-group discussions and key informant interviews conducted the evaluation team.

This data provides details of which communes were visited, how many households, etc.