FINAL REPORT

SUMMATIVE PERFORMANCE EVALUATION OF FOOD FOR PEACE TITLE II PROJECTS LAHIA, PASAM-TAI, AND SAWKI IN NIGER

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FINAL REPORT: SUMMATIVE PERFORMANCE EVALUATION OF FOOD FOR PEACE TITLE II PROJECTS LAHIA, PASAM-TAI, AND SAWKI IN NIGER

Prepared by:
Dr. Lauren Persha, Sawki Project Evaluation Team Leader, NORC at the University of Chicago
Dr. John Magistro, PASAM-TAI Project Evaluation Team Leader, NORC at the University of Chicago
Dr. Mamadou Baro, LAHIA Project Evaluation Team Leader, University of Arizona

Qualitative research support provided by:
Alexandre Monnard, NORC at the University of Chicago
Ilse Paniagua, NORC at the University of Chicago
Letitia Onyango, NORC at the University of Chicago

Quantitative analyses conducted by:
Dr. Gheda Temsah, Niger PBS Team Lead, ICF International
Dr. Nizam Khan, ICF International

Submitted by:
ME&A
ethomas@engl.com

Cover Photo: A rehabilitated village well in a Sawki DFAP project area.
Credit: Lauren Persha

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ACRONYMS

ANC	Antenatal Care
BDL	Bio-reclamation of Degraded Lands
BFS	Bureau for Food Security
CA	Conservation Agriculture
CAHW	Community-Based Animal Health Worker
CHW	Community Health Worker
CLTS	Community-Led Total Sanitation
COFOB	Commission Foncière de Base
COP	Chief of Party
CRS	Catholic Relief Services
DDL	Development Data Library
DEC	Development Experience Clearinghouse
DFAP	Development Food Assistance Project
DFSA	Development Food Security Activity
EBF	Exclusive Breastfeeding
ENA	Essential Nutrition Action
EP	Evaluation Protocol
EQ	Evaluation Question
ET	Evaluation Team
EVELYN	Evaluation and Learning Mechanism Task
FAM	Fertility Awareness Method
FAO	United Nations Food and Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FFP	Office of Food for Peace
FFS	Farmer Field School
FFW	Food for Work
FTF	Feed the Future
GAH	Men's Learning Groups
GD	Group Discussion
GDP	Gross Domestic Product
GON	Government of Niger
GRET	Groupe de Recherche et d'Échanges Technologiques
HDDS	Household Dietary Diversity Score
HKI	Helen Keller International
HTSP	Healthy Timing and Spacing of Pregnancies
ICRISAT	International Crop Research Institute for the Semi-Arid Tropics
IGA	Income-Generating Activity
IP	Implementing Partner
IRB	Internal Review Board
KII	Key Informant Interview
LAHIA	Livelihoods, Agriculture, and Health

LOE	Level of Effort
M&E	Monitoring and Evaluation
MAD	Minimum Acceptable Diet
MC	Mercy Corps
MCHN	Maternal and Child Health and Nutrition
MIS	Market Information Systems
MMD	Mata Masu Dubara
NGO	Non-Governmental Organization
ODF	Open Defecation Free
ODK	Open Data Kit
ORT	Oral Rehydration Therapy
OSV	Vulnerability Monitoring Center
PASAM-TAI	Programme d'Appui à la Sécurité Alimentaire des Ménages
PBS	Population-Based Survey
PE	Performance Evaluation
PICS	Purdue Improved Crop Storage Sacks
PLW	Pregnant and Lactating Women
PPP	Public-Private Partnership
PVO	Private Voluntary Organization
PVS	Participatory Varietal Selection
REGIS-AG	Resilience and Economic Growth in the Sahel – Accelerated Growth
REGIS-ER	Resilience and Economic Growth in Sahel – Enhanced Resilience
RF	Results Framework
RISE	Resilience in the Sahel Advanced
SBCC	Social and Behavior Change Communication
SC	Save the Children
SCAP-RU	Systèmes Communautaires d'Alerte Précoce et de Réponse aux Urgencies
SILC	Savings and Internal Lending Committee
SMART	Strengthening Marriages and Relationships through Planning and Communication Couple Program
SME	Subject Matter Expert
SO	Strategic Objective
SOW	Scope of Work
SVPP	Service Vétérinaire Privé de Proximité
TC	Team Coordinators
TOC	Theory of Change
UN	United Nations
UNFPA	United Nations Population Fund
U.S.	United States
USAID	United States Agency for International Development
USG	United States Government
VDC	Village Development Committee
VSLA	Village Savings and Loan Association
WASA	West Africa Seed Alliance

WASH	Water Sanitation and Health
WDDS	Women's Dietary Diversity Score
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

EXECUTIVE SUMMARY

In 2012, the United States Agency for International Development's (USAID) Office of Food for Peace (FFP) awarded three five-year development food assistance projects (DFAPs) in Niger to a consortium of U.S. private voluntary organizations (PVOs) to implement integrated development food assistance projects in the target regions of Maradi and Zinder. The three awards were:

1. The Livelihoods, Agriculture, and Health Interventions in Action (LAHIA) project in the Maradi region, implemented by Save the Children (SC), in partnership with World Vision (WV);
2. The Programme d'Appui à la Sécurité Alimentaire des Ménages (PASAM-TAI) in the Maradi and Zinder regions, implemented by Catholic Relief Services (CRS), in partnership with the International Crop Research Institute for the Semi-Arid Tropics (ICRISAT); and
3. The Sawki project in the Maradi and Zinder regions, implemented by Mercy Corps (MC), in partnership with Helen Keller International (HKI) and Africare.

Given that these three projects were originally projected to close out in 2017, USAID/FFP requested that a performance evaluation (PE) be undertaken in that year. The purpose of this summative PE was to: measure the development outcomes of the PASAM-TAI, LAHIA, and Sawki projects; assess the functionality and performance of systems and processes established independently by the projects to achieve project outcomes and sustainability; evaluate the effectiveness and relevance of the technical interventions in terms of achieving project outcomes; and identify best practices, strengths, and challenges in project design, including in their theories of change. The objective was to derive conclusions and recommendations that FFP and the USAID Mission in Niger should consider in the design and development of future projects to achieve food and nutrition security, and strengthen the resilience capacities of households and communities in the Sahel region.

The findings, conclusions, and recommendations of the evaluation are expected to have primary accountability and learning value for USAID stakeholders (FFP/Washington, USAID/Niger, FFP West Africa Regional Office, and the FFP learning network). Additional stakeholders include the three implementing partner (IP) organizations (CRS, MC, and SC) and their sub-partners, as well as Nigerien government officials from key collaborating ministry offices.

THEORY OF CHANGE

The projects were designed to address critical problems of food insecurity, poverty, and malnutrition, as well as to increase the resiliency of communities and households in targeted areas within these regions. The approach for each DFAP is quite similar, as indicated by their respective strategic objectives, and based on the FFP strategy and theory of change. Key interventions include: promotion of positive behavior change in nutrition, health, hygiene, sanitation, and agriculture; involvement of women in project activities as participants and beneficiaries; and interventions to diversify livelihoods through livestock, savings and lending, and literacy activities.

The common goal across the three DFAP activities is that food insecurity and malnutrition will be reduced among poor, vulnerable households in rural Niger. The working hypothesis is that if the nutritional status of pregnant and lactating women and children under five is improved [Strategic Objective (SO) 1], access to food by vulnerable households is increased (SO 2), vulnerability to food security shocks is decreased and community resilience is increased (SO 3), and the status of women is improved (SO 4), then decreases in food insecurity and malnutrition among poor households should be achieved. The hypothesis stresses the close interrelationship between malnutrition and food insecurity, and the important and necessary participation of women in reaching the overall goal. Additional detail about the Results Frameworks of the three IPs is presented in Annex I.

EVALUATION QUESTIONS

The following are the principal evaluation questions (EQs).

- EQ 1. To what extent have the activities of the three projects met their goals, purposes, and desired outcomes; and what factors promoted or inhibited their achievement?
- EQ 2. In each technical sector addressed by the projects (maternal and child health and nutrition; agriculture/livelihoods; early warning systems/disaster risk/resilience), what were the most effective and most efficient implementation methods and approaches among those selected by implementing partners (IPs)?
- EQ 3. Based on the evidence, what project activities and outcomes are likely to be sustained, and why?
- EQ 4. What are the positive or negative unintended consequences of each of the projects, if any, and how were these consequences identified and taken into account by the IPs?
- EQ 5. What key lessons learned and best practices should inform future projects in the country?

EVALUATION DESIGN AND LIMITATIONS

The performance evaluation was conducted by a team assembled by ME&A under the Evaluation and Learning (EVELYN) project, utilizing a mixed-methods design. It relied on a very robust database of information derived from two population-based surveys (PBSs) of households in areas supported by the three projects—a total of 7,200 households were surveyed at baseline (2013), and 5,460 households at endline (2017), distributed evenly across the three project areas[1]—as well as extensive key informant interviews (KIIs) and group discussions (GDs) conducted by the evaluation team (ET). The PBS data were utilized to derive and compare standard FFP indicators across multiple sectors from baseline to endline. The PBS data were supplemented in 2017 by GDs with 673 participants (315 men and 358 women) across 28 villages, as well as 84 KIIs, conducted at the national, district, and commune levels. The ET also drew on key IP documents, monitoring information, midterm evaluations and other information from secondary sources to help interpret findings and provide support for recommendations. The mixed-methods design allowed the ET to triangulate findings from several different sources, providing strong evidence-based confirmation of findings and conclusions, while helping to mitigate the limitations of each source of data considered in isolation. Additional detail on the evaluation design is presented in Annex III.

The performance evaluation was to address the efficiency of project interventions under EQ 2 – Effectiveness and Efficiency of Interventions. This analysis requires line item budget cost data per activity which was not available from the IPs. Therefore, efficiency is not addressed in this report.

SUMMARY FINDINGS AND CONCLUSIONS

Overall Project Achievements: Analysis of PBS results and supporting qualitative data from beneficiaries and key stakeholders and review of IP documentation indicates that each of the several overarching goals and outcomes across most of the associated technical sectors were met. There were some notable exceptions on the: poverty indicators; water, sanitation, and hygiene (WASH) indicators; and prevalence of underweight women. Across the three DFAPs, greater challenges were experienced for activities related to value chain development and other livelihoods/income-generating activities (IGAs), water infrastructure, and latrine building which were also reflected in the midterm evaluations for the projects. The water and latrine issues may contribute to the smaller or negligible gains on WASH indicators that were generally observed. The use of financial services increased during the

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[1] The difference in sample size derived from a reduction in the number of villages where implementation actually occurred, relative to what was anticipated at baseline.

project timeframe, but gains were smaller and the overall use of financial services among the populations within the project area was still relatively small at endline. Promotion of value chain activities and broader IGAs remains a challenge in all three project areas.

Substantial adoption by beneficiaries was noted in GDs and KIIs for many of the behavior changes or improved technologies that the projects sought to introduce. This included significant adoption of improved agricultural practices, use of improved seed varieties and fertilizers, and use of improved crop storage practices that were promoted through the DFAPs, and which led to a substantial increase in crop yields for many households. Together with the use of improved food storage practices, this appears to have led to greater availability of food for a longer period of time during the year for households, contributing to improved household food security. However, despite clear food security gains to project households, the baseline food security situation appears to have been sufficiently tenuous that these production and storage gains were still not sufficient by endline to carry many households through an entire year. There is fairly strong evidence of positive spillovers in agricultural practices, crop yields, and crop storage, both from direct and indirect beneficiaries within project villages, and also evidence of uptake by individuals in nearby non-project villages. As further evidence for positive spillovers, PBS analyses found improvements for both direct and indirect beneficiaries on most of the indicators, across sectors.

Analyses of outcomes for the poorest households (below the daily per capita poverty threshold of $1.25 per day) relative to the rest showed that, while the poorest households did have lower values compared to other households on several indicators at endline, they experienced significant improvements on most indicators between baseline and endline, particularly on food security, agriculture, women's dietary diversity score (WDDS), and children's malnutrition indicators. Project beneficiaries generally felt that the poorest households did receive project benefits. However, inequitable selection of households for different project activities was also reported, often tied to village governance dynamics and beneficiary selection processes.

Effectiveness of Interventions: Several strengths were identified in GDs and KIIs in terms of overall implementation approaches, and effective approaches to project management, communications, and collaboration taken by each of the three DFAPs. These included the social behavior change communication approaches used by the projects, in addition to the gendered peer educator group models used to elicit peer-to-peer learning. Projects were also found to have effective communications, monitoring and evaluation (M&E) systems, and collaboration with the Government of Niger (GON) at the national level and with designated focal points within each technical sector at regional and department levels.

Several effective implementation approaches were identified across the three DFAPs. Improved seeds and conservation agriculture (CA) were both widely adopted across the three DFAPs and were associated with significant yield increases of rainfed crops. Project examples of public-private partnership (PPP) approaches to scale up and improve seed distribution proved highly effective as promising models for improved seed varietal multiplication and distribution, with potential for scale up and replication beyond the DFAP target zones. In addition, dry season gardens were promoted by all three DFAPs; however, evidence suggests that this activity tends to have a positive impact on income and seasonal migration only when combined with adequate capital investments in water supply and inputs and effective market linkages. Key challenges to implementation approaches included personnel management, especially related to recruitment and retention of female project staff and community volunteers, and staff turnover in general. Issues of effective communication and coordination of technical staff across technical sectors were also noted.

In general, beneficiaries reported being satisfied with the quality, frequency, effectiveness, and suitability of the services introduced by the three DFAPs. Respondents felt that they had received sufficient training and know-how in all project activities. There were some beneficiaries, however, who expressed

some specific concerns were expressed about the quality of service across all three DFAPs, including: mismatch between community needs and priorities and project services; inadequate project approaches and support to link producers to markets; and problems with credit provision in savings and loan groups, particularly during periods of acute need for cash such as the hunger season. In a few cases, beneficiaries also questioned the suitability of certain WASH activities planned by the IP.

Activities that were reported to have had more varying effectiveness included: bio-reclamation of degraded lands (BDL); latrine construction; and implementation of Village Savings and Loan Activities (VSLAs)/IGAs. Beneficiaries' perceptions of the targeting approaches used by the three DFAPs were generally positive. They generally reported that benefits were either equitably and fairly distributed among community members, including the poor, or unequally distributed for certain activities, in the sense that special selection criteria—including need, capacity, and commitment—were used in many instances according to the type of activity being implemented.

Sustainability of Outcomes: GD and KII results strongly suggested that many of the activities and new practices promoted by the projects have been widely adopted by participants across most of the technical sectors. Several positive spillover effects on indirect beneficiaries were observed through both the PBS and the qualitative data, providing additional evidence for sustainability of several project activities beyond the project lifetime. Examples include adoption of maternal and child health and nutrition (MCHN) and WASH behavioral practices such as exclusive breastfeeding, supplemental feeding with nutritious local food sources, particularly infant porridges, and handwashing. On the other hand, KIIs with commune-level government and technical staff within the project-related sectors indicated that linkages among their offices had been limited.

In the MCHN and WASH technical areas, it appeared from GDs and KIIs that beneficiaries were likely to continue practices related to hygiene, sanitation, and health, such as exclusive breastfeeding and regular health center consultations for pregnant women. Construction of latrines appeared to have low post-project sustainability, due to high cost and technical challenges for beneficiaries. Water infrastructure updates also presented challenges beyond the projects' expected end dates, due to costs of setup and maintenance. In agriculture and livelihood technical areas, beneficiaries appeared highly likely to continue the improved agricultural practices and crop storage techniques they learned through the DFAPs. Some of the beneficial practices promoted by the projects appeared most likely to be sustained after project lifetime by those who could afford to pay for them. This included some of the most important services provided by the projects and those for which participants expressed the greatest motivation and hope to pursue.

Practices that yielded noticeable positive results quickly were the ones that beneficiaries most commonly cited as ones they will continue to perform beyond the lifetime of the project. PBS and qualitative results both suggest high variability in the success of IGAs and livelihood changes, and indicate that widespread economic improvements have not yet been achieved. This may constitute a key unrealized piece of the theory of change that is likely to affect sustainability of certain outcomes after project end.

Unintended Consequences and Lessons Learned: Positive and negative unintended and unanticipated consequences were identified across all three projects. Key positive unanticipated consequences are crop productivity beyond beneficiary and IP staff expectations, and the unanticipated positive effect of some group activities on social capital, including through women's market gardens, early childhood development centers, VSLA/Savings and Internal Lending Committee (SILC) activities, and cooking demonstrations in strengthening group and community bonds within as well as among neighboring communities. A notable positive spillover effect suggested by GD results was the adoption of some project activities by individuals and households from surrounding non-project villages. Examples of these included adoption of MCHN and WASH behavioral practices such as exclusive breastfeeding, supplemental feeding with nutritious local food sources, particularly in infant porridges, and

handwashing. While farming methods are more difficult to master, some GD respondents mentioned neighboring farmers from non-project villages coming to visit some group trainings or individual lead farmer fields to observe conservation agricultural practices, which they then adopted in their own fields.

Key negative unanticipated consequences included the low uptake of Community-Led Total Sanitation (CLTS)/latrine activities, lower than anticipated effectiveness on value chain and market linkages, and perceived inequities and dislike of food for work (FFW) activities.

KEY CONCLUSIONS AND RECOMMENDATIONS

The table on the following pages summarizes some of the evaluation's key conclusions and the actionable recommendations deriving from them.

Issue	Key Conclusions	Recommendations
Overall Program Design		
Program Coverage	The current FFP implementation model in Niger emphasizes breadth over depth in terms of project coverage and benefits received by households within a given project village. This approach may spread benefits too thinly across households within a village to elicit significant progress on longer-term outcomes, including income generation and livelihoods change.	Future project design may consider the potential gains associated with an implementation model that aims for fewer activities and more direct beneficiaries per activity within a given community, which may in turn increase the marginal impact per household and likelihood for sustained gains across all households in a community.
Training/ Capacity Building	GD and KII respondents cited a need for refresher trainings during project implementation and ongoing support in building knowledge and technical capacities, particularly for new activities or activities that require more frequent immersion and practice to master well.	Future efforts in project training and capacity building should introduce periodic refresher courses or advanced technical sessions so that beneficiaries and staff can achieve full mastery of specific skill sets and remain motivated and engaged in progressively assuming ownership of project objectives, results, and outcomes.
Sector-Specific: MCHN and WASH		
MCHN – Social and Behavior Change Communication (SBCC)	There has been widespread knowledge-sharing and uptake among direct beneficiaries of improved MCHN practices (e.g., infant feeding, exclusive breastfeeding, preparation of nutritious foods, pre-natal healthcare visits) as a result of effective community mobilization by peer educator/caregiver groups (lead mother and husband groups). GD beneficiaries reported they are likely to continue practices related to health such as exclusive breastfeeding and regular health center consultations for pregnant women. This finding supports the conclusion that the SBCC approach to improving health and nutrition outcomes for children and pregnant and lactating women (PLW) is effective.	FFP should consider replicating and expanding the SBCC model on MCHN interventions that emphasizes gender segregated caregiver/peer educator groups promoting positive health, nutrition, and hygiene outcomes in future DFAPs in Niger. The approach using volunteer lead mothers and husbands should be carefully reviewed to ensure that incentives such as quarterly or semi-annual, updated technical training modules are built into the design of MCHN messaging strategies. Furthermore, key MCHN indicators should be rigorously monitored to better understand the impact on mother and child health and nutrition. For example, the Household Dietary Diversity Score (HDDS) should be closely monitored for measurement of impact of food rations as well as nutritious crops (vegetables) being grown to improve MCHN.
Water User Groups and Cost Recovery	Findings highlight that the user group model for WASH investments in communities (such as community wells) involving fee-for-service water use appears to be working and should be continued as qualitative data suggest that household access to and availability of water has generally improved in the project villages. The private sector model of cost recovery of water user fees for WASH investments, in particular, appears to have been successful.	FFP should consider further exploration and expansion of the private-sector model of cost recovery of water user fees for WASH investments in infrastructure management, repair, and maintenance to ensure the longevity and sustainability of water resource investments over time.

Community Led Total Sanitation	Barriers to uptake of improved latrines involve multiple factors, the most important of which are the high cost of materials or wage labor required to build latrines, such that only the wealthiest households have the means to afford this, as well as engineering challenges with latrine pit stability. The current one-size-fits all, top down service model is lacking in creativity and based upon a supply- rather than demand-oriented model. Despite some modest gains in raising awareness about the connection between health and adoption of the CLTS approach, significant progress in the uptake of latrines has not been achieved.	FFP should explore innovative approaches to sanitation markets with a focus on demand-driven solutions that allow for client choice among a range of latrine models that best fit the financial and personal preferences of the household. This may require more creative financing models that directly link VSLA/SILC IGA groups to demand-driven sanitation markets in which customer preferences and other household features are factored into product design and service delivery.
Sector-Specific: Agriculture and Livelihoods		
Agricultural Practices, Crop Productivity, and Crop Storage	Findings demonstrate strong uptake and spillover of improved conservation agricultural practices, crop productivity, and crop storage, with positive impacts on food security.	The package of CA techniques, improved seed varieties, and effective service delivery models (Farmer Field School, Participatory Varietal Selection) should be closely reviewed for potential scale up in future DFSA design. To better understand how crop production and consumption are affecting targeted outcomes, FFP may also consider measuring the proportion of household food production consumed at home as part of the PBS survey protocol.
Warrantage/ Cereal Banks	LAHIA demonstrated the capacity of farmers to use crops as collateral to obtain loans and store crops for later market sale when prices are high at the peak of the dry hunger season. As a result, some farmers had extended household food provisioning during the lean season.	Future DFSA design should entail an in-depth examination and constraints analysis to identify barriers to implementation and actionable strategies for broader application of the warrantage model throughout new DFAP target zones.
Value Chain Market Linkages	Findings document the need to improve value chain linkages of market garden groups by enhancing their capacity to boost farm income through access to more high value markets locally and regionally. While beneficiaries presently receive market pricing data through project-supported mobile phones using market information system technology, there is need for more targeted support of farm producer groups such as the VSLA/SILC and market garden groups.	Further research is needed to understand the nature of market systems in Niger and identify better opportunities to integrate smallholder producers into more high value commodity value chains. Research is also needed to better understand how producer groups can be more effectively organized in production and marketing clusters to more efficiently consolidate production for collection and transport to more high value regional markets. In addition, production and marketing clusters might be organized at a commune level, to more effectively consolidate crop harvests for collection, transport, and sale in local and regional markets.
Subsistence to Market Graduation	While targeting of the poorest and most vulnerable households has been successful in terms of achieving increased food security, as well as for MCHN and WASH objectives, successful participation into value chain activities, and integration into local and regional markets, remains limited.	For future DFSA designs, FFP should consider a phased model of beneficiary food security activities that moves households from subsistence to market integration. The approach would first ensure that households are able to meet annual subsistence needs, then graduate them into participation in targeted value chains and integration into local and regional markets.

Public-Private Partnerships	Evaluation findings suggest that the AMATE and HALAL PPP approaches to seed multiplication and distribution holds promise for scale up within and beyond the DFAP target zones.	Future DFSA design in Niger should leverage these highly effective models to pilot expansion of the PPP approach by facilitating horizontal market linkages and synergies among other relevant private sector actors.
Women's Access to Land	Evaluation findings underscore the structural barrier of women's lack of access to land for cultivation of rainfed and garden crops. Efforts to obtain degraded parcels of land for restoration and crop/fodder production have made some modest gains but several challenges place in question the long-term sustainability of these initiatives. In addition, there are impediments to titling and access to legal contracts which are undermined by the corruption of local officials.	For future DFSA activities, FFP should conduct a detailed review of the key factors (sociocultural, religious, economic, environmental, institutional) constraining women's access to land in Niger and introduce targeted interventions to remove key barriers identified. Actionable strategies are needed to make land more accessible in local settings that minimize distance and address key agricultural input impediments. Project funds may be needed for investment in land titling in more fertile areas with greater production potential such as in bottom lands for market gardening.
Sector-Specific: Resilience		
Early Warning Systems and Disaster Risk Reduction	Early warning systems response units [e.g., Systèmes Communautaires d'Alerte Précoce et de Réponse aux Urgencies (SCAP-RU)] tasked to strengthen community resilience capacity were found to be hobbled by challenges including limited responsiveness and support from the Vulnerability Monitoring Centers (OSVs) at the commune level, a lack of budgetary commitment, or resources emanating from the national ministry level. To mitigate these issues, the IPs reported more focused training in areas such as organizational development, community development, and risk management.	A strategic review of the structural factors impeding progress of the SCAP-RU to work more effectively with commune and regional government authorities should be undertaken by FFP. The most effective strategy may be to introduce program advocacy efforts to support greater awareness and investment in community resiliency among government officials at national, regional, and commune levels. This may include support for improved coordination and communication between the SCAP-RU and OSV, budgetary support, and ensuring resource transfer from the national to regional and commune levels.

1. EVALUATION PURPOSE AND QUESTIONS

1.1 EVALUATION BACKGROUND

In 2012, the United States Agency for International Development's (USAID) Office of Food for Peace (FFP) awarded to a consortium of U.S. private voluntary organizations (PVOs) three five-year development food assistance programs (DFAP) in Niger. These projects include:

1. The Livelihoods, Agriculture, and Health Interventions in Action (LAHIA) project in the Maradi region, implemented by Save the Children (SC), in partnership with World Vision (WV);
2. The Programme d'Appui à la Sécurité Alimentaire des Ménages (PASAM-TAI) in the Maradi and Zinder regions, implemented by Catholic Relief Services (CRS), in partnership with the International Crop Research Institute for the Semi-Arid Tropics (ICRISAT); and
3. The Sawki project in the Maradi and Zinder regions, implemented by Mercy Corps (MC), in partnership with Helen Keller International (HKI) and Africare.

This report details the findings and recommendations of a performance evaluation (PE) of the three DFAPs, funded by USAID/FFP. Given that these three projects were originally projected to close out in 2017, USAID/FFP requested that a PE be undertaken in that year. The purpose of the PE was to: measure the performance and development outcomes of the PASAM-TAI, LAHIA, and Sawki projects; provide an evidence base for Niger DFAP effects on key objectives; and provide recommendations to FFP for the future design of Development Food Security Activities[2] (DFSAs). The evaluation was conducted from March 2017 – January 2018 by Mendez England & Associates (ME&A) and its subcontractors, NORC at the University of Chicago (NORC) and ICF International (ICF) under the Evaluation and Learning Mechanism (EVELYN) project. Three field teams were assembled for the qualitative component of this work. They were led by Dr. Mamadou Baro (LAHIA evaluation lead, NORC), Dr. John Magistro (PASAM-TAI evaluation lead, NORC), and Dr. Lauren Persha (Sawki evaluation lead, NORC). The analysis of the quantitative population-based survey (PBS) data to inform the evaluation was led by Dr. Gheda Temsah (ICF International). ME&A provided logistic and quality control support.

The evaluation's results are aimed at multiple audiences. The findings are expected to have primary accountability and learning value to USAID (FFP/Washington, USAID/Niger, FFP West Africa Regional Office, and the FFP learning network) and CRS, SC, and MC and their sub partners. Additional stakeholders include the Nigerien government officials from key collaborating ministry offices, USAID West Africa Sahel Regional Office, and the Resilience in the Sahel Enhanced (RISE) program partners. The findings, conclusions, and recommendations of the evaluation will be used by USAID/FFP to extract lessons learned and generate insights to inform the design of follow-on FFP activities in Niger. Evaluation recommendations and findings may also be used by FFP internally to refine DFAP proposal guidelines and project policy.

1.2 EVALUATION QUESTIONS

The summative performance evaluation provides a substantive analysis of four key topical areas, according to the evaluation Statement of Work (Annex II).

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[2] Note that FFP changed the name of DFAPs to DFSAs.

1. **Overall Project Achievements**

   Evaluation Question (EQ) 1. To what extent have the activities of the three projects met their goals, purposes, and desired outcomes; and what factors promoted or inhibited their achievement?

    EQ 1.1 Did interventions reach the poorest individuals within the target population areas (e.g., landless, land poor, divorced, and widowed older females in female-headed households)?

    EQ 1.2 Based on available evidence, what are plausible/potential pathways to achieving outcomes across a priority set of project activities selected by USAID for additional learning?

2. **Effectiveness and Efficiency of Interventions**

   EQ 2. In each technical sector addressed by the projects [maternal and child health and nutrition (MCHN), agriculture/livelihoods, early warning systems/disaster risk/resilience], what were the most effective and most efficient implementation methods and approaches among those selected by implementing partners (IPs)?

    EQ 2.1 What are the strengths of and challenges to the projects' overall implementation approach, management, communication, and collaboration? What steps were taken by the IPs to address challenges?

    EQ 2.2 Who was targeted by and benefited from each project's intervention activities, and how effective was/were the selected targeting approach(es) in achieving its respective goals?

    EQ 2.3 How are the quality, frequency, effectiveness, and suitability of the services provided by the project perceived by the beneficiaries and their communities? Are there major differences in these perceptions of service delivery across key beneficiary sub-groups, and what are reasons why?

3. **Sustainability of Outcomes**

   EQ 3. Based on the evidence, what project activities and outcomes are likely to be sustained, and why?

    EQ 3.1 What processes, systems, and institutional arrangements [especially linkages and coordination with other U.S. Government (USG) and non-USG investments] were made by the IPs or members of the target population to sustain the necessary and critical services required to achieve and sustain projects outcomes?

    EQ 3.2 What is the level of motivation of the service providers to continue providing services after the project ends, and of the beneficiaries to receive and pay (or invest time) for these services?

4. **Unintended Consequences and Lessons Learned**

   EQ 4. What are the positive or negative unintended consequences of each of the projects, if any, and how were these consequences identified and taken into account by the IPs?

   EQ 5. What key lessons learned and best practices should inform future projects in the country?

2. PROJECT BACKGROUND

2.1   COUNTRY CONTEXT

Niger is a landlocked nation of nearly 20 million inhabitants in the West African Sahel. With a land area of approximately 1,270,000 square kilometers, it is the largest West African nation. The country is one of the least developed nations in the world with a poverty rate of nearly 50 percent and an annual per capita income of $420.[3] In 2016, Niger's development status ranked next to last among 188 nations, globally.[4] The country faces many development challenges characteristic of the Sahel region, one of the poorest regions in the world: environmental decline; rapid population growth; water scarcity; ineffective governance structures; high exposure to infectious diseases; poor health and nutritional status; weak market infrastructure; and low agricultural productivity and livelihood capacity. Niger's limited development capacity is exacerbated by the vagaries of climate variability in the form of increasingly unpredictable patterns of rainfall and flooding in a region recurrently exposed to drought. Chronic water scarcity and low agricultural productivity have prompted a historical pattern of extensive labor migration of young men to Nigeria and the coastal areas of West Africa to the south, as well as to Algeria and Libya to the north.

The chronic nature of structural poverty in Niger is mirrored by a state of political instability in the country over an extended period of time. Niger has endured recurrent political crises for well over a decade, including four different regimes (two military), three coups d'état, and recent armed rebellion movements by the Tuareg. This political instability, along with growing security challenges in the north and at the border regions in recent years, have further eroded development gains. Niger's economic growth has been highly variable over the last decade (Figure 1), and is considered to be highly sensitive to agro-climatic, extractive industries investment, and security conditions. Agriculture and livestock account for nearly half of Niger's gross domestic product (GDP), while total export earnings are dominated by the mining sector. Still, Niger's economy is dominated by the informal sector, which is estimated to account for nearly 75 percent of the country's GDP.[5]

These myriad development challenges have adversely affected the food security status of Nigeriens, particularly those living in the rural areas across the vast Sahelian desert landscape. The country has experienced recurrent food crises dating back to protracted periods of drought in the 1970s and 1980s. More recently, Niger experienced extreme food shortages from 2001-2005 and in 2010-2011,[6] and is considered a hotspot of food insecurity in the Sahel region.[7]

Nigeriens live within a challenging Sahelian environment that is characterized by water scarcity and low annual precipitation. Communities rely heavily on rainfed agriculture and livestock rearing as their primary livelihoods. Transhumant pastoralism becomes more prominent, with less reliance on dryland farming as one moves north in the Maradi and Zinder regions. Millet and sorghum are the two primary subsistence food crops in Niger, constituting 76 and 22 percent of cereal crop production, respectively.[8] Dry season irrigated vegetable production is also practiced in some communities, and sorghum and millet may be intercropped with cowpeas, groundnuts, sesame, sorrel, and okra. Horticultural crops

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[3] http://www.worldbank.org/en/country/niger/overview
[4] Jahan, S., et al., *Human Development Report 2016*, United Nations Development Program, available at http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf
[5] International Labor Organization (ILO) and Government of Nigeria (GON) 2012.
[6] Mercy Corps, 2016. Niger Strategic Resilience Assessment Final Report.
[7] F. Mousseau and A. Mittal, 2006. Sahel: A Prisoner of Starvation? A Case Study of the 2005 Food Crisis in Niger. The Oakland Institute. http://www.eden-foundation.org/project/articles_niger_crisis_2005.html
[8] Mercy Corps, 2016. Niger Strategic Resilience Assessment Final Report.

provide both subsistence and income earnings for men's and women's garden groups. The most common crops grown are onions, cabbages, lettuce, tomatoes, squash, sweet potatoes, and peppers.

Figure 1: GDP Growth and Inflation Rates in Niger, 2008-2015[1]
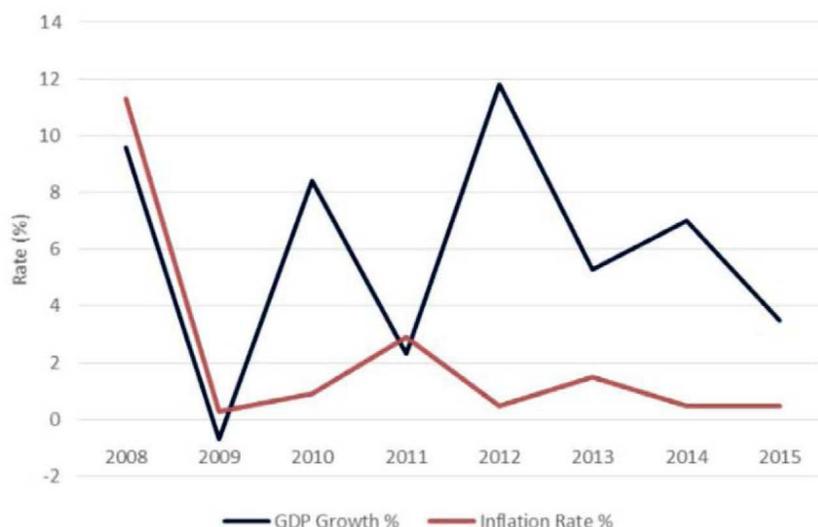
Two key indicators of food security, the Global Food Security Index[9] (GFSI) and the Global Hunger Index[10] (GHI), are reflective of the food security status of Niger relative to the rest of the world. Niger's GFSI score of 29 (0-100, 100 = best environment) is below the average of 37.4 for the Sahel region and nearly half that of the global average of 57.3.[11] The GHI score of 33.7 (0-100, lower is better) for Niger is slightly above the regional average of 27 and nearly twice that of the global average of 17.2.[12] USAID's FFP Office notes that Niger has one of the highest malnutrition and mortality rates in the world.[13] United Nations (UN) population estimates for 2010-2015 place the infant mortality rate per 1,000 live births at 66, nearly double the world average of 35.[14] A key driver of food insecurity in Niger is its rapid population growth. At 3.8 percent, it is one of the highest worldwide, while its fertility rate is the highest in the world at 7.4 births per woman.[15] This rapid demographic growth is characterized by a very young population, with 68.2 percent of Nigeriens under 25 years of age, and one-half of the population under 15.[16]

Health and nutrition indicators underscore the fragile health and nutritional status of children and poor access to potable water supply. In Niger, the percentage of children under age 5 who are underweight (weight for age) is 37.9 percent, significantly higher than the regional average of 19.6 percent, and well above the global average of just under 10 percent.[17] The percentage of children severely underweight is 13.3 percent, more than double the regional average of 5.3 percent, and nearly three times the global

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[9] The Global Food Security Index considers the core issues of affordability, availability, and quality across a set of 113 countries. The index is a dynamic quantitative and qualitative scoring model, constructed from 28 unique indicators, that measures these drivers of food security across both developing and developed countries. Additional definition information is available at: http://foodsecurityindex.eiu.com/Home/Methodology

[10] The Global Hunger Index is designed to capture the multidimensional nature of hunger. Scores are based on four indicators: undernourishment, child wasting, child stunting and child mortality. Additional information on the GHI, including how it is calculated, is available at: http://www.globalhungerindex.org/about/ http://www.globalhungerindex.org/

[11] Comparative data obtained from https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: Economist Intelligence Unit (EIU)/DuPont, Global Food Security Index, 2016.

[12] https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: International Food Policy Research Institute (IFPRI), Global Hunger Index 2016.

[13] USAID Fact Sheet: Agriculture and Food Security in Niger. 2015.

[14] UN, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

[15] UN, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

[16] UN, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

[17] https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: Economist Intelligence Unit (EIU)/DuPont, Global Food Security Index, 2016.

average of 4.5 percent.[18] Stunting (height for age) among children under 5 is 43.9 percent, above the regional average of 34.3 percent, and slightly over twice the global average of 21.3 percent. As per a recent assessment of vulnerability and resilience in Niger, carried out by MC and using data on chronic malnutrition rates as a proxy for geographical vulnerability and food insecurity, the highest rates of stunting nationally among children under 5 are found in the DFAP target zones of Maradi and Zinder (>50 percent). The prevalence of wasting[19] among children under 5 is 18.7 percent, more than twice the regional average of 8.5 percent, and three times the global average of 6 percent.[20]

Levels of education and gender inequities often have some bearing on one's knowledge, awareness, decision-making, and control over critical production factors necessary to secure food in Niger. Many of Niger's education indicators are among the lowest in Sub-Saharan Africa. The country has one of the lowest adult literacy rates (age 15+) in the world at just over 19 percent, more than three times below the regional average of 66.6 percent and four times below the global average of 83.7 percent.[21] Youth literacy (ages 15-24) is also extremely low, at 26.6 percent.[22] Gains in education have changed little over more than two decades, with mean years of schooling in Niger having increased by only one year from 1990 to 2015.[23] Women's ability to make decisions in accessing and controlling food resources, such as land, labor, and capital, are reflected in measures of gender inequality. The Gender Development Index (GDI) ranks women in Niger as among the most discriminated against in the world.[24] The country ranked 157th out of 159 countries in the Gender Inequality Index (GII) in the 2016 United Nations Development Program (UNDP) Human Development Report. Gender inequality, when coupled with a lack of educational opportunity for women and early marriage and childbirth of adolescent girls, contributes to high population growth. These factors, which are particularly acute among young women and adolescent girls in Niger, place a heavy burden on young women to fulfill both domestic and agricultural tasks in feeding a rapidly growing population that is expected to triple by 2050.

2.2   PROGRAM DESCRIPTIONS

The three five-year projects—LAHIA, PASAM-TAI, and Sawki—were designed to address critical problems of food insecurity, poverty, and malnutrition, as well as to increase the resiliency of communities and households in targeted areas within the Maradi and Zinder regions (Figure 2). The approach for each DFAP is quite similar, as indicated by their respective strategic objectives (Table 1), and based on the FFP strategy and Theory of Change (TOC).

Key interventions include: 1) the promotion of positive behavior in nutrition, health, hygiene, sanitation, and agriculture; 2) the involvement of women in project activities as participants and beneficiaries of anticipated outcomes; and 3) interventions to diversify livelihoods through livestock, savings and lending, and literacy activities. The resilience dimensions of the three DFAPs in Niger were designed to intersect

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[18] https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: Demographic and Health Surveys, STATcompiler, 2012.
[19] For wasting, a rate above 15 percent constitutes a "critical" status that should trigger a national response. WHO Crisis Classification using rates of Global Acute Malnutrition (GAM) Severity Prevalence of GAM are as follows: Acceptable < 5 percent; Poor 5 – 9 percent; Serious 10 – 14 percent; Critical > = 15 percent. (WHO, 2003, "The Management of Nutrition in Major Emergencies").
[20] https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: World Bank 2012. World Development Indicators.
[21] https://idea.usaid.gov/cd/niger/hunger-and-food-security. United Nations Educational, Scientific, and Cultural Organization (UNESCO), Institute for Statistics (UIS) Database, 2012.
[22] https://idea.usaid.gov/cd/niger/hunger-and-food-security. Source: UNESCO, Institute for Statistics (UIS) Database, 2015.
[23] United Nations Development Program (UNDP) Human Development Report, 2016. Briefing note for countries on the 2016 Human Development Report, Niger.
[24] Ibid.

with and complement a larger USAID regional initiative, RISE.[25] The target zones of coverage by government administrative level (region, district, commune), and number of villages and individual beneficiaries for each project are listed in Table 2.[26]

Table 1. Strategic Objectives by DFAP

Strategic Objectives by Project	LAHIA (SC)	PASAM-TAI (CRS)	Sawki (MC)
Strategic Objective (SO) 1: Nutritional status of children under 5 years of age and pregnant and lactating women (PLW) improved	✔		
SO 1: Households with PLW and children under 5 have reduced chronic malnutrition		✔	
SO 1: Reduce chronic malnutrition among PLW and children under 5 with an emphasis on children under 2			✔
SO 2: Access to food by vulnerable households increased	✔		
SO 2: Vulnerable households have increased the production and consumption of food for nutrition and income		✔	
SO 2: Increase the local availability and households' access to nutritious food by diversifying agricultural productivity, rural households' income, and increasing resilience to shocks			✔
SO 3: Vulnerability to food security shocks reduced	✔		
SO 3: Targeted communities have enhanced and protected food security		✔	
SO 4: Cross-cutting: Status of women within target households and communities improved	✔		
Cross-cutting Gender Objective: Gender roles expanded to enhance sustainable results		✔	
Cross-cutting Intermediate Result (IR): Local government and community structures support households' resilience to drought			✔

Table 2. Implementing Partner Zones of Coverage, and Number of Villages and Beneficiaries

Project	Region	District	Commune	Number of Villages	Number of Beneficiaries
LAHIA (SC)	Maradi	Aguié	Aguié, Tchadoua, Gangara	60	125,804
		Guidan Roumdji	Guidan Sori, Sae Saboua		
PASAM-TAI (CRS)	Maradi	Mayahi	Serkin Haoussa, Kanembakache, Mayahi	640	446,804
	Zinder	Kantche	Dan Barto, Ichirnawa, Kourni, Doungou, Yaouri, Daouche, Matameye Tsaouni, Kantche		

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[25] Managed by USAID's Regional Sahel Office, RISE covers the most fragile and food insecure regions of Burkina Faso and Niger and incorporates multiple implementing mechanisms, including the FFP activities, to address the root causes of recurrent food insecurity and fragility through program interventions to increase the resilience of communities and households.

[26] The three awards were scheduled to end in September 2017. FFP extended the projects until September 2018 to align them with the RISE timeline. The total awards for each DFAP, including monetization are: 1) PASAM-TAI - $39,929,100 + cost extension $4,990,000 = $44,919,100; 2) Sawki - $24,114,803 (no cost extension); and 3) LAHIA – $29,844,500 + cost extension $2,632,100 = $32,476,600. While PASAM-TAI community coverage was roughly ten times larger than that of Sawki and LAHIA, the budget was not of equivalent scale. The project was able to deploy a cluster management model with each field agent covering 10 villages, thus enabling easier access to logistics and management support through sub-regional offices at the district level with guest houses in two district headquarters. This localized management structure was very effective to manage field workers close to their cluster communities, thereby achieving results through efficiencies and economy of scale. Other cost efficiency factors included several service department positions in finance, procurement, and logistics that were cost shared with other projects. Finally, the project exercised very strict budget control measures including the use of fuel cards to manage fuel consumption and annual work plans with budgets developed by project Team Leaders who had control of their own budgeted activities, ensuring close field-level monitoring of project expenditures.

Sawki (MC)	Maradi	Dakoro	Dan Goulbi, Sabon Machi	62	92,000
		Guidan Roumdji	Guidan Roumdji		
	Zinder	Mirriah	Zermou, Mirriah, Koleram, Dogo, Droum		

Figure 2: Intervention Zones of the Development Food Security Projects
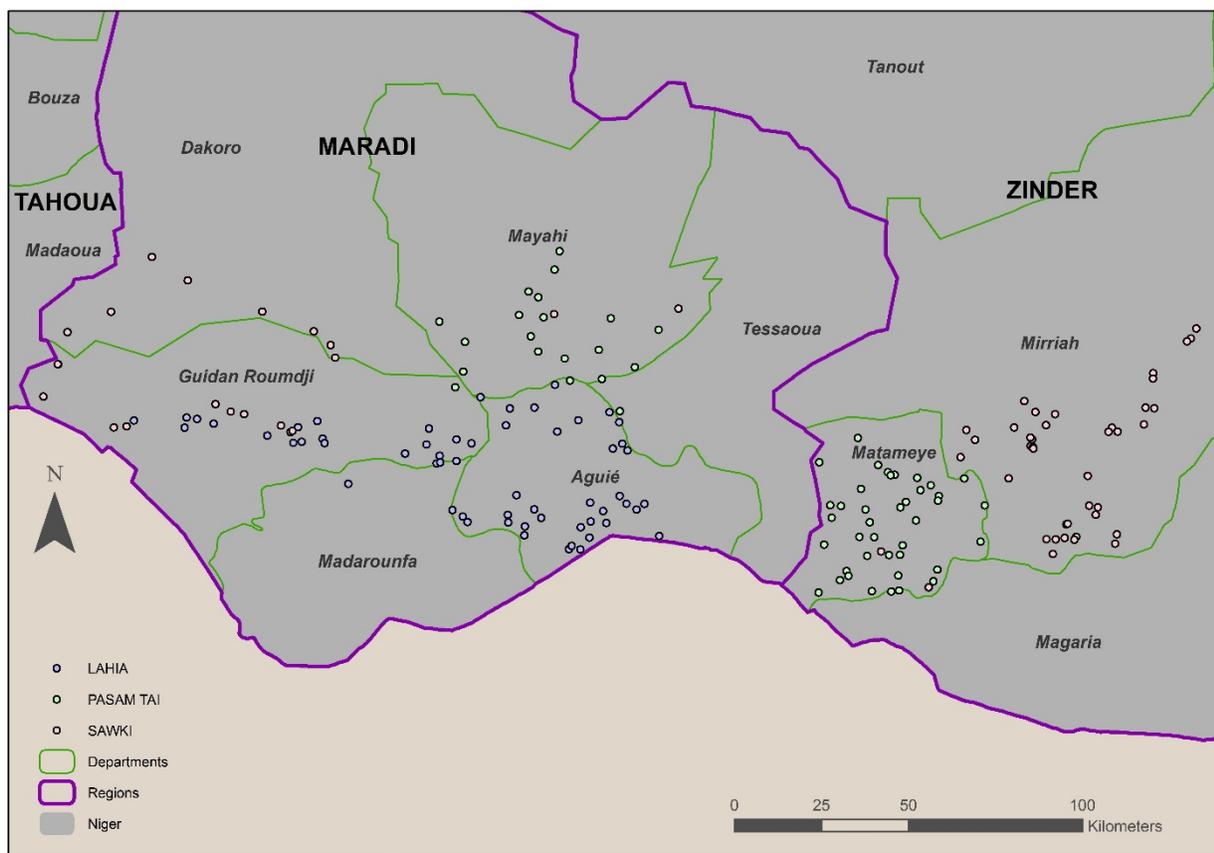
2.3   DEVELOPMENT HYPOTHESES AND THEORY OF CHANGE

In FY 2014, FFP began to institute a more robust evidence-based process of program design, by requiring that IPs develop a comprehensive TOC for programming of their activities.[27] While the three DFAP awards granted in 2012 preceded FFP's new strategic framework on food security, the comparability of Results Frameworks among the three private voluntary organizations (PVOs) enables one to posit a comprehensive development hypothesis, or TOC, that reflects the goals, objectives, and outcomes to be achieved for each implementing organization.

The common goal across the three DFAPs is that food insecurity and malnutrition will be reduced among poor, vulnerable households in rural Niger. The working hypothesis is that if the nutritional status of pregnant and lactating women and children under 5 is improved (SO 1), access to food by vulnerable households is increased (SO 2), vulnerability to food security shocks is decreased and community resilience is increased (SO 3), and the status of women is improved (SO 4), then decreases in food insecurity and malnutrition among poor households should be achieved. The hypothesis stresses

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the close interrelationship between malnutrition and food insecurity, and the important and necessary participation of women in reaching the overall goal.

While the goals and strategic objectives among the three DFAPs are comparable overall, variations in approaches with respect to intermediate results and supporting activities are found in the Results Frameworks for each IP (Annex I).

2.4   BASELINE AND MIDTERM CONTEXT

A baseline study of the three DFAPs conducted between February and April 2013 highlighted the critical baseline status of households in the project areas with respect to household hunger, maternal and children's health, nutrition, and poverty, and also provided useful data on household characteristics. The average household size across the three DFAPs was 7.2 individuals and 90 percent of households comprise a male and a female adult. Nearly 80 percent of households had at least one child between 0 and 59 months, confirming a very high population growth, and nearly 90 percent of heads-of-households had no formal education.

With regard to household hunger and food diversity, the baseline study found important variations across the three DFAPs (Table 3). Households in the regions targeted by Sawki had a lower prevalence of moderate to severe hunger and a higher dietary diversity score than in the LAHIA project area. Households in the regions targeted by LAHIA had a prevalence of moderate to severe hunger twice as high as those in the regions targeted by Sawki and a slightly lower dietary diversity score. Agricultural employment and remittances are the two key livelihoods strategies in Niger's agro-pastoralist zone, including Maradi and Zinder, where 40 percent of the country's food is produced. Yet, most households in Maradi, where LAHIA operates exclusively, were unable to access enough land to feed their own families; half the population was estimated to be unable to afford a balanced diet, even though sufficient food was locally available.[28] The difference between DFAPs with regard to the stunting and underweight rates among children under 5 was smaller, and children in the PASAM-TAI project area had the highest baseline rates on these indicators. In general, the stunting and underweight rates measured across all three DFAPs at baseline are among the highest in West Africa and indicate widespread and extensive chronic malnutrition.

Table 3. Key Baseline Household Characteristics and Children's Nutritional Status

	LAHIA (SC)	PASAM-TAI (CRS)	Sawki (MC)
Key Household Characteristics			
No formal education	87.0%	90.8%	83.4%
Average household size	8.1	6.9	6.8
Gendered household type			
Male and female adults	94.1%	90.0%	87.4%
Adult female, no adult males	3.0%	4.7%	9.2%
Adult male, no adult females	2.9%	4.9%	2.9%
Child, no adults	0.1%	0.3%	0.5%
Household Hunger and Food Diversity			
Prevalence of moderate to severe hunger	42.5%	25.0%	21.8%

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[28] Save the Children. 2009. *Understanding Household Economy in Rural Niger*. London. Note that the study, conducted in Maradi Region, considers a balanced diet to be composed of cereals, leguminous/oleaginous plants (containing oils or lipids), an animal food source, and wild fruits/leaves, and found that a balanced diet was possible through locally available food.

	LAHIA (SC)	PASAM-TAI (CRS)	Sawki (MC)
Prevalence of severe hunger	8.1%	3.8%	2.1%
Household Dietary Diversity Score	2.8	3.6	3.9
Household Poverty			
Living on < $1.25/day	75.8%	62.6%	47.3%
Mean Depth of Poverty	35.8	23.3	16.1
Daily per capita expenditures	1.06	1.37	1.64
Children's Nutritional Status			
Underweight prevalence (0-59 months)	45.4%	48.1%	42.9%
Stunted prevalence (0-59 months)	57.6%	59.5%	53.8%
Prevalence of minimum acceptable diet (6-23 months)	5.40%	9.60%	9.10%

Household poverty—based on measures including the percentage of individuals living on less than $1.25/day,[29] mean depth of poverty, and daily per capita expenditures—was high across all three DFAPs, but was especially dire for households in the regions targeted by LAHIA, whereas it was least dire among households in the regions targeted by Sawki. Reliance on cash-for-food purchases forces males to migrate for work, leaving behind women who resort to negative coping strategies to feed their children. Gender inequities and decades of political instability add to the challenge: girls and women are the most marginalized. Norms linked to land tenure, asset ownership and accumulation, early marriage and household decision-making leave women with no safety nets, skills, or economic opportunities.

Midterm evaluations of all three DFAPs were performed in late 2015 to early 2016 by three different evaluation teams (ETs). Principal findings and recommendations from those earlier reports are summarized below for each DFAP:

2.4.1 PASAM-TAI

2.4.1.1 Key Findings

- Villagers had grasped key messages from the program and were implementing key concepts, including: the importance of handwashing; household and village hygiene; the importance of perinatal clinic consultations; and using latrines and mosquito nets.
- In contrast, villagers did not generally retain or mention simple messages nor cite obvious changes in practice in the areas of agriculture, livelihoods, and disaster management.
- While project data suggest that almost 75 percent of targeted participants can cite some of the components of the 1,000 days approach, villagers interviewed did not express an understanding that this window is critical for infant development that would mark them for life.

2.4.1.2 Recommendations

- Beyond promoting behavior adoption, seek to increase villagers' understanding of the 1,000 days approach and how critical that period is for children's development.
- Review the registration system for food beneficiaries and develop and propagate clear guidelines at all levels after determining the extent of non-inclusion of valid beneficiaries.
- Review training materials and approaches and make more explicit the expected behaviors that will show that participants have internalized the training.

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[29] The World Bank announced a new international poverty line of $1.90 per capita per day (using 2011 purchasing power parity [PPP]) in October 2015. To facilitate comparison with the baseline poverty estimates that were produced in 2013, endline poverty estimates were calculated using the $1.25 per capita per day (using 2005 PPP).

- Ensure that the program avoids overtaxing volunteers, particularly women, due to time spent on project activities. Also, promote opportunities for communities to provide financial support to key volunteers.
- Certain program areas such as literacy or early childhood development may represent valuable innovations to a Title II program, but PASAM-TAI needs to identify which area to emphasize to have major breakthroughs due to limited resources.
- Renew efforts to strengthen partnerships with government agencies at departmental and communal level and thereby build the capacity of government and community organizations.

2.4.2 LAHIA

2.4.2.1 Key Findings

- Well-organized activities with discrete start and end points and clear participant targeting were also the most successful from the beneficiary point-of-view. These activities included: drilling wells; handing out rations; and educating people on health, nutrition, and hygiene.
- Some activities (e.g., behavior change around gender norms, cereal banks) required beneficiaries to adopt a longer-term vision, suspend their disbelief, and invest time and their meager resources to achieve the sought-after gains. However, beneficiary expectations were not effectively managed and attempts at implementing these activities were met with limited success.

2.4.2.2 Recommendations

- Invest in relationships with government and community-based organizations to foster sustainability. This includes clarifying procedures, expectations, and responsibilities with all partners and effectively propagating information through workshops and information sessions.
- Subcontract activities that fall outside of the project's and IPs' institutional strengths, for example, finding experienced partners to implement support activities for selected types of businesses and subcontracting agricultural extension to an organization experienced in providing practical skills to Sahelian farmers.

2.4.3 Sawki

2.4.3.1 Key Findings

- Activities noted as generating the strongest impact were: caregiver groups; irrigated community vegetable gardens; distribution of improved seed varieties and animal breeds; and bio-reclamation of degraded lands (BDL).
- Areas where results were not maximized included access to water, infrastructure, and governance. The program also initiated some activities late and had some gaps in its initial context analysis.
- Sawki was praised for developing a sense of solidarity and mutual assistance within communities.

2.4.3.2 Recommendations

- To ensure that participants in nutrition and health activities internalize messages and apply new practices, the teaching methods used should become more interactive and reflective.
- In agriculture and livelihoods, a focus on increased quality and excellence of activities must occur.
- Overall recommendations include: strengthening capacities and partnerships; continuing to focus on women; enhancing the focus on youth; and supporting good governance processes at the local level to enhance sustainability.

2.5   ENDLINE INDICATORS RELATIVE TO IP TARGET LEVELS OF ACHIEVEMENT

To provide context for evaluation results and explanatory factors presented in ensuring chapters, key differences between endline PBS values and the endline targets set by IPs are briefly summarized here.[30]

2.5.1   PASAM-TAI

At endline, several indicators for the PASAM-TAI project area were in close range to the targets set by the project. However, as was the case for LAHIA and Sawki as well, the endline PBS values for some key poverty and health indicators were substantially lower than IP targets set for the PASAM-TAI project area. For example, the percentage of people living on less than $1.25 a day at endline was 13 percentage points higher than the endline target, at 58 percent. FFP health indicators that did not reach their target by endline include the percentage of households commonly using soap and water, for which the endline value is 23.1 percentage points lower than the target value of 40 percent, and the percentage of children under 5 who had diarrhea in the prior two weeks, for which the endline value is 22.2 percentage points higher than the target value of 5 percent. Targets associated with underweight children 0-59 months old and with the prevalence of underweight women of reproductive age were also not met and were off by 7.3 and 10 percentage points, respectively. Other key indicators for which the endline PBS value for PASAM-TAI diverged substantially from the IP target were:

- Percentage of children under 5 with diarrhea treated with oral rehydration therapy (ORT): the PBS value at endline was 18.1 percentage points lower than the target of 94.2 percent.
- Prevalence of children 6-23 months receiving a minimum acceptable diet (MAD): PBS value at endline was 15.4 percentage points lower than the target.
- Prevalence of exclusive breastfeeding (EBF): PBS value at endline was 21.2 percentage points lower than the target.

2.5.2   LAHIA

LAHIA met or came very close to meeting several of the target values it set for FFP poverty indicators, including the percentage of people living on less than $1.25 a day, depth of poverty, and the daily per capital expenditure. Endline PBS results showed that the project did not meet the targets set for the percentage of households with children 0-23 months using soap and water at the handwashing station (12.4 percent versus a target of 30 percent), or the percentage of children under 5 who had diarrhea (18.1 percent versus a target of 11 percent). However, endline PBS values exceeded the target for the percentage of households with moderate to severe hunger by 11.8 percentage points and met the target for the percentage of stunted children 0-59 months old. Similar to the other two projects, the endline values substantially exceeded IP targets for the percentage of: farmers who used financial services (25.3 percent versus a target of 15 percent); farmers who used three or more sustainable agriculture practices or technologies; farmers accessing inputs and services promoted by the program; and farmers using at least two improved storage techniques.

2.5.3   Sawki

Similarly, Sawki exceeded a few of the target values for FFP indicators, such as the percentage of households commonly using soap and water at a handwashing station (35.9 percent versus a target of 29.6 percent), but did not meet several others, especially those related to poverty, water, and diarrhea prevalence. For example, the percentage of people living on less than $1.25 per day was 12.2 percentage points higher at endline than the target of 40.3 percent. Similarly, the percentage of children under 5 who had diarrhea at endline was 14.2 percentage points higher than the 7.8 percent target. However,

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[30] This section highlights key differences between IP targets and endline values, where differences are sufficiently large. Statistical tests of differences are not conducted.

the project exceeded by nearly 12 percentage points its targets for the percentage of births receiving at least four antenatal care (ANC) visits during pregnancy, and met its targets for the prevalence of underweight and stunted children under 5, the prevalence of children 6-23 months receiving a minimum acceptable diet, the prevalence of EBF, and the prevalence of underweight women of reproductive age. The project exceeded its target for the percentage of farmers who used at least two sustainable agricultural practices or technologies. The percentage of farmers practicing value chain activities promoted by the project was 9.7 percentage points lower than target.

3. EVALUATION METHODOLOGY

The summative PE of the Niger DFAPs utilized a mixed-methods design that integrated data from multiple sources. The evaluation drew on data collected via a PBS to measure current status and change over time for 20 key FPP indicators and a companion qualitative data collection effort conducted at endline to provide: additional context and understanding of beneficiary perceptions of project achievements; changes in key outcomes and reasons why; and additional information from project IPs and related stakeholders on issues of project effectiveness, sustainability, unintended consequences, and lessons learned. In addition to the quantitative PBS data and primary qualitative data collected from DFAP beneficiaries and other key stakeholders, the final PE also drew on secondary data from IP performance monitoring data, key IP documents, and the midterm evaluations conducted for each of the DFAPs. The availability of pre/post quantitative data on FFP indicators substantially increased the ability for the ET to derive evidence-based findings, conclusions, and recommendations for this evaluation. The mixed-methods design also utilized qualitative data collection protocols to collect primary qualitative data from DFAP beneficiaries and other key stakeholders, and additionally drew on key IP documents, monitoring information, and midterm evaluations to help interpret findings and provide support for recommendations.

3.1 QUANTITATIVE DATA COLLECTION AND ANALYSIS: PBS

The PBS was designed to obtain measures for 20 FFP indicators related to: food access; children's nutritional status and feeding practices; women's nutritional status and dietary diversity (WDDS); water, sanitation, and hygiene (WASH); agricultural practices; and measurements of poverty. In addition to the required FFP indicators, the PBS also included four program-specific custom indicators identified by the IPs as key measures for their individual programs. Custom indicators were added by the projects to assess: handwashing practices; use of improved varieties of macronutrient-dense foods; knowledge of importance of access to health services; and frequency of ANC visits. Custom indicators are defined in the 2013 *Title II Surveys Data Treatment and Analysis Plan* (DTAP). FFP indicators are defined and described in the 2015 *FFP Indicator Handbook*.[31]

The PBS at endline used the same data collection instruments,[32] level of statistical precision, and the same statistical power as at baseline, and collected data on the same population-level impact and outcome indicators. Analysis of change rests on statistical tests of differences between the baseline and endline measurements. The baseline data collection for the PBS[33] took place in February-March 2013, and the endline data collection was conducted in May-June 2017. The pre/post design of the quantitative component of the evaluation enables measurement of change in indicators between the baseline and

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[31] Food and Nutrition Technical Assistance III Project (FANTA III). 2015. *FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys.* April 2015. Washington, DC.

[32] Minor updates to the household survey were made at endline to enable identification direct and indirect beneficiaries overall and by key project activities, and to provide additional information at request of FFP and partners (e.g., on cell phone use).

[33] For full details of the baseline study, including PBS and qualitative results, see "Baseline Study for the Title II Development Food Assistance Projects in Niger" report. Available at: http://pdf.usaid.gov/pdf_docs/pnaed237.pdf

endline, but it does not allow inferences to be made about whether any of the observed changes were caused by the projects. In other words, attribution of changes in outcomes to the projects is not possible under this design.

The household sample at baseline and endline was based on a multi-stage clustered sample design, and the sample size was calculated to detect a 6 percentage-point change in the prevalence of stunting within each of the three DFAP projects. The baseline PBS sample, conducted across 240 villages in total, consisted of 7,200 households, with 80 villages and 2,400 households sampled in each of the three DFAP program areas. The endline sample consisted of 5,460 households surveyed across 182 villages. In total, 61 villages were sampled per project at endline (60 villages were sampled for LAHIA, the total number of villages covered by the program), and 30 households were surveyed per village. The difference in total sampled villages across baseline and endline was due to a reduction in the number of villages where implementation actually occurred, relative to what was anticipated at baseline.

Analysis of the PBS data consisted of: calculation of baseline and endline indicators (point estimates and 95 percent confidence intervals); assessments of statistically significant differences in indicators across baseline and endline values; and disaggregated analyses of differences in endline indicator estimates (and change across baseline and endline, where possible) by direct/indirect beneficiary status. Relevant sampling weights were used to represent the full target populations for all analyses, and calculated for the combined program areas and for each DFAP implementation area separately. Point estimates and variance estimations took into account the design effect associated with the sampling design. In addition, supplemental analyses were conducted to examine if and how outcomes vary by household wealth status, and to identify key individual, household, and village-level characteristics associated with a change in the prevalence of underweight women and the prevalence of moderate to severe hunger in households, two of the key outcomes of interest for this evaluation (see Annex VI, including Sub-Annexes 6A-6F, for full methods and results).

Indicator estimates from the baseline and endline surveys were compared to assess change over time. This pre/post design allowed for the measurement of change in indicators between the baseline and endline surveys; however, the design does not allow statements to be made about attribution or causation relating to project impact. To rule out whether changes in the indicators are a result of shifts in the underlying characteristics of households that are correlated with the indicators—such as the age, sex, or level of education of the household head—analyses were conducted to compare household characteristics between the baseline and endline. The objective of these analyses was to document whether there are significant differences between baseline and endline household characteristics which can be taken into consideration when interpreting indicator results.

Because the DFAPs scaled back their project areas after the baseline survey, some of the villages sampled at baseline did not receive the DFAP interventions. Therefore, baseline household characteristics and indicator estimates were compared between villages that received the DFAP interventions and those that did not to identify whether significant differences exist. If no differences were found, then the baseline sample, which included villages that eventually did not receive the DFAPs, were considered representative of the target DFAP populations at baseline.

For each project, indicator results and tests of differences in indicators between baseline and endline were examined separately for direct and indirect beneficiaries to evaluate if the effects of the project interventions "spilled over" from direct to indirect beneficiaries—as is desired. The designation of respondents and households as direct versus indirect beneficiaries was based on household respondents' answers to a set of questions about exposure to the project interventions. One respondent per household was asked, "Have you or someone from your household participated in LAHIA/PASAM-TAI/Sawki project activities?" Respondents who answered "Yes" were considered to be direct beneficiaries. Respondents who answered "No" were considered to be indirect beneficiaries. Respondents who reported they or someone in their household participated in the project were asked

about the type of assistance. Program assistance includes food rations, nutrition training or meetings, agriculture-related training or meetings, or other types of assistance. The responses were not validated by the projects so it was not possible to determine definitively that the respondents know the source of the program assistance. For this reason, among other factors, causality cannot be attributed to any of the projects. Additionally, respondents or households were likely to be recipients of more than one type of assistance so it was not possible to disentangle the effects of different types of program interventions.

Additional analyses of the PBS data were conducted to explore the effectiveness of the projects in reaching target populations – namely, the "poorest of the poor," children under 2, and pregnant and lactating women (PLW). The baseline and endline estimates of the indicators were compared for the poor and non-poor separately to empirically test whether the two groups experienced improvement over time. Additionally, the indicator estimates at baseline and endline were compared between the poor and non-poor to explore differences between the two groups. The prevalence of underweight and wasting for children under 2 was compared between the baseline and endline. Because stunting is a measure of chronic malnutrition, the baseline and endline estimates of the prevalence of stunting were compared for children over 2, since children over 2 in the endline sample will have had longer exposure to the project interventions and changes to the prevalence of stunting for these older cohorts are more likely to be detected. WDDS was compared at baseline and endline for PLW and non-PLW separately to explore whether the two groups of women experienced change since the baseline. Comparisons of WDDS between PLW and non-PLW at baseline and endline were also conducted to determine if the two groups of women differ.

3.2 QUALITATIVE DATA COLLECTION AND ANALYSIS

The qualitative component of the PE drew on three data collection methods:

- Desk review of IP quarterly and annual performance reports, monitoring and evaluation (M&E) data, and relevant secondary information;
- Group discussions (GDs) conducted at endline with project beneficiaries in 8-12 villages per DFAP; and
- Key informant interviews (KIIs) conducted at village, commune, prefect, and national levels, also conducted at endline.

Qualitative data collection utilized purposive sampling and semi-structured GD and KII protocols. The qualitative fieldwork for the endline PE was conducted between June and July 2017. Full quantitative results were not available in time to fully inform the design of the qualitative instruments (such as for the poverty indicators), which limits the ability for the qualitative data collection to explain some of the quantitative results. However, some preliminary results from the PBS were available during qualitative data collection (for example with respect to the diarrhea indicators), and those findings were used to help direct follow-up probing on those issues.

3.2.1 Group Discussions

The ETs conducted 56 GDs at endline, consisting of two gender-segregated GDs per sampled village across 28 villages (8 villages each for Sawki and LAHIA, and 12 villages for PASAM-TAI). GDs comprised 673 participants in total (315 men and 358 women). GDs were organized with the assistance of community leaders and DFAP field agents, and were comprised of a maximum of 12 participants. An English-French-Hausa speaking moderator from each ET conducted the GDs in the local language predominantly spoken in each of the DFAP implementation areas. GDs were generally held outside at common gathering areas in the respective villages. Semi-structured instruments with questions organized by evaluation theme were used to guide the discussion (see Annex V).

3.2.2 Key Informant Interviews

At endline, a total of 84 KIIs were conducted by the DFAP ETs. This includes four at the national level, 23 at the district and commune levels, and 57 at the village level. The interviews followed a semi-structured format to allow for follow-up questions and flexibility in the discussion. The KII protocol was structured to gather information on: the extent to which activities have been achieved, and on what factors promoted or inhibited project activities and outcomes; perspectives on the effectiveness of project interventions and targeted groups; quality of services provided; motivations and capacity to demand and sustain services; and the sustainability of project interventions and outcomes (see Annex V for KII protocols).

3.2.3 Village Selection for Qualitative Data Collection

Village selection for qualitative data collection was based on maximizing coverage on a range of different project activities, drawn from IP data on activity implementation by village, and maximizing variation on village distance to a regional town (within a two-hour travel time, for logistical feasibility). Village selection was stratified by commune (one village was selected from each commune to capture potential variability across different communes) and, for PASAM-TAI, the selection process also aimed to exclude villages sampled for the PBS in order to minimize respondent burden (this was not possible for LAHIA and Sawki, since the endline PBS sampled nearly all implementation villages for each of the two projects).

3.2.4 Desk Review of IP and Secondary Documentation

The purpose of the desk review of IP and available secondary documentation was to identify key findings and explanatory factors from IP reports and internal M&E data pertaining to each of the outlined EQs. Examination of key documents was also used as a source of triangulation for qualitative data provided by project beneficiaries and KIIs or to help interpret or provide explanatory context for both PBS and qualitative results.

3.2.5 Qualitative Data Analysis

GDs were recorded, with consent from participants, and transcribed from Hausa to French. Transcribed GD data and detailed GD notes were then coded in NVivo according to a pre-defined codebook coding text segments according to key themes of interest for the EQs. KII notes were summarized using standard content analysis techniques. For both KIIs and GD data, analyses summarized common trends and patterns to highlight project-, sector-, and gender-differentiated trends, and to identify examples of positive deviance and most significant change.

3.3 EVALUATION LIMITATIONS AND CONSTRAINTS

3.3.1 Lack of Valid Counterfactual for Quantitative PBSs

The pre/post quantitative design without a valid counterfactual at both time points cannot definitively attribute changes in program indicators to the DFAPs. However, companion qualitative data collection at endline aims to: help corroborate the PBS-based results; capture information on potential confounders; and understand beneficiary perceptions on if and how project activities helped to elicit change in key outcomes. As one example of potential confounders, it is noted that other donors that are active in the livelihoods, WASH, and/or the MCHN space were present in each of the project areas prior to DFAP award initiation, which could have had varying contributions to baseline levels of FFP indicators and also influenced trajectories on such indicators during the DFAP lifetime.

3.3.2 Reduction in Total Number of Implementation Villages Between Baseline and Endline PBSs

Because the DFAPs scaled back their project areas after the baseline survey, some of the villages sampled at baseline did not receive the DFAP interventions. This resulted in a smaller number of villages

sampled for the PBS at endline. The reduction in implementation villages resulted from resource constraints, although clear criteria for the de-selection of villages for implementation were not available to the ETs. The change in the endline household and village sample could have an effect on the analysis of change in indicators from baseline to endline if there are systematic differences in factors related to the impact and outcome measures between the sampled villages where the program was implemented and those where program implementation did not occur. To address this concern, the endline PBS analyses tested for differences in key individual and household demographic characteristics across the baseline and endline village samples, and found no substantial differences (see Annex VI, Sub-Annex B, Tables 6.2-6.4). This means that the baseline sample, which includes villages that eventually did not receive the DFAPs, can be considered representative of the target DFAP populations at baseline. In general, households in villages that eventually received the DFAP and those that did not receive the DFAP are similar with respect to household characteristics at baseline (average household size, average age of household head, average age of primary caretakers for children under 5, percentage of households with women 15-49 years, percentage of households with currently married women 15-49 years, percentage of households with children 0-59 months, percentage of households with children 6-23 months, percentage of households with children 0-5 months). A few differences were observed, in the PASAM-TAI project area only, on highest level of education by female household members (lower in villages that received the DFAP), average household size (lower in villages that received the DFAP), and average age of household head. No differences were noted in the LAHIA or Sawki project areas (see Annex VI, Sub-Annex B, for additional results).

3.3.3 Difference in Seasonal Timing of Data Collection between Baseline and Endline PBSs

The baseline data collection for the PBS took place in March, while the endline household survey was conducted in May.[34] It is possible that this difference in seasonality across the two rounds of data collection could contribute to differences in some of the indicator estimates.[35] In terms of a typical seasonal calendar, March is generally a post-harvest month in which it is not uncommon for seasonal migrants to have migrated out of villages to seek wage work. In May, farmers begin land preparation in anticipation of the rainy season and planting and this is typically a lean season for pastoralists (note, however, that the lean season for farmers generally occurs somewhat later in the year, starting in mid-June; see Figure 3). In particular, dietary diversity, prevalence of household hunger, and prevalence of diarrhea indicators may be more sensitive to this difference. Note that the rainy season in Niger typically occurs between the months of June and September, and this may partially explain the increase in diarrhea between the baseline and endline survey.

3.3.4 Recall Bias in Qualitative Data Collection

Some evaluation topics, such as perceptions about the beneficiary selection processes that occurred early in program implementation, may be difficult for respondents to remember accurately as time passes. Careful construction of question wording on interview guides, probing for clarification, and triangulation across GDs and KIIs were used to mitigate the potential for recall bias to influence results. PE teams had little indication of serious issues related to this during the qualitative data collection.

3.3.5 Selection Bias for Qualitative Data Collection

For the qualitative component of the PE, village selection was purposive, stratified by commune, and aimed to maximize coverage on the breadth of project activities in selected villages while including

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[34] The fieldwork for the baseline survey took place between February 26 and March 30 and revisits for incomplete surveys occurred April 14-17. The data collection for the endline survey started on April 30 and ended on May 29.
[35] Non-nutrition indicators that may be affected are HHS, HDDS, WDDS, MAD, and children's diarrhea. For agricultural indicators, because the main harvest season preceded both surveys, there is unlikely to be a seasonal influence.

villages across a range of accessibility from either Maradi or Zinder regional towns (based on distance from regional town in kilometers and total travel time). Village selection for the qualitative data collection aimed for representativeness to the extent possible, but it is noted that purposive qualitative data collection is inherently non-representative. Moreover, respondents who participated in GDs and were willing to share their views may not be representative of all project participants, or may be different in key observable or unobservable ways. The ET sought to mitigate the potential for biased results by recruiting respondents with a range of experiences and beneficiary roles for the qualitative data collection, and also by triangulating information across different types of project beneficiaries and stakeholders.

Figure 3. Niger Seasonal Calendar (Typical Year)
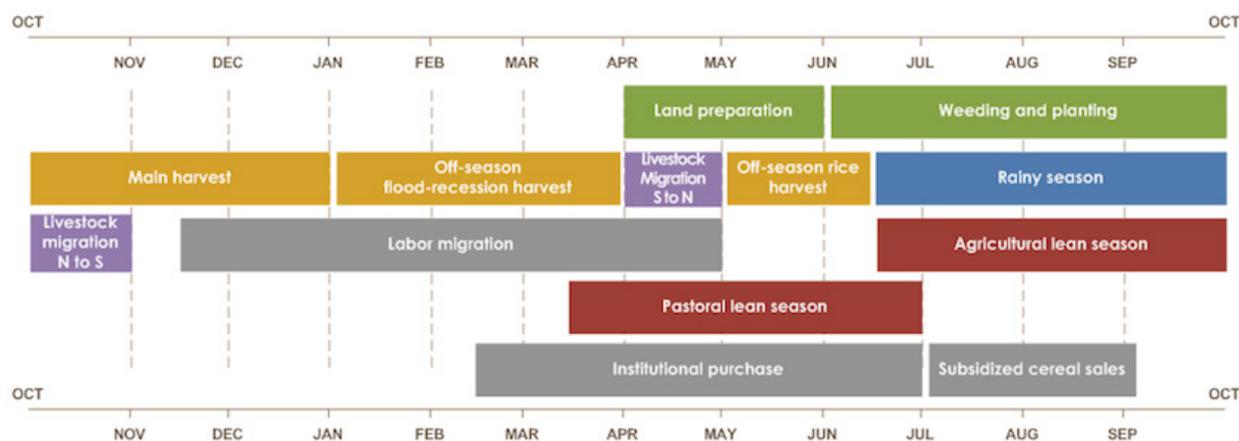
(Source: Famine Early Warning Systems Network (FEWS NET), accessed at: http://www.fews.net/west-africa/niger)

4. FINDINGS AND CONCLUSIONS

4.1 EQ 1: OVERALL PROJECT ACHIEVEMENTS: TO WHAT EXTENT HAVE THE ACTIVITIES OF THE THREE PROJECTS MET THEIR GOALS, PURPOSES, AND DESIRED OUTCOMES; AND WHAT FACTORS PROMOTED OR INHIBITED THEIR ACHIEVEMENT?

FINDINGS

4.1.1 Integrated Quantitative and Qualitative Findings by Sector: Project Achievements and Key Factors, Overall and by Subgroups

Statistical tests of differences between the PBS endline and baseline results suggest substantial improvements in intermediate steps in the TOC pathway in all three DFAP areas.[36] These include positive improvements on all agricultural indicators, the household dietary diversity score (HDDS), and WDDS. PBS results also show positive change in impact-level indicators, including improvement in the nutritional status of children under 5 years of age across all three project areas. The percentage of children 6-23 months of age who receive a MAD also improved. However, the percentage of underweight, stunted, and wasted children in the project areas still remains high at endline.

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[36] See Annex VI, including Sub-Annexes 6A-6F, for baseline and endline PBS estimates, raw differences, and statistical tests of difference.

The PBS results demonstrate little to no change in the project areas on some key indicators or variable improvements across the projects. This is most notable for the poverty and WASH indicators and the prevalence of underweight women, EBF, and diarrhea for children under the age of 5. For example, improvements were seen for LAHIA project areas on poverty indicators, use of sanitation facilities, and EBF while little change was observed in the other project areas. Improvements were seen for Sawki project areas on households with soap and water at handwashing stations and on prevalence of underweight women.

Analysis of differences in outcomes for direct and indirect project beneficiaries[37] suggests that both types of beneficiaries experienced improvements during the project time frame. For some indicators, the improvement for direct beneficiaries was greater than for indirect beneficiaries in all three project areas. This was the case for the use of financial services, WDDS, and knowledge of the importance of access to health services. In the PASAM-TAI and Sawki project areas, direct beneficiaries also had greater gains than indirect beneficiaries on HDDS and the use of sustainable agricultural practices. Overall, the results provide evidence for positive project spillover effects to indirect beneficiaries within project villages.[38]

Analyses of differences for the poorest households[39] relative to other households[40] indicate that although the non-poor were better off at endline than the poorest households on several indicators, the poor did experience significant improvements since baseline, particularly for the food security, WDDS, and children's malnutrition indicators.[41]

The combined quantitative and qualitative results by broad technical sector are elaborated below. Each section by technical sector includes a summary of the qualitative evidence base to help interpret the PBS findings and summarizes findings for the overarching EQ and two sub-questions on population sub-groups (poorest households related to others) and plausible factors to help explain pathways to outcomes. Where possible, project- or gender-differentiated results are also highlighted, as are any notable external factors that could also be associated with the observed changes. The report begins with the agricultural and WASH results, which are primarily outcome-level indicators, followed by the impact-level food security results. It then moves to women and children's health and nutrition impacts, and overarching poverty impacts.

Agriculture

The PBS results suggest substantial improvements on all agricultural indicators during the project lifetime, in each of the DFAP areas (Figure 4). The percentage of farmers utilizing the given practice or service more than doubled for several of these indicators—including for the percentage of farmers who used financial services, improved storage practices, or at least three sustainable agricultural practices in the 12 months prior to survey and the percentage of farmers who used at least one improved variety of micro-nutrient dense foods. Direct and indirect beneficiaries both experienced substantial improvements. As one would expect given program targeting, gains were generally greater for direct beneficiaries (Annex VI, Sub-Annex 6A, including Tables 6.5-6.7). Positive gains were also generally observed for both male and female farmers. However, despite the substantial increase in the percentage of farmers who used financial services during the project timeframe, the overall percentage of the

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[37] The designation of respondents and households as direct versus indirect beneficiaries is based on household respondents' answers to a set of questions about exposure to the project interventions on the PBS household survey. One respondent per household was asked "Have you or someone from your household participated in LAHIA/PASAM-TAI/Sawki project activities?" Those who answered "No" are considered to be indirect beneficiaries. See Annex VI, Sub-Annex 6A for raw differences and statistical tests of endline differences between direct and indirect beneficiaries.

[38] See section 3.1 for a description of how respondents were categorized as direct or indirect beneficiaries, and note this is a proxy measure.

[39] Poorest households are defined as living below the US$ 1.25 daily per capita threshold in constant 2010 USD.

[40] Defined as living above the $1.25 daily per capita threshold in constant 2010 USD.

[41] See full results in Annex VI, Sub-Annex 6C.

sample who use financial services at endline still remains fairly low (25 percent for LAHIA, 17 percent for PASAM-TAI, and 17 percent for Sawki project areas).

Figure 4. Endline to Baseline Change on Agricultural Indicators, by Project
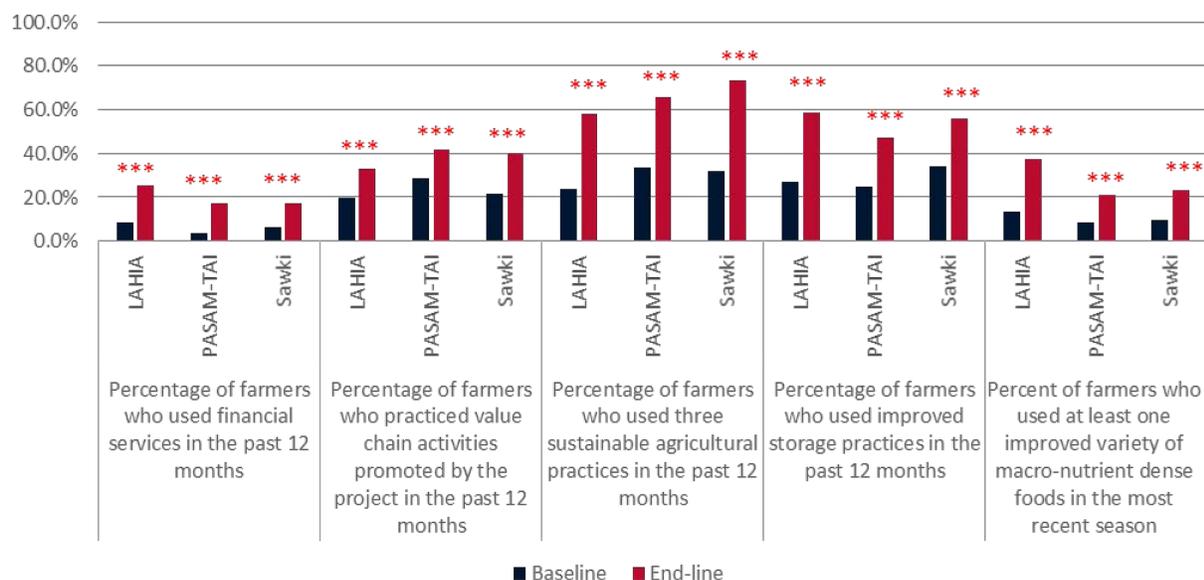
(Data Source: Niger Baseline and Endline PBS; * p<0.05, ** p<0.01, *** p<0.001)

<u>Group discussions with project beneficiaries across the three DFAPs corroborated the positive changes in agricultural practices observed in the PBS results and illustrated how uptake of these practices has led to increased production and food availability for beneficiary households</u>. GD participants strongly emphasized the importance of the agricultural and livestock knowledge and trainings they received, as well as the benefits they experienced from increased access to key agricultural inputs, primarily the improved seed varieties[42] and chemical fertilizers that were provided by each of the three projects.

There was widespread agreement from project beneficiaries across the DFAPs that the combined agricultural knowledge they learned directly through farmer field schools, via observation of demonstration plots or through interactions with lead farmers, together with the use of improved seed varieties and chemical fertilizers had enabled them to double or triple their yields of millet and other staple crops. GD respondents also pointed to the improvements in crop storage practices they learned through the projects, such as the use of Purdue Improved Crop Storage (PICS) sacks, which they said had enabled staple grains and cowpeas to remain edible for several more months per year. Increased crop production was highlighted in 15 of 28 associated GDs held across the DFAPs while increased duration of food availability was noted in 11 of 28 GDs. As a knock-on effect, beneficiaries in some GDs noted that their improved crop storage abilities allowed them to store and strategically sell some of their stock when market prices rose, rather than selling at low prices as they had in the past.

<u>GDs also provided additional insights, from the perspectives of beneficiaries, on how project activities helped them to achieve agricultural, food, and livelihoods improvements</u>. For men, an increase in agricultural production was the most commonly noted major achievement that beneficiaries mentioned

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[42] For example, the projects introduced an improved variety of millet that matures in 70 rather than 120 days.

as a result of the project. Men also commonly mentioned an increase in the duration of food stocks, benefits received from improved seeds, and improved diet or nutritional diversity. Women highlighted a similar set of important changes as a result of project activities, but they also emphasized improved income or livelihoods more than men did. Overall, there were few differences in male and female beneficiary responses and response trends were similar across the three DFAPs.

Despite these achievements, GD participants across the DFAPs also reported <u>several remaining challenges on agriculture, food, and livelihoods issues</u>. Respondents in 7 of 28 GDs across the DFAPs highlighted that, even with substantial yield improvements, the amount of food produced by many households was still not sufficient to feed the household throughout the entire year.[43] Insufficient financial resources were noted as a challenge to achieving greater improvements in 11 of 28 associated GDs. Women particularly highlighted insufficient financial resources to purchase improved seed varieties or chemical fertilizers. Persisting challenges were also noted for access to sufficient water and land, and for maintenance of water infrastructure and milling or other processing machines provided to villages.[44] Respondents across the DFAPs mentioned concerns about continued access to improved seeds and fertilizers, water and farming inputs required for off-season market gardening, challenges with pest control, and varying availability of vegetables throughout the entire year.

> *"Before we learned these techniques, we did not exceed 25-30 bundles of millet harvested with one hectare. But today, if we practice these new methods of production, you can have at least 70-80 bundles from one hectare."* – LAHIA male beneficiary.

With respect to water constraints, beneficiaries in 9 of 28 associated GDs commented on the difficulties of off-season farming due to water scarcity and long wait times at wells.[45] Beneficiaries across the DFAPs expressed desire for additional boreholes, foot operated pumps, rehabilitation of wells that had fallen into disrepair, or a water tower in their village.

With respect to challenges on credit access and continuing financial constraints, a LAHIA women's GD noted that access to credit through the DFAP was an important tool for those with financial needs. However, the women also noted that while yield increases obtained through the project had motivated households to buy improved seeds, this purchase often must be made on credit and many households were still unfamiliar with how to obtain this. Warrantage practices[46] were also viewed as beneficial, but women expressed concerns over sustained participation due to the terms of the microfinance institution.[47] In contrast, participants in the Sawki GDs made multiple reference to the lack of access to any credit.[48] Barriers to access included: inability to obtain the required deposit amount; difficulties making credit repayments that discouraged households from seeking credit; and other perceived risks associated with borrowing. In PASAM-TAI, women beneficiaries mentioned that revenue generated by their agricultural activities was often not enough for their daily needs. Women also said they did not feel

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[43] In one Sawki village, men estimated that 60 percent of households cannot afford to buy improved seeds or fertilizers. In another Sawki village, men estimated that 20 percent of households are able to conserve enough improved seed stock after harvest for the subsequent agricultural season. Other households still must consume all of their seed stock before the next planting season, due to food shortages, and require subsidized distributions or credit to buy improved seeds for the next year.

[44] For example, Sawki men's and women's GDs mentioned machines to grind millet and process poultry feed could not be repaired in the village when they broke down.

[45] Most notably in LAHIA women's GDs.

[46] Warrantage describes the inventory credit system (normally called the warehouse receipt system). This means granting credit with grain as collateral in secure warehouses where a third independent party holds the collateral on behalf of both the creditor and the debtor.

[47] In LAHIA GDs, there were multiple mentions of long delays in receiving payment through the warrantage system.

[48] In Sawki, this was mentioned in 6 of the 8 associated GDs, while highlighted in only 2 of 8 LAHIA GDs by comparison.

they were sufficiently organized to profit substantially from the sale of their market garden harvest, and felt that credit repayment terms contributed to lower profits.

WASH

PBS results show an increase in the use of improved sanitation[49] facilities in the LAHIA project area, and no change on this indicator in the other two project areas (see Figure 5).[50] With respect to the percentage of households with a handwashing station with water and soap, improvements were observed in the Sawki project area (see Figure 6) for both direct and indirect beneficiaries.

Improvements in knowledge of three of the five critical moments for handwashing were also observed for both direct and indirect beneficiaries for two of the project areas. This knowledge increased from 8.2 percent to 14.9 percent (p<0.01) of households for the LAHIA project areas, and from 6.6 percent to 12.1 percent (p<0.01) of households in the Sawki project area. For PASAM-TAI, no change was observed across baseline and endline at 8.6 percent and 6.8 percent of households, respectively.

Qualitative data on WASH from project beneficiaries across the DFAPs corroborated a moderate increase in improved sanitation facilities in villages due to project latrine building activities and also provided insights into the substantial financial and engineering difficulties associated with latrine construction that served as barriers to wider uptake.

Figure 5. Percentage of Households Using Improved Sanitation Facilities[51]

Percentage of households using improved sanitation facilities

■ Baseline ■ End-line
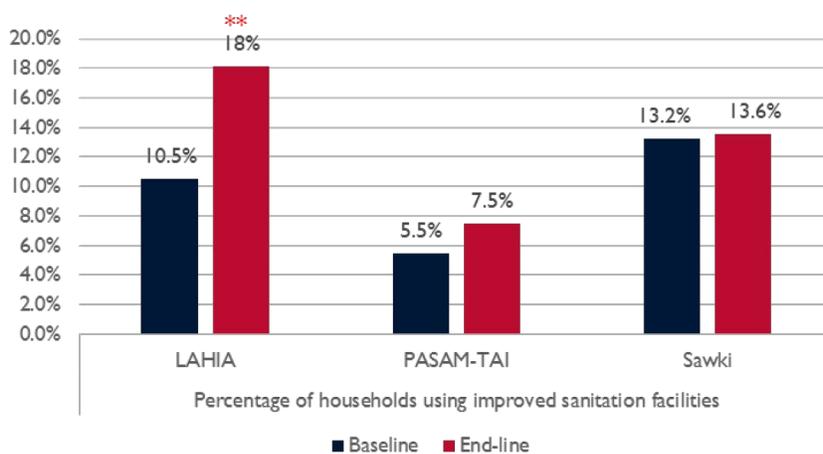
GDs with beneficiaries also indicated that project sensitization had been effective for increasing knowledge about the linkages between increased use of latrines rather than open defecation, handwashing prior to food preparation and after defecation, and reduced diarrhea among children and within households. In 10 of 28 associated GDs participants noted there was less open defecation in their village due to projects' efforts on this.

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[49] WHO and UNICEF define an improved sanitation facility as one that hygienically separate human excreta from human contact. This includes pit latrines not shared with other households that have a slab or lid cover and open pit. Source: Food and Nutrition Technical Assistance III Project (FANTA III). 2015. FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys. April 2015. Washington, DC. In the three DFAPs evaluated, this includes both cement and earthen (traditional) forms of pit latrines.
[50] The stronger uptake of latrines in LAHIA is not entirely clear, and the approaches of the three IPs in addressing CLTS and ODF certification were similar. The more positive result may be due to a number of factors including the close monitoring proximity of LAHIA facilitators with strong involvement of the local government technical services, and the key role of canton chiefs from the five communes in supporting the activity. In addition, LAHIA did not promote a prescribed or imposed latrine model, allowing each household to build their latrines according to their own preferences and economic means, in compliance with CLTS standards. Source: Personal communication with LAHIA MEAL Manager, January 9, 2018.
[51] For all charts in this chapter: Results shows the statistical test of differences between endline and baseline values. Data Source is Niger Baseline and Endline PBS; * p<0.05, ** p<0.01, *** p<0.001. Results marked with *** are considered highly statistically significant.

For example, in PASAM-TAI project areas, women noted there was greater understanding of the role of handwashing in reducing diseases and this behavior was also now promoted among children. Similar comments were made across the GDs for all three DFAPs. In this sense, the reasons for the lack of movement on handwashing indicators observed in the PBS results are unclear and there was little indication from IP data to explain greater improvement in Sawki project areas relative to the other two.

In contrast, <u>GDs with beneficiaries provided a much clearer understanding of barriers that contributed to only moderate improvements on the use and availability of improved sanitation facilities</u>. Two key factors were repeatedly mentioned by beneficiaries: the high cost of materials or wage labor required to build latrines, such that only the wealthiest households have the means to afford this; and engineering challenges with latrine pit stability.[52] With respect to the cost to build latrines, women in Sawki GDs noted that the project did not provide materials.[53] Across all three project areas, beneficiaries mentioned that inability to afford building materials for latrines was a key factor prohibiting additional construction of latrines in the village. However, villagers said they had been effectively sensitized on the importance of eliminating open defecation and keeping latrines clean. In multiple Sawki GDs, women mentioned that keeping latrines clean had indeed resulted in their greater use.

In Sawki, male beneficiaries estimated that latrine construction costs a total of 10,000-15,000 CFA ($18-27) for each household, after receiving the starter materials from Sawki. With these fairly high costs in mind, they said that in the future an increased subsidy from Sawki would likely result in more latrines built in the community. Male beneficiaries in another Sawki village reported that at least two thirds of the houses had constructed latrines, but that the high cost and shortage of materials was the key barrier to construction for the remaining one third of households. In LAHIA, male beneficiaries generally reported a sufficient number of latrines in their villages, but noted limited access to cement and without its use to line the pits, the latrines collapse. In PASAM-TAI, male beneficiaries in one village estimated that only 20 percent of houses in the village have latrines. It was also related that in some cases further expansion did not occur because project staff had reduced the cement allocation or subsidy for latrine construction.

Figure 6: Percent of Households with Soap and Water at a Handwashing Station

Percentage of households with soap and water at a handwashing station commonly used by family members
■ Baseline ■ End-line

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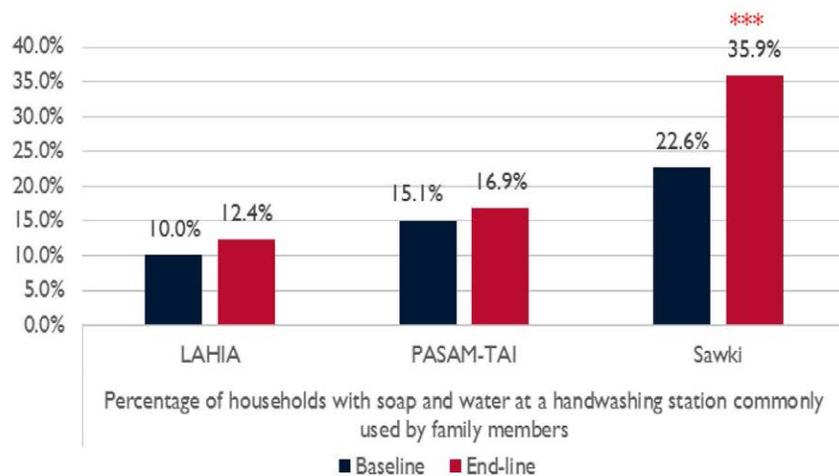
[52] This appears to be due to unstable soils that cause latrine pits to collapse during rains unless they are sufficiently lined.
[53] Note this is in keeping with the community-led total sanitation (CLTS) design, and corroborated by IP program literature.

Food Security

PBS results demonstrate improvements in HDDS in all three project areas (Figure 7), and for both direct and indirect beneficiaries[54] (Annex VI, Sub-Annex 6A). Improvements are also observed in the prevalence of hunger in the LAHIA project area, also for both direct and indirect beneficiaries. However, no change was observed on this in the PASAM-TAI or Sawki project areas (Figure 8).

Figure 7. Household Dietary Diversity Score

Figure 8. Prevalence of Moderate or Severe Hunger
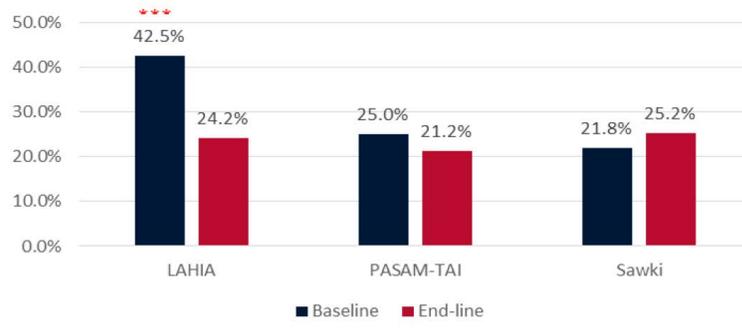
Qualitative data from project beneficiaries largely corroborated the HDDS results. Across the DFAPs, GD participants conveyed that they had learned the importance of eating a variety of more nutritious foods through project trainings and had also received greater access to such food—either through direct food rations provided by the project or through the new types of vegetables they had learned to grow in market gardens established through the DFAPs. However, beneficiaries also noted they do not always have the means to access such foods throughout the entire year due to financial constraints. While vegetables are generally available during the harvest season, in the off-season they typically must be purchased in markets within or outside of villages. During such periods, only households with greater financial means are able to use scarce household resources to purchase vegetables.

With respect to PBS findings of a large decline in the prevalence of moderate or severe hunger among LAHIA households and no significant change on this in PASAM-TAI and Sawki areas, GD and KII data provided insights which corroborate that most households in the project areas still experience some lean or hunger period during the year. At the same time, there is also some indication from the GDs that this period has shortened for many households relative to the pre-project period because they: 1) experienced a substantial increase in agricultural production (see earlier discussion); and 2) learned more effective staple crop storage practices that enabled their food stocks to last for several more months each year than in the past (see previous discussion). In addition, GD participants across the project areas also noted that such storage practices, in some cases combined with the introduction of a functional warrantage system, also enabled households to hold some of their grain, beans, or onion stocks in reserve until they could take advantage of higher market prices, thus gaining additional income which they could use to purchase food when reserves run low.

Despite these clear gains to project households, in all project areas the resounding theme from beneficiaries was that, even with the large improvements in food security as a result of project activities and trainings, many households still experience food shortages for some length of time each year. In

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[54] Note that HDDS is reported on under Food Security indicators, per USAID specifications, and can also be viewed as an indicator of household socio-economic status. It is noted that HDDS is not a nutrition indicator.

other words, their highly marginal baseline food security situation was sufficiently tenuous that even a doubling or tripling of yields and 2-3+ month increase in annual food stock availability was still insufficient to carry their household through the entire year on what they produced.

Women's Health and Nutrition

PBS results demonstrate an improvement in WDDS in all three project areas (Figure 9), and for both direct and indirect beneficiaries. Of the nine nutrient-rich food groups included in the WDDS, on average, women's WDDS scores increased by one food group, moving from three food groups at baseline to four food groups at endline. An improvement in the prevalence of underweight women was observed in the Sawki project area, but there was no change in the other two project areas (Figure 10).

Figure 9. Women's Dietary Diversity Score
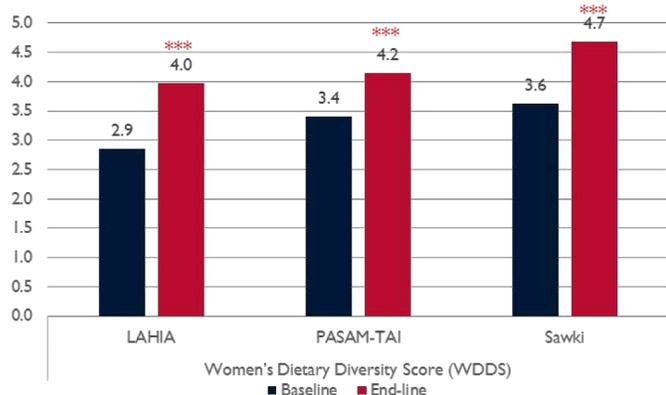
Figure 10. Prevalence of Underweight Women
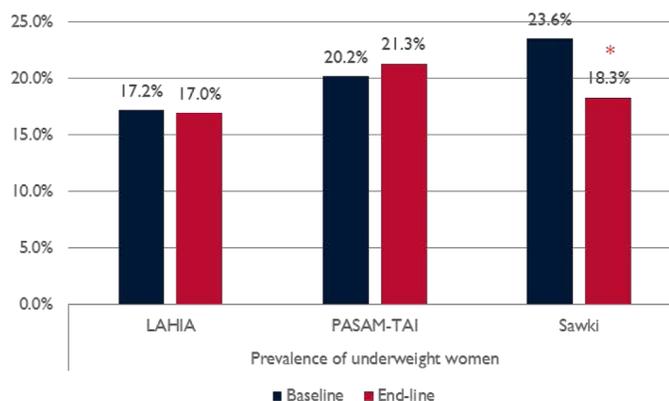
However, a decline in the prevalence of underweight women was also observed for direct beneficiaries of each DFAP. With respect to the percentage of births that received at least four ANC visits, improvements were observed in the PASAM-TAI (47.9 percent at baseline, and 62.1 percent at endline, $p<0.05$) and Sawki (40.9 percent at baseline, and 65.1 percent at endline, $p<0.01$) project areas, and this trend was observed for both direct and indirect beneficiaries. In LAHIA, there was no statistically significant change, with 65.9 percent of births receiving at least four ANC visits at baseline and 71.5 percent at endline.Qualitative results highlighted the importance to beneficiaries of increased MCHN knowledge due to the projects, and several resulting benefits (Figure 11). In men's and women's GDs across the project areas, participants emphasized that they perceived positive changes in women's health and nutrition as a result of the project, including: increased use of health clinics for childbirth; broader benefits to women, children, and families overall due to increased birth spacing for women through the use of family planning and contraceptives; and decreased illness and improved nutrition for children. In PASAM-TAI project areas, women linked visits to the health center to easier births, and also said that such childbirth at the health center resulted in immediate breastfeeding. Across the DFAPs, there was evidence that men are beginning to see maternal and child health as a more collaborative process. Men understood that their adherence to birth spacing practices, EBF, and child nutrition are equally their responsibilities. Further, men are doing their part by supporting women in going to health centers for delivery, consultations, and pregnancy monitoring.

> *"By the way, we have had the same trainings and sensitizations about managing families, family planning, and plenty of other things. Thus, it can be said that the mentalities of the men and those of women too have changed. The men have understood that it is necessary to sustain a pregnant woman by giving her a rich and balanced diet. They also accompany their wives for births at the health center."* – Female PASAM-TAI beneficiary.

Figure 11. Most Important Effects of DFAPs: MCHN and WASH
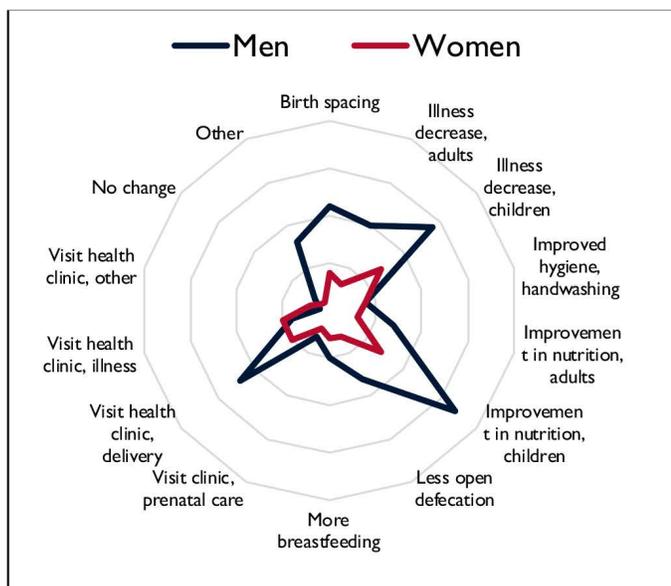
Figure 12. Remaining Challenges: MCHN and WASH
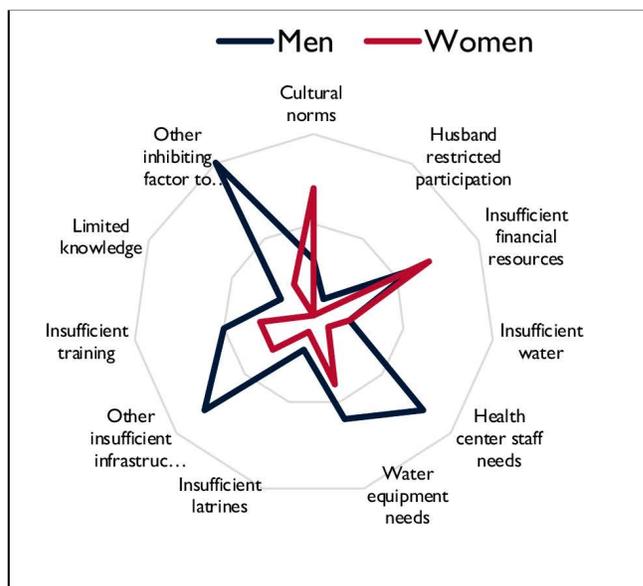
Note: Charts are based on number of coded segments by theme. *Data source*: coded GD data collected July 2017

Across the three DFAPs, beneficiaries also noted similar persistent challenges to greater improvements in women's health and nutrition. Key issues were insufficient financial resources to afford pay-for-service activities or benefits (such as some health center costs), a need for more refresher trainings that are accessible to a wide range of villagers in order to more strongly reinforce MCHN knowledge or practices and challenges with respect to health center staffing[55] (Figure 12). Women highlighted that cultural norms around health center visits and family planning are generally changing, but slowly. Male GD participants noted that villages could benefit from additional sensitization on women and children's health issues, including family planning, to help bring more reluctant households on board. In LAHIA GDs, distance to the health center was noted as a barrier to access, in some cases requiring travel of 10 kilometers.

Discussions with beneficiaries provided little additional information to corroborate or interpret the lack of change on the prevalence of underweight women in the project areas, which is somewhat counterintuitive given improvements in WDDS. However, it is also noted that while WDDS provides insights into the diversity of food consumed by women, it does not provide information on the frequency or composition of those different food groups, which can also affect a woman's weight.

Children's Health and Nutrition

PBS results point to significant improvement in children's health and nutrition outcomes over the project lifetime. Notably, the prevalence of stunting was reduced by 7 percentage points in the LAHIA project area and 5 percentage points in the PASAM-TAI project area and these differences are

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[55] Specifically, beneficiaries noted that some men and women are reluctant for women to be treated by male health workers at clinics and that some health centers are only staffed for a small number of days each week. In all three areas, both men and women discussed the continued reluctance of some women to use health center services or family planning methods offered by the health center due to cultural norms and religious beliefs.

statistically significant. Stunting was not reduced in the Sawki project area[56] (Figure 13). The reduction in the prevalence of underweight and wasting was statistically significant in all three project areas.[57] In general, the prevalence of underweight and stunted children remains high in all three project areas despite these notable gains (endline stunting levels were at 50, 55, and 51 percent of children under 5 for LAHIA, PASAM-TAI, and Sawki areas, respectively). Improvements were observed for both boys and girls, with some exceptions.

Figure 13. Children's Malnutrition Indicators by Project
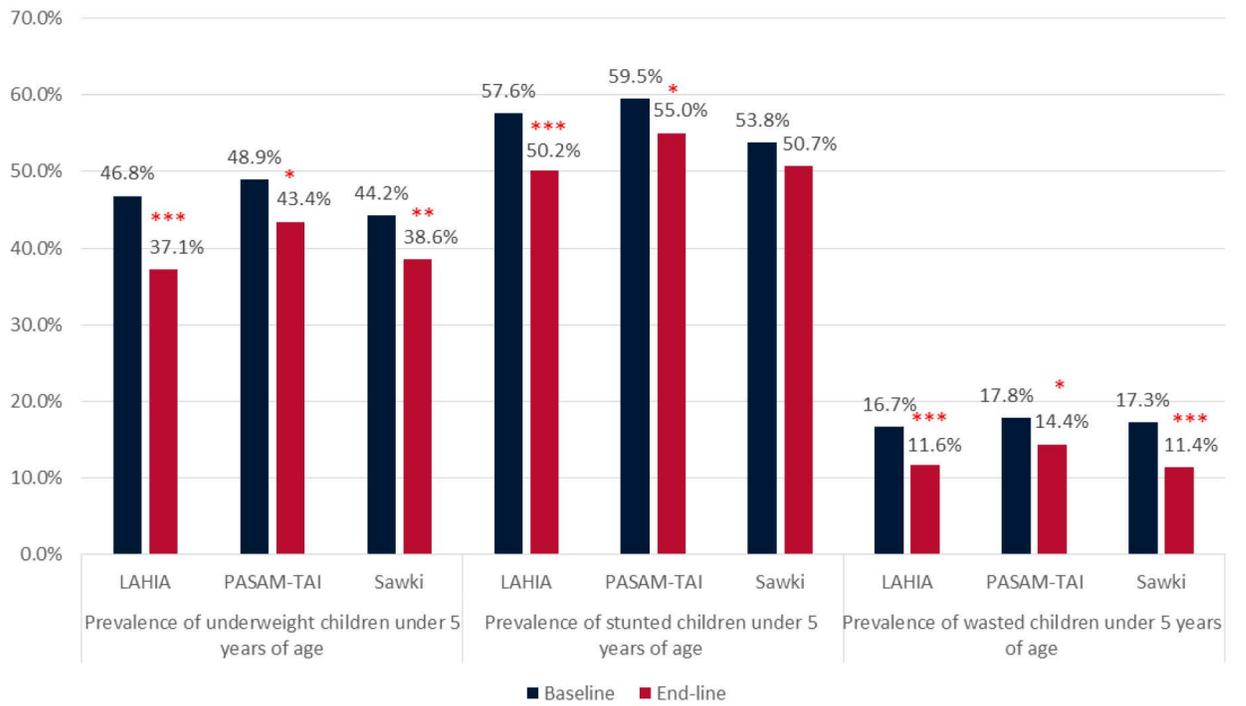
The prevalence of exclusive breastfeeding significantly increased in the LAHIA project area, and had no significant change in the other two project areas (Figure 14). The prevalence of MAD for children 6-23 months increased in all three project areas (Figure 14). MAD was still fairly low at endline, but even these relatively small gains should be viewed as notable given the very low prevalence of MAD at baseline, at under 10 percent of children in each project area.

For the LAHIA program area, improvements were observed for both direct and indirect beneficiaries for all children's health and nutrition indicators except diarrhea indicators (improvements for direct beneficiaries only). In the PASAM-TAI project areas, direct beneficiaries only improved on wasting and MAD, while indirect beneficiaries improved on all indicators except for EBF. In the Sawki project area, direct beneficiaries improved on the prevalence of underweight, wasting, EBF, and MAD. Indirect beneficiaries improved on all indicators except for EBF. The prevalence of MAD increased overall for each of the project areas, and also for direct beneficiaries in all three project areas. In the LAHIA and Sawki project areas, the prevalence of MAD also increased for indirect beneficiaries. Improvement on EBF and MAD were generally observed for boys and girls, with some exceptions.

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[56] The test of difference suggests that in the Sawki area, the probability of a true difference in stunting between baseline and endline in the population is very low
[57] It is noted that WHO considers wasting rates >15% an emergency situation that should trigger a national response.

Figure 14. Children's Dietary Diversity and Feeding Practices

It is noted that the PBS results observed an increase in the prevalence of diarrhea in the two-week period prior to the survey, for the PASAM-TAI and Sawki project areas (Figure 15). There was also no change in the use of ORT in any of the project areas. However, qualitative probing with beneficiaries in each of the three project areas did not corroborate these results. Instead, GD participants emphasized the knowledge they had gained on proper use of ORT, and felt the prevalence of diarrhea and other illness in children had declined during the project lifetime. In general, there was no evidence from the qualitative data of a perceived increase in the prevalence of diarrhea among children. For these reasons, the ET considers idiosyncratic differences in events or village conditions in the two-week period prior to the baseline and endline rounds of data collection to be a more likely explanation for the increased prevalence of diarrhea observed at endline.

Figure 15. Prevalence of Diarrhea and ORT Use

Poverty

PBS results point to improvements in poverty indicators for the LAHIA project area, where both direct and indirect beneficiaries experienced an increase in daily per capita consumption expenditures and decreases in the prevalence and the mean depth of poverty (Figures 16-18). There was also an improvement in the daily per capita consumption and the prevalence of poverty in the PASAM-TAI project area, for direct beneficiaries only (note this is not observable in the overall estimate for this indicator). In contrast, no change in poverty indicators was observed for the Sawki project area.

While cautious of the complex and multi-faceted nature of poverty reduction, the ET considers that one potential contributor to these results is the apparent longer time frame and more extensive

implementation of village savings and loan associations/savings and internal lending committees (VSLAs/SILCs) and related income-generating activities (IGAs) in LAHIA relative to the other two DFAPs. IP documentation indicated that the LAHIA activities related to credit access, VSLAs/SILCs, and IGAs appeared to have been in place 1-3 years earlier than in PASAM-TAI and Sawki, where such activities generally were not fully underway until 2015 or 2016. The LAHIA activities also appeared to have involved more extensive coverage of beneficiaries in the LAHIA project area and the project had a dedicated IGA specialist. PASAM-TAI reported high numbers of members in their savings groups—over 13,700 in 2016—but given the much larger number of villages and households covered in PASAM-TAI, this translated to a smaller proportion of beneficiaries than was apparently covered by the LAHIA VSLA/SILCs.[58] PASAM-TAI's internal monitoring did, however, note that 45 percent of beneficiaries surveyed in 2016 reported an increase in income as a result of their participation in PASAM-TAI activities. This may help explain why results for per capita consumption were only significant for direct beneficiaries.

Figure 16. Prevalence of Poverty: Percent of People Living on Less Than $1.25/Day
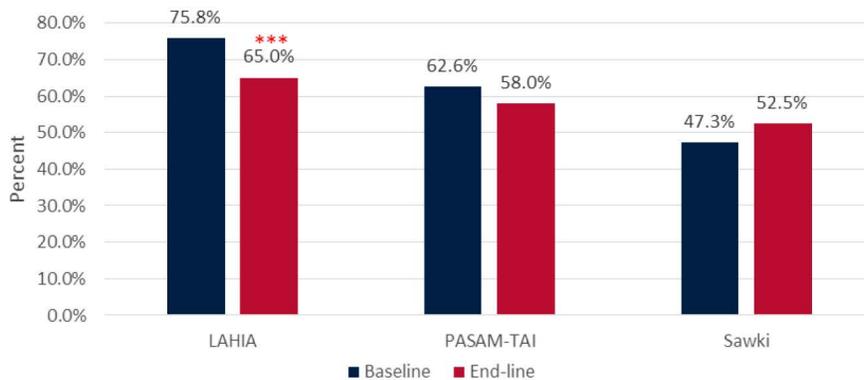
Several other factors could at least partially contribute to the lack of movement on poverty indicators across the DFAPs. Staple food prices were above their five-year average in both Maradi and Zinder regions in 2017 (for example, millet prices were up by 31percent in Maradi). Food and livestock markets in both regions were considered to have been negatively impacted in 2017 by new trade measures introduced by Nigeria as well as by insecurity along Nigerian trade routes, higher market prices in Nigeria, and the depreciation of the Nigerian currency. Overall, Famine Early Warning Systems Network (FEWS NET) reported that livestock and staple crop trading in Maradi and Zinder were 10-30 percent below the five-year average in 2017. The Nigerian currency devaluation was also anticipated to negatively affect incomes of Nigerien traders in Maradi and Zinder who rely on livestock or crop exports to Nigeria (FEWS NET 2017. Niger Food Security Outlook, June 2017-January 2018). Although such trading may not directly encompass a large number of DFAP villagers, it is possible that they are indirectly impacted by these broader dynamics.

GDs with project beneficiaries indicated that LAHIA participants had some variable results with savings, credit and IGA activities, but they noted that access to credit through the project had been important for helping those in need. In contrast, participants in Sawki GDs made multiple reference to the lack of access to any credit and barriers to access that included: inability to obtain the required deposit amount; difficulties making credit repayments that discouraged households from seeking credit; and other perceived risks associated with borrowing. In PASAM-TAI project areas, female beneficiaries mentioned that revenue generated by their agricultural activities was often not enough for their daily needs.

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[58] For 2016, LAHIA reported 8,540 VSLA members across 296 groups and average savings of $217 per group. Sawki reported 4,585 savings group members across 225 groups and $100 in savings per group, on average. Over the same period, PASAM-TAI reported 499 active SILCs for FY2016, and 11,831 active members. Average savings amounted to $169 per group (FY16 ARR).

Figure 17. Per Capita Expenditures of USG-Assisted Areas

Interpretation of the poverty indicator results must also take into account apparently different baseline poverty contexts across the three DFAP implementation areas. The baseline PBS poverty indicators suggest that the LAHIA project area was the worst off at baseline, in terms of household economic well-being, while the Sawki area was substantially better off in relative terms. The baseline prevalence of poverty in the LAHIA project areas was 75.8 percent of households, which was nearly 60 percent higher than in the Sawki area. The mean depth of poverty in LAHIA at baseline (expressed as a percentage of the poverty line) was 50 percent higher than in the PASAM-TAI area and more than 200 percent higher than in the Sawki project area. The direr baseline situation in LAHIA may suggest a somewhat greater opportunity for improvements during the project life time, bringing LAHIA area households to levels that are more similar to that of the other DFAP areas.

There is also indication of potentially varying but substantial donor activity in livelihoods and related spaces in all three projects areas at baseline,[59] as well as during the DFAP lifetime. While a rigorous assessment of these differences and their potential impacts on DFAP poverty and other project outcomes is limited under a performance evaluation design, it is possible that differences in the nature or effectiveness of efforts across the different sets of donor activities could have contributed to the varying baseline poverty contexts, and/or their trajectories during the DFAP time frame.

Figure 18: Mean Depth of Poverty

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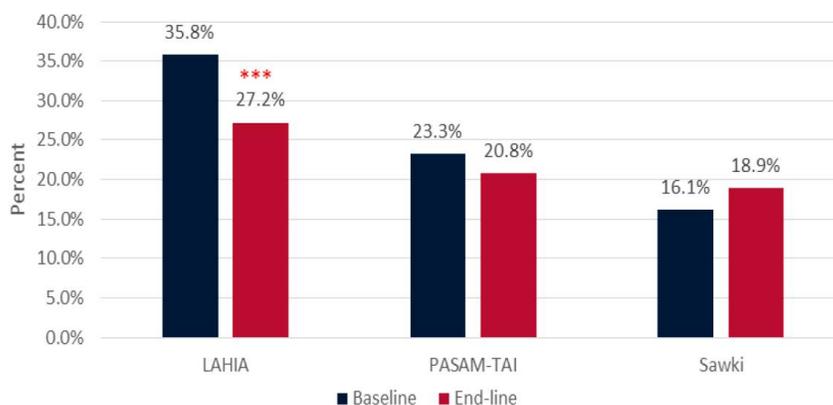
[59] For example, LAHIA IPs indicated that at least the following other donors were active in LAHIA areas at baseline: United Nations Children's Fund (UNICEF), CARE, Project FIDA/PPILDA (Fonds International de Développement Agricole/Projet de Promotion de l'Initiative Locale pour le Développement d'Aguié) and other SCI projects. PASAM-TAI IPs indicated at least one other donor (ACF) present at baseline, although apparently this was not the case for nine communes in Kantche department. Sawki IPs indicated at least the following donors present at baseline, though coverage appears to have varied across different villages: World Vision, Doctors Without Borders/Médecins San Frontières (MSF), CRA, CARE, CPI, BEFEN, CRS, AZAFI, l'Agence Nigérienne pour la Promotion de l'Irrigation Privée (ANPIP), Afrique verte, CISP, GOAL, RECCA, UNICEF, Al Ouma, United Nations Food and Agriculture Organization (FAO), Family Farming Development Programme (ProDAF), and AQUADEV.

Cross-Cutting Gender Issues

PBS results on knowledge of the importance of health access by sex show that improvements for adult males and females were observed for the Sawki project area (direct and indirect beneficiaries) and for adult males in the PASAM-TAI project area (direct beneficiaries only) (Figure 19). No change was observed for LAHIA. Overall, findings suggest mixed results, noting that baseline levels were already relatively high on this in most of the project areas, except for adult males in Sawki.

Figure 19. Knowledge of Health Access Importance
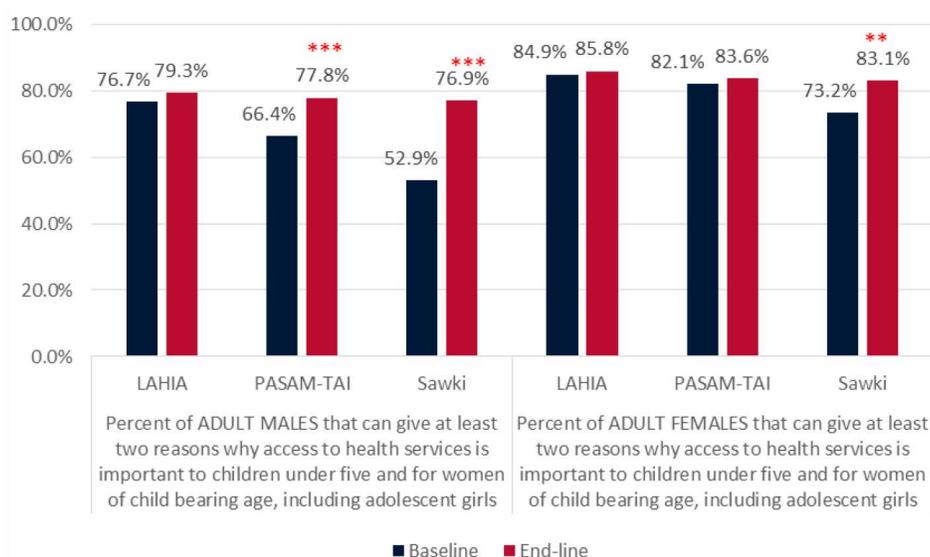
Figure 20. Perceived Changes in Gender Relations as a Result of the Project[60]
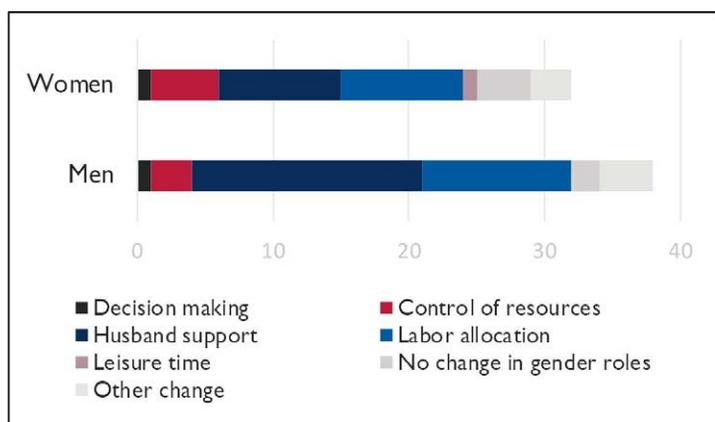
In terms of gender relations, both men and women GD participants noted several important changes that they attributed to DFAP activities. Participants emphasized large improvements in husbands' financial and emotion support for wives and increased labor contributions by men in household work. While women and men mentioned a similar set of changes, women highlighted their perceived increase in control of financial resources and having more leisure time. Men highlighted the support they learned to provide to wives, and both sets of respondents noted this as a substantial change (Figure 20).

A female Sawki beneficiary described these changes since the arrival of the project, *"Before, even being pregnant did not save you from household chores but today, they [the men] save us from all the difficult work. Sometimes men go to look for wood instead of their wives or even do the laundry in their place. All things that were unimaginable before the arrival of Sawki."*

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[60] Charts are based on number of coded GD segments by theme. Data source: GD data collected across all projects, July 2017.

With respect to greater support by husbands and increased financial control by women, another female Sawki beneficiary noted, *"Before, they [our husbands] were reluctant and disliked the fact that we participated in the project activities. Now that they understand it is in their interest, they help us. In this case, in the domain of agriculture. Now they are more inclined to let us do business and often invest their own [finances] when we encounter some difficulties because they truly have understood that our success is theirs."*

CONCLUSIONS

4.1.2 To what extent did the projects meet their goals, purposes, and outcomes, and what were the key promoting or inhibiting factors? Overall and by sub-groups?

Analyses of PBS results and supporting qualitative data from beneficiaries and key stakeholders and review of IP documentation suggest that each of the three DFAPs met several overarching goals and outcomes across most of the associated technical sectors. There were some notable exceptions on the poverty indicators, WASH indicators, and the prevalence of underweight women. Across the three DFAPs, greater challenges were experienced for activities related to value chain development and other livelihoods/IGAs, water infrastructure, and latrine building, as was also generally reflected in midterm evaluations of the projects. The latter two issues may contribute to smaller or no gains on WASH indicators that were generally observed, while challenges with value chain development and other livelihoods and IGAs may contribute to smaller than anticipated reductions on poverty indicators. The use of financial services increased during the project time frame, but gains were smaller and the overall use of financial services among the project populations is still relatively small at endline. The promotion of value chain activities and broader IGAs remains a challenge in all three project areas.[61]

However, the projects appear to have successfully implemented many of the midterm evaluations' recommendations, particularly related to greater communication and internalization of behavior change and improved practices in agriculture, nutrition, and health activities. Improvements in the prevalence of underweight, wasting, and stunting for children were somewhat modest, but they were generally in the range of IP targets (less so for PASAM-TAI). Given the challenges associated with obtaining substantial impacts on stunting, the improvements are commendable.

Substantial adoption was noted for many of the behavior changes or improved technologies that the projects sought to introduce, particularly within the agricultural sector. This includes significant adoption of improved agricultural practices, use of improved seed varieties and fertilizers, and use of improved crop storage practices that were promoted through the DFAPs, and which led to a substantial increase in crop yields for many households. Together with the use of improved food storage practices, this appears to have led to greater availability of food for a longer period of time during the year for households, contributing to improved household food security. However, despite clear food security gains to project households, the highly marginal baseline food security situation appears to have been sufficiently tenuous that these production and storage gains are still not sufficient to carry many households through an entire year. There is fairly strong evidence of positive spillovers in agricultural practices, crop yields, and crop storage, both from direct to indirect beneficiaries within project villages and also by individuals in nearby non-project villages. As further evidence for positive spillovers, PBS analyses found improvements for both direct and indirect beneficiaries on most of the indicators across sectors. In some cases, gains for direct beneficiaries were greater than for indirect beneficiaries, as may be expected.

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[61] Examples of IGA challenges identified by GD beneficiaries include: having sufficient savings to participate in more lucrative commercial activities and value chains; access to more specialized training such as oil processing (not the case in PASAM-TAI); and a general sense that savings amounts were too low for any significant investment in more remunerative IGAs.

Did interventions reach the poorest individuals within target populations?

Targeting of beneficiaries within villages was intended to select the most vulnerable households, but typically the number of most vulnerable households in a village greatly exceeded the number of direct participant slots available for any given activity introduced by the DFAPs. Supplemental analyses of the PBS results were done to compare baseline and endline differences across the poorest households (below the daily per capita poverty threshold of $1.25 per day) and the rest (at or above the daily per capita poverty threshold of $1.25 per day). Results showed few differences on FFP indicators between the poorest and other households at baseline, although the poorest households in all three project areas did have a lower HDDS and WDDS. At endline, households at or above the daily per capita poverty threshold were better off than those below this threshold on several indicators, however for many indicators poorest households at endline had improvements relative to comparable households at baseline (see Annex VI, Sub-Annex 6C, Tables 6.8-6.11). Poorest households experienced significant improvements on most indicators between baseline and endline, particularly in food security, agriculture, WDDS, and children's malnutrition indicators (see Annex VI, Sub-Annex 6C, Tables 6.8-6.11). In addition, qualitative data suggested that project beneficiaries generally felt that poorest households did receive project benefits and beneficiaries, village leaders, and IPs alike described clear direct beneficiary selection processes for activities within villages that were based on identification of poorest households. However, inequitable selection of households for different project activities was also reported, often tied to village governance dynamics and the beneficiary selection processes.[62] While beneficiaries reported that the poorest households were often selected, such households also appear less likely to be able to continue some activities after the conclusion of project support, such as those which require payment to access services. Examples include purchasing fertilizer or improved seeds, paying to access village milling machines, or buying materials for latrine construction.

What were plausible pathways to select outcomes?

Supplemental quantitative analyses were undertaken to examine key household, program, and village factors associated with improvements the prevalence of moderate to severe hunger and women's underweight. For the prevalence of moderate to severe hunger, multivariate regression results suggest that, net of other factors, the following project-promoted activities were associated with lower odds of a household experiencing hunger: use of at least one value chain activity and use of at least one improved crop storage method. The main project-promoted activity that was associated with lower odds of a woman being underweight was membership in a household that had accessed a form of credit. The multivariate regression results are described in full in Annex VI, Sub-Annex 6F, including Tables 6.23-6.26.

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[62] The nature of village governance dynamics such as the role of village elites potentially biasing the beneficiary selection process [despite the use of the Household Economy Approach (HEA) undertaken by the IPs to categorize households by socio-economic or wealth ranking at project start up] is discussed in some detail in Section 4.2.3 of this report on beneficiary targeting. More rigorous selection of project beneficiaries based on HEA or other wealth ranking methods should be undertaken in future DFAPs in order to minimize more subjective selection bias by local community leaders.

4.2 EQ 2: EFFECTIVENESS OF INTERVENTIONS: IN EACH TECHNICAL SECTOR ADDRESSED BY THE PROJECTS, WHAT WERE THE MOST EFFECTIVE AND MOST EFFICIENT IMPLEMENTATION METHODS AND APPROACHES AMONG THOSE SELECTED BY IPS?

FINDINGS

4.2.1 Most Effective Implementation Approaches by Sector: Overall and by Project

Effective implementation approaches were comparable in most instances across LAHIA (SC), PASAM-TAI (CRS), and Sawki (MC). Approaches are defined as effective if they have reached their project objectives and achieved broad impact in improving the health, nutrition, hygiene, or food security outcomes of direct and/or indirect beneficiaries. Examples of highly effective implementation approaches are described below. These approaches also represent innovation and best practice to be considered for potential scale up in future FFP DFAPs in Niger and the Sahel region.

Agriculture

Private-Public Partnership (PPP): Two examples from PASAM-TAI and LAHIA have proven highly effective as promising models for improved seed varietal multiplication and distribution for potential scale up and replication beyond the DFAP target zone in the Maradi Region. Technical collaboration in the agricultural sector between CRS agronomic experts and field agents at the regional and community level, an international agricultural research center (ICRISAT), and a private-sector firm (AMATE) has achieved impressive expansion of seed multipliers and distributors to date.[63] AMATE has deployed two model approaches to achieve rapid uptake of improved seed: 1) a franchise model of local seed producers in project villages who are trained by CRS field agents and AMATE agronomists and certified by the Ministry of Agriculture for high quality seed; and 2) a spoke and hub distribution model for establishing sales points in or near villages in the Maradi project zone.

The LAHIA project has collaborated with HALAL (a local private sector seed supplier) and the department administrative government agricultural services in using a village agent model to successfully link small scale producers with inputs and service suppliers and buyers to improve their access to farmer inputs, market, and services.[64]

The AMATE model also provides a good case study in leveraging past USAID investments to achieve significant innovation and scale up in growing markets for improved seed multiplication and distribution. Success can be attributed, in part, to a previous USAID project investment, West Africa Seed Alliance (WASA), that established 10 sales points with AMATE. Distribution has now increased to 80 sales points with plans for continued market expansion into new areas.

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[63] The AMATE pilot activity exhibits strong features of scale up and sustainability. Seed sales distribution points have expanded from 10 to 80 since project start up. The firm AMATE is confident it will continue to expand their outreach to rural farmers without USAID support. They are now assuming the costs of training and other related expenses previously assumed by the project and are scaling up the number of certified seed producers (both project beneficiaries and third-party contractors). This year, CRS seed producers will train 30 AMATE contractors, who are outside the project—these are large commercial producers with 15+ hectares, demonstrating strong spillover effect in expanding outreach to new emerging pro-poor markets of rural small hold cultivators outside the project.

[64] The LAHIA approach to improved seed production and access utilizes both a Village Agent input distribution model and locally franchised cowpea seed production. Village agents receive a 10 percent commission from private input suppliers for the provision of improved seed (other than cowpeas), fungicides, and fertilizer. The project has also deployed a private sector model for cowpea value chains, partnering with a local seed supplier, HALAL, which trains community-based cowpea seed producers. HALAL provides all agricultural inputs, technical support, and monitoring to project participants and also pays fees for local registration/certification of the seed producers. In exchange, the seed producers reimburse HALAL in cowpea seed. HALAL also purchases any remaining surplus from the seed producers that is not sold locally. Scale up and sales have not achieved the levels of AMATE and GD beneficiaries in LAHIA have noted problems of availability of seed. Source: LAHIA FY16 Annual Report.

Conservation Agriculture (CA) and Participatory Varietal Selection (PVS): GD respondents in all three projects frequently noted significant yield increases[65] of rainfed crops (millet, sorghum, cowpeas, groundnuts) due to improved seed varieties and conservation farming methods (zais/potholes, compost, micro dosage of chemical fertilizer) introduced by the projects. Agricultural intensification and higher crop yields on smaller land is highly significant in the Zinder region which has the highest population density nationally and severe land pressures.[66]

All three projects adopted the United Nations Food and Agriculture Organization (FAO) Farmer Field School (FFS) model in training farmers on a lead farmer communal field plot.[67] The approach was perceived by beneficiaries as very effective since farmers could work together in groups to learn and ask questions, share knowledge, observe and practice the technical dimensions of improved farming practices, and support and motivate one another. This approach enhanced social bonding and solidarity within the beneficiary groups.[68]

PVS, a collaborative approach used by ICRISAT and CRS, was linked to the use of seed fair vouchers to obtain preferred seed varieties by farmers. This participatory approach was perceived by PASAM-TAI GD respondents, CRS field agents, and the ICRISAT agronomic project manager to be highly effective in boosting crop yields and engaging farmers more proactively in making critical agronomic decisions of vital importance to their families' well-being and food security.

Livestock Para-veterinary Services

A private sector service delivery model involving community-based para-vets (in LAHIA, Community Animal Health Workers) has been effective in providing greater access to veterinary supplies and animal medicines among livestock owners. The Government of Niger's (GON's) intervention strategy in animal health has been to train and install para-vets in villages to solve local issues around accessibility to and affordability of animal health services and products. Para-vets are officially linked to the Ministry of Livestock's Service Vétérinaire Privé de Proximité (Private Veterinary Service or SVPP) providing veterinary products and husbandry services on a fee-for-service basis. This constitutes a source of income for the para-vets while expanding market outreach for the SVPPs. They have been well

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[65] GD respondents commonly described a doubling or tripling of output. Field trials of crop yields carried out by the IPs corroborate this observation. PASAM-TAI field trials conducted in 2014 and 2015 (PASAM-TAI FY15 and FY16 Quarter 1 Reports) by ICRISAT recorded the following improved crop yields using soil fertility management methods: 1,722 kg/ha for pearl millet vs. 1050 kg/ha in control fields (ICRISAT annual report for PASAM-TAI Y4); considering that average millet grain yield in Niger in farmer's field is 500 kg/ha this shows the potential yield increase that can be reached with appropriate management; 1275 kg/ha for sorghum vs. 537 kg/ha in the control plot (ICRISAT annual report for PASAM-TAI Y3); 2500 kg/ha pod yield for groundnut vs. 1138 kg/ha in the control plot (ICRISAT annual report for PASAM-TAI Y4). ICRISAT has also worked with beneficiaries on improved varieties of millet, sorghum, groundnut, and cowpea which perform better than the famer's variety: 25 kg/ha per 100 m2 for millet vs. 16 kg for the local variety (ICRISAT annual report for PASAM-TAI Y3); and 1553 kg/ha vs. 1473 kg/ha for the control plot (ICRISAT annual report for PASAM-TAI Y4); 1423 kg/ha for groundnut vs. 820 kg/ha for the control (ICRISAT annual report for PASAM-TAI Y3); 1920 kg/ha of cowpea pod vs. 1500 kg/ha for the control plot (ICRISAT annual report for PASAM-TAI Y4). In Sawki, Mercy Corps field agents with support from agronomic staff at the National Institute of Agronomic Research of Niger (INRAN) reported more than a two-fold increase in yields of improved millet and cowpea varieties introduced by the project. Examples using integrated Production and Protection Management (GIPP) practices include: millet yields of 881.5 kg/ha compared to 360.5 kg/ha for control plots; and cowpea yields of 586.5 kg/ ha compared to 227.5kg/ha for control plots (Source: Sawki FY16 Annual Report.). In LAHIA, millet yields using a micro-dose of fertilizer and applying integrated crop production and protection management methods averaged 1,077.2 kg/ha compared to 688 kg/ha in control plots (Source: LAHIA FY16 Annual Report).

[66] In PASAM-TAI, male respondents in particular were sometimes exuberant about how palpable the difference was in crop yields, significantly improving household food security and extending food supply into the hunger season.

[67] The FAO FFS agricultural extension model, as well as PVS and seed fair vouchers are described in more detail in the report section on Beneficiary Targeting Approaches and Effectiveness – Selection Criteria.

[68] Women served in leadership positions of the FFS management committees in LAHIA, making up 63 percent of the committee positions in FY17. However, only one woman has served as a lead farmer on the project through FY17. PASAM-TAI has had greater participation of women, with more than one third (39 percent) serving as lead farmers by the end of FY17, while Sawki had 40 percent of women lead farmers. Sources: Personal communications with Chiefs of Party and project managers for LAHIA, PASAM-TAI, and Sawki. January 9, 2018.

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integrated in providing assistance to the VSLA/SILC groups involved in habbanaye and animal fattening and have made significant achievement and high impact for the communities and for themselves.[69]

MCHN and WASH

Social and Behavior Change Communication (SBCC):[70] Peer and gender-based educator groups supported by an assemblage of IP technical field staff, community volunteers, and local government technical ministry staff in health, nutrition, rural engineering/hydraulics, agriculture, livestock, planning, and education were deemed highly effective overall in achieving positive behavioral outcomes in the sectors of MCHN and WASH. This included gendered caregiver groups of model mothers (Lead Mothers in Sawki, Mamans Lumières in LAHIA and PASAM-TAI) and model fathers [Husband Schools in Sawki and LAHIA, Male Learning Groups (GAH) in PASAM-TAI]. Approaches on the gendered caregiver models were similar across the three projects.[71]

Activities implemented by the women's and men's caregiver groups covered a broad spectrum of health, nutrition, hygiene, and family planning practices. These included: exclusive (and immediate) breastfeeding; nutritional diversification (production and consumption); birth spacing and use of contraception; handwashing; and increased access to health clinic services (increased visits, pre-natal monitoring, assisted birthing, growth monitoring of infants, access to medications and contraceptives).[72] The provision of food supplements for all infants under 2, using a 1,000 day approach was viewed as highly effective among GD respondents in all three projects.[73] The approach identified as most

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[69] In Sawki, para-vets have made significant achievements and high impact for themselves and for the communities they serve in the two targeted regions. In FY17, LAHIA trained 40 community-based animal health workers (CAHWs) (12 women) and vaccinated 141,793 animals, earning an average of $35 per CAHW. Source: LAHIA FY17 Annual Report; LAHIA FY17 Quarter 3 Report. In FY17, Sawki had 39 para-vets and 44 women vaccinators of poultry providing vaccination and other husbandry services in the target zone. Para-vets treated 14,717 heads of livestock and 11,263 heads of poultry were vaccinated. Para-vets had average earnings of $18 per month. The percentage of households vaccinating their animals and paying for animal care has increased from 50 percent in 2013 to 79 percent in 2017. Source: Sawki FY17 Annual Report. In FY17, PASAM-TAI reported 73 para-vets trained by the project with average earnings of $18 per month providing animal health services. Source PASAM-TAI FY17 Annual Report.

[70] SBCC is defined within a health context as "… a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. To achieve social and behavior change, SBCC is driven by epidemiological evidence and client perspectives and needs. SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment." Furthermore, three core elements encompass SBCC: "*Communication* using channels and themes that fit a target audience's needs and preferences. *Behavior Change* through efforts to make specific health actions easier, feasible, and closer to an ideal that will protect or improve health outcomes. *Social Change* to achieve shifts in the definition of an issue, people's participation and engagement, policies, and gender norms and relations." Source: Defining Social and Behavior Change Communication (SBCC) and Other Essential Health Communication Terms. Technical Brief. The Manoff Group (no date).

[71] Across the three DFAPs, volunteer caregiver groups of lead mothers and male leaders work in close consort with trained community health staff to serve as community facilitators for SBCC through interpersonal counseling on health and nutrition, family planning (e.g., birth spacing), and hygiene activities such as the use of latrines and handwashing. These groups use a cascade group model in which 10-15 lead mothers selected by the community are trained in essential nutrition actions (ENA) and then conduct home visits to 10-15 mothers who are within the 1,000 day window, sharing appropriate key messages on ENA. In Sawki, lead mothers conduct home visits based on a traditional Hausa caregiver approach called *Mu da Kanmu* or "we change by ourselves."

[72] An example of an effective integrated approach to SBCC is evident in LAHIA. Women's and men's caregiver groups mobilized beneficiaries for nutrition demonstrations and effectively integrated agriculture beneficiary groups who provided food from farming activities and supplies for the demonstrations. In another example, peer educator groups mobilized beneficiary spouses to visit and work closely with health center staff who recorded health data collected by targeted beneficiaries.

[73] Despite this observation by GD respondents, a lack of full understanding of the approach was identified in the PASAM-TAI midterm evaluation. Measures have since been taken by the IP, most importantly reinforcing coordination with district health teams and local health workers to train and strengthen the capacity of health and nutrition team staff, partners, and lead mothers. Since FY16, CRS has also taken measures to integrate the approach into other sector activities such as SILC and adult literacy by training agriculture and livelihoods field agents and private sector service providers. These efforts have resulted in an improvement in health indicators since the midterm review. GD perceptions on improvements in child health are corroborated by PBS baseline/endline results as well as IP annual monitoring data. PBS data support the general perception of GD respondents in terms of supplemental feeding as being effective. PBS data show significant improvements in children's health and nutrition outcomes, including statistically significant reduction in the prevalence of underweight and wasting in all three project areas. The prevalence of MAD for children 6-23 months also increased in all three project areas. See Figures 13 and 14 and associated

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problematic was in Community-Led Total Sanitation (CLTS) with a goal of achieving open defecation free (ODF) community certification.[74] GD respondents in all three projects cited the promotion of cement latrines as too expensive to purchase for many, particularly the poorest members of the community.

Gender Dynamics

GD respondents across the three projects note a marked improvement in gender relations and positive change in men's attitudes towards their spouses as a result of project interventions that raise men's understanding and awareness in taking greater responsibility for the health and well-being of their wives and children. This occurs through cross-cutting project activities but is most evident in approaches to training and sensitization in the men's peer educator groups (Husband Schools in LAHIA and Sawki, Men's Apprenticeship Groups in PASAM-TAI).[75]

Men and women consistently noted the positive attitudinal changes in the GD discussions. The most common observations made include:

- Accompanying their wives to visit the local health clinic for prenatal monitoring;
- Taking better care of their wives during pregnancy, providing them with more nutrient-rich foods (fruits and vegetables);
- Accompanying their wives to the health clinic during birthing to provide support;
- Helping more with water transport using carts;
- Buying soap for handwashing and improved hygiene; and
- Providing more financial support than previously.

Most importantly, men are first consulted and asked permission to have their wives participate in family planning activities in the village and at the clinics.[76] Some women also noted that they are now being given permission to speak publicly, which was not allowed previously. There are also examples of men and women now openly sharing public space more often, strengthening social and conjugal bonds in the community, a major improvement from past practices. Most importantly, women feel their workloads are being reduced due to greater sharing of domestic chores (water, firewood) and greater

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text. A proxy for effectiveness of the 1,000-day approach is the FFP indicator 22—Percentage of cases of acute malnutrition in children under 5 (6-59 months) detected who are referred for treatment. In LAHIA, 59 cases of acute malnutrition in children under 5 (6-59 months) were detected in FY17, compared to 193 in FY16. In PASAM-TAI, the severe acute malnutrition rate was reported at 1.65 percent in 12 health centers in Mayahi District in July 2017, compared to 2.53 percent in 18 non-project health centers. Moderate acute malnutrition was reported at 4.14 percent in PASAM-TAI compared to 7.15 percent in non-project health centers. In Sawki, acute malnutrition was recorded at 9.5 percent in 2017 compared to 13.3 percent in the region of Maradi and 10.9 percent in the region of Zinder. The 2016, the rate of severe acute malnutrition in Sawki villages was 9.8 percent, thus a slight decline in 2017.

[74] As of July 2017, CRS certification of ODF villages in their project target zone was 47 percent (461 villages, 217 certified), well above the average range of 27 percent—35 percent for Niger nationally. Source: communication with CRS WASH Regional Team Leader, Maradi, July 23, 2017. By the end of FY17, rates of ODF certification include: 1) 56.1 percent (265 of 472) of villages certified in PASAM-TAI; 2) 62.1 percent (18 of 29) of villages certified in LAHIA; and 3) 58.3 percent (14 of 24) of villages certified in Sawki. In PASAM-TAI, the maintenance rate for ODF after one year averaged 46 percent for the time period 2015-2017. A CLTS approach involves not only latrine infrastructure but community mobilization/community capacity strengthening aspects of hygiene and sanitation, including handwashing.

[75] An example of cross-cutting integration of gender awareness across sector activities is illustrated in Sawki and PASAM-TAI. Sawki has adopted the United Nations Population Fund (UNFPA) Husband School model in building awareness around ENA and the adoption of healthy timing and spacing of pregnancies (HTSP) activities by mobilizing more progressive husbands who support their wives' reproductive health to serve as model couples who present testimonials to other community members on their approach to family planning. Key messaging among these couples is also disseminated during agriculture, literacy, and water and sanitation activities. Source: Sawki FY16 Annual Report. PASAM-TAI more recently adopted an approach in 2016, called Strengthening Marriages and Relationships Through Planning and Communication (SMART) Couple, focusing primarily on HTSP and family planning activities. Using the Harmonious Household approach, SMART Couple Schools have been organized to train couples to improve communication, joint decision-making, and planning to facilitate greater gender-equitable behaviors in the household. Village forums are organized in which couples meet to discuss various health-related household issues including natural family planning methods. PASAM-TAI FY17 Quarter 1, Quarter 2 Reports.

[76] Due to the patriarchal nature of cultures in Niger and the prominent role of men in household decision-making, it is essential that men be consulted jointly with their spouses in reaching agreement on behavior change interventions, particularly around sensitive issues relating to birth spacing and approaches to contraception.

engagement of men in child care. Finally, traditional and religious male leaders have been actively engaged and integrated into SBCC behavior change activities such as family planning, health, nutrition, and hygiene in promoting gender equity and greater women's household decision-making.

Women have also made significant strides in assuming leadership positions in their communities. Women's participation as key officers in the village development committees (VDCs) in PASAM-TAI has increased by more than one third (see footnote 97). As of FY17, 40 percent of women are now members in the VDCs in LAHIA (LAHIA FY17 Annual Report).

Safe Space, Safe Schools, and Literacy Activities

Two specific approaches implemented by the IPs on Safe Space activities for adolescent girls and literacy activities for adolescents and adults exemplify effective cross-cutting activities that have strengthened gender relations among both adolescent girls and boys and adult men and women. Sawki's experience in promoting Safe Space activities for adolescent girls across multiple sectors represents an innovative best practice that has been adopted by LAHIA and merits consideration for further scale up in future DFAP design. Safe Space activities emphasize discussion sessions with groups of adolescent girls that focus on key topics including: essential nutrition actions (ENAs); birth spacing; the importance of girls' education; the consequences of early marriage; the roles and responsibilities of men and women in society; and gender roles and the division of labor between men and women at the household level. Safe Spaces provide an opportunity for girls to gain new skills, transfer skills to their friends and family, and become respected members of the community. Additional activities address professional vocational skills and entrepreneurship skills training, and small ruminant production (red goats) for income generation.[77] Sawki leveraged funding from the Nike Foundation to support out-of-school girls to participate in accelerated learning centers with the goal of re-entering public school after two years through the "Safe School" program. With this program, Sawki has seen improved attitudes around girls' education and parents making commitments to keep their girls in school and delay their marriage.

Improvements in gender relations have also been reinforced through literacy activities across the three DFAPs that have targeted women and men as well as adolescents. Curriculum on family planning, health, nutrition, WASH, and livelihoods have strengthened gender dynamics in the beneficiary communities. Approaches have varied slightly, but all have involved the creation of literacy centers staffed by local facilitators/trainers. Literacy strategy in Sawki has focused on integrating literacy training for adolescent girls through Safe Space activities that focus on reading, writing, and numeracy including curricula on health, nutrition, agriculture, and livestock management (Source: Sawki FY15, FY16 Annual Reports; FY17 Quarter 1, 2 Reports).

LAHIA's approach to literacy involved close collaboration with Resilience and Economic Growth in the Sahel – Accelerated Growth (REGIS-AG) in promoting financial and functional business literacy for the *Mata Masu Dubara* (MMD)[78] women's VSLA groups involved in cowpea processing, warrantage, and habbanaye activities (Source: LAHIA Technical Proposal 2012; FY16 Annual Report).

PASAM-TAI's literacy activities are directed toward male and female adults as well as adolescent girls and encompass the full spectrum of sector interventions, thus enhancing the impact and effectiveness of

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[77] The Safe Space approach involves two safe space platforms per village with 25 girls, ages 12-18 participating in each. Each safe space has a female mentor who facilitates discussion and imparts content. Both married and unmarried girls attend the safe spaces. Mentors break out discussion groups by married and unmarried girls to ensure content is relevant to the participants by age and marital status. Content for the unmarried girls (often 14-15 years old or younger) focuses on life skills, including ENA practices and risks associated with early marriage and early first pregnancy. Discussion content for married girls (often aged 15-18) focuses on broader topics to include information needed for pregnancy and delivery, care and feeding of infants, and how to negotiate with a spouse. Source: Sawki FY16 Annual Report.

[78] "Women on the Move" in the Hausa language.

all project activities. Adult women and adolescent girls were trained in the Cellphone-Based Alphabetization (ABC) approach with support from Tufts University (Source: FY16 Annual Report).

Social Capital

While FFP DFAPs generally promote objectives of improved health and nutritional well-being, food security, and livelihood development through IGAs, a less anticipated effect (unintended consequence) may well be an ancillary effect of enhanced group and community social solidarity through activities that are strengthening bonds and ties within and across groups organized by project activities. This observation was made in several GD sessions by both men and women respondents in PASAM-TAI project areas. They cited a positive strengthening of social bonds across activities that require mutual trust and interdependence in order to be effective. Among these include: women's market gardens; early childhood development centers; VSLA/SILC activities in IGA; agricultural processing; habbanaye and animal fattening; cooking demonstrations for women and men; and literacy groups for both adolescent girls and adults.

The LAHIA project has introduced an approach, MMD, that mobilizes individual women's VSLA around small business-oriented micro-projects that are promoted through FFS, cowpea processing units and value chains, habbanaye, and warrantage schemes. A positive feature of this approach has been the strengthening of social and governance capacities that have "…*built up human capital (more solidarity, mutual help, ownership, membership, and self-worth) that helps members be more resilient.*"[79]

SILC groups for men and women in PASAM-TAI project areas have established two membership funds—one for loans, and one as a solidarity fund—to be used as a social safety net for emergency cash needs (funerals, health needs, repatriation, etc.). Thus, social as well as economic benefits have accrued to beneficiaries in savings and loan group activities, ultimately enhancing the social fabric and social resilience (*bonding social capital*) within communities. Some GD respondents in PASAM-TAI project areas also noted enhanced collaboration with neighboring communities (*bridging social capital*) as a result of project network activities in accessing markets and sharing experiences across health and nutrition groups.

4.2.2 EQ 2.1: What are the strengths of and challenges to the projects' overall implementation approach, management, communication, and collaboration? What steps were taken by the IPs to address challenges?

Numerous strengths and challenges to project implementation were identified among GD respondents and IP administrative and technical field staff. In addition, department- and commune-level government stakeholders and non-governmental and private sector collaborating institutions were interviewed to better understand their views on the factors that enabled or constrained their ability to coordinate project activities in an effective manner. Key strengths and challenges in implementation approaches are described here, and actions taken by IPs to address challenges are noted.

Implementation Strengths

Several strengths were identified in terms of overall implementation and effective approaches to project management, communications and collaboration. These include:

- **SBCC approaches**: As noted above, variations on the peer educator, gendered caregiver model described for each DFAP have been identified as effective approaches to achieving positive behavior

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[79] LAHIA FY16 Annual Report, p. 9.

change outcomes.[80] These approaches, when combined with an array of innovative social messaging approaches deployed across the three projects, were considered as effective in building awareness around adoption of better health, nutrition, and hygiene practices.[81] Social messaging methods included: community video projections; storytelling and skits; community radio listening clubs; community competitions and festivals; and traveling caravans.[82]

- **Personnel management**: IP staff noted effective management and communications from across project administrative offices, from national headquarters to departmental, communal, and village level among project field staff. Close physical proximity of field agents to beneficiary communities has been instrumental in ensuring effective implementation of activities and responsiveness to the needs and concerns of project participants with capacity to make adjustments quickly as needed. In PASAM-TAI project areas, field agents resided in beneficiary communities, facilitating their local knowledge of community issues and needs. While posing some challenges in terms of staff fatigue and isolation (sometimes affecting morale and turnover), IP staff reported that the embedded nature of project field agents within the local milieu was construed as a strength overall in affecting positive change in the communities.

- **Monitoring and Evaluation**: IP M&E systems have deployed mobile phone software technology to improve monitoring capability, enabling them to implement changes in a reasonable time frame. The use of iPads by village field agents in PASAM-TAI, Open Data Kit (ODK) cellular software in Sawki, and KoBoCollect smartphone software in LAHIA has enhanced real time monitoring and data collection for field activities that are transmitted upward from communities to regional and headquarters M&E staff on a daily basis.[83] This, along with standard practices in monthly, quarterly, and annual reporting as well as regular meetings of steering committees and quarterly and annual meetings of senior staff, has been an effective tool to ensure that the project responds and makes corrections to resolve issues. In LAHIA, upgrades in the M&E database system were made in FY 2016 that enable the project to more efficiently analyze and ensure validity of beneficiary information for all households, although the effectiveness is still to be proven.[84] The KoBoCollect smartphone software has reduced survey costs, improved control of data consistency, and reduced time needed for data processing and analysis.

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[80] Each project uses a peer-based caregiver group model in which lead mothers, with the support of project health promoters, conduct home visits to share knowledge on a broad range of improved health, nutrition, and hygiene practices including: ENA; reproductive health; increasing the awareness of the importance of education; avoiding both early marriage and teenage pregnancy; and the importance of personal and public hygiene. In Sawki, this home-based approach draws from a traditional Hausa peer-group approach called *Mu da Kanmu* or "we change by ourselves." Source: IP FY16 Annual Reports.

[81] IP annual and quarterly reporting for each IP.

[82] Source: Examples cited in IP annual reporting include: 1) PASAM-TAI – effective messaging through: malnutrition scoreboards; puppet shows, skits, and storytelling for children delivered by a local theater arts group, *Réseau des partenaires des Arts Vivants* (RAV); mobile video produced by a local mobile cinema organization, *Cinéma Numérique Ambulant* (CNA); community video on health, nutrition, and hygiene topics through collaboration with Digital Green on the Strengthening Partnerships Results and Innovations in Nutrition Globally (SPRING) project; and local listening clubs and broadcasting of health, nutrition, and hygiene topics through four local community radio stations; 2) Sawki – community radio listening clubs and broadcasting of debates on program-specific nutrition and health topics in collaboration with the Supporting Maternal and Child Health Support (SMACH) project funded by the Orange Foundation; and collaboration with Digital Green on diffusion of community videos on family planning and early marriage, agriculture-nutrition integration, and other health, nutrition, and hygiene practices; 3) LAHIA – partnership with Digital Green in the use of community video to empower mothers and communities to adopt optimal health and nutrition practices based on the 1,000 day approach and to improve inter-couple dialogue, complementary feeding, handwashing, and food storage and conservation.

[83] In addition to ODK, Sawki uses an integrated Access database with detailed information on all 92,000 beneficiaries of the program.

[84] The improved database system will generate reports and queries allowing administrative staff and technical managers to have a deeper, more comprehensive understanding of how multi-sector activities contribute to improved practices and behaviors in beneficiary households. Source: LAHIA FY16 Annual Report.

- **Collaboration**: While there are several challenges with regards to establishing linkages with the government and other collaborating partners (discussed in the Implementation Challenges section below), IP staff and local government officials noted in KII meetings that the projects:[85]
  - Are generally aligned well with GON national policies on food security, health and nutrition, WASH, and agricultural development;[86]
  - Have established formal agreements with the Niger national government;
  - Are able to make corrections and revisions on a quarterly basis; and
  - Have dedicated government regional- and department-level designated focal points in the key technical ministries to monitor and support project activities as needed.

Each IP holds quarterly coordination meetings with stakeholders at the commune, department, and regional levels.[87] This includes government extension and technical officers in agriculture, livestock, health, nutrition, education, hydraulics, and environment and mayors and prefects who discuss program progress towards achieving objectives, major challenges, and the planning of activities for the following quarter. In addition to quarterly coordination sessions, an M&E technical working group was established involving representatives from the three DFAPs and Resilience and Economic Growth in Sahel – Enhanced Resilience (REGIS-ER).

Sector-Specific Approaches

With respect to specific sectoral approaches, two of the most salient positive outcomes are:

- **Agriculture**:
  - *Crop productivity:* There is strong uptake of improved seed, coupled with CA practices (zais/potholes, compost, fertilizer micro dosing), resulting in significant yield increases (often doubling or tripling of output) of rainfed crops (millet, sorghum, cowpeas, groundnuts). Some farmers noted intensification of production on significantly smaller field plots and consumption smoothing by reducing the period of food shortage in the hunger season. As noted earlier, these production gains were achieved through the FAO FFS group demonstration approach on lead farmer communal plots, as well as the use of a more individualized cascade model approach involving PVS promoted by PASAM-TAI.[88]
  - *Market gardens:* There is evidence from PASAM-TAI that dry season garden production can have a positive impact on reducing seasonal migration and boosting income when capital investments in water supply and inputs, coupled with effective market linkages, are significant. This was not observed in Sawki and LAHIA, where market linkages and capital outlays were not as substantial. PASAM-TAI's collaboration with REGIS-AG in developing crop value chain market linkages enabled beneficiaries in several market garden groups to achieve positive gains in the marketing

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[85] Note these observations corroborate recent findings from a Technical and Operational Performance Support (TOPS) Program implementation review of the Niger DFAPs held in May 2017. USAID, TOPS, FSNN, 2017. TOPS Implementation Review: USAID Niger/Burkina Faso FFP Portfolio. Workshop Report. May 16-18, 2017, Niamey, Niger.

[86] One such example is the national policy on management of mechanized systems for community water supply. In compliance with national policy, the three DFAPs have organized PPPs in which communes sub-contract the daily management of community water infrastructure with private water management companies in order to insure quality operation, maintenance, water service payment, and accountability of the community water supply system. The private company and village water user associations are under the supervision of commune government technical services and local authorities (mayor's office). Source: LAHIA FY16 Annual Report.

[87] The Sawki FY16 Annual Report (p. 5) notes that program progress, achievements, challenges, and solutions are discussed in order to adaptively manage activities and make project adjustments as needed. Promising practices and lessons learned are shared during these meetings and are quite valuable in ensuring "… significant transfer of information and sustainability in the final years of the program." In addition to quarterly stakeholder meetings, the LAHIA M&E team has held task force meetings with the various government representatives.

[88] These approaches are described in more detail in report section on Beneficiary Targeting Approaches and Effectiveness.

of garden crops.[89] In LAHIA, production gains from homestead gardens have helped producers to cover the lean season shortage of nutritious foods for one to two additional months on average.[90]

- **Gender**:
  - *Activity integration:* As a cross-cutting objective, a blended approach integrates awareness and messaging on gender equity across all project sector activities for men and women. GD respondents and IP staff alike cited improvements in awareness of gender equity as one of the hallmark achievements of the three projects. Women consistently noted greater support of their husbands in all sector activities. In MCHN and WASH, this includes prenatal consultation and health monitoring at village health clinics, more active participation in family planning, and labor and financial support for women's participation in VSLA/SILC IGAs and agricultural field activities.[91]

Implementation Challenges

A more exhaustive list of factors that hinder progress in implementing activities were identified by project beneficiaries, IP staff, and collaborating partners. Key challenges noted include:

- **Personnel management**: Several concerns were noted by IP staff. These included:
  - Problems in recruitment and retention of female IP project staff as well as community volunteers. Female field agents and community volunteers in the DFAPs are challenged by domestic obligations to their families as well as their employment or volunteer commitment to the project.
  - There is a view of a silo effect among technical specialists who are unable to transfer skills, communicate, and coordinate their work across sectors.[92]
  - IP field agents, as well as government extension agents, often feel isolated in their community posts due to difference in ethnicity, language, and other cultural factors, resulting in high staff turnover.[93]
  - Remuneration levels also vary among government, civil society, and other implementing organizations. Thus, problems in staff turnover and retention are commonplace.
- **Volunteerism**: There were numerous expressions of concern by IP staff about the morale and sustained motivation of volunteers in the beneficiary villages in the absence of remuneration or other incentives. Many lead mothers, community health workers, village development committee

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[89] In PASAM-TAI a 2016 sample survey found that average income per farmer from market gardens was 76,528 FCFA or $132. The FY16 Annual Report (p. 11) concludes… "This additional income would allow a farmer to purchase 425 Kg of millet securing enough to provide a family of seven with food for two months. There are numerous anecdotal reports of men choosing not to migrate in the dry season to work instead on vegetable production."

[90] LAHIA FY16 Annual Report, p. 12.

[91] In PASAM-TAI, Men's Learning Groups have received gender training that is contributing to greater gender equality in the communities. GD female beneficiaries have noted that their husbands now accompany them for pre- and post-natal care visits, something that was unheard prior to project intervention. This is corroborated in the PASAM-TAI FY16 Annual Report. The LAHIA FY16 Annual Report notes a significant increase in membership of women in several project activity groups since FY13. Most notable improvements are in FFS participation (0 percent – 61 percent), Systèmes Communautaires d'Alerte Précoce et de Réponse aux Urgencies (SCAP-RU) (0 percent – 35 percent), and Natural Resource Management Committees (0 percent – 30 percent).

[92] This problem has been remedied to some extent by CRS in the PASAM-TAI project in which agriculture and livelihoods (SILC) field agents have been trained since the midterm review to integrate nutritional knowledge in their sector activities and to better link caregiver groups with SILC and agricultural group activities.

[93] In PASAM-TAI, project managers have taken a more proactive approach in addressing staff turnover by screening potential candidates in anticipation of position vacancies to ensure greater staff continuity in implementing field activities. For example, the nutrition team now maintains an active waitlist of at least 10 qualified candidates who are able to fill field agent positions at short notice in order to ensure there are no further lapses in positions being filled. In addition, CRS has instituted a new rotating field agent system in which new agents will fill in during vacation leave of regular field agents.

members, and other committee members may participate in multiple activities and suffer from volunteer fatigue. Caregiver groups have inconsistent, variable levels of activity and, in one DFAP, there are problems of absenteeism due to lack of interest and seasonal migration of women.[94]

- **Donor coordination**: IP staff and collaborating partners noted a serious lack of donor coordination and communication, including inconsistent approaches or interpretations of metrics on health and nutrition, approaches to CLTS (such as the use of subsidies for latrine construction), and policies on per diem and remuneration of project volunteers.[95]

Sector-Specific Challenges

A number of sector-specific challenges were also raised in the GD sessions and KIIs with IP staff and project collaborators. These include:

- **Agriculture**:
  - **BDL**: Degraded lands allocated to women farmers for restoration of poor soils have met with success in some instances.[96] However, women who receive food rations to carry out heavy physical labor to build soil and water retention micro-catchments in the fields have abandoned field activities on occasion once food rations are depleted citing excessive labor burdens, long distances to walk, and the cost of transporting manure as major constraints. Some also mentioned building natural fencing was ineffective in deterring livestock from entering the fields and destroying crops.[97] Also, accessing and transporting water in the dry season for small moringa and pomme de Sahel tree saplings was a major problem. Finally, women mentioned insufficient funds provided to purchase grass seed, which is necessary to provide protective cover of denuded soils and used as animal fodder after it is well established over a few years.[98]
  - **Gender and land tenure**: A widely recognized constraint among female farmers is access and ownership of land for cultivation. While activities such as BDL in PASAM-TAI and homestead gardens in LAHIA attempt to address the problem (with challenges noted above), GD female respondents frequently cited difficulties in accessing land plots of sufficient size to carry out cultivation needed to feed their families or market specific crops.[99] Nonetheless, some gains in land access by them have been noted.[100] It is also noteworthy that women's access to garden

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[94] In PASAM-TAI, this has led to significant replacement and recruitment of new Lead Mothers since midterm review, coupled with the introduction of improved communications materials in the local language (Hausa), and more focused training. As a result, women have continued to participate in caregiver group activities after graduation from food distribution activities, thus demonstrating effectiveness and sustained motivation of participants in the strengthened caregiver groups.

[95] On several occasions KII informants cited Niger government policy on the 3Ns initiative ("Les Nigériens Nourrissent les Nigériens," or "Nigeriens Feed Nigeriens") and the "commune de convergence" approach supported by UN institutions working in the project zones. Their policies on remuneration of volunteers, per diem and transport reimbursement, etc., are often higher than those of local non-governmental organizations (NGOs) and international PVOs, posing problems for NGOs in retaining staff as well as their ability to work with local commune officials who may receive more resources from the UN organizations. This problem was also noted in one DFAP midterm review in which health volunteers were remunerated by other organizations, sometime undermining their performance in the project.

[96] In Sawki, an evaluation of biomass accumulation due to BDL activities at nine rehabilitated sites revealed improvement in biomass accumulation from zero biomass pre-program to 251 tons of Dry Matter Biomass, an amount which can support 148 Tropical Livestock Units (TLU) for nine months. Source: Sawki FY16 Annual Report.

[97] Livestock incursion, crop loss, and abandonment of BDL fields reported in PASAM-TAI FY16 Annual Report.

[98] Despite such limitations, CRS documents positive results and guarded optimism about future participation of women and the potential for sustainability. A survey taken in 2016 (CRS PASAM-TAI FY16 Annual Report) notes that 68 percent of women trained in BDL continue the improved farm practices one year after the training and the end of Food for Work.

[99] Women have constraints in having secure access to land, even when owned by their spouses. For example, women in the project zones commonly cultivate vandzou (Bambara nut) and groundnuts on small, degraded parcels provided by their husbands. These are generally cultivated in the evenings as their "own" fields. However, one well informed agronomic informant noted that once soil health is restored, men often recover the parcels for their own use.

[100] LAHIA FY16 Annual Report, p. 20. This includes in LAHIA, a nearly three-fold increase in farm surface area through 10-year land leases (10 ha in FY15 to 28.5 ha in FY16) achieved by women in three villages in the commune of Guidan-Sori. LAHIA FY16 Annual Report, p. 20. Sawki

plots has enabled women to achieve both nutritional and economic objectives of enhancing dietary diversity through cooking demonstrations using locally grown foods while also increasing family revenue through profitable vegetable gardening.

- **CA**: The effectiveness of CA methods has been cited earlier. However, some beneficiaries also noted difficulties in mastering the techniques. Other challenges included the poorest farmers not having access to donkey carts to transport manure, or the means to buy manure.[101]
- **Micro-gardens**: Small household garden plots promoted by PASAM-TAI (termed "keyhole" gardens) were cited by GD beneficiaries as being too costly (up to 35,000 CFA, or $62) and often too distant from water sources, and thus were unpopular with some female respondents. This observation was also confirmed by at least one IP agronomic staff member.[102]
- **Input cost and access**: Access to improved seed and fertilizer, as well as cost, was frequently mentioned by both male and female farmers in the GD sessions as a major impediment to uptake of improved farming methods. They also noted sales points too distant from their village as another key constraining factor.

- **WASH**
  - **Latrines**: Two factors have limited the adoption of latrines in the CLTS beneficiary villages. In addition to the high costs of purchasing of cement, iron, and masonry labor as well as the physical labor of digging latrine pits, making bricks, or gathering sand and large stones, GD beneficiaries noted multiple instances of hand-dug pits collapsing as a result of heavy rains and inundations. This has posed physical risks to families and discouraged some after having invested significant time and labor in digging pits and having gathered building materials in preparation for the cementing of pit walls and the installation of latrine slabs. GD members also noted poor timing in the distribution of cement and construction materials during the rainy season.[103] Another important constraint, identified in Sawki, cites the *"…. on-going presence of socio-cultural barriers and taboos with respect to latrine construction and utilization, resulting in a reluctance to build and use the latrines."*[104] Despite the challenges noted, some progress in the uptake of latrines has been achieved across all three DFAPs in terms of ODF certification (see footnote 76).

- **MCHN**
  - **Family planning**: CRS IP staff noted that donor and faith-based IP organizational approaches to family planning are not always concordant, as in the case of the United Nations Population Fund (UNFPA), the World Health Organization (WHO), and CRS. UN health organizations fund and promote modern birth control methods and contraceptive devices in village health clinics and centers in the project target zones, whereas CRS espouses modern methods of natural birth control. While beneficiaries access and practice modern contraception through the local health facilities, this has sometimes posed challenges in communities where cultural attitudes and values may not be harmonious with the promotion of modern contraceptive technology. CRS has effectively addressed this challenge through the introduction of natural birth control methods

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reported 9.41 ha secured by women across 12 different sites at the end of FY17, including 4.43 ha purchased by the women using savings from VSLA activities. The remaining land was donated. Sawki FY17 Annual Report.

[101] Corroborated in PASAM-TAI and Sawki FY16 Annual Reports.

[102] In order to address the problem of high seed cost, CRS reports in their FY16 Annual Report that they will encourage women's continued participation by planting more micronutrient-rich indigenous vegetables. Local seed stocks are abundant and more readily accessible than reliance on imported exotic varieties of micronutrient-rich seed.

[103] GD data corroborated by IP annual reporting: Sawki FY16; Sawki MC Niger Revised IPPT, and LAHIA FY16 Annual Report.

[104] The Sawki FY16 Annual Report confirms a low adoption rate of latrines at only 20 percent, based on a 2016 annual survey. Despite efforts to launch additional awareness campaigns, adoption remains low. The report further suggests high cost as a constraining factor. A notable drop in latrine construction occurred in FY16 after three years of subsidies were withdrawn.

under their Strengthening Marriages and Relationships through Planning and Communication (SMART) Couple program in 2016.[105] In addition to adjustments made by CRS around approaches to family planning, PASAM-TAI also decided to adjust its initial approach to the formation of husband schools and their linkage to awareness-raising activities on MCHN and WASH to be conducted through the integrated health centers (CSI). PASAM-TAI Men's Learning Groups (GAH), the equivalent of husband schools for Sawki and LAHIA, did not take hold early on in the project due to the lack of interest among men to meet on topics they did not perceive as a priority for them. As a result, an adjustment was made to introduce the SMART Couple approach in 2016 which encompasses SBCC activities in MCHN and WASH as well.

- **Livelihoods**
  - **VSLA/SILC IGAs**: Women's savings and loan rotating credit groups were beset by a number of challenges. GD beneficiaries noted that weekly savings contributions were voluntary, however, sometimes group pressures to contribute posed financial burdens for the poorest group members who were required to borrow funds to maintain membership, thus risking greater indebtedness outside the group. In the case of PASAM-TAI, the project made a recent decision not to establish new groups as originally planned, once a five-year full group cycle of rotation for small ruminant activities (habbanaye, animal fattening) beneficiaries was completed. This adjustment was made by IP staff after assessing the potential for intra-group or intra-community conflict by moving funds from a first- to second-generation/phase group. Thus, the distribution of small ruminants (sheep, goats) to a new group of beneficiaries was deemed to be too contentious in this instance. GD beneficiaries in each DFAP also cited instances where market value chain opportunities and linkages were inadequate or very limiting in terms of revenue generation potential due to market price fluctuations and uncertainties. In Sawki, some beneficiaries expressed a general lack of training by IP staff in IGA opportunities, particularly the absence of training in oil processing, which is viewed as a potentially lucrative activity by some beneficiaries. In LAHIA, warrantage systems have been introduced to store crop harvests and seeds, access agricultural credit through a local microfinance institution (ASUSU), and sell production during the hunger season when crop prices are most profitable. Despite a near doubling of producer groups from FY14 to FY16 and a roughly three-fold increase in membership, ASUSU has been unable to meet the rapid rise in demand for loans among the warrantage members.[106]
  - **Para-vets**: Village para-vets in PASAM-TAI who were trained to provide veterinary services on a fee-for-service basis reported shortages and delays in receiving veterinary supplies from the Ministry of Livestock. They also expressed some discontent in not receiving their attestation documents certifying their formal status and affiliation with the Ministry, thus diminishing their professional image and credibility among some village members.[107]

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[105] The SMART Couple approach promotes fertility awareness methods (FAM) that are modern, natural, and effective based on reproductive physiology and identifying the fertile days of a woman's menstrual cycle. FAM options appeal to many couples and require adherence from both husband and wife, thus fostering discussion and joint decision-making among couples which has a positive effect on other dimensions of household life as well. Based on the Standard Day Method®, Two-Day Method®, and Lactation Amenorrhea, couples use color-coded prayer beads that correspond to each day in the menstrual cycle. The approach was piloted among 770 couples in 26 villages in 2016. Due to very favorable response among beneficiary couples, religious leaders, government, and other stakeholders, the approach will be expanded to 72 villages. Source: PASAM-TAI FY17 Quarter 2 Report.

[106] In response to the credit shortage, the project has facilitated the integration of the MMD savings groups with the warrantage system so that access to credit through the MMD internal lending groups can offset the credit shortfall of ASUSU. Source: LAHIA FY16 Annual Report.

[107] This is unlike the status of community volunteer health workers (termed Peer Educators in LAHIA) across the three DFAPs who are formally linked to local government health centers and village clinics and ascribed a higher professional status in the communities. Source: LAHIA FY16 Annual Report.

- **Early Warning Systems, Disaster Risk and Resilience**
  - **Early Warning Systems**: Across the three projects, village early warning system response units, Systèmes Communautaires d'Alerte Précoce et de Réponse aux Urgencies (SCAP-RU), were established to strengthen community resilience capacity by instituting disaster risk reduction and early warning surveillance and reporting systems and sharing information upward through a vertical chain from the Vulnerability Monitoring Centers (OSV) at the commune level to national ministries. There was broad consensus among IP staff and project collaborators that the SCAP-RU was the most ineffective and problematic activity across the three projects.[108] A number of reasons were cited:[109]
    - A lack of responsiveness and feedback from OSV and other relevant authorities at the commune, department, and regional administrative levels;
    - A lack of budgetary commitment at the national level in providing funds to build resilience capacity at the local community level;
    - The geographical aggregation of SCAP-RU clusters (in PASAM-TAI) comprising several villages rather than one SCAP-RU per village; this posed major logistical and communication challenges due to the distances among some villages and resources needed to travel to hold meetings and the drafting of monthly reports for submission to the OSV. Funds were lacking to support members for transport, meals, and meeting logistics. The absence of women's participation in the SCAP-RU (and VDCs) was also noted in the midterm evaluation of PASAM-TAI.[110]

4.2.3 EQ 2.2: Who was targeted by and benefited from each project's intervention activities, and how effective was/were the selected targeting approach(es) in achieving its/their respective goals?

Data from GDs and KIIs were triangulated in order to understand beneficiary perceptions of participation in project activities as well as targeting approaches taken by the IPs. The three DFAPs share a common goal to reduce food insecurity and malnutrition among the poorest and most vulnerable households in the project target zones. Thus, GD respondents, in segregated male and female groups, were asked to what extent the most impoverished members in the community were equitably selected or targeted for participation in project activities.[111] They were also asked about their general perceptions of the beneficiary selection process and criteria used. The two most frequent observations made across both women's and men's groups were (Figure 21):

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[108] This observation is corroborated by quarterly and annual reporting of the IPs for FY16 and FY17.

[109] Annual and quarterly reporting for each of the IPs since FY16 indicate that they have taken measures to strengthen capacity of the SCAP-RU and to better coordinate communications and sharing of information with the commune-level OSV and Mayor's office through training sessions, meetings, and workshops. Nonetheless, problems persist at the commune level as noted. The Sawki FY16 Revised Indicator Performance Tracking Table (IPTT) reports that during the project FY15 midterm review it was evident that the implementation strategy was not producing the desired outcomes. The program revisited the strategy and identified alternate solutions, including possible partnership with other programs to achieve FY16 targets. These partnerships have not been articulated or identified since Sawki FY16 reporting.

[110] Women's participation in the VDCs in leadership roles has increased considerably since the midterm evaluation. VDCs members now include 34 percent women who are in the three leadership roles of President, Secretary or Treasurer. In most communities, women who started playing leadership roles in small groups as caregiver group lead mother, President of SILC groups, or farm organizations (OP) are now accepting the opportunity to step in and take positions on village-level committees. Having gained confidence through project activities, access to literacy courses, and various training opportunities, women leaders are much more vocal and active than before. Source: PASAM-TAI FY17 Annual Report.

[111] Observations noted here by GD participants were also corroborated in KII sessions with collaborating partners and local government officials.

- Benefits were equitably and fairly distributed among community members, including the poor, however, men were three times more likely to make this observation than women;[112] and
- Benefits were unequally distributed in the sense that special selection criteria were used in many instances to target beneficiaries for participation according to the type of activity being implemented.

Figure 21. Beneficiary Perceptions of Activity Selection Process
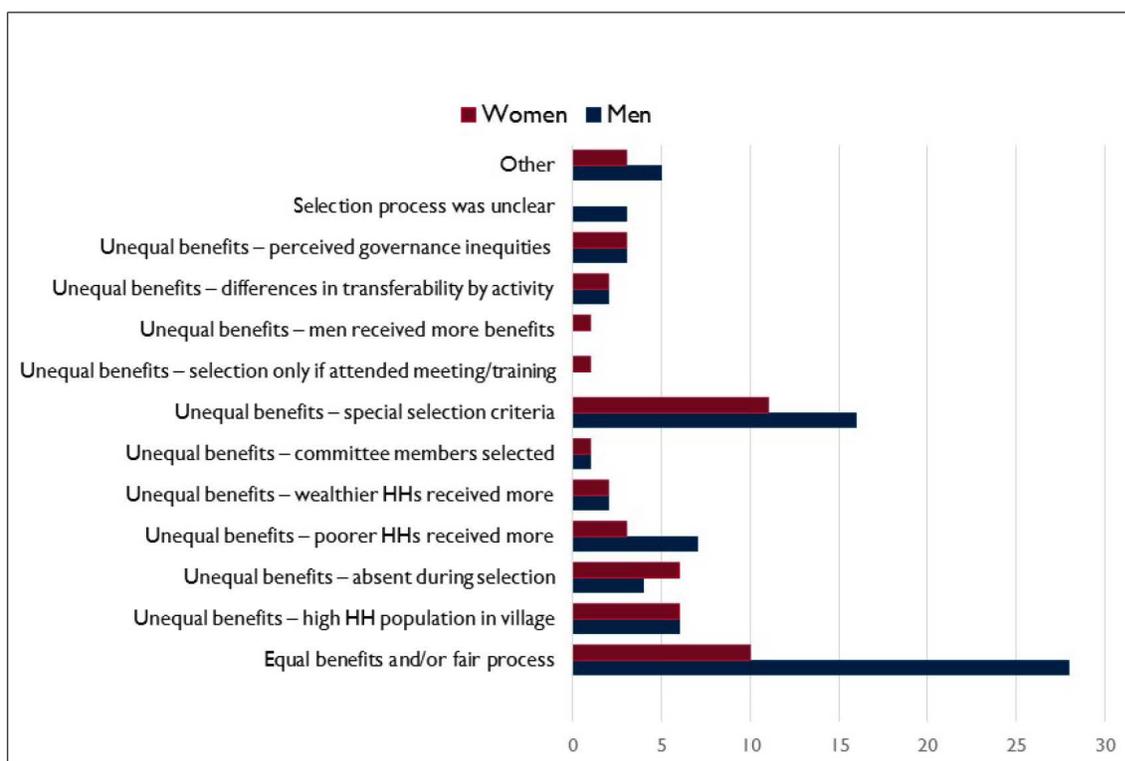
A small number of IP staff corroborated the view that, while targeting was fair and inclusive of the most disadvantaged members of the community, beneficiary selection was sector- and activity-specific, and contingent upon criteria generally established by those organizing and implementing the activities. This included IP senior staff and field agents, members of the VDCs, and other village leaders, including village chiefs, who would frequently organize and select activity-specific leaders to assume responsibility in mobilizing the participation of others in the community.

Additional important observations, although less frequently noted in the GD sessions, along with supporting views from limited KII data, include:

- The number of most vulnerable households in a village greatly exceeds the number of activities and participant slots available, thus limiting the optimal participation of vulnerable households across all activities.

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[112] Figures represent the frequency of response or number of observations in relation to specific questions such as whether beneficiary participation was equitable and open to everyone in the community, particularly the poorest individuals or households. It is not clear from the GD beneficiary sessions why men were three times more likely than women to note that participation in activities was equitable. Some women raised concerns about the criteria used for selection of PLW feeling that some women had been excluded, which may have influenced their lower response rate.

- Inequitable selection of households for specific project activities was occasionally reported, often associated with village governance dynamics and the role of village elites in potentially biasing the beneficiary selection process (as noted above).
- Despite the participation of the poorest households in some activities, most are too disadvantaged financially to participate in more capital-intensive activities such as market gardening, animal fattening, rainfed farming, latrine construction, and agricultural processing (e.g., milling). These activities assume capital outlays for improved seed, fertilizer, animal fodder, milling machines, cement, and technology upkeep which the poor are unlikely to sustain after the life of project.
- Some project activities or trainings—particularly those that involve raising awareness around behavior change on health, nutrition, and hygiene activities—are more easily learned and adopted by non-participants or indirect beneficiaries, while other activities with perceived high benefits are not transferable to non-participant households. These include receiving food rations or a sheep or goat.
- Occasional mention was made of non-selection or non-participation in activities due to the absence of individuals during the activity registration period, or due to a lack of willingness or reticence for personal or cultural/religious reasons, or a lack of clear understanding of the perceived benefits of an activity.[113]

The beneficiary selection process across the three DFAPs was generally comparable, with some small variations, depending on who was leading the selection process and the nature of the activity. Selection would most often be initiated by the VDC and/or village chief, sometimes with the assistance of IP field staff who would convene a village general assembly. The assembly would then elect community members as leaders to establish a selection committee for a specific activity, typically 5-12 members representing each village neighborhood.

4.2.4   EQ 2.3: How are the quality, frequency, effectiveness, and suitability of the services provided by the project perceived by the beneficiaries and their communities? Are there major differences in these perceptions of service delivery across key beneficiary sub-groups, and what are reasons why?

Overall, beneficiaries reported being satisfied with the quality, frequency, effectiveness, and suitability of the services introduced by the project. Most respondents felt that they had received sufficient training and know-how in all project activities. However, a number of concerns about the quality of service, effectiveness, and suitability of some activities were expressed by GD respondents. The most salient observations are summarized here:

- **Mismatch of community needs and project services**: In some instances, GD respondents noted that project interventions did not always match the priorities of the community, or that the project strategy was too prescriptive and donor-centric, and not based on a diagnostic of community needs and priorities. In one example in PASAM-TAI, participants reported that they would have been interested in IGAs, such as animal fattening or habbanaye, but the project did not initiate any of them. In another community, an expressed interest to have demonstration latrines at the primary school and health center was never undertaken by the project. This mismatch of community needs and IP priorities was noted across the three DFAPs on several occasions.
- **Warrantage**: In the LAHIA project, some beneficiaries cited delays associated with the participating microfinance institution (ASUSU) paying out loans to those who participated in

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[113] All household heads must register formally at project start-up to participate in project activities. Those who could not attend (illness, the poor who survive on menial daily wage labor) are ineligible to participate in ongoing project activities until the next annual registration period.

warrantage. Nonetheless, GD respondents were positive overall about their experience with warrantage and felt the activity had greatly benefited both male and female participants, especially start-up funds that were of benefit to elderly group members. Credit access through the local microfinance institution (ASUSU) enabled group members to jointly make small payments on a regular basis that can then be used or financially leveraged in case a group member is in need.

- **WASH**: On occasion, the suitability of some activities planned by the IPs was called into question. In PASAM-TAI, plans to construct a well were met with resistance by one community that felt previous problems with water quality and contamination were too severe and, therefore, a new well would be inappropriate.
- **Poultry disease**: In Sawki, beneficiaries noted ongoing problems with poultry health and a disease epidemic (Newcastle disease) resulting in high poultry loss.[114]
- **Market value chain linkages**: Beneficiaries in Sawki and PASAM-TAI expressed concern about inadequate project approaches to more effectively link producers to markets. In PASAM-TAI, a few women's garden groups expressed satisfaction in receiving market prices through project market information services (MIS) provided on mobile phones. However, they felt that they needed more support in establishing stronger value chain linkages to more markets. In one instance, they noted that supply exceeds demand for garden vegetables during the peak harvest period, thus depressing crop prices in the only larger regional market they can access. They felt the project should do more to help them find alternate or secondary markets for their garden crop. Beneficiaries also noted the lack of water sources or drying of wells during the garden season and the need for better water supply and conveyance from the projects. Excessive distance to gardens and the lack of labor saving technologies (e.g., micro drip irrigation) were also noted.
- **Crop pests**: In Sawki, beneficiaries noted problems with insecticides provided by the project that were ineffective in preventing insects from destroying their bean, millet, and groundnut crops.
- **Credit provision**: Beneficiaries across the three projects mentioned problems with credit provision in their savings and loan groups, particularly during periods of acute need for cash such as the hunger season.

Beneficiary and KII Views on Improving Effectiveness of Service Delivery

Overall, beneficiaries emphasized a need for: additional and more widespread training; more direct beneficiaries per activity; and more transparent selection to achieve greater effectiveness of service delivery under the projects. The need for more updates in training and an increase in the number of beneficiaries was also noted by IP staff and collaborating partners in KII meetings. Both beneficiaries and KII respondents also noted an interest in better credit provision and veterinary services for livestock and poultry. While beneficiaries across the three projects expressed concerns about difficulties in accessing and paying for improved seed and fertilizer, they were more inclined to note improvements needed in water services and infrastructure (schools, roads) than farm input services.

Figure 22 illustrates the relative needs and priorities emphasized by beneficiaries in terms of more effective service delivery. Men and women both equally expressed the need for improved water supply, whereas men expressed a much greater priority than women to increase the number of beneficiaries. Men also prioritized a need for more training/sensitization, improvements in beneficiary selection, and more infrastructure while women prioritized beneficiary selection, water services, and training.

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[114] A specific chicken breed (Isa Brown) was introduced in Sawki and was resilient and well adapted to local climatic conditions in the Maradi and Zinder regions. However, a Newcastle disease epidemic resulted in significant loss of poultry.

Figure 22. Beneficiary Views on Improved Effectiveness of Service Delivery
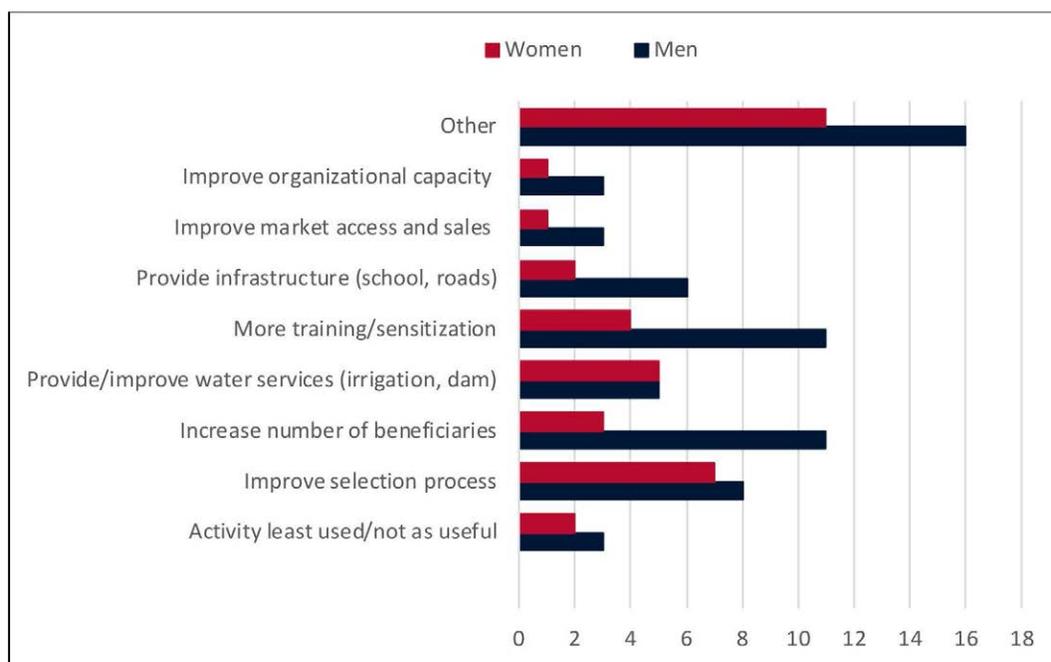
CONCLUSIONS

Most Effective Implementation Approaches

Several effective implementation approaches were identified across the three DFAPs. Improved seeds and conservation agriculture were both widely adopted across the three DFAPs and were associated with significant yield increases of rainfed crops. PASAM-TAI and LAHIA PPP approaches to scale and improve seed distribution and encourage seed production and sale by project villages combined with the use of seed fair vouchers to allow farmers to obtain their preferred seed varieties was found to be particularly effective and appreciated. In addition, dry season gardens were promoted by all three DFAPs, but evidence suggests that this activity tends to have a positive impact on income and seasonal migration only when combined with adequate capital investments in water supply and inputs and effective market linkages, as was done particularly well by PASAM-TAI.

Key Implementation Strengths, Challenges, and Effective Steps Taken to Address Them

Strengths and challenges were identified in implementation approaches and some corrective measures were taken to address challenges.

On implementation strengths, it is noted that:

- The combination of peer- and gender-based educator groups (for example, model mothers) and social messaging campaigns (e.g., listening clubs, community videos, and live skits) employed by all three DFAPs was found to be highly effective overall in achieving positive behavioral outcomes in MCHN (e.g., EBF, birth spacing, and nutritional diversification) and WASH (e.g., handwashing) sectors.
- Men's peer educator groups and holistic integration of gender-based activities supported by all three DFAPs were also widely and consistently credited for the marked improvement in gender relations and positive attitudinal changes of men in supporting their spouses in various ways (e.g., domestic tasks, agricultural field activities, health clinic visits, birth control and family

planning). Gender relations were also enhanced through Safe Space activities targeting adolescent girls and literacy activities targeting adults as well as adolescents.

- Certain group interventions (e.g., VSLA/SILC in IGA, agricultural processing, habbanaye and animal fattening, market gardens, cooking demonstrations) implemented in various combinations by all three DFAPs were identified as having the ancillary effect of enhancing group and community social solidarity by strengthening the bonds and ties within and across the groups involved in these activities. In some cases, activities were even found to enhance collaboration with neighboring communities, for example as a result of sharing experiences across health and nutrition groups.

- The combination of administrative and communication strategies employed by the three DFAPs to manage personnel and project implementation across the various levels (e.g., village, departmental, and national) of project administrative offices, the close physical proximity of field agents to beneficiaries, and the use of robust information technology (IT)-based M&E systems ensured an effective implementation of project activities that is responsive to the needs and concerns of beneficiaries.

- All three DFAPs have established formal agreements with the GON and are generally aligned with national policies on food security, health and nutrition, WASH, and agricultural development. Furthermore, they also effectively engaged with key technical line ministries at the regional and department level to coordinate technical services and strategic activities.

Key implementation challenges include:

- Despite efforts by the three DFAPs, staff turnover and retention were noted as recurring problems, in particular for field agents and government extension agents—who often felt isolated in their community posts due to differences in language and ethnicity—but also more generally due to varying remuneration levels among government, civil society, and other implementing organizations. All three DFAPs also reported challenges in recruiting and retaining female staff and community volunteers who have to balance their commitment to the project with domestic obligations. A significant portion of volunteers of both genders suffered from fatigue and lack of sustained motivation due to participation in multiple activities and lack of incentive and remuneration. The three DFAPs attempted to address these issues by providing more effective training to field agents and volunteers that strengthen linkages across sector activities and more proactive recruitment and rotation of reserve staff to fill temporary vacancies.

- BDL activities for women had limited success and were sometimes abandoned by beneficiaries as a result of the: heavy physical labor involved; long walking distances to reach fields; limited effectiveness of food for work (FFW) rations as an incentive and remuneration; cost of transporting manure; ineffective fencing that did not prevent livestock incursions in fields; and, in some cases, insufficient funds provided by the projects to purchase grass seeds that form a protective cover for denuded soils.

- Cost and access (e.g., absence or distance of sales points) of certain agricultural inputs such as improved seeds and chemical fertilizer remain a key impediment to increased food production and uptake of improved farming methods for some beneficiaries, particularly the most impoverished households. Projects reported an effort to reduce the access issue by increasing the number of village-based seed producers and input distributors.

- Women's access and ownership of land remains a key constraint on their capacity to improve household food security and boost family income despite some modest gains in terms of access to degraded lands through lease contracts and support of the local VDC and commune-level land tenure commission. This is further compounded by women's limited autonomy in access, control, and decision-making over their own crop outputs in domestic household food production and conjugal relations to their spouses.

- Project performance in achieving ODF status through the CLTS approach and use of improved latrines has been modest due to a range of factors, including: cost; labor investment; social and cultural beliefs/taboos around personal hygiene and sanitation; and a regional climate and soil structure (intense monsoon rains, sandy soils) that destroys latrine pits and structures due to seasonal rainfall and heavy inundations.
- Women's savings and loan rotating credit groups had limited effectiveness due to: lack of training and identification of lucrative IGAs; insufficient access to credit; and weak market value chain linkages in some instances. Projects looked to mitigate these issues by: strengthening credit access through crop storage and warrantage systems; providing crop processing technologies (flour mills, solar dryers); and providing improved market information (crop pricing data and market locations) and linkages.
- Early warning systems response units (e.g., SCAP-RU) tasked to strengthening community resilience capacity were hobbled by challenges including limited responsiveness and support from the OSVs at the commune level, a lack of budgetary commitment, or resources emanating from the national ministry level. To mitigate these issues, the IPs reported more focused training in areas such as organizational development, community development, and risk management.

Efforts to address implementation challenges by the IPs appeared to be few and are not extensively documented in the post midterm evaluation annual and quarterly reporting. Notable examples include:

- Improvements in personnel recruitment and retention of field staff and volunteers have been addressed through more effective training of field agents and volunteers that strengthens linkages across sector activities and more proactive recruitment and rotation of reserve staff to fill temporary vacancies during staff vacations;
- Adjustments by IPs to reduce the number and breadth of activities and to focus on achieving depth of impact with few numbers of beneficiaries (example of reducing BDL activities, sites, and beneficiaries in PASAM-TAI);
- Continued efforts by the IPs to work with commune-level government officials and the Commission Foncière de Base (COFOB) to obtain more land lease contracts for women to carry out crop and garden production activities;
- Efforts by the IPs to increase the number of village-based seed producers and input distributors with more sales points;
- Renewed efforts by the IPs to provide crop processing technologies (flour mills, solar dryers), mobile technology for market information systems (crop pricing data and market locations), and to work with REGIS-AG in identifying improved markets linkages and crop distribution and sales points;
- Strengthening of credit access to local microfinance institutions (e.g., ASUSU) through crop storage and warrantage systems (in the case of LAHIA); and
- Ongoing efforts to strengthen the organizational capacity of the SCAP-RUs and coordination of efforts with the commune-level OSVs through more focused training, such as organizational development and community development and risk management training.

Service Delivery

Overall, beneficiaries reported being satisfied with the quality, frequency, effectiveness, and suitability of the services introduced by the three DFAPs. Most respondents felt that they had received sufficient training and know-how in all project activities. However, some specific concerns were expressed about quality of service across all three DFAPs, including: the mismatch between community needs and priorities and project services; inadequate project approaches and support to link producers to markets; and problems with credit provision in savings and loans groups, particularly during periods of acute need for cash such as the hunger season. In a few cases, beneficiaries also questioned the suitability of certain

WASH activities planned by the IP. There were also some project-specific concerns raised on occasion by beneficiaries, including:

- Participants in LAHIA's warrantage activity cited delays associated with the payment of loans by the local microfinance institution, ASUSU.
- Some Sawki beneficiaries reported ongoing problems with poultry health and a disease epidemic (Newcastle disease) resulting in high poultry loss.
- In one instance, Sawki beneficiaries noted problems with insecticides provided by the project that were ineffective in preventing insects from destroying their bean, millet, and groundnut crops.

Beneficiaries' perception of the targeting approaches used by the three DFAPs was generally positive. In most cases, they reported that benefits were either equitably and fairly distributed among community members, including the poor, or that they were unequally distributed for certain activities, in the sense that special selection criteria including need, capacity, and commitment were used in many instances according to the type of activity being implemented.

4.3   EQ 3: SUSTAINABILITY OF OUTCOMES: BASED ON THE EVIDENCE, WHAT PROJECT ACTIVITIES AND OUTCOMES ARE LIKELY TO BE SUSTAINED, AND WHY?

FINDINGS

Analysis of sustainability draws from the Sustainability and Exit Strategies Conceptual Framework developed recently under the Food and Nutrition Technical Assistance III Project (FANTA)[115] as the basis for framing and evaluating the sustainability of the three DFAPs. Findings and conclusions derive from four key components or pillars of the framework that are examined here:

- **Sustained source of resources**: Which resources (natural, physical, financial, social, human) have been leveraged for sustainable service delivery and how;
- **Sustained technical and managerial capacity**: What strategies have been promoted to build and sustain technical and managerial capacity of beneficiaries and service providers;
- **Sustained motivation of beneficiaries and service providers**: What modalities have been deployed to sustain the motivation of beneficiaries to demand, and service providers to deliver, efficient and effective access to products and services; and
- **Linkages to governmental organizations and/or other entities**: What vertical linkages have been created or leveraged to augment access to resources, strengthen capacity, and motivate beneficiaries and service providers to demand, deliver, and use products and services in a sustainable manner.

Factors of capacity, motivation, resources, and institutional linkages were explored through GD and KII sessions and are examined in more detail below. Strategies introduced by the IPs to build the technical and managerial capacity of project beneficiaries and service providers to act upon technical knowledge and skills they have acquired is discussed under EQ 3.1. Most importantly, their ability to apply such knowledge and skills over time will depend in no short measure on their capacities and ingenuity to leverage resources externally through local government services and/or other relevant actors. The motivation of beneficiaries to demand services, their ability and willingness to pay, and the motivation of service providers to sustain the provision of resources are discussed under EQ 3.2.

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[115] Rogers, Beatrice Lorge and Coates, Jennifer. 2016. *Sustaining Development: A Synthesis of Results from a Four-Country Study of Sustainability and Exit Strategies among Development Food Assistance Projects-Executive Summary*. Washington, DC: FHI 360/Food and Nutrition Technical Assistance III Project (FANTA).

GD beneficiary and KII respondents were asked to provide their views on what activities were likely to be sustained and those that posed challenges to future adoption. Activities and outcomes that they identified as likely to be sustained include MCHN and WASH, in particular gains in health and nutritional status of PLW and children under the age of 5, through adoption of improved behavioral practices related to hygiene, sanitation, and health. These include EBF and pre- and post-natal health center consultations.

Agriculture and livelihoods showed significant increases in crop yields through: improved cropping methods (zais/potholes, composting, micro dosing with chemical fertilizer, plant spacing density); access to improved seed varieties; and the promotion the tree growth in crop fields (Farmer Managed Natural Regeneration). Improved crop storage techniques such as the use of PICS sacks were also a project activity that beneficiaries highly valued and anticipated continuing to use.

While beneficiaries expressed their willingness to continue most activities introduced in the DFAPs, they also acknowledged limited capacities to pay for those services that require substantial capital outlays including:

- **Latrines**: The cost of supplies and masonry services, as well as labor inputs, were identified as major impediments to the adoption of latrines.
- **Water infrastructure**: The high cost of construction and maintenance of water points (wells, boreholes, pump systems, water storage) was identified as a clear challenge beyond the life of project.
- **Market gardens**: Beneficiaries cited high capital investments in water supply and conveyance technologies (irrigation, pumps) as key limitations to continued participation in garden activities without significant external financial support. The cost of chemical fertilizer and difficulties in accessing improved seed were also noted as factors limiting the future practice of horticultural activities.

Practices that yielded noticeable positive results quickly were the ones that beneficiaries most commonly cited as those they will continue to use beyond the lifetime of the project. However, beneficiaries in some villages reported that they trust that the knowledge they gained from the project will eventually bear fruit and that they will therefore continue to use new practices and knowledge gained throughout the project, even if noticeable benefits may take time to be realized.

4.3.1 EQ 3.1: What processes, systems, and institutional arrangements (especially linkages and coordination with other USG and non-USG investments) were made by the IPs or members of the target population to sustain the necessary and critical services required to achieve and sustain projects outcomes?

The overall approach of the three DFAPs has been to build technical and managerial capacity of project stakeholders at two levels: 1) at the community level involving direct beneficiaries through the formation of peer educator and interest-based groups around targeted sector activities; and 2) at the local government level involving technical extension services of key Ministries of Health, Agriculture, Livestock, Environment, and Informal Education (Alphabetization). USG and non-USG collaborating partners have been engaged to serve in focused technical roles to provide an array of training and capacity building services at both the community and government level across the key sectors of MCHN, WASH, agriculture, livelihoods, resilience, gender, and governance.[116]

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[116] The array of partners across the three DFAPs is extensive. The most prominent collaborators include REGIS-AG, Resilience and Economic Growth in Sahel - Enhanced Resilience (REGIS-ER), WHO, UNFPA, World Food Programme (WFP), FAO, UNICEF, ICRISAT, INRAN, World

Technical and managerial capacity at the community level has involved targeted training and capacity building of various community leaders, volunteers, caregivers, and religious authorities who can champion and impart knowledge, skills, and motivation to other community members to adopt and promote positive behaviors of improved health and nutrition and to take up climate-smart agricultural practices and market-based livelihoods that can boost family income and improve food security.

The most common approach to capacity building among the three DFAPs is the training of individuals who serve in a coaching or mentoring capacity of others as lead experts. Lead experts most often serve in one of two capacities, either as: 1) a volunteer responsible for mobilizing peer learning or peer educator groups, as in the case of most MCHN/WASH activities; or 2) in an auxiliary fee-for-service technical role providing training, extension services, and inputs, as in the case of lead farmers, para-vets, and VSLA/SILC IGA and micro-enterprise experts.

These two distinct approaches, designed to impart technical knowledge and leadership or managerial capacity, seek to *motivate* individuals to *sustain* their roles as leaders and mentors in one of two ways: 1) through the acquisition of knowledge (in the case of volunteers), which conveys social status, prestige, and leadership in the community, thus providing positive reinforcement to the mentor or coach to continue in their lead role; and 2) through skills acquisition to provide products and/or technical services that are rewarded through a pay-for-service arrangement.[117]

The potential to sustain technical and managerial capacity, drawing from these two broad yet divergent approaches, with examples across the DFAPs, are presented here:

MCHN and WASH

Caregiver groups led by lead mothers, are trained by IP field agents in improved health, nutrition, and hygiene practices using various approaches promoted through FFP.[118] With support from community health workers (CHWs), the lead mothers serve as peer educators in conducting group learning sessions with weekly follow-up home visits to assess and reinforce improved behavioral practices learned in group sessions. Male equivalent peer educators complement and reinforce the women's caregiver group activities by conducting similar awareness building activities through husband schools or male mutual support groups.

The constellation of CHW volunteers, lead mothers, and male peer educators serves as the liaison between the local government health services and the caregiver groups; these participants are now formally recognized by the government as the key actors that are essential in ensuring that linkages of close collaboration and support from the local government health services are sustained over time. A number examples here illustrate the progress to date made by the three projects:

- **LAHIA**: Peer educators trained in the project have now been recognized as community focal points in direct collaboration with the commune-level health facilities. Model husbands are now responsible for communicating health behavior messaging according to district health services priorities.[119]

Vegetable Center (AVRDC), AGRHYMET, FEWS NET, Le Centre Africain pour les Applications de la Météorologie au Développement (ACMAD), World Vision, HKI, Africare, Digital Green, Groupe de Recherche et d'Échanges Technologiques (GRET), Orange Foundation, Marie Stopes International, Populations Services International, Pathfinder, Animus Sutura, Abdou Moumouni University, ASUSU, HALAL, and AMATE.

[117] Capacity building efforts included guidance/training on how to promote public private partnerships and facilitating a commercial service provision model in the marketing of inputs, materials, equipment, spare parts, and available services (public or private).

[118] Innovative social behavior change communications activities highlighted in Chapter 2 were widely used to build knowledge and awareness of caregiver groups on MCHN and WASH on topical interventions such as ENA, the 1,000-day approach, and HTSP.

[119] Save the Children LAHIA FY17 PREP Issues Letter. Resubmitted to USAID/FFP, September 14, 2016.

- **Sawki**: In Year 5, the project will train government health agents on the *Mu Da Kanmu* (traditional caregiver) approach and will strengthen the links between health workers, community-based health promoters, and lead mothers to ensure ongoing oversight of grassroots health promotion activities.[120]
- **PASAM-TAI**: In collaboration with the Ministry of Health, CRS will continue to build capacity of CHWs and lead mothers to ensure they continue using acquired knowledge and skills improved health, nutrition, and hygiene practices. CRS will also continue to involve and train community members in the construction and maintenance on health clinics and school latrines in close collaboration with the Ministries of Health and Environment. Upon completion, a formal handing-over of the infrastructure to the Ministries will take place.[121]

Agriculture and Livelihoods

Agriculture and livelihoods activities generally require substantial capital outlays (seed, fertilizer, technologies, credit) that are uncharacteristic of most MCHN/WASH activities (with few exceptions, such as latrine construction). Thus, capacity building activities generally focus much more on the acquisition of entrepreneurial skills that enable service providers to operate as micro-enterprises. The examples below demonstrate the efforts made by the IPs in Year 4 to build local technical and managerial capacities by providing specialized training in areas such as bookkeeping, management skills, and ongoing support to provide products or services on a fee-for-service basis:

- PASAM-TAI – CRS,[122] with support from ICRISAT and REGIS-ER, will continue to work with farmer associations to acquire technical and management skills, including bookkeeping, in support of greater market integration and income generation;
- PASAM-TAI – SILC groups will be trained in bookkeeping; SILC field agents/local experts will be trained and certified to become private service providers providing diverse services for a fee;
- PASAM-TAI – will continue to provide additional training and coaching to CAHW (para-vets) who will continue to assume primary responsibility for community-based veterinary care and services after the project; they will also identify apprentices who will support them;
- Sawki[123] – will continue to establish and empower FFS local experts to become input suppliers at the community-level;
- Sawki – will ensure CAHWs continue to be resource-people for veterinary health by linking them with private veterinary service providers; and
- Sawki – will empower girls' safe space groups to continue raising and sharing animals through the habannaye scheme, offering an incentive for girls to stay connected with their support network and improving girls' esteem through income generation.

The above examples of building sustained technical and managerial capacity, through group as well as more individualized (lead expert farmers, para-vets, SILC advisors) approaches, are carried out in phases that have been elaborated by each IP in their Sustainability Plans and Exit Strategies, finalized in Year 4. These generally entail three phases:

1. Phase *down* – progressive reduction in program resources and support;
2. Phase *over* – transfer of responsibility to local, permanent institutions; and

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[120] Mercy Corps Sawki FY17 PREP Issues Letter. Updated submission to USAID/FFP, October 27, 2016.
[121] CRS PASAM-TAI FY16 PREP.
[122] All PASAM-TAI references in this section are from CRS PASAM-TAI FY16 PREP.
[123] All Sawki references in this section are from Mercy Corps Sawki FY17 PREP Issues Letter. Updated submission to USAID/FFP, October 27, 2016.

3. Phase *out* – program interventions will end.

Each IP has been engaged in the phasing down and phasing out of activities (e.g., food rations) since the midterm design of sustainability strategies (FY16 PREPs) and now accelerating in Year 4.[124] The transfer of implementation and oversight of activities to local partners, both community beneficiaries and local government partners, will take place in Year 5. A phase over approach in the coming year will entail activities that require financial and physical inputs, initially provided by the IPs, that must now be assumed by the beneficiaries and local government partners themselves in order to ensure the long-term sustainability of activities. These inputs, or resources, are addressed in EQ 3.2 below.

In order to ensure local government ownership in assuming a lead implementing role of many project activities, Sawki is currently producing evidence-based briefs that highlight the project's most effective interventions to share among government partners. In this manner, government actors will be better positioned to make key policy and programming decisions rooted in a solid evidence base and thorough understanding of project outcomes in carrying activities forward.[125]

Another critical element in strengthening technical and managerial capacity is to ensure that roles and responsibilities in project implementation are well understood and that progress toward achieving outcomes is regularly communicated and shared with all key stakeholders. Thus, each IP has organized quarterly coordination meetings with the local government technical actors, IPs, and locally appointed and elected officials (mayor, prefecture) involved to gauge progress, identify challenges, and make corrections in implementation in a timely fashion. The IPs have engaged local partners in a transparent, participatory manner to ensure that roles and responsibilities and the transfer of ownership of activities is undertaken in a graduated and reasonable time frame that builds the capacity of both project beneficiaries and local institutional actors.

Despite these efforts, KII sessions with commune-level government and technical staff within the project-related sectors indicated that linkages between their offices had been generally limited. KIIs with such individuals and IP staff suggested that greater capacity building and integration of commune-level and technical staff within sectors will be required for sustained post-project impacts.[126]

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[124] The sustainability phase of handing over for the IPs began in year 4 (FY2016) and the process is ongoing. In years 2 and 3, the emphasis has been primarily to ensure that the relevant actors receive appropriate technical skills, resources, and inputs and also to build motivation and appropriate relationships in order to facilitate the process moving towards sustainability. The sustainability strategy does not rely heavily on the GON technical ministries. Rather, it is focused more on technical partners from the private sector in agriculture, livestock, VSLA/SILC, and water user collection activities. The primary goal is to make sure that, by the end of the program, members of the community structures established (e.g., caregiver groups, WASH committees, lead farmers, seed producers, VSLA/SILC professional service providers, para-vets/vaccinators, literacy facilitators, community health workers, VDCs) will be supporting or working directly with the relevant private entities as services providers. The GON technical services will continue to provide oversight in ensuring compliance with regulations and technical requirements. Given the weak financial capacity of the GON technical ministries, the IPs envisioned that local government services will not assume costs for capital outlays for agriculture and market gardens (seed, fertilizer, technology) in particular. In terms of water infrastructure, local commune officials are already working closely with members of the water management committees to ensure cost recovery from user fees to ensure maintenance of water supply materials and equipment. For example, PASAM-TAI, which has implemented 47 discreet activities since project start-up, has undertaken an extensive reduction and de-emphasis of certain activities in response to the project midterm evaluation in order to focus on depth and quality of results as opposed to the breadth of activities across 640 beneficiary communities. These include a de-emphasis of early childhood development activities, phasing out of any new BDL activities, and scaling back of emergency preparedness activities involving SCAP-RU. Activities eliminated include: behavior change social marketing/messaging activities; Aquatab promotion; seed varietal demonstration and integrated soil fertility management activities; most Food for Work activities; and OSV investments. Source: CRS PASAM-TAI Response Memo, January 25, 2016. In Sawki, the project is now implementing the gradual reduction, transfer, and phase out of input provisions to beneficiaries across all areas of the program. Field staff are facilitating the handover of all activities in health, nutrition, hygiene, agriculture, and livelihood activities to caregiver group leaders and lead experts to begin assuming responsibility for continuation of project activities. Source: Mercy Corps Sawki FY17 PREP Issues Letter. Updated submission to USAID/FFP, October 27, 2016.
[125] Mercy Corps Sawki FY17 PREP Issues Letter. Updated submission to USAID/FFP, October 27, 2016.
[126] Sawki field teams are well aware of and have reported some of the challenges of working with local government extension services. Some of these concerns include a lack of responsiveness to deliver quality, efficient, and effective services to the population and challenges with other development organizations and donors providing incentives such as per diems and other benefits that are not consistent with the policies of all

Sawki has sought to address this concern since project inception by organizing targeted trainings and capacity building workshops for community-level extension agents, management committees, and government technical services at multiple levels, from the community to commune and regional levels, to empower these stakeholders to take ownership for program achievements. These capacity building activities are intended to provide local partners with knowledge and skills as a motivation to continue promoting good behaviors in health and effective methods for agriculture and income generation.

Sawki will continue to provide refresher trainings to the extension agents with the purpose of enhancing their knowledge and capacities to effectively and efficiently deliver extension services and supervision of program investments in the target communities during and after the program. The joint supervision with extension agents will continue to prepare them to take over after the end of the program and provides motivation in continuing their work.[127] One strong case of motivation to continue providing services in the Sawki project has been reported in which a FFS lead farmer trained in the project was solicited as a local expert for his services outside the project region.[128]

Perceptions of Technical and Managerial Capacity

Project beneficiaries, IP staff, and partners (local government, collaborating institutions, private sector actors) were asked about their views on the capacity of beneficiaries and local stakeholders to sustain project activities after the life of project. The most important observations are presented here:

Uptake by direct beneficiaries: GD and KII results strongly suggest that many of the activities and new practices promoted by the projects have been widely adopted by participants across most, if not all, of the technical sectors. The individuals who received direct training from the projects appear to be not only using the new practices themselves, but they have also effectively conveyed them to others who were not involved in the corresponding activity.

Uptake by indirect beneficiaries and non-participants: A number of positive spillover effects were observed through both the PBS and qualitative results and highlighted throughout the project achievements section of the report (4.1). Among the most positive effects were the adoption of project activities by indirect beneficiaries and non-participant individuals and households, particularly from surrounding villages. As noted in the overarching findings, GD beneficiaries frequently stated that neighbors and visitors from nearby villages not directly participating in the project would often observe and discuss new behavioral practices, skills, and methods being adopted by beneficiaries and begin to replicate them as well. Examples of this included adoption of MCHN and WASH behavioral practices such as: EBF; supplemental feeding with nutritious local food sources (particularly in infant porridges); and handwashing. While farming methods are more difficult to master, some GD respondents mentioned neighboring farmers coming to visit some group trainings or individual lead farmer fields to observe conservation agricultural practices which they then adopted in their own fields. An example of inter-community sharing and learning in warrantage by a non-project village was noted in one Sawki GD session.

Evidence of behavior change through capacity building: While it is difficult to conclusively assess the extent to which knowledge is truly integrated by participants into their lives, GD beneficiaries reported a demonstrable, positive change in their mentality regarding several practices to which they were exposed, including: the adoption of improved seed; use of more effective planting practices,

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other development agencies in the area. Furthermore, communes and technical services have meager technical and financial resources to oversee program interventions in their respective zones and, therefore, rely upon IPs to pay for their involvement in program supervision. Ibid.

[127] Ibid.

[128] A trainee graduate from a Sawki FFS in the Zinder Region was solicited by a local NGO in another region to offer extension services to its beneficiaries on organizing a FFS. He received per diem for the days he supported the NGO beneficiaries while also continuing to provide agronomic services to the members of his own community in promoting the improved agricultural technologies that he learned from the Sawki FFS. Ibid.

pesticides, and fertilizers; and CA methods. Similar behavioral changes were also noted by GD participants with respect to maternal and child healthcare, such as willingness and frequency of women to visit health centers, and child feeding practices, including the adoption of EBF. In addition, women across the GDs mentioned the significant changes to their own health and comfort they experienced as a result of the use of family planning, contraceptives, and birth spacing and strongly indicated their interest to continue such practices.

Empowerment and capacity to identify local solutions: Overall, several GD participants expressed optimism that they received sufficient training through the projects and possessed enough collective ingenuity to identify solutions to unanticipated problems that may occur in the future. Often, respondents expressed hope in the ability of the VDC to foster discussions within their communities to find these solutions. However, some participants reported that they felt they had individually or even collectively become less familiar with some elements of the activities they had been taught. Most of these cases involved the provision of training by the projects in the initial years of the project, indicating that no subsequent refresher training had taken place. The ET noted that this could be overcome by providing visual training guides for communities which, over the long term, can serve as reference material for activities that are more complex.

Local managerial capacity building and scale up: In terms of managerial capacity, beneficiaries generally expressed confidence in the willingness and ability of VDCs to continue to play their roles after the project ends. Likewise, several VDC members reported that they plan to continue with their role upon completion of the project because they understand the importance of the role they play in their community. In one community, participants reported that they would like to reach the point where they are able to train and sensitize nearby villages not reached by the project.

4.3.2 EQ 3.2: What is the level of motivation of the service providers to continue providing services after the project ends, and of the beneficiaries to receive and pay (or invest time) for these services?

Beneficiary motivation to apply knowledge and skills acquired through the DFAPs as a sustained practice is a function of both tangible and intangible factors. As noted in the introduction section (EQ 3), knowledge, skills, and attitudes acquired that confer a sense of social status, prestige, or importance to an individual may well become a part of daily practice over time, particularly when such knowledge contributes to the overall welfare of a community. This is certainly the case for caregiver practices among lead mothers and male peer educators engaged in promoting improved health, nutrition, and hygiene practices. Tangible factors, most notably the weighting of benefit-cost factor inputs in labor and capital needed to undertake more remunerative farming and livelihood practices, will be acted upon according to the risk tolerance threshold and financial capacities of an individual or household.[129]

GD beneficiaries and KII respondents confirm this observation in discussions about motivational factors that shape adoption or non-adoption of a given learned behavior or skill. Concrete examples were given of key factors that relate to motivation to continue to use a given practice or method. These include:

- The degree to which the practice improves a household's overall economic well-being; for example, crop yield increases of a factor of 6-8 were reported several times, strongly supporting adoption of improved agricultural techniques and inputs;
- Labor saving technologies, e.g., time saved in using a flour mill to grind millet or cook stove technology to reduce time for fuel wood gathering;
- Readily observable change – the degree to which results are readily observed, e.g., land reclamation such as BDL takes a longer time to yield visible results and direct benefits;

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[129] GD beneficiaries and IP staff reported examples of individuals who were or were not able to invest sufficient labor and capital to purchase inputs according to their household resource capacities in family labor and income.

- Labor inputs and time, e.g., land reclamation required hard physical labor and reclamation sites were often located far from villages, requiring extensive walking time to reach them; and
- Community welfare – participants reported that their motivation to pursue activities was derived not only from their direct benefit, but also the fact that they consider what they learned to be good for their community as a whole.

Willingness to Pay

Across all three projects, GD beneficiaries reported they were highly motivated to continue applying the methods and practices they learned across all, or at least most, technical areas. However, it is less clear whether beneficiaries will be able to continue paying for certain pay-for-service activities or costly inputs that the projects introduced. Willingness to pay is typically derived from motivation and household resource capacities, but the ability to pay is typically a function of each household's current situation and outside of their direct and immediate control. Demand requires a combination of both *willingness* and *ability* to pay; and this is where some important sustainability challenges were noted. Some of the beneficial practices promoted by the projects appear most likely to be sustained after the life of project by those who can most afford to pay for them. This includes some of the most important services provided by the projects and those for which participants have expressed the greatest motivation and hope to pursue.

Examples cited by beneficiaries of services or resources that only the more advantaged households may be able to afford include:

- **Access to improved seed varieties**: The poorest households cannot afford to purchase seed (or other agricultural inputs like fertilizer) and are also least likely to be able to conserve from their seed stock for next year's planting. This might be mitigated by the active role that AMATE (seed provider) is taking (more details below).

- **Year-round vegetable consumption**: This requires household access to a vegetable garden, the ability to pay for gardening inputs, or the ability to buy vegetables available at market.

- **Use of milling and grinding machines**: These require fees for grinding and maintenance of the mills.

- **Latrines**: The materials and fees to pay masons are too expensive for many beneficiaries.

- **Birth control**: The subsidies on contraception have been provided at health centers. However, birth control may likely become too expensive for users if projects' subsidies end.

GD respondents noted that in some communities about two thirds of households cannot afford latrines or chemical fertilizers. The ability to pay varies greatly by household and season. For example, GD participants indicated that paying even minor contributions for certain activities (e.g., 25 CFA) becomes difficult during the hunger season (*soudure*) when the priority for many families is to sufficiently feed each of their members. One exception, noted several times, was health expenditures which focus group participants said they had no choice but to pay for when health problems emerged; they would find a way to pay these expenditures, whether through other members of the community, family members, or by borrowing.

In terms of sustainability of resource delivery, the private sector model of sustained delivery of improved seed is demonstrated through a project partnership with ICRISAT and AMATE (seed provider). A significant growth in the demand and purchase of seed among project beneficiaries has been reported, although some challenges remain with regard to access to seed in areas where sales points remain distant to beneficiary communities. The private sector firm is confident that it will continue to expand its outreach to rural farmers without USAID support. It has now assumed the costs of training

and other related expenses previously assumed by the project and is scaling up the number of certified seed producers (both project beneficiaries and third-party contractors).

Limited examples exist of beneficiaries leveraging resources provided by the project to engage in IGAs that provide evidence of sustainable economic activity over time. In Sawki, some communities that received grain mills, water carts, and other project investments have now managed to generate sustainable income by operating such equipment on a user fee basis, which also enables them to cover maintenance costs. In other cases, communities were able to purchase additional equipment beyond what was provided by the program.[130]

In PASAM-TAI, water user committees have been effective in collecting fees for potable water which have been reinvested in the cost of maintenance and repair of village water infrastructure.[131] GD participants frequently reported they were now contributing locally sourced supplemental food rations for infants and PLW, and purchasing improved seed and fertilizer for rainfed cultivation and market gardens.

A final observation worth noting is that there is an inherent assumption across the three DFAPs that households' ability to pay for project-promoted services is based on improvements in household economic status over the life of project. However, PBS and qualitative results both suggest high variability in the success of IGAs and livelihoods change, and indicate that widespread economic improvements have not yet been achieved at scale. This may constitute a key unrealized piece of the TOC that is likely to affect sustainability of certain outcomes after project end. Possible explanations for this include projects spreading their activities too thinly to allow much incremental change at a household level, so that critical mass of change within a given village was never reached to allow for diversification of activities, or real income-generating opportunities to take hold. Furthermore, credit activities implemented by the project, which could help the poorest households to continue certain activities, often seem to be relatively nascent based on the qualitative data collected, and it was not apparent if any IGAs implemented were successful at scale. That said, the SILC groups setup by PASAM-TAI and involving groundnut oil processing, habbanaye, and sheep fattening show promise of continued operation of IGA after the life of project. Most individuals and groups interviewed cited modest to impressive gains in revenue for their group activities. Groundnut oil processing has been highly remunerative for some women's groups when effective downstream linkages to regional markets are made. Sheep fattening has proven to be a remunerative activity for both women's and men's groups as well, although investment returns occur on a slower time frame (six months to one year) than is the case for SILC IGA groups who obtain group loans on a monthly basis to invest in more modest small enterprise activities.

CONCLUSIONS

Key findings on sustainability and uptake of DFAP activities in Niger suggest the following conclusions:

- There has been widespread knowledge-sharing and uptake among direct beneficiaries of several new methods and practices promoted by the projects across most of the sectors; there is also evidence of a positive spillover effect of uptake of some practices among indirect beneficiaries and non-participant individuals and households;[132]
- Those interventions most likely to be sustained include: MCHN and WASH behavioral practices promoting improved health, nutrition, hygiene, and sanitation; and improved agricultural methods and crop storage;

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[130] Mercy Corps Sawki FY17 PREP Issues Letter. Updated submission to USAID/FFP, October 27, 2016.
[131] CRS PASAM-TAI FY16 Annual Report.
[132] This observation assumes that uptake of practices by indirect beneficiaries and non-participants will continue over time and thus be sustainable, since the practices are being adopted of their own initiative with no motivation or support intervention by the project.

- Those interventions in which beneficiaries expressed limited capacity to pay for service include: latrines, water infrastructure, and market gardens (cost of improved seed, fertilizer, water technologies);
- While there have been gains in building technical and managerial capacity of stakeholders, challenges remain in terms of capacity and transfer of responsibilities to some local officials at the commune level;
- Lower income and livelihoods gains are likely to be a threat for future sustainability of pay-for-service activities, absent continued donor support; and
- Greater capacity building and integration of commune-level and technical staff within sectors will be required in order to achieve sustained post-project impacts.

4.4 EQ 4: UNINTENDED CONSEQUENCES[133] AND LESSONS LEARNED: WHAT ARE THE POSITIVE OR NEGATIVE UNINTENDED CONSEQUENCES OF EACH OF THE PROJECTS, IF ANY, AND HOW WERE THESE CONSEQUENCES IDENTIFIED AND TAKEN INTO ACCOUNT BY THE IPS?

FINDINGS

Positive and negative unintended and unanticipated consequences were identified across the three projects. These arose primarily out of KII meetings with IP staff and collaborating partners. However, a few were noted by GD respondents as well. While analysis here seeks to draw out higher order unintended consequences that are common across the three projects, few were noted. Thus, a few of the unexpected consequences noted are unique to one IP and reflect idiosyncratic features or circumstances that were not present in the other projects. Strategies or corrective measures taken by the IPs to address negative consequences and make adjustments when necessary in implementation, management, monitoring, or other related areas are also discussed.

Positive Consequences

A number of positive unintended and unanticipated consequences were noted:

Spillover effects to non-project villages: Among the most positive spillover effects were the adoption of project activities by households from surrounding villages. As noted in the overarching findings, GD beneficiaries frequently stated that neighbors and visitors from nearby villages and hamlets not directly participating in the project would often observe and discuss new behavioral practices, skills, and methods being adopted by beneficiaries—and begin to replicate them as well.[134] Examples of this included adoption of MCHN and WASH behavioral practices such as: EBF; supplemental feeding with nutritious local food sources, particularly in infant porridges; and handwashing. While farming methods are more difficult to master, some GD respondents mentioned neighboring farmers coming to visit some group trainings or individual lead farmer fields to observe conservation agricultural practices which they then adopted in their own fields. An example of inter-community sharing and learning in warrantage by a non-project village was noted in one Sawki GD session.

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[133] This section addresses "unanticipated" as well as "unintended" consequences. The former refers to project under- or over-performance due to unforeseen circumstances. The latter refers to actual outcomes that were unexpected.

[134] This includes examples of project activities whose spread was felt well beyond beneficiary villages. The LAHIA FY16 Annual Report (p. 13) notes that village-based agricultural agents facilitated access to inputs for 1,326 farmers in 81 villages, of which 32 were not participating in the project. This included 13.4 tons of improved seed, 3,238 bags of fungicides, and 1.5 tons of certified fertilizer. In another example, agricultural technologies (organic manure, NPK fertilizer, urea in micro doses) promoted in Sawki were adopted by 978 farmers (690 farmers in Maradi and 288 farmers in Zinder) from communities who did not participate in the project's Farmer Field School. Source: Sawki FY16 Annual Report.

Agricultural intensification and crop productivity: As noted earlier, there is a significant change occurring in the mentality of farmers regarding the adoption of conservation agriculture methods and improved seed, with widespread adoption taking place and sharing of knowledge with neighboring farmers. While this is a clear objective of the three projects, both GD respondents and IP staff noted high crop yields and gains in productivity and rates of adoption of improved seed and farming methods that were unanticipated and well above expectations.[135] Achieving this in areas of high population density, particularly in the Zinder Region, where demographic and other pressures are severely restricting land access and reducing field size, is enthusiastically welcomed by men and women farmers in the projects. Despite the positive achievement, beneficiaries also noted challenges in purchasing improved seed and fertilizer.

Social capital: There has been an unanticipated positive effect of some group activities such as women's market gardens, early childhood development centers, VSLA/SILC activities, and cooking demonstrations in strengthening group and community bonds within as well as among neighboring communities. The degree to which this has been mentioned in some GD sessions underscores an important dimension of community resilience that has perhaps been overlooked in the planning and design of the three projects.

Seed multiplication and distribution: The success of the PPP partnership involving CRS, the private firm AMATE, and ICRISAT, with the support of the Ministry of Agriculture, should be noted as a key unanticipated positive result that has exceeded the initial expectations of the stakeholders involved. While unique to PASAM-TAI and not generalizable across all three IPs, it is nonetheless worth highlighting since it does provide a potential model for significant scale up to other regions in Niger and beyond.

Leveraging past USAID investments: Discussion in Chapter 2 has noted the AMATE seed multiplication and distribution approach as a key success and highlight of the PASAM-TAI activity. It was also noted that a previous USAID investment (WASA) served as an incubator activity enabling significant ramping up of AMATE seed sales distribution points from 10 to 80 at present. While not clear if the current scale of growth was anticipated by USAID and AMATE during the inception of WASA, the enabling environment created by USAID laying the groundwork for the current rate of expansion and success of the AMATE PPP model may very well be an unintended positive consequence that should be closely examined as a best practice for future learning within USAID and FFP in particular.

Negative Consequences

A number of negative unanticipated consequences were also noted:[136]

CLTS: The PBS WASH indicator on the change in use of improved sanitation facilities has shown an unanticipated lack of improvement given the significant amount of resource investment by USAID and the relative weighting of WASH activities by the three IPs. Uptake of improved latrines across the three projects has encountered challenges, primarily the cost as well as problems cited by GD beneficiaries concerning destruction of hand dug pits due to intense rains and flooding and poor timing of distribution of cement and construction materials during the rainy season. Measures have been taken to address problems of pit stability caused by extreme inundation during the rainy season.[137] However, GD

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[135] In LAHIA, crop yield trials using improved seeds, appropriate seed spacing, and micro doses of fertilizer boosted productivity by nearly 64 percent over traditional growing methods. Source: LAHIA FY16 Annual Report. In Sawki, collaboration with INRAN (see footnote 49) enabled farmers to double yields of improved millet and cowpea varieties introduced by the project. Source: Sawki FY16 Annual Report.

[136] This section addresses primarily "unanticipated" rather than "unintended" consequences per earlier footnote distinction of these terms above.

[137] In PASAM-TAI, technical assistance has been provided to prevent pits from collapsing through demonstration of improved building techniques. The project also established village sanitation committees who developed plans to manage sanitation challenges including collapsed latrines and support to affected households in rebuilding their latrines using improved methods to prevent reoccurrence.

beneficiaries reported that challenges remain both in terms of latrine cost and damage to pits caused by heavy rains.

Market access: Earlier chapters reference problems for the IPs (with the exception of PASAM-TAI in a few instances) in accessing more high-value markets for sale of their rainfed and market garden crops. This is somewhat unanticipated given the project resources invested in expanding market value chains and economic growth opportunities to reach more high-value commodity markets. In PASAM-TAI, this is due, in part, to the relatively late engagement of a key partner, REGIS-AG, as the lead IP on facilitating market value chain linkages and entry of project beneficiaries into new areas of market opportunity. Adjustments to strengthen smallholder market development and entry of LAHIA and Sawki project beneficiaries into more high-value markets have not been taken late in the project implementation cycle. Aside from attempts to improve beneficiary access to market pricing through cellular-based MIS applications, more strategic interventions to accelerate access to high-value markets has met with nominal success.

Poultry and livestock disease: In Sawki, widespread poultry disease (Newcastle) and high loss of poultry stock have occurred at a scale unanticipated in the project. Project beneficiaries also mentioned significant problems with livestock health and ineffective services by the project para-vet to provide veterinary care, medicines, and other supplies needed to combat livestock diseases and improve animal health. Additional measures taken by the project to further address or improve veterinary services of poultry and livestock through the current para-vet model appear to have had variable success. Project field agents noted that sensitization efforts to ensure households' quarantine of new poultry introduced into the village, a key measure for containing disease outbreaks, were not as successful as anticipated.

FFW: Examples of inadequate compensation and unintended increases in the labor burdens of women or other participants in activities, such as BDL, and public works infrastructure, such as road rehabilitation, have been discussed in Chapter 2. Women beneficiaries cited long distances to walk to fields, increased dependency on food rations (abandoned field tasks once food rations depleted), and perceived inequities in food distribution as major obstacles in carrying out such activities. In Sawki, FFW activities have been suspended or significantly reduced and in PASAM-TAI IP staff are reviewing whether FFW rations are an effective incentive and equitable compensation for the heavy labor burdens and distances required to walk to fields.

Village savings and loan rotating credit groups: Per discussion in Chapter 2, IP staff in PASAM-TAI envisioned at project conception to expand the number of SILC groups per village once a full cycle of loan benefits had accrued to all SILC members (with average membership of 25 beneficiaries). The withdrawal of working capital after completion of a full rotation cycle among all beneficiaries to create a second phase of new beneficiaries and capping the total volume of funds is described in Chapter 2. The potential for intra-group and intra-community conflict due to creation of new SILC groups was unanticipated by the project, requiring corrections by IP staff. A decision not to enlarge the number of beneficiary SILC groups and retain group funds internally was taken to mitigate the potential for conflict within the community.

4.5   EQ 5: WHAT KEY LESSONS LEARNED AND BEST PRACTICES SHOULD INFORM FUTURE PROJECTS IN THE COUNTRY?

The key lessons learned and best practices that should inform future projects focus on:

CLTS: Challenges to the scaling up and adoption of improved latrines are complex and involve multiple factors which have been identified in this report.[138] While all three DFAPs have made progress in raising awareness of the interconnection between good health and personal hygiene and sanitation practices, the labor and capital investment remain beyond the reach of many impoverished families in the project target areas. Experience with the CLTS approach under the three DFAPs suggests that more in-depth study and a global review of supply and demand approaches to sanitation markets should be undertaken to identify innovative approaches to latrine design, construction, and installation that remain affordable for the very poor. Affordable latrines are particularly a challenge in a region where soil stability and pit stabilization are problematic given the monsoon rainfall patterns in the Sahel region. Lessons learned from within the Sahel region and beyond should be distilled to identify novel approaches that can be piloted and scaled up in Niger.[139] This may require more creative financing models that directly link VSLA/SILC IGA groups to demand-driven sanitation market approaches that reflect customer preferences and economic capacities.

Market access: As previously noted, gains made by the DFAPs through the promotion of value chain activities were relatively modest between the PBS baseline and endline. Start-up of the value chain component of the DFAPs with support from REGIS-AG encountered some delays. Future design of value chain activities should be initiated earlier at project start-up and entail more rigorous studies of local market systems and identification of a wider array of market opportunities. In addition, project design should introduce a household classification system based on levels of food security. Beneficiaries could then sequence through a tiered-system that first ensures that households meet their annual subsistence needs through local production. Once achieved, families would graduate progressively into more vertical market structures involving targeted value chains and increasing integration into local and regional markets.

Poultry and livestock disease: High poultry mortality and widespread poultry disease in the Sawki project were unanticipated; these were added to significant problems with livestock health cited by GD beneficiaries. Future DFAP activities to promote poultry production and introduce new poultry stock should closely review the Sawki experience to determine how poultry husbandry can be improved. In addition, ongoing training and delays in the provision of veterinary supplies to para-vets (as reported in PASAM-TAI) from the Ministry of Livestock should be addressed.

FFW: Problems involving inadequate or inequitable compensation, significant increases in women's labor burdens, and the risk of increased dependency on food rations have been cited in the PASAM-TAI and Sawki projects. Not enough is known about FFW as an effective tool to promote public works and land restoration activities, and to ensure that a policy of "do no harm" is operative in mitigating dependencies on food aid and minimizing the risk of unanticipated heavy labor burdens, particularly for women.

Village savings and loan rotating credit groups: Experience from PASAM-TAI raises the example of inter-group and intra-community tensions or conflicts that may arise when SILC animal lending activities are expanded for new group formation. FFP should gain a thorough understanding of the

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[138] These include social and cultural beliefs and taboos around: personal hygiene and sanitation practices; high labor and capital requirements to purchase cement latrines; maintenance and upkeep of latrine facilities; and intense monsoon rains that destroy latrines and hand dug pits due to sandy, loamy soils conditions in the Sahel region.

[139] One such approach involves a successful market-based, consumer-driven strategy initiated by a U.S.-based NGO, iDE, in Cambodia and Vietnam where poor rural families play an active role in the selection of latrine models that best fit their financial means and other household characteristics. The approach has delivered promising results and is being replicated by other development organizations with support from bi- and multi-lateral donors such as the World Bank. In Cambodia, the program is promoting unsubsidized latrines "…through rural market channels at four times greater than the installation rate before the program began." The program's market-building approach is expected to account for "…nearly half of the Government of Cambodia's nationwide sanitation targets for 2014-2018." https://www.ideglobal.org/key-project/building-momentum-in-sanitation-coverage-in-cambodia; On Vietnam: https://www.ideglobal.org/areas-of-focus/wash

PASAM-TAI SILC experience to assess the most effective strategy for future expansion of IGA group activities that can benefit more members in a community while avoiding the potential for conflict over limited resources. Additional funding that can achieve greater reach through new group formation (breadth) may need to be weighed closely against objectives to achieve greater impact among fewer beneficiaries.

5. RECOMMENDATIONS

Synthesis of the ET's findings and key conclusions leads to the following recommendations, centered on overall program design, as well as sector-specific recommendations.

5.1 PROGRAM DESIGN RECOMMENDATIONS

1. Program Coverage

The current FFP implementation model in Niger tends to emphasize breadth over depth in terms of project coverage[140] and benefits received by households within a given project village. In each DFAP a broad range of project activities have been implemented across several sectors in each community and, in two of the DFAPs, covering communities in multiple regions.[141] It is not uncommon for a small number of households (e.g., 15-20 households) to be selected for direct training or participation in many project activities in each community. It is possible that this approach spreads resources and benefits too thinly across households within a project village to elicit large impacts at scale for desired longer-term outcomes at the end of the intended results pathway, including those related to income generation and livelihoods change.

Recommendation

Future project design may consider the potential gains associated with an implementation model that aims for fewer activities and more direct beneficiaries per activity within a given community which may in turn increase the marginal impact per household and likelihood for sustained gains across all households in a community relating to specific indicators. FFP may also wish to consider a program design that limits each DFSA activity to a single region in order to facilitate cost efficiency and more effective project administration by senior administrators.

2. Training/Capacity Building

GD and KII respondents repeatedly cited the need for refresher trainings during the course of project implementation and more ongoing support to beneficiaries as well as field staff in building knowledge and technical capacities, particularly for new activities or activities that require more frequent immersion and practice to master well. Many activities currently focus on one-off training sessions at activity start with no ongoing support.

Recommendation

Future efforts in training/capacity building should introduce periodic refresher courses or advanced technical sessions during project implementation so that beneficiaries and staff can achieve full mastery of specific skill sets and remain motivated and engaged in progressively assuming ownership of project objectives, results, and outcomes.

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[140] Note that discussion of breadth versus depth models refers to the scope and layering of project activities received by any given household within a given project village, and not the extent of geographic coverage of the project.
[141] In PASAM-TAI, coverage of two regions was perceived by IP senior staff as inefficient, requiring a duplication of efforts among senior management in terms of distance and logistics (time to travel). Coverage was expensive and implementation entailed 47 activities.

5.2   SECTOR-SPECIFIC RECOMMENDATIONS

MCHN and WASH

1. SBCC – MCHN

There has been widespread knowledge-sharing and uptake among direct beneficiaries of improved MCHN practices (e.g., infant feeding, EBF, preparation of nutritious foods, pre-natal health care visits) as a result of effect community mobilization by peer educator/caregiver groups (lead mother and husband groups). GD beneficiaries reported they are likely to continue practices related to health such as EBF and regular health center consultations for pregnant women. This finding supports the conclusion that the SBCC approach to improving health and nutrition outcomes for children and PLW is effective.

Recommendation

FFP should consider replicating and expanding the SBCC model on MCHN interventions that emphasizes gender segregated caregiver/peer educator groups promoting positive health, nutrition, and hygiene outcomes in future DFSAs in Niger. The approach using volunteer lead mothers and husbands should be carefully reviewed to ensure that incentives such as quarterly or semi-annual, updated technical training modules are built into design of MCHN messaging strategies. Furthermore, key MCHN indicators should be rigorously monitored to better understand the in-depth impacts on MCHN. For example, the HDDS should be closely monitored for measurement of impact of food rations as well as nutritious crops (vegetables) being grown on MCHN.

2. Water User Groups and Cost Recovery

Findings highlight that the user group model for WASH investments in communities (such as community wells) involving fee-for-service water use appears to be working and should be continued as qualitative data suggest that household access to and availability of water has generally improved in the project villages. The private sector model of cost recovery of water user fees for WASH investments, in particular, appears to have been successful.

Recommendation

FFP should consider further exploration and expansion of the private sector model of cost recovery of water user fees for WASH investments in infrastructure management, repair, and maintenance to ensure the longevity and sustainability of water resource investments over time.

3. CLTS

Despite some modest gains in raising awareness about the connection between health and adoption of the CLTS approach, significant progress in the uptake of latrines has not been achieved. Barriers to uptake of improved latrines involve multiple factors—the most important of which are the high cost of materials or wage labor required to build latrines—as well as engineering challenges with latrine pit stability, such that only the least poor households have the means to afford them. The current one-size-fits all, top down service model is lacking in creativity and based upon a supply- rather than demand-oriented model.

Recommendation

FFP should explore innovative approaches to sanitation markets with a focus on demand-driven solutions that allow for client choice among a range of latrine models that best fit the financial and personal preferences of the household. More novel approaches to latrine marketing could be examined to explore potential approaches to be piloted in future DFSAs. This may require more creative financing models that directly link community groups (such as VSLA/SILC IGA groups) to demand-driven

sanitation markets in which customer preferences and other household features are factored into the product design and service delivery equation.[142]

Agriculture and Livelihoods

1. CA Practices, Crop Productivity, and Crop Storage

Successes included significant adoption of improved agricultural practices, use of improved seed varieties and fertilizers, and use of improved crop storage practices that were promoted through the DFAPs—and which led to a substantial increase in crop yields for many households. Together with the use of improved food storage practices, this appears to have led to greater availability of food for a longer period of time during the year for households, contributing to improved household food security. There is also fairly strong evidence of positive spillovers in agricultural practices, crop yields, and crop storage—both from direct to indirect beneficiaries within project villages—and also evidence of uptake by individuals in nearby non-project villages.

Recommendation

The package of CA techniques, improved seed varieties, and effective service delivery models (FFS, PVS) should be closely reviewed for potential scale up in future DFSA program design. The nature of collaborating institutional roles that balance agronomic research and extension with field agent and lead expert field demonstration trials has proven highly effective between CRS and ICRISAT in the PASAM-TAI project. This research-practitioner partnership model, along with variations such as engagement of the National Institute of Agronomic Research (INRAN), and local universities in the LAHIA and Sawki projects should be further explored for scale up in future DFSAs in Niger.

Recommendation

To better understand how crop production and consumption are affecting targeted outcomes, FFP may also consider adding questions to the PBS survey that would enable estimation of the amount or proportion of each household or farmer's production that was consumed at home rather than sold outside the household.

2. Warrantage/Cereal Banks

LAHIA has demonstrated the capacity of farmers to use crops as collateral to obtain loans and store crops for later market sale when prices are high at the peak of the dry hunger season. As a result of this, some farmers have been able to extend household food provisioning for another one to two months in the lean season.

Recommendation

Future DFSA design should entail an in-depth examination and constraints analysis to identify barriers to implementation and actionable strategies needed for broader application of warrantage. Promising practices and lessons learned in LAHIA and elsewhere in Niger should be inventoried to inform more effective design and expansion of the warrantage model throughout new DFSA target zones.[143]

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[142] Another example could be creation of a community cooperation loan fund managed by a WASH committee that is trained in basic financial and credit principles providing credit to households to finance latrines. Loans could be issued according to a list that has been pre-approved by the committee and according to a first in, first served (FIFS) model. The amount of money loaned would be proportional to the contribution of each member.

[143] In-depth analysis should address, among other factors: the capacity or willingness of microfinance institutions (MFI's) to provide loans; supportive interventions to be undertaken by RISE partners, such as REGIS-AG, in facilitating access to credit for warrantage/cereal banks; interventions that can be undertaken by USAID'S Development Credit Authority (DCA); and storage capacity for warehousing and crop storage in targeted communities.

3. Value Chain Market Linkages

Findings document the need to improve value chain linkages of market garden groups by enhancing their capacity to boost farm income through access to more high-value markets locally and regionally. While beneficiaries presently receive market pricing data through project-supported mobile phones using market information system technology, there is need for more targeted support of farm producer groups such as the VSLA/SILC and market garden groups. In addition, production and marketing clusters should be organized at a commune level that is able to more effectively consolidate crop harvests for collection, transport, and sale in local and regional markets in order to leverage better commodity prices based on sales volume and economy of scale.

Recommendation

Further research is needed to understand the nature of market systems in Niger and to identify opportunities to better integrate small hold producers into more high-value commodity value chains. Research is also needed to better understand how producer groups can be more effectively organized in production and marketing clusters to more efficiently consolidate production for collection and transport to more high-value regional markets.

4. Subsistence to Market Beneficiary Graduation

While targeting of the poorest and most vulnerable households has been successful in terms of achieving increased food security, as well as for MCHN and WASH objectives, successful participation in value chain activities, and integration into local and regional markets, remains limited. To strengthen value chain and market linkages activities in the future, FFP may consider reviewing how projects conceptualize the sequencing of livelihoods and value chain activities, and who within villages should be targeted for increased likelihood of effectiveness of such activities on household incomes. Targeting the poorest and most vulnerable households appears to make good sense for food security goals, as well as for MCHN and WASH objectives. For greater income generation and value chain integration, it may make sense to target those households best placed to take advantage of such activities, which may not always be the poorest or most vulnerable households. In such cases, FFP may consider a graduation model whereby projects provide inputs and activities for most vulnerable households to achieve a given level of food security. For livelihoods and market-based activities, it may make sense to target households that have reached some level of food sufficiency and have a margin of food and capital resources to engage productively in market activities.

Recommendation

Future DFSA design should consider introducing a stepped model of beneficiary food security that moves households from subsistence to market integration based on a household food security classification system. The system could categorize households according to a set of food security indicators such as those used for the baseline/endline PBS. Beneficiaries may then sequence through a tiered-system that first ensures that households meet their annual subsistence needs through local production. Once achieved, families would graduate progressively into more vertical market structures involving targeted value chains and increasing integration into local and regional markets. This may require two cycles of three-to-five year DFSA programming within the same targeted communities in which the first cycle seeks to move the large majority of beneficiaries to full food subsistence (12 months coverage) in the initial cycle, followed by a second phase of surplus crop production and progressive access to more high-value market chains.

5. PPPs

Evaluation findings suggest that the AMATE and HALAL PPP approaches to seed multiplication and distribution hold promise for scale up within and beyond the DFAP target zones.

Recommendation

An in-depth examination and case study of the factors shaping positive outcomes of the AMATE and HALAL PPP model merit the attention of FFP for further research, piloting, and scale up. Furthermore, DFSA design in Niger should leverage these highly effective models to expand the PPP approach by facilitating horizontal market linkages and synergies among other relevant private sector actors. An example would be to explore linkages of AMATE and HALAL to the telecom sector in order to enhance MIS capabilities in the delivery of market price information on improved seed and location of sales points, as well as linking MIS data on improved seed varietals to related agronomic and climate information services on seasonal short-term forecasts, planting dates, and seed varietals adapted to specific climatic conditions.

6. Women's Access to Land

Evaluation findings underscore the structural barrier of women's lack of access to land for cultivation of rainfed and garden crops. Efforts to obtain degraded parcels of land for restoration and crop/fodder production (BDL, homestead gardens) have made some modest gains but several challenges (labor and capital investments, distance, fencing, water availability) place in question the long-term sustainability of these initiatives. In addition, there are impediments to titling and access to legal contracts which are undermined by the corruption of local officials.

Recommendation

In order to improve women's access to land in future DFAP activities, FFP should conduct a detailed review of the key factors (sociocultural, religious, economic, environmental, institutional) constraining women's access to land in Niger and introduce targeted interventions to remove key barriers identified. While initiatives such as BDL attempt to remedy the problem, actionable strategies are needed that make land more accessible in local settings that minimize distance and key factor inputs in labor, capital, and agricultural equipment/technologies such as fencing and water supply. Project funds may be needed for investment in land titling in more fertile areas with greater production potential such as in bottom lands for market gardening.

Resilience

1. Early Warning Systems and Disaster Risk Reduction
Early warning systems response units (e.g., SCAP-RU) tasked to strengthen community resilience capacity were found to be hobbled by challenges including limited responsiveness and support from the OSVs at the commune level, a lack of budgetary commitment, or resources emanating from the national ministry level. To mitigate these issues, the IPs reported more focused training in areas such as organizational development, community development, and risk management.

Recommendation

A strategic review of the structural factors impeding progress of the SCAP-RU to work more effectively with commune and regional government authorities should be undertaken by FFP. The most effective strategy may be to introduce program advocacy efforts to support greater awareness and investment in community resiliency among government officials at national, regional, and commune levels. This may include support for improved coordination and communication between the SCAP-RU and OSV, budgetary support, and ensuring resource transfer from the national to regional and commune levels.

ANNEXES

I. IMPLEMENTING PARTNER RESULTS FRAMEWORK

LAHIA Results Framework Summary

GOAL: Food insecurity and malnutrition are reduced at the level of poor households in rural areas in the districts of Aguié and Guidan Roumdji in the Maradi region of Niger
SO1: Nutritional status of children under 5 years of age and pregnant and lactating women (PLWs) improved
IR1.1: Adoption of key maternal child health and nutrition (MNCH) practices increased
IR1.2: Utilization of key MCHN services at community and health facility levels increased
IR1.3: Access to potable water and sanitation facilities increased
SO2: Access to food by vulnerable households increased
IR2.1: Women's roles in livelihoods diversification and protection enhanced
IR2.2: Use of ecologically sound agriculture and natural resource management (NRM) practices increased
IR2.3: Agricultural marketing improved
SO3: Vulnerability to food security shocks reduced
IR3.1: Capacity of communities to respond to and mitigate shocks improved
IR3.2: Capacity of communes to monitor and respond to shocks improved
SO4 Cross-cutting: Status of women within target households and communities improved
IR4.1: Staff and community capacity to address gender equity improved
IR4.2: Gender capacity across sectors strengthened
SO4 Cross-cutting: Status of women within target households and communities improved
IR4.1: Staff and community capacity to address gender equity improved
IR4.2: Gender capacity across sectors strengthened

PASAM-TAI Results Framework Summary

GOAL: Food insecurity and malnutrition in rural households in the Maradi and Zinder regions of Niger are reduced
SO 1: Households with pregnant and lactating women and children under 5 districts have reduced chronic malnutrition
IR 1.1: Households (especially pregnant and lactating women and children under five) have adopted appropriate health, hygiene and nutrition behaviors
IR 1.2: Mother-child units have accessed quality community and facility-based health, water, sanitation and hygiene (WASH) and nutrition services
SO 2: Vulnerable households have increased the production and consumption of food for nutrition and income
IR 2.1: Households have increased and diversified the production of more nutritious foods for consumption and income
IR 2.2: Households have adopted improved varieties of staple crops for consumption and income
IR 2.3: Households have effectively managed environmentally responsible integrated crop production systems
IR 2.4: Households have increased sources of revenue

SO 3: Targeted communities have enhanced and protected food security

IR 3.1: Community-based early warning systems function as an integral part of the national early warning system (EWS) mechanism
IR 3.2: Targeted communities manage disaster responses

Cross-cutting Gender Objective 1: Gender roles expanded to enhance sustainable results

Cross-cutting IR 1.1: Target communities have improved gender equity
Cross-cutting IR 2.1: Women and men have increased basic literacy and numeracy skills
Cross-cutting IR 3.1: Governance of communities and national structures strengthened

Sawki Results Framework Summary

GOAL: Food insecurity and malnutrition among vulnerable populations in Niger are reduced
SO1: Reduce chronic malnutrition among pregnant and lactating women & children under five with an emphasis on children under two
IR1.1: Pregnant women, mothers and caretakers adopt appropriate nutrition practices during their children's first 1,000 days
IR1.2: Adolescents adopt appropriate nutrition practices and healthy timing of first pregnancy
IR1.3: Health centers and other community actors promote and respond effectively and appropriately to community demand for counseling and care
SO2: Increase the local availability and households' access to nutritious food by diversifying agricultural productivity, rural households' income, and increasing resilience to shocks
IR2.1: Target women and girls increase the household availability of diversified nutritious food for consumption
IR2.2: Target households and communities increase land and livestock productivity
IR2.3: Target households increase income through their integration into value chains offering significant nutritional value and strong potential for income
Cross-cutting IR: Local government and community structures support households' resilience to drought
CCO 1: Target communities and local leaders actively support comprehensive community-based early warning systems
CCO 2: Target communities and local leaders increase their capacity to mitigate the impact of droughts

II. EVALUATION STATEMENT OF WORK

Scope of Work

Final Evaluation of the Food for Peace Title II Projects

LAHIA, PASAM-TAI and Sawki in Niger

April 12, 2017

INTRODUCTION

The final evaluation of the 2012 Niger Title II Food for Peace (FFP) projects is the second and final phase of a pre-post evaluation survey. The baseline study, conducted by ICF International between February and June 2013, employed a mixed-method approach, and was designed to provide information on all four aspects of food security – availability, access, utilization and stability. The study investigated household food access, sanitation and hygiene, agriculture, household expenditures and assets, dietary diversity, and anthropometry among women and children. As with the baseline study, the Niger performance evaluation will also use a mixed-method approach, but will also utilize and integrate secondary data and project performance monitoring data. Methods will be chosen in order to generate the highest quality and the most credible and robust evidence possible to answer evaluation questions.

BACKGROUND

During 2012, FFP funded three Title II development food assistance projects (DFAP) in Niger that sought to improve long-term food security in the Zinder and Maradi regions. Save the Children (SC), in partnership with World Vision (WV), implemented the Livelihoods, Agriculture and Health Interventions in Action (LAHIA) project in Maradi. Catholic Relief Services (CRS), in partnership with the International Crop Research Institute for the Semi-Arid Tropics and the Misola Foundation, implemented the *Programme d'Appui à la Sécurité Alimentaire des Ménages* (PASAM-TAI) in Maradi and Zinder. Mercy Corps, in partnership with Helen Keller International (HKI) and Africare, implemented the Sawki project in Maradi and Zinder. The projects were scheduled to end in September 2017. FFP extended the projects until September 2019 to align these three projects with the RISE Initiatives timeline.

i. Overview of the Save the Children/LAHIA project

With a stunting rate of 57.6 percent, the LAHIA project area has one of the highest chronic malnutrition rates in West Africa. Seasonal food shortages, gender inequities, time poverty among women, and limited access to health services due to poverty and the Government of Niger's (GoN) low investment in health care quality, are all contributors to food insecurity. Agricultural employment and remittances are the two key livelihoods strategies in Niger's agro-pastoralist zone, including Maradi and Zinder where 40 percent of the country's food is produced. Yet, most households (HHs) in Maradi are unable to access enough land to feed their own families; half the population cannot afford a balanced diet, even though sufficient food is locally available.[144] Reliance on cash for food purchase forces males to migrate to work, leaving women behind who resort to negative coping strategies to feed their children. Gender inequities and decades of political instability add to the challenge: girls and women are most marginalized. Norms linked to land tenure, asset ownership and accumulation, early marriage and HH decision-making leave women with no safety nets, skills or economic opportunities.

LAHIA aims to reduce food insecurity and malnutrition among poor rural households in Aguié and Guidan Roumdji Districts of Maradi Region, Niger. The project targets 17,972 direct beneficiary households. The strategic objectives and the intermediate results of the project include:

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[144] Household Economy Approach Survey (HEA), Save the Children, 2007.

SO1: Nutritional status of children under 5 years of age and pregnant and lactating women (PLWs) improved

IR1.1: Adoption of key maternal child health and nutrition (MNCH) practices increased

IR1.2: Utilization of key MCHN services at community and health facility levels increased

IR1.3: Access to potable water and sanitation facilities increased

SO2: Access to food by vulnerable households increased

IR2.1: Women's roles in livelihoods diversification and protection enhanced

IR2.2: Use of ecologically sound agriculture and natural resource management (NRM) practices increased

IR2.3: Agricultural marketing improved

SO3: Vulnerability to food security shocks reduced

IR3.1: Capacity of communities to respond to and mitigate shocks improved

IR3.2: Capacity of communes to monitor and respond to shocks improved

SO4 Cross-cutting: Status of women within target households and communities improved.

IR4.1: Staff and community capacity to address gender equity improved

IR4.2: Gender capacity across sectors strengthened

SO1: *LAHIA* targets the First 1,000 Days of life to address underlying causes of chronic malnutrition in children under two and among PLW. A conditional monthly food ration for PLWs and children under 2 years of age and a "protective" ration for other HH members during the hungry season will also serve as an incentive to achieve social and behavior change (SBC) for improvements in health, nutrition and hygiene practices. Adolescent girls and grandmothers, men and boys will be important added targets for SBC.

SO2: Use of a Farmer Field School/Farmer Leader approach to increase knowledge and skills of (male and female) farmers to improve rain-fed crops and irrigated vegetable production will enhance agricultural practices that simultaneously boost productivity, improve nutrition and protect the environment. Savings promotion through the Mata Masu Dubara (MMD) approach, small animal husbandry activities and market-based IGAs will also target the poorest women.

SO3: SC's efforts to integrate the Household Economic Approach (HEA) into the national early warning system *Systeme d'Alerte Précoce/Cellule de Crise Alimentaire* will continue. In partnership with staff from the government of Niger (GoN), these efforts strengthen commune level early warning systems, plans and crisis response units, improve information systems, and provide food for work (FFW) resources for community-prioritized mitigation activities. Community-level emergency preparedness and mitigation capacity will be built by training and support to Village Development Committees (VDCs).

SO4: Gender training and SBC activities designed to overcome economic, social and nutritional barriers for women and girls will be identified and defined through formative research. *LAHIA* staff and community leaders will be trained to incorporate gender equity into their work, priorities and attitudes. An adolescent girls and boys "summit" is proposed for Year 5 so youth can share ideas/opportunities they developed from LAHIA's multisectoral approach to gender.

ii. Overview of the CRS/PASAM-TAI project

PASAM-TAI project presents an integrated approach to reducing chronic and acute food insecurity and malnutrition, improving livelihoods and protecting against shocks in two districts of Niger: Mayahi district

in Maradi and Kantche district in Zinder. These areas have very high levels of chronic malnutrition (59.5 percent) and alarming wasting rates (16.5 percent). The project seeks to ensure sustained improvements to reducing malnutrition of pregnant and lactating women and children under five (CU5), with an emphasis on children under two (CU2), and increased access to nutritious food by diversifying agricultural productivity, rural households' income and increasing resilience to shocks. The project targets the same households (HH) and sub-groups in all activities; establish complimentary linkages between health, nutrition and livelihoods; promote strong community and project level management and M&E systems; and strengthen government structures. The project targets 86,700 vulnerable households. The strategic objectives and intermediate results of the project include:

SO 1: Households with pregnant and lactating women and children under 5 districts have reduced chronic malnutrition

IR 1.1: Households (especially pregnant and lactating women and children under five) have adopted appropriate health, hygiene and nutrition behaviors

IR 1.2: Mother-child units have accessed quality community and facility-based health, water, sanitation and hygiene (WASH) and nutrition services

SO 2: Vulnerable households have increased the production and consumption of food for nutrition and income

IR 2.1: Households have increased and diversified the production of more nutritious foods for consumption and income

IR 2.2: Households have adopted improved varieties of staple crops for consumption and income

IR 2.3: Households have effectively managed environmentally responsible integrated crop production systems

IR 2.4: Households have increased sources of revenue

SO 3: Targeted communities have enhanced and protected food security

IR 3.1: Community-based early warning systems function as an integral part of the national early warning system (EWS) mechanism

IR 3.2: Targeted communities manage disaster responses

Cross-cutting Gender Objective 1: Gender roles expanded to enhance sustainable results

Cross-cutting IR 1.1: Target communities have improved gender equity

Cross-cutting IR 2.1: Women and men have increased basic literacy and numeracy skills

Cross-cutting IR 3.1: Governance of communities and national structures strengthened

SO1: The intervention package includes a set of integrated activities focused on health, nutrition and water, sanitation and hygiene, including the 1,000 Days Approach. Title II foods will be used to provide blanket feeding for all Mother Child Units (MCU), which include PLW and CU2.

SO2: Activities under this strategic objective focus on horticulture and staple crops - emphasizing linkages with nutrition and women-led approaches - as well as livelihoods and building resilience to shocks through environmental and natural resource management, and savings and internal lending communities (SILC). Title II rations will be used in FFW activities to restore degraded land and increase access to land for women.

SO3: This SO includes activities to cover integrated disaster risk management and include a response plan for predictable shocks.

Gender is a cross-cutting SO and an integral part of all strategies. Two cross-cutting Intermediate Results (IR) to address gender disparities include: 1) The cell phone-based basic literacy and numeracy project primarily targeting women and adolescent girls; 2) Governance focuses on capacity building of community and national level structures.

iii. Overview of the Mercy Corps/Sawki project

Sawki is designed to respond to the food security needs of more than 92,000 (46,865 men and 45,227 women) beneficiaries in Maradi and Zinder, two of the most food insecure regions of Niger. Within these regions, *Sawki* targets 62 villages: 41 villages in the Zinder region and in 21 in the region of Maradi. These communities were selected based on the criteria of social vulnerability, economic opportunity and agro-pastoral linkages. A staggering 53.8 percent of CU5 in Maradi and Zinder are suffering from chronic malnutrition. This is rooted in a combination of factors, which include poverty, high population growth, limited knowledge about appropriate health and nutrition behaviors, inadequate access to health services, gender inequity, and weak agricultural and livestock systems. Consecutive droughts and other natural disasters due to climate change contribute to the problem. Even during years of normal rainfall, child under-nutrition persists, suggesting that suboptimal nutrition and health practices contribute significantly to the problem.

Sawki's overall goal is *to reduce food insecurity and malnutrition among vulnerable populations in Niger,* with a special emphasis on empowering women and adolescent girls to achieve this goal. The project has two strategic objectives:

SO1: Reduce chronic malnutrition among pregnant and lactating women & children under five with an emphasis on children under two

> IR1.1: Pregnant women, mothers and caretakers adopt appropriate nutrition practices during their children's first 1,000 days

> IR1.2: Adolescents adopt appropriate nutrition practices and healthy timing of first pregnancy

> IR1.3: Health centers and other community actors promote and respond effectively and appropriately to community demand for counseling and care

SO2: Increase the local availability and households' access to nutritious food by diversifying agricultural productivity, rural households' income, and increasing resilience to shocks

> IR2.1: Target women and girls increase the household availability of diversified nutritious food for consumption.

> IR2.2: Target households and communities increase land and livestock productivity

> IR2.3: Target households increase income through their integration into value chains offering significant nutritional value and strong potential for income

Cross-cutting IR: Local government and community structures support households' resilience to drought

> CCO 1: Target communities and local actively support comprehensive community-based early warning systems

> CCO 2: Target communities and local leaders increase their capacity to mitigate the impact of droughts

SO1: The intervention package for this strategic objective prioritizes targeting those in the 1,000 day window of opportunity between conception and a child's second birthday. It uses a community-based

model and research-based social and behavior change communications (SBCC) strategies to motivate the adoption of practices that protect or improve the nutritional status of PLW, adolescent girls, and CU5. Using the Essential Nutrition Actions (ENA) framework, the project promotes nutritionally-appropriate practices, healthy timing and spacing of pregnancies and appropriate sanitation and hygiene practices to reduce infectious diseases. The interventions also focus on adolescent girls and those who influence their life choices with age-appropriate activities to ensure girls have the knowledge, social support, and access to the resources needed to adopt healthy behaviors.

SO2: The activities for this SO focus on conservation agriculture and animal husbandry. Considering households' limited access to land, the project promotes diversified food production on limited household land. The project hypothesizes that increasing productivity and diversity of food, cash crops and animals throughout the year will build resilience among target population to better cope with and adapt to shocks by mitigating and spreading risks. Producers participate in specific value chains that have high nutritional value, efficiency, and potential for growth.

EVALUATION RATIONALE

a) Evaluation purpose:

The purpose of the final performance evaluation is to measure the development outcomes of PASAM-TAI, LAHIA, and Sawki projects. The specific final evaluation objectives are to:

i. Evaluate the performance of the three development projects in achieving their project goals, strategic objectives, and intermediate results, to contribute to USAID's efforts to improve the food security of target populations in the respective project areas. In doing so, major constraints in achieving the expected project results in an equitable and sustainable manner should be identified.
ii. Assess the functionality and performance of systems and processes established independently by the projects, as well as in collaboration with education institutions, GoN, research organizations, etc., to achieve project outcomes and sustainability. These findings should consider future project design and aim to explain successes and/or areas for improvement.
iii. Evaluate the effectiveness and relevance of the technical interventions to achieve project outcomes, and discuss those findings in relation to the projects' theories of change.
iv. Identify best practices, strengths, and challenges in the projects' designs, including the projects' theories of change, and implementation to achieving project achievements and approaches that the FFP and Mission should consider in the design and development of the future projects to achieve food and nutrition security, and strengthen household and communities' resilience capacities in the Sahel.

b) Evaluation Topics and Accompanying Questions

The evaluation is expected to provide substantive information on the following five key topics, with the report's overarching purpose being to comment on both current project performance and future project design. Each topic presented below is accompanied by specific evaluation questions to support the achievement of this end:

1. **Project Achievements -** To what extent have the projects met their goals, purposes and the outcomes? What factors promoted or inhibited the achievement of the project objectives? Has the demographic shift in Niger affected livelihoods and incidence of poverty in the target areas? Based on the evidence, what are the plausible pathways and determinants of achieving the key outcomes? Who benefited from the project interventions? Did interventions reach the poorest individuals within the target population areas (landless, land poor, divorced and widowed older females in female headed households?) Are interventions appropriate and effective for these poorest individuals? How effective was the targeting approach in achieving the project goal? How were problems and challenges managed?

What are the strengths of and challenges to the overall projects' implementation, management, communication, and collaboration?

2. **Sustainability of Outcomes -** Based on the evidence, which project outcomes are likely to be sustained? What processes, systems, and institutional arrangements were made to sustain the necessary and critical services required to sustain the outcomes? How are the quality, frequency, effectiveness, and sustainability of the services provided by the project perceived by the community? What is the level of motivation of the service providers to continue providing services after the project ends? What has been done so far to increase the motivation of the community to demand and pay (or invest time) for the services? What would be the motivation of the beneficiaries to receive these services? Have the projects identified the necessary resources and capacity strengthening supports for the service providers? How effectively did the projects take advantage of the other USG and non-USG investments in the target area to achieve sustained outcomes as identified in the theories of change? What are the results of enhanced linkages with other service providers? What are the missed (if any) opportunities?

3. **Effectiveness and Efficiency of Interventions and Intervention Implementation -** In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance in the target communities? What factors in the implementation and context are associated with greater or lesser efficiency and effectiveness in producing Outputs of higher or lower quality? Which interventions and implementation processes are more or less acceptable to members of the target communities and why? What post-harvest and storage practices are used? Does access to storage vary among households? *N.B.* Specific questions from the FFP Niger Design Team related to this category of questions include the following: What mobile livelihood strategies are pursued by households? Are these strategies factored into DFAP planning and interventions? Do the projects take into account the amount of remittances households receive as a variable in planning and interventions? How is ownership or access to a mobile phone used as an economic strategy? Do women have access to mobile phones?)

4. **Unintended Consequences and Lessons Learned** - What are the unintended positive and/or negative consequences of the projects, and how can future projects minimize potential unintended negative consequences? How can FFP and its partners' design strategies to systematically capture positive consequences? What key lessons learned and best practices should inform future projects in the country?

c) Audience and intended uses

The primary audience of the evaluation reports will be the three PVOs (CRS, Mercy Corps, and SC) and their sub partners, and USAID (FFP/Washington, USAID/Niger and the FFP West Africa Regional Office). The reports will also be shared with the Government of Niger.

Findings from the performance evaluation will be used to determine the performance of the three projects and draw lessons learned for the selection, design, and implementation of future USAID projects, in particular those under the RISE initiatives. USAID (through the EVELYN contract) will make extensive use of findings from the evaluation to make different presentations and bulletins as part of a wider dissemination of best practices and lessons learned. The evaluation recommendations may be used by FFP to refine proposal guidelines and project policy.

EVALUATION METHOLOGY

The final evaluation will use a mixed-methods approach.

a) Desk Review

The evaluation team should review the following documents to contextualize and refine the evaluation questions, as well as to gain an in-depth understanding about the project design, implementation, and the

food security situation in the area. However, the literature review should not be limited to the following documents.

a) Project proposals
b) Annual results reports
c) Midterm evaluation reports
d) Baseline Study for the Title II Development Food Assistance Projects in Niger, 2014
e) Niger Demographic Health Survey, 2012
f) 2011- Living Standard Measurement Study
g) Niger - Joint IDA-IMF staff advisory note on the economic and social development plan 2012-2015
h) Striving toward disaster resilient development in Sub-Saharan Africa: strategic framework 2016–2020
i) RISE baseline survey report, and the studies conducted by the projects to get an in-depth understanding about the context of the project areas and how these three projects
j) Monitoring data and reports

b) Quantitative Endline Survey

The quantitative endline survey must collect data on the same population-level impact and outcome indicators (presented below) that were collected during the baseline survey.

Quantitative endline surveys must utilize the same data collection instruments, level of statistical precision, and statistical power as the baseline study[145]. Quantitative endline survey design does not need to be identical to the baseline. For example, all three projects reduced their target areas therefore the sampling frame used for the baseline needs to be adjusted.

Ideally, a quantitative endline survey should follow the data collection timeline used for the baseline survey. The baseline data were collected between February 26 and March 30, 2013. For this endline survey, the data collection will be pushed by a few weeks due to the delay in awarding EVELYN. A few additional questions will be incorporated to the household questionnaire based on FFP's interest.

1	Prevalence of underweight children under five years of age
2	Prevalence of Poverty: Percent of people living on less than $1.25/day
3	Mean Depth of Poverty
4	Per capita expenditures (as a proxy for income) of USG-targeted beneficiaries
5	Prevalence of stunted children under five years of age
6	Prevalence of underweight women (of reproductive age)
7	Percentage of farmers who used at least [a project-defined minimum number of] sustainable agriculture (crop/livestock and/or NRM) practices and/or technologies in the past 12 months
8	Percentage of farmers who used improved storage practices in the past 12 months
9	Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months

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[145] Baseline Study for the Title II Development Food Assistance Projects in Niger http://pdf.usaid.gov/pdf_docs/pnaed237.pdf

10	Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months
11	Prevalence of households with moderate or severe hunger (Household Hunger Scale - HHS)
12	Average Household Dietary Diversity Score (HDDS)
13	Prevalence of children 6-23 months receiving a minimum acceptable diet (MAD)
14	Women's Dietary Diversity (Score): Mean number of food groups consumed by women of reproductive age (WDDS)
15	Prevalence of exclusive breastfeeding of children under 6 months of age
16	Percentage of children under age five who had diarrhea in the prior two weeks
17	Percent of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)
18	Percent of households using an improved drinking water source
19	Percent of households using an improved sanitation facility
20	Percent of households with soap and water at a handwashing station commonly used by family members
21	Percent of births receiving at least four antenatal care (ANC) visits during pregnancy
22	Percent of farmers that used at least one improved variety of macro-nutrient dense foods in the most recent season
23	Percentage who recognize 2 or more reasons why access to health services is important for children under 5 and women of child bearing age including adolescent girls
24	Percent of births in the last 24 months receiving at least 4 antenatal care (ANC) visits during pregnancy
25	Percent of respondents who know 3 of 5 critical moments for handwashing

The household survey will be administered using the paper and pencil interviewing (PAPI) approach.

c) Qualitative Study

Primarily qualitative methods will be used to collect information to answer the questions pertaining to evaluation topics two through four (Sustainability of Outcomes, Effectiveness of Interventions and Intervention Implementation, Unintended Consequences and Lessons Learned), as well as several questions within the first topic (Project Achievement). In addition, qualitative study should speak to the effectiveness of project management, systems and processes established by the project, including the sustainability strategy and its implementation, performance monitoring, strategies to improve gender equality both at the participant and project management level, environmental considerations, and conflict sensitivity. The qualitative evaluation must also capture lessons learned and best practices. The evaluation team leader and members will be responsible for collecting and analyzing the qualitative data, and also contributing to the interpretation of the quantitative results using qualitative findings.

The evaluation team will use a variety of methods for collecting information. These methods, to the maximum extent possible, will ensure that if a different, well-qualified evaluator were to undertake the same evaluation, he or she would arrive at the same or similar findings and conclusions. The evaluation team should decide on specific methodologies before traveling to Niger and finalize the methodology during the team meeting in-country. The evaluation team should also meet with FFP staff in Washington, D.C., and Mission staff in Niger before starting fieldwork.

The evaluation team will design the overall qualitative study approach and should consider a variety of primary data collection methods, including: semi-structured in-depth interviews, group discussions, key informant interviews, case studies, and direct observations. The team may use the most significant change methodology to identify a selective set of case studies.

The evaluation team may use non-probability sampling methods to select a sub set of enumeration areas from the quantitative survey. In selecting sample sites, the evaluation team should strategically select large-enough-yet-manageable sample sites that generally represent the target area.

As with the quantitative household survey, qualitative sampling should include both beneficiaries and non-beneficiaries. In addition, the qualitative team should interview USAID personnel, project staff, knowledgeable people from the community, local government staff, community leaders, host Government officials, and other agencies and individuals as appropriate.

d) Data Analysis and Interpretation

The evaluation team will statistically compare the endline data for each of the three strata with that of the baseline for that stratum, and also for the overall country level, in order to detect changes (if any) for all key indicators. The incumbent will conduct descriptive and inferential analyses to describe the results as well as evaluate the performance of the projects through determining the changes. The team will also carry out econometric analyses to determine the magnitude and direction of changes.

In advance of fieldwork, the evaluation team should develop a data analysis plan and submit to the CoR for approval. When analyzing the data, however, the evaluation team should not limit itself to the data analysis plan; rather, the evaluation team should keep an open and curious mind to look for correlations between variables.

In presenting the analysis, the evaluation team should be cognizant about the readers' familiarity with the statistical presentation. Therefore, FFP suggests avoiding jargons and describing the statistical terms in a common language.

Interpreting the results is as critical as the analysis. Oftentimes, it can be difficult for a reader to fully understand the key points and utility of the findings conveyed in a report. The evaluation team should interpret the data using findings from the qualitative study, as well as econometric analysis.

The analysis and interpretation should be presented in a "story telling format" so that the readers can see a human face as they read the report. While it is important for the reader to understand whether level of stunting is reduced in the area, it is equally important to understand the pathway; for example, how learning derived from project participation influenced people's practices, which in turn resulted in positive changes in food security outcomes at the household and/or community level. Similarly, it is equally important for the readers to know some of the challenges participants faced that might have prevented them from reaping the full benefits of the projects.

DELIVERABLES

The evaluation team shall deliver the following deliverables. All deliverables must be approved by the CoR for EVELYN.

Deliverable	Timeline
Updated Work Plan: The work plan for the performance evaluation should include the endline survey and qualitative study. FFP does not expect a separate workplan for the performance evaluation but the components should be included into the EVELYN workplan.	**March 22, 2017**
Performance Evaluation (PE) Concept Paper: A brief (5-page) concept paper outlining the overall approach to the performance evaluation.	**March 22, 2017**

PBS Enumerator Guide, Supervisor Manual, and Anthropometry Guide	**Mid-March 2017**
PBS Quantitative Survey Instruments: a) English version of the endline instrument. b) Translation of instrument into Hausa. c) Back-translate the instrument from Hausa with a second translator to ensure accurate translation. d) Pilot the survey instrument in-country, and revise as needed and submit for final approval	**March 31, 2017** **(interim estimates produced by June 20, 2017; preliminary estimates produced by July 10, 2017)**
Pertinent Permissions approvals, insurance: Documented Official Approval from all relevant institutional review boards and from host country institutions to collect data, conduct the evaluation, and release data and reports, as required, as well as a statement affirming adherence to all requirements specified in USAID's Scientific Research Policy, if primary data is collected.	**March 31, 2017**
PBS Data Treatment and Analysis Plan: Should include how the data will be cleaned, weighted, and analyzed. The analysis plan should include descriptive, inferential, and econometric analyses plan.	**April 21, 2017**
Population-based Survey Protocol: 30 page protocol that includes: indicators to be collected; local country partners; sample size, design and plan; survey design; questionnaire design; fieldwork, including training and field support/supervision; data management, including quality control; analysis and reporting; and budget.	**April 28, 2017**
PE Inception Report: The inception report should include a brief synthesis of the literature review, detailed qualitative evaluation methodology including evaluation questions contextualized based on the literature review, sample site selection strategy and number of sites to be selected, types of interviewees, evaluation team members and their roles, how the qualitative information will be analyzed and integrated with quantitative.	**April 21, 2017**
Performance Evaluation Protocol: 20 page protocol that describes the evaluation questions to be answered; indicators/variables to be measured; quantitative and qualitative analysis plan; sampling methods; qualitative data collection and analysis methods; data quality assessment methods; the process or format for recording and reporting results; and the budget.	**May 20, 2017**
Qualitative Methods and Tools: Topical outline organized by the evaluation questions including the methods/tools for data collection.	**June 10, 2017**
Draft Endline Report: a) 60 page report, excluding annexes and attachments, which integrates the quantitative data from the PBS and includes a statistical comparison between baseline and endline data. b) Analytical methods to include appropriate tests of differences; econometric analysis to evaluate the theories of change and to explore the causal relation between the outcome and activities/variables based on the theoretical models; it is expected that the contractor will interpret the analytical findings.	**September 30, 2017**
Data Utilization Workshops: a) Arrange and lead a utilization workshop in each country. b) Share the findings from the performance evaluation, lessons learned, best practices, conclusions and recommendations, and engage participants to think through the implications of the evaluation findings in designing future projects.	**November/ December 2017**

Debriefing with USAID/Niger, FFP/Washington, and Partners: The team will present the major findings of the evaluation to USAID, the DFAP partners, donors, and Government of Niger (as appropriate and defined by USAID/Niger) through a PowerPoint presentation prior to the team's departure from Bangladesh. The team will also debrief FFP/W upon return to the United States. The debriefings will include a discussion of evaluation findings with possible recommendations. The team will consider USAID comments and revise the draft report accordingly, as appropriate and without compromising the validity or independence of the evaluation.	**November/ December 2017**
Draft Evaluation Report: There will be three separate performance evaluation reports for the three projects. The evaluation team will analyze all data collected during the evaluation to prepare a draft performance evaluation report and submit the report. The evaluation team should substantiate all findings and recommendations through citations of information sources. Using quantitative and qualitative analyses as well as projects' monitoring data, the report should be drafted in such way that it tells stories based on the projects' theory of change. The evaluation team will submit an electronic Microsoft Word version of the draft written report of findings and recommendations to the CoR. USAID/Niger, USAID West Africa Regional Office, FFP/Washington, and implementing partners will provide comments on the draft performance evaluation report within 15 business days. The evaluation team will in turn revise the draft report incorporating USAID and IP comments and suggestions within 15 business days of receipt of the written comments. The written report should clearly describe findings, conclusions, and recommendations.	**October 31, 2017**
Final Endline Report: A revised version of the draft report that incorporates comments from FFP, Implementing Partners, the USAID Missions in the Evaluation country, and includes a three- to five-page executive summary of the purpose, background of the project, methods, findings, and, if applicable, recommendations.	**December 15, 2017**
Briefings: Hold a formal briefing for FFP in Washington, DC, on the evaluation, conclusions, lessons learned, recommendations and a summary of the key outcomes from the in-country utilization workshops.	**January 2018**

Final Evaluation Report: The evaluation team will submit a final report that incorporates USAID and PVO comments and suggestions 15 business days after receiving comments from USAID on the draft final evaluation report. The team will follow the format approved by CoR. The evaluation team will edit and format the final report as appropriate to ensure a high-quality deliverable.
 	
The final report should meet the following criteria to ensure a high-quality deliverable:
   o Represent a thoughtful, well-researched and well-organized effort to objectively evaluate what worked in the project, what did not and why;
 	
   o Address all evaluation questions included in the scope of work;
   o 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 need to be agreed upon in writing by the CoR;
	January 15, 2018

- o Explain the evaluation methodology in detail. All tools used in conducting the evaluation, such as questionnaires, checklists, and discussion guides will be included in an Annex in the final report;
- o Include evaluation findings that assess outcomes and impact on males and females;
- o Disclose limitations to the evaluation, with particular attention to the limitations associated with the evaluation methodology, e.g. selection bias, recall bias, unobservable differences between comparator groups, etc.;
- o Present evaluation findings as analyzed facts, evidence, and data, and not based on anecdotes, hearsay or compilation of people's opinions. Findings should be specific, concise, and supported by strong quantitative or qualitative evidence;
- o Properly identify and list all sources of information in an Annex;
- o Include recommendations that are supported by a specific set of findings; and
- o Include recommendations that are action-oriented, practical, and specific, with defined responsibility for the action.

The format of the final evaluation report should strike a balance between depth and length. The report should be drafted to tell stories based on the projects' theories of change. The report should include a table of contents, table of figures (as appropriate), acronyms, executive summary, introduction, purpose of the evaluation, research design and methodology, findings, conclusions, lessons learned, and recommendations.

The report should include, in the annex, any substantially dissenting views by any Team member, USAID or the PVOs on any of the findings or recommendations, a copy of this Scope of Work, a list of persons and organizations contacted, and any other attachments deemed significant.

The report should not exceed 60 pages which integrates the quantitative analysis from the PBS and includes a statistical comparison between baseline and endline results, annual monitoring results, and qualitative study findings, excluding annexes, and should be submitted electronically in English.

It should include analytical methods to include appropriate tests of differences; econometric analysis to evaluate the theories of change and to explore the causal relation between the outcome and activities/variables based on the theoretical models; it is expected that the contractor will interpret the analytical findings.

The report will be disseminated within and outside USAID as appropriate. A second version of this report excluding any potentially procurement-sensitive information will be submitted electronically by the evaluation team to USAID's Development Experience Clearinghouse (DEC).

All quantitative data, if gathered, should be (1) provided in an electronic file in easily readable format; (2) organized and fully documented for use by those

| not fully familiar with the project or the evaluation; (3) owned by USAID and made available to the public barring rare exceptions. | |

Evaluation Team Composition

The Senior Evaluation Specialist will be responsible for designing and managing the evaluations and supervising the evaluation team members; coordinating with the implementing partners, USAID Mission and other stakeholders; coordinating with the endline PBS team; analyzing the findings and drafting the report. As this is a mixed-method performance evaluation, the endline survey will require the following personnel: Senior Survey Method Specialist, Data Analyst, Survey Coordinator, Data Management Specialist, Anthropometry Specialist, Country Operations Manager, and Survey Monitors. The qualitative component will require participation from the Qualitative Study Specialist, Subject Matter Evaluation Specialist (Agronomist), Subject Matter Evaluation Specialist (Nutritionist), Subject Matter Evaluation Specialists (Resilience or Disaster Risk Management Specialist).

Please refer to Section C.6, Key Personnel / Personnel Responsibilities and Qualifications, in the scope of work section of the contract for specific details on expected qualifications, roles and responsibilities of both key and non-key staff.

Field Logistics

The evaluation team is responsible to arrange and pay for all logistics including anthropometric equipment, and transportation.

III. EVALUATION DESIGN MATRIX

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
Overall Project Achievements				
1. To what extent have the activities of the three projects met their goals, purposes, and desired outcomes; and what factors promoted or inhibited their achievement?	Comparative & Descriptive & Normative	**Qualitative:** - Direct and indirect project beneficiaries - IP staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Local community leaders - IP documentation (e.g., DFAP proposals, annual and quarterly reports) - DFSA MTE Report **Quantitative:** - EVELYN Niger PBS BL/EL data - IPTT BL/EL data	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category - FGDs using semi-structured instruments specific to given respondent category **Quantitative:** Baseline and endline surveys, monitoring processes	**Qualitative:** - Content analysis of beneficiary responses (FGDs) and stakeholders responses (KIIs) to assess their views on extent to which activities have been achieved, and on what factors promoted or inhibited project activities and outcomes - Content analysis of IP Annual Reports that describes achievements to date and factors related to performance - Content analysis of DFSA mid-term evaluations describing findings and conclusions on achievements to date and factors related to progress to date **Quantitative:** Statistical analysis and comparison of data (targets versus actual) from PBS BL/EL indicators, and comparative analysis of IPTT BL/EL indicators. Differences in population means (or proportions, depending on the outcome/impact variable) will be measured between the BL and EL survey rounds, from the two independent cross-sections of households sampled in each round. Two-sample, two-tailed t-tests will be utilized to compare mean values of baseline and endline outcomes to determine the significance of any changes over time. Multivariate regression models that include village fixed effects and key socio-economic and intervention-specific factors as covariates will then be used to explore socio-economic and intervention-specific factors that may have influenced the observed outcome/impact changes, while controlling for village-specific influences that are unrelated to the project. Next, key covariates will be interacted with the survey-round variable, to provide estimates on how village and household characteristics directly influence program impacts. The overall sequence for the econometric analyses and model specifications thus introduces increasing precision of the project-effect estimates (by tightening the confidence interval on the estimates), and therefore rigor to detect changes in the impact/outcome variables between BL and EL, and understand the reasons for changes. Separate models will be run for each impact/outcome variable. Quantitative analysis of the PBS data will be disaggregated by IP. The quantitative analysis will also include a review of the annual performance data against targets.

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
1.1. Did interventions reach the poorest individuals within the target population areas (landless, land poor, divorced and widowed older females in female headed households?)	Comparative & Descriptive & Normative	As for EQ 1.	As for EQ 1.	As for EQ 1 for both qualitative and quantitative analyses, with further disaggregation by each beneficiary sub-group for sub-groups analysis.
1.2. Based on available evidence, what are plausible/potential pathways to achieving outcomes across a priority set of project activities selected by USAID for additional learning?	Descriptive & Normative	As for EQ 1.	As for EQ 1.	**Qualitative:** - Document review using each IP's DFAP RF and descriptive narrative of the theory of change as the reference point. Assess how well IPs implementation of projects followed or deviated from the causal pathways in the FFP RF. - Supplement analysis with data from KIIs and FGDs. **Quantitative:** Statistical analysis and comparison of selected PBS BL/EL data. Differences in population means (or proportions, depending on the outcome/impact variable) will be measured between the BL and EL survey rounds, from the two independent cross-sections of households sampled in each round. Two-sample, two-tailed t-tests will be utilized to compare mean values of baseline and endline outcomes to determine statistically significant changes over time. Multivariate regression models that include village fixed effects and key socio-economic and intervention-specific factors as covariates will then be used to explore socio-economic and intervention-specific factors that may have influenced the observed outcome/impact changes, while controlling for village-specific influences that are unrelated to the project. Next, key covariates will be interacted with the survey-round variable, to provide estimates on how village and household characteristics directly influence program impacts. The overall sequence for the econometric analyses and model specifications thus introduces increasing precision of the project-effect estimates (by tightening the confidence interval on the estimates), and therefore rigor to detect changes in the impact/outcome variables between BL and EL, and understand the reasons for changes. Separate models will be run for each impact/outcome variable. Quantitative analysis of the PBS data will be disaggregated by IP. The quantitative analysis will also include a review of the annual performance data against targets.
Effectiveness and Efficiency of Interventions				

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
2. In each technical sector addressed by the projects (maternal & child health & nutrition; agriculture / livelihoods; early warning systems / disaster risk / resilience), what were the most effective and most efficient implementation methods and approaches among those selected by IPs?	Comparative & Descriptive & Normative	**Qualitative:** - Direct and indirect project beneficiaries - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Local community leaders - IP documentation (e.g., DFAP proposals, annual and quarterly reports) - Previous evaluation reports (e.g., DFSA Mid-Term Evaluation Reports) **Quantitative:** - EVELYN Niger PBS BL/EL data - IPTT BL/EL data	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category. **Quantitative:** Desk review, baseline and endline surveys	**Qualitative:** - Content analysis of beneficiary responses (FGDs) and stakeholders responses (KIIs) to assess their views on effectiveness and efficiency of projects' implementation methods across the multiple technical sectors, as well as for specific project activities and sub-activities for which USAID indicated particular interest via its comments. - Content analysis of IPs' DFSA proposal, annual reports and mid-term evaluation report(s) to understand changes in implementation approaches, costs associated with specific technical sector and activity, etc. **Quantitative:** Statistical analysis and comparison of data from PBS BL/EL indicators, and analysis of IPTT BL/EL indicators to assess the relative effectiveness of approaches selected.
2.1. What are the strengths of and challenges to the projects' overall implementation approach, management, communication, and collaboration? What steps were taken by the IPs to address challenges?	Descriptive	**Qualitative:** - IP documentation - Previous evaluation reports - IP staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Staff at other NGOs and donors implementing projects in same areas - Private sector service providers - Local community leaders	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category	**Qualitative:** - Content analysis of relevant KIIs (e.g., IPs staff, Nigerien government staff, USAID FFP staff, other NGO/donor staff implementing in same area) to assess their views on strengths and challenges associated with each project. - Content analysis of KIIs (e.g., IPs staff, Nigerien government staff, USAID FFP staff, other NGO/donor staff implementing in same area) to address challenges in project management, partnership, M&E, decision making processes, and adaptations. - Content analysis of DFSA proposals describing implementation approach, management, communication and collaboration to be compared with annual reports to identify strengths and challenges and steps IPs took to address challenges - Review of mid-term evaluation reports that identify strengths, challenges and weaknesses of project implementation approach, management, communication, collaboration…compare with subsequent IP annual reports to determine if these strengths are still evident and what steps IPs have taken to address challenges., how they have been overcome (and if so, how) – - Compare results of these reviews with content analysis of KII data.

Evaluation Questions				
2.2. Who was targeted by and benefited from each project's intervention activities, and how effective was /were the selected targeting approach(es) in achieving its respective goals?	Comparative & Descriptive	**Qualitative:** - IP documentation - Previous evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Local community leaders **Quantitative:** - EVELYN Niger PBS BL/EL data - IPTT BL/EL data	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category **Quantitative:** Desk review, baseline and endline surveys	**Qualitative:** - Content analysis of IPs project documents (e.g., proposals and progress reports, IPTTs) to understand logic and intent of targeting, as well as approaches selected and their relative effectiveness. - Content analysis of relevant KIIs (e.g., IPs staff, USAID staff) and FGDs to understand effect and intent of targeting. -Comparison of findings related to targeting in the mid-term evaluations with those found in this round. **Quantitative:** Statistical analysis and comparison of data from PBS BL/EL indicators, and analysis of IPTT BL/EL indicators per SO and IR to assess benefits by target groups. Data from the PBS will be further disaggregated by sex and household wealth status to address the question of who benefited from each project's intervention activities. Wealth status will be indicated by per-capita expenditure at the household-level, as calculated from the PBS. Determination of potential differences in program benefits by sex/gendered household type, and HH wealth status, will be further informed by multivariate regressions which includes a dummy variable to indicate sub-group status (e.g., 1 for female-headed households, and 0 otherwise), and its interaction with the survey round variable. Poorest HHs will either be indicated through construction of a dichotomous indicator for poorest HHs, based either on dichotomizing household-level per-capita expenditure at the median, or constructed on the basis of quartiles, depending on how the data are distributed.
2.3. How are the quality, frequency, effectiveness, and suitability of the services provided by the project perceived by the beneficiaries and their communities? Are there major differences in these perceptions of service delivery across key beneficiary sub-groups, and what are reasons why?	Comparative & Descriptive	**Qualitative:** - Direct and indirect project beneficiaries - Previous evaluation reports - IP project documentation - Private sector actors - USAID FFP staff - USAID Niger staff - Communal and Departmental staff - Local community leaders	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category.	**Qualitative:** - Content analysis of FGDs with direct and indirect beneficiaries by select subgroups to assess their perception of the activities they were involved in - Content analysis of relevant KIIs (e.g., local community leaders, private sector actors) to assess their perception of the activities they or their peers were involved in. -Comparison of findings related to perception of project activities in previous evaluations with those found in this round.
Sustainability of Outcomes				

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
3. Based on the evidence, what project activities and outcomes are likely to be sustained, and why?	Descriptive	**Qualitative:** - Direct and indirect project beneficiaries - IP Sustainability Plans, - IP Exit Strategies - Previous evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Staff at other NGOs and donors - Private sector actors - Local community leaders **Quantitative:** - EVELYN Niger PBS BL/EL data - IPTT BL/EL data	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category. **Quantitative:** Desk review, PBS and IPTT data is collected independently.	**Qualitative:** - Content analysis of FGDs with direct and indirect beneficiaries to assess changes in practices and behaviors, as well as service utilization and satisfaction by direct and indirect beneficiaries. - Content analysis of FGDs and KIIs to assess capacity of beneficiaries and service providers to sustainably maintain systems and services after project close out. - Content analysis of FGDs and select KIIs to assess perceived changes in behavior, potential for other funding sources or mechanisms, and motivation to sustain some or all of the activities. - Content analysis of project documents and select KIIS to assess the type of linkages and processes/systems in place between projects and other organizations (national government, NGOs, funders, etc.) -Content analysis of IP Sustainability Plans and Exit Strategies -Review of DFSA MTE reports that discuss the likelihood of sustainability based on IP Sustainability Plans and Exit Strategies - Review of subsequent IP Annual Reports to determine if IPs followed up on findings/conclusions/recommendations from MTE to ensure sustainability of activities and outcomes **Quantitative:** - Statistical analysis and comparison of PBS BL/EL data and analysis of IPTT BL/EL data to assess changes in practices and behaviors, as well as activity involvement, service utilization, and satisfaction by direct and indirect beneficiaries.
3.1. What processes, systems, and institutional arrangements (especially linkages and coordination with other USG and non-USG investments) were made by the IPs or members of the target population to sustain the necessary and critical services required to achieve and sustain projects outcomes?	Descriptive	**Qualitative:** - IPs project documentation - Mid-term evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Staff at other NGOs and donors - Communal and Departmental staff - Local community leaders	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category.	**Qualitative:** - Content analysis of IPs project documents and relevant KIIs (e.g., IPs staff, Ministries' and Departmental staff, USAID staff, staff at other donors and NGOs) to assess the type, strength, and nature of processes, systems, and linkages in place, and their level of importance in sustaining the projects. - Content analysis of IP Sustainability Plans and Exit Strategies -Review of DFSA MTE reports that discuss the likelihood of sustainability based on IP Sustainability Plans and Exit Strategies - Review of subsequent IP Annual Reports to determine if IPs followed up on findings/conclusions/recommendations from MTE to ensure sustainability of activities and outcomes

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
3.2. What is the level of motivation of the service providers to continue providing services after the project ends, and of the beneficiaries to receive and pay (or invest time) for these services?	Descriptive	**Qualitative:** - Direct and indirect project beneficiaries - IPs project documentation - Mid-Term Evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Staff at other NGOs and donors - Private sector service providers - Local community leaders	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category.	**Qualitative:** - Content analysis of KIIs with service providers and FGDS with beneficiaries to assess motivation to invest (money and/or time) into providing and/or purchasing services, as well as their perception of the value of activities (crossover with 2.c.) - Content analysis of relevant KIIs (e.g., local community leaders, IPs staff, Niger's Ministries' staff) to assess their motivation to continue services and fund them. -Review of IP project documents to identify indications that beneficiaries are already investing time and/or money into certain activities (e.g., cost-share, volunteering, resumption of discontinued activity). - Content analysis of IP Sustainability Plans and Exit Strategies - Review of DFSA MTE reports that discuss the likelihood of sustainability based on IP Sustainability Plans and Exit Strategies - Review of subsequent IP Annual Reports to determine if IPs followed up on findings/conclusions/recommendations from MTE to ensure sustainability of activities and outcomes
Unintended Consequences and Lessons Learned				
4. What are the positive or negative unintended consequences of each of the projects, if any, and how were these consequences identified and taken into account by the IPs?	Descriptive	**Qualitative:** -Direct and indirect project beneficiaries - IP project documentation - Previous evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Staff at other NGOs and donors - Private sector actors - Local community leaders **Quantitative:** - EVELYN Niger PBS BL/EL data	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category. - FGDs using semi-structured instruments specific to given respondent category. **Quantitative:** Desk review, baseline and endline surveys, monitoring processes	**Qualitative:** - Content analysis of FGDs with direct and indirect beneficiaries, and relevant KIIs (e.g., Nigerien IPs, IP staff, USAID FFP staff) to identify and assess their views on negative or positive unintended consequences. - Content analysis of select KIIs for lesson learned, adaptive management in project implementation to address such consequences, and recommendations to minimize negative consequences (if identified). -Content analysis of project documents to identify unintended consequences, and of previous evaluation reports to assess whether any previously identified unintended consequences remain relevant and how their magnitude may have evolved. **Quantitative:** If applicable, additional tailored statistical analysis of PBS data to identify certain types of unintended consequences and quantify them.

Evaluation Questions	Type of Answers Needed	Data Source(s)	Collection Methods	Data Analysis Methods
5. What key lessons learned and best practices should inform future projects in the country?	Descriptive & Normative	**Qualitative:** - IP project documentation - Previous evaluation reports - IPs staff - USAID FFP staff - USAID Niger staff - Staff at Niger's Ministries of Health, Education, and Agriculture - Communal and Departmental staff - Private sector actors - Local community leaders	**Qualitative:** - Desk review - KIIs using semi-structured instruments specific to given respondent category.	**Qualitative:** - Content analysis of relevant KIIs (e.g., IPs staff, Nigerien IPs, USAID FFP staff) to assess their views on lessons learned and best practices for future design of FFP projects. - Content analysis of project documents to identify lessons learned and review of mid-term evaluation reports to avoid duplicating previous lessons and best practices, as well as identifying those that seem to have not held over time.

Note: Three evaluation questions originally identified by the FFP Design Team do not directly fit within the revised evaluation questions proposed in this protocol (see Annex B for more information.) The evaluation team proposes to address them as stand-alone questions in the following way:

- **Has the demographic shift in Niger affected livelihoods and incidence of poverty in the target areas?** To answer this question credibly would require different data than is available in the PBS. The evaluation team will instead provide any relevant data that emerges from analysis of PBS data and during FGD and KII discussions, if applicable.
- **What mobile livelihood strategies are pursued by households?** The evaluation team will use any existing PBS data, if available, to address this question.
- **Do women have access to mobile phones?** The evaluation team will use relevant variables as indicators from the PBS data, supplemented by collection of qualitative data, to address this question.

IV. QUALITATIVE FIELDWORK SCHEDULE

Date	Agenda- Niamey	Teams	Location
Wednesday June 28, 2017			
19h00-20h00	Team Orientation and work plan	3 teams	Hotel Gaweye
Thursday June 29, 2017			
8h30-10h30	Orientation- LAHIA project- Save the Children (SC)- meeting at 8h00 at Gaweye Hotel	LAHIA team, 3 team leaders, 2 subject matter experts	SC
11h00-13h00	Orientation- SAWKI project- Mercy Corps (MC)	SAWKI team, 3 team leaders, 2 subject matter experts	MC
15h00-17h00	ORIENTATION – PASAM-TAI project– Catholic Relief Services (CRS)	PASAM-TAI team, 3 team leaders, 2 subject matter experts	CRS
Friday June 30, 2017			
8h30 – 10h30	Orientation- USAID Food for Peace (FFP)	3 team leaders	USAID
11h00 – 12h30	SAREL project	3 team leaders	SAREL
15h00 – 17h00	Session 1-Evelyn Orientation	3 team leaders, 6 subject matter experts	
Saturday July 1, 2017	Training		
9h00 – 11h30	Session II- Introduction to data collection instruments - Community Profile - Guide for group discussion- Agriculture and livelihood	3 teams, 3 team leaders, 6 subject matter experts, 31	Grand Hotel
11h30 – 11h45	Break		Grand Hotel
11h45 – 12h30	Session II- Discussion of group discussion instruments - Guide for group discussion- Agriculture and livelihood	3 teams	Grand Hotel
12h30 – 14h00	Lunch		Grand Hotel
14h00 – 16h00	Session III- Discussion of group discussion instruments - Guide for group discussion- MCHN/WASH		Grand Hotel
16h00 – 16h15	Break		Grand Hotel
16h15 – 18h00	Session IV- Introduction to KII instruments		Grand Hotel
	Field Agenda (Maradi, Zinder)		
Sunday July 2, 2017			
8h00-18h00	Travel to Maradi	3 teams	Maradi
Monday July 3, 2017			
7h30-18h00	Instrument pre-test	3 teams	Maradi region
Tuesday July 4, 2017			
8h00-17h00	Revision of instrument, and final field work preparation	3 teams	Maradi
FIELD DATA COLLECTION SCHEDULES – SAMPLE SIZE - 28 COMMUNITIES			
PASAM-TAI- CRS (12 communities- 3 Maradi, 9 Zinder)			
Wednesday July 5, 2017	Begin field data collection in Maradi	PT team	Maradi region
Monday July 10, 2017	Complete data collection in Maradi, travel to Zinder	PT team	Maradi to Zinder
Tuesday July 11, 2017	Begin field data collection in Zinder	PT team	Zinder region
Sunday July 23, 2017	Complete data collection in Zinder, travel to Maradi	PT team	Zinder to Maradi
Monday July 24, 2017	Travel from Maradi to Niamey	PT team	Maradi to Niamey
Tuesday July 25, 2017	Interviews with stakeholders in Niamey and synthesis of data	PT team	Niamey
Thursday July 27, 2017	Complete Key Informant Interviews, field synthesis, debrief preparation	PT team	Niamey
Friday July 28, 2017	USAID Mission out-brief – preliminary findings	Team leader, 2 subject matter experts	USAID, Niamey
SAWKI-MC (8 communities- 3 Maradi, 5 Zinder)			
Wednesday July 5, 2017	Begin field data collection in Maradi	SAWKI team	Maradi region
Sunday July 9, 2017	Complete data collection in Maradi, travel to Zinder	SAWKI team	Maradi to Zinder
Monday July 10, 2017	Begin field data collection in Zinder	SAWKI team	Zinder region
Sunday July 16, 2017	Complete data collection in Zinder, travel to Maradi	SAWKI team	Zinder to Maradi
Monday July 17, 2017	Travel from Maradi to Niamey	SAWKI team	Maradi to Niamey
Tuesday July 18, 2017	Key Informant Interviews, field synthesis, debrief preparation	SAWKI team	Niamey
Wednesday July 19, 2017	Mission out-brief – preliminary findings	Teal leader, 2 subject matter experts	Niamey
LAHIA- SC (8 communities- Maradi)			
Wednesday July 5, 2017	Begin field data collection in Maradi	LAHIA team	Maradi region
Sunday July 16, 2017	Complete data collection in Maradi, return to Niamey	LAHIA team	Maradi to Niamey
Monday July 17, 2017	Key Informant Interviews, field synthesis	LAHIA team	Niamey
Tuesday July 18, 2017	Key Informant Interviews, field synthesis, debrief preparation	LAHIA team	Niamey
Wednesday July 19, 2017	Mission out-brief – preliminary findings	Team leader, 2 subject matter experts	Niamey

V. DATA COLLECTION TOOLS

a. Quantitative Instrument

Population Based Survey

Module A. Identification and informed consent

IDENTIFICATION (1)

A01 **HOUSEHOLD NUMBER**	⬚⬚
A02 **SURVEY AREA NUMBER**	⬚⬚⬚
A03 **NAME OF VILLAGE** _____	
NAME OF COMMUNE _____	
NAME OF DIVISION _____	
A05 **REGION**	ZINDER	1	MARADI	2	

INTERVIEWER'S VISITS

	A06 FIRST VISIT	A07 SECOND VISIT	A08 THIRD VISIT	LAST VISIT	
DATE A09 **INTERVIEWER** A10-A12 OUTCOME **OF THE VISIT**	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	DAY MONTH YEAR INTERVIEWER'S NUMBER OUTCOME	⬚⬚ ⬚⬚ ⬚⬚⬚⬚ ⬚⬚ ⬚
NEXT VISIT: DATE TIME	_____ _____	_____ _____		A13 TOTAL NUMBER OF VISITS	⬚
A14 **FINAL OUTCOME OF INTERVIEW** 1 COMPLETED 2 NO FHOUSEHOLD MEMBER WAS PRESENT OR NO QUALIFIED RESPONDENT WAS AT HOME DURING THE VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 5 REFUSED 9 OTHER _____ (SPECIFY)				TOTAL FEMALE ELIGIBLE TOTAL FARMERS ELIGIBLE TOTAL CHILDREN LESS THAN FIVE YEARS	⬚⬚ ⬚⬚ ⬚⬚
A15 **NAME OF HOUSEHOLD HEAD** _____				RESPONDENT'S LINE NUMBER TO HOUSEHOLD QUESTIONNAIRE (MOD. B)	⬚⬚

A17 **SUPERVISOR** NAME _____ CODE ⬚⬚	A18 **COORDINATOR OF SURVEYS** NAME _____ CODE ⬚⬚	A19 EDITOR NAME _____ CODE ⬚⬚	A20 DATA ENTRY OPERATOR _____ ⬚⬚ DAY MONTH YEAR ⬚⬚ . ⬚⬚ . 2 0 1 7

INFORMED CONSENT

INFORMED CONSENT: IT IS NECESSARY TO INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF ALL PROSPECTIVE RESPONDENTS TO PARTICIPATE. IF A PROSPECTIVE RESPONDENT (E.G. A FEMALE DECISION MAKER) IS NOT PRESENT AT THE BEGINNING OF THE INTERVIEW, BE SURE TO RETURN TO THIS PAGE AND OBTAIN CONSENT BEFORE INTERVIEWING HIM OR HER.

HELLO. MY NAME IS _____. I WORK WITH BAGNA SOLUTIONS. WE ARE CONDUCTING A SURVEY TO LEARN ABOUT AGRICULTURE, FOOD SECURITY, FOOD CONSUMPTION, NUTRITION AND WELFARE OF HOUSEHOLDS IN NIGER. YOUR HOUSEHOLD HAS BEEN CHOSEN FOR THE SURVEY. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD. THESE QUESTIONS CAN TAKE UP TO THREE HOURS TO COMPLETE. WE CAN COME BACK TOMORROW IF WE DO NOT HAVE ENOUGH TIME TO GO THROUGH ALL QUESTIONS TODAY. ALL THE ANSWERS PROVIDED BY YOU WILL BE CONFIDENTIAL AND WILL ~~NOT~~ ONLY BE SHARED ~~WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM~~ FOR NON-PROFESSIONAL AND LEARNING PURPOSES. YOUR IDENTITY SHALL NOT BE DISCLOSED ON ANY PUBLICALLY AVAILABLE DATA OR REPORTS. The data collected in this baseline survey may be used as part of a panel study in the future. If your household is selected for the panel study then a second survey will be conducted, and if you agree, the data from this study will be used for comparison. You don't have to agree to participate in either study, but we hope you will agree to answer the questions for this study since your views are important. ~~YOU ARE NOT OBLIGED TO PARTICIPATE, BUT WE HOPE YOU WILL AGREE TO ANSWER THE QUESTIONS SINCE YOUR OPINION IS IMPORTANT.~~ IF I ASK YOU ANY QUESTION

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions about the survey or your participation?

ASK THE FOLLOWING CONSENT QUESTIONS TO ALL PROSPECTIVE RESPONDENTS.
AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.

1   1. Who is the main adult (15 years or older) decision-maker in the household? _____

     [NAME], do you agree to participate in the survey?
     RESPONDENT ACCEPTED _____   RESPONDENT DID NOT ACCEPT_____

2   Is there a mother or caregivers of children under six that have not been mentioned?
     Do you agree to participate in this survey as well as weigh and take the measurements of your children who are eligible?

     NAME: _____   RESPONDENT ACCEPTED _____ RESPONDENT DID NOT ACCEPT_____

     NAME: _____   RESPONDENT ACCEPTED _____ RESPONDENT DID NOT ACCEPT_____

     NAME: _____   RESPONDENT ACCEPTED _____ RESPONDENT DID NOT ACCEPT_____

     NO CHILDREN LESS THAN 5 YEARS _____

OTHER ELIGIBLE MEMBERS OF THE HOUSEHOLD   AGREED   DID NOT AGREE

3   NAME_____Do you agree to participate in the survey?   ____   ____

4   NAME_____Do you agree to participate in the survey?   ____   ____

5   NAME_____Do you agree to participate in the survey?   ____   ____

6   NAME_____Do you agree to participate in the survey?   ____   ____

7   NAME_____Do you agree to participate in the survey?   ____   ____

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.

NAME AND CODE OF THE INTERVIEWER _____ [ ][ ]

         DAY   MONTH
     SIGNATURE AND DATE _____ [ ][ ] . [ ][ ] . [2][0][1][7]

Module B. Household roster

| | START TIME | HOUR | | MINUTE | |

					If less than 5 years			If 15 and above	If between 0 to 17 years			If 5 years and above		If between 5 to 24 years	

LINE NUMBER	USUAL RESIDENTS OF HOUSEHOLD	RELATIONSHIP WITH HOUSEHOLD HEAD	SEX	AGE	ELIGIBILITY							MARITAL STATUS	SURVIVALS AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION		RECENT SCHOOL ENROLMENT	
					MODULE(S)		PRIMARY CAREGIVER	MODULE(S)												
					C, H1	D		E, I.1	F, H2-H6	G										
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**		**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**

Column questions:

2 — Please give me the name and sex of any person who lives here, starting with the head of the household. For the purpose of our study today, members of a household are adults or children who live together and eat from the same "pot." Include anyone who has lived in your home for 6 months within the last 12 months, but it does not include people who lives here but eats elsewhere.

AFTER MAKING A LIST OF NAMES, GENDER AND RELATIONSHIPS FOR EACH PERSON, ASK QUESTIONS 2A TO 2C BELOW TO MAKE SURE THAT THE LIST IS COMPLETE. THEN ASK QUESTIONS IN THE APPROPRIATE COLUMN 20.05 TO EACH PERSON.

3 — Relationship with head of household. SEE CODES BELOW

4 — (NAME) is a male or female?

5 — How old is [NAME]? SI ≥95 PUT '95'. '98' = NSP ONLY IF ≥50 YEARS. '00' IF < 1 YEAR

6 — Did [NAME] prepare the meal yesterday?

7 — IS THE CHILD LESS THAN 5 YEARS

8 — Who is the primary caregiver of [NAME]?* SEE DEFINITION BELOW (*). RECORD LINE NUMBER OF THE PRIMARY CAREGIVER

9 — IS THIS WOMAN AGED BETWEEN 15-49 YEARS?

10 — IS THIS PERSON THE HEAD OF THE HOUSEHOLD, OR THE ADULT IN CHARGE WHEN THE HEAD OF THE HOUSEHOLD IS ABSENT?

11 — Is this person a farmer? SEE DEFINITION BELOW (**).

12 — What is the present marital status of (NAME)? 1 = MARRIED OR COHABITANTS 2 = DIVORCED/ SEPERATED 3 = WINDOW 4 = SINGLE PERSONS WHO HAVE NEVER LIVED TOGETHER

13 — Is (NAME) mother alive?

14 — Does (NAME) mother live in the household? IF YES, WHAT IS HER NAME? RECORD THE LINE NUMBER OF HIS/HER MOTHER. IF NO, RECORD '00'

15 — Is (NAME) biological father alive?

16 — Does (NAME) father live in the household? IF YES, WHAT IS HIS NAME? RECORD THE LINE NUMBER OF HIS/HER FATHER. IF NO, RECORD '00'

17 — Has [NAME] ever been enrolled in school?

18 — What is [NAME] highest educational level? SEE CODES BELOW. What class did (NAME) reach?

19 — Did [NAME] attend school during the 2016-2017 school year?

20 — During this school year, what is [NAME] educational level and class? SEE CODES BELOW

Data rows (01–10):

Line	4 (Sex)	5 (Age)	6	7	9	10	11	13	15	17	18	19	20
01	M 1 / F 2	AGE	Y 1 / N 2	Y 1 / N 2	Y 1 / N 2	Y 1 / N 2	Y 1 / N 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 / N 2 NEXT LINE	CLASS	Y 1 / N 2 NEXT	CLASS
02	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
03	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
04	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
05	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
06	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
07	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS
08	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS CLASSE
09	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	NIVEAU
10	1 / 2		1 2	1 2	1 2	1 2	1 2	Y 1 N 2 NSP 8 GO TO 14	Y 1 N 2 NSP 8 GO TO 16	Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT	CLASS

CODES FOR Q3: RELATIONSHIP WITH THE HEAD OF HOUSEHOLD
01 HEAD OF HOUSEHOLD
02 SPOUSE
03 CHILD
04 SON/DAUGHTER IN LAW
05 GRANDCHILD
06 PARENTS
07 PARENTS IN-LAW
08 BROTHER/SISTERS
09 OTHER FAMILY
10 ADOPTED CHILD
11 NOT RELATED
98 DON'T KNOW

DEFINITIONS:
*Primary caregiver is the person who knows the most about how and what the child is fed. Usually, but not always, this will be the child's mother.
**Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g. non-timber forest products, wild fisheries).These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee / internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.

	USUAL RESIDENTS OF HOUSEHOLD	RELATIONSHIP WITH HOUSEHOLD HEAD	SEX	AGE	ELIGIBILITY		PRIMARY CAREGIVER				MARITAL STATUS	SURVIVALS AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION		RECENT SCHOOL ENROLMENT	
LINE NUMBER					MODULE(S)			MODULE(S)											
					C, H1	D		E, I.1	F, H2-H6	G									
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**

Column question texts:

- **2**: Please give me the name and sex of any person who lives here, starting with the head of the household. For the purpose of our study today, members of a household are adults or children who live together and eat from the same "pot." Include anyone who has lived in your home for 6 months within the last 12 months, but it does not include people who lives here but eats elsewhere. AFTER MAKING A LIST OF NAMES, GENDER AND RELATIONSHIPS FOR EACH PERSON, ASK QUESTIONS 2A TO 2C BELOW TO MAKE SURE THAT THE LIST IS COMPLETE. THEN ASK QUESTIONS IN THE APPROPRIATE COLUMN 20.05 TO EACH PERSON.
- **3**: Relationship with head of household. SEE CODES BELOW
- **4**: (NAME) is a male or female?
- **5**: How old is [NAME]? SI ≥95 PUT '95' '98' = NSP ONLY IF ≥50 YEARS '00' IF < 1 YEAR
- **6**: Did [NAME] prepare the meal yesterday?
- **7** (highlighted): IS THE CHILD LESS THAN 5 YEARS
- **8**: Who is the primary caregiver of [NAME]?* SEE DEFINITION BELOW (*). RECORD LINE NUMBER OF THE PRIMARY CAREGIVER
- **9**: IS THIS WOMAN AGED BETWEEN 15-49 YEARS?
- **10**: IS THIS PERSON THE HEAD OF THE HOUSEHOLD, OR THE ADULT IN CHARGE WHEN THE HEAD OF THE HOUSEHOLD IS ABSENT?
- **11**: Is this person a farmer? SEE DEFINITION BELOW (**).
- **12**: What is the present marital status of (NAME)? 1 = MARRIED OR COHABITANTS 2 = DIVORCED/ SEPERATED 3 = WINDOW 4 = SINGLE PERSONS WHO HAVE NEVER LIVED TOGETHER
- **13**: Is (NAME) mother alive? IF YES, WHAT IS HER NAME? RECORD THE LINE NUMBER OF HIS/HER MOTHER. IF NO, RECORD '00'
- **14**: Does (NAME) mother live in the household?
- **15**: Is (NAME) biological father alive? IF YES, WHAT IS HIS NAME? RECORD THE LINE NUMBER OF HIS/HER FATHER. IF NO, RECORD '00'
- **16**: Does (NAME) father live in the household?
- **17**: Has [NAME] ever been enrolled in school?
- **18**: What is [NAME] highest educational level? SEE CODES BELOW. What class did (NAME) reach?
- **19** (highlighted): Did [NAME] attend school during the 2016-2017 school year?
- **20**: During this school year, what is [NAME] educational level and class? SEE CODES BELOW

Data rows:

Line	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
11	M 1 / F 2	AGE	Y 1 N 2	Y 1 N 2		Y 1 N 2	Y 1 N 2	Y 1 N 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT LINE	CLASS
12	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT LINE	CLASS
13	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	O 1 N 2 NEXT LINE	CLASS
14	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	O 1 N 2 NEXT LINE	CLASS
15	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	O 1 N 2 NEXT LINE	CLASS
16	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT LINE	CLASS
17	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	Y 1 N 2 NEXT LINE	CLASS
18	1 / 2		1 2	1 2		1 2	1 2	1 2		Y 1 N 2 NSP 8 GO TO 14		Y 1 N 2 NSP 8 GO TO 16		Y 1 N 2 NEXT LINE	CLASS	O 1 N 2 NEXT LINE	CLASS

CODES FOR Q3: RELATIONSHIP WITH THE HEAD OF HOUSEHOLD

01 HEAD OF HOUSEHOLD	07 PARENTS IN-LAW
02 SPOUSE	08 BROTHER/SISTERS
03 CHILD	09 OTHER FAMILY
04 SON/DAUGHTER IN-LAW	10 ADOPTED CHILD
05 GRAND CHILD	11 NOT RELATED
06 PARENTS/GRANDPARENTS	98 DON'T KNOW

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL	1 = Preschool	2 = Primary	3 = Secondary 1st cycle	4 = Secondary 2nd cycle	5 = Higher education
CLASS	00- less than 1 year	00- less than 1 year	00- less than 1 year	00- less than 1 year	00- less than 1 year
	01- pre-nursery	01- Class 1	01- Form 1	01- 1st year	01- 1st year
	02- Nursery one	02- Class 2	02- Form 2	02- first	02- 2nd year
	03- Nursery two	03- Class 3	03- Form 3	03- final	03 - 3rd year/license
		04- Class 4	04- Form 4	04- vocational training I	04- Master I
		05- Class 5	05- vocational training I	05- vocational training II	05- Master II
		06- Class 6	06- vocational training II	06- vocational training III	06- Doctorate
			07- vocational training III		

2A) Just to make sure I have a complete list. Are there other people like small children or babies that you have not mentioned? YES → ADD TO TABLE   NO   END TIME OF MODULE   HOUR [ ]

2B) Are there other people who are not members of your family, like servants, tenants or friends who usually live here? YES → ADD TO TABLE   NO   MINUTE [ ]

2C) Does somebody else live here, even if he/she is not at home? INCLUDE CHILDREN IN SCHOOL OR HOUSEHOLD MEMBERS AT JOBSITE OR WHO HAVE MOVED. YES → ADD TO TABLE   NO

Module F. Water, hygiene and sanitation

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F00	RECORD MODULE START TIME	HOUR ☐☐ MINUTE ☐☐	
F01	HOUSEHOLD AND SURVEY AREA NUMBER	HH ☐☐ VN . . . ☐☐☐	
F02	RESPONDENT'S LINE NUMBER ON THE HOUSEHOLD MEMBER ROSTER (COLUMN 10) (HEAD OF HOUSEHOLD OR OTHER ADULT IN CHARGE)	LINE NUMBER . . . . ☐☐	

DRINKING WATER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

F04	What is the main source of drinking water for members of your household?	**RUNNING WATER**
		  WATER SUPPLY NETWORK WITHIN THE HOUSE . . . 11
		  WATER SUPPLY NETWORK IN THE YARD / PREMISES 12
		  PUBLIC TAPS AND STANDPIPES 13
		WELLS AND BOREHOLES 21
		DUG WELLS
		  PROTECTED WELLS. 31
		  NON PROTECTED WELLS. 32
		SPRING WATER
		  PROTECTED SPRING 41
		  NON PROTECTED SPRING 42
		RAIN WATER 51
		TANKERS 61
		TRUCKS EQUIPPED WITH SMALL BARRELS 71
		SURFACE WATER RIVER / DAM
		  LAKE/POND/SPRING/CHANNEL/
		  (IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHERS _____ 96
		                                SPECIFY
			→ F07
			
			→ F07

F05	Where is this source of water found?	WITHIN THE HOUSEH. . . . . 1 INSIDE THE YARD/PREMISES . . . . 2 ELSEWHERE 3	→ F07
F06	How long does it take to go fetch for water and come back?	IN MINUTES . . . . ☐☐☐ DON'T KNOW 8	
F07	Is water usually available at this source?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
F08	During the last two weeks, was water <mark>unavailable</mark> at this source throughout the day or more?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
F09	Does it occur to you to make your water consumable?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ F11

F10	What do you usually do to make your water drinkable?
	[MULTIPLE ANSWERS POSSIBLE]
	Anything else?
	
	WRITE DOWN EVERYTHING THAT WAS MENTIONED.
		BOIL . . . . A
		PUT BLEACH / CHLORINE . . . . B
		FILTER USING A CLEAN CLOTH C
		USE WATER FILTER (CERAMIC/ D
		  SAND/COMPOST/ETC.) . . . . E
		SOLAR DISINFECTION . . . . F
		LEAVE TO SETTLE . . . . G
		PURIFICATION USING PLANT PARTS
		        (ROOTS, GRAINS, BARKS, ASHES) H
		
		OTHERS _____ X
		                                SPECIFY
		DON'T KNOW . . . . Z	

Module F. Water, hygiene and sanitation

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SANITATION		

F11	What kind of toilet do the members of your household usually use?	**FLUSH TOILET / MANUAL FLUSHING CONNECTED**
		TO A SEWER SYSTEM 11
		TO A SEPTIC TANK 12
		TO A CESSPIT 13
		TO SOMETHING ELSE 14
		DON'T KNOW WHERE 15
		CESSPIT
		IMPROVED CESSPITS
		  SELF-VENTILATED. 21
		CESSPITS WITH SLAB 22
		CESSPITS WITHOUT SLABS/
		  OPEN HOLE 23
		COMPOST TOILETS 31
		PAIL/LATRINE BUC. 41
		SUSPENDED TOILETS/LATRINES . . . 51
		NO TOILETS/NATURE 61
		
		OTHERS _____ 96
		　　　　　　　　　　　　　　SPECIFY
			→ F14

F12	Do you share your toilet with other households?	YES . . . . 1 NO 2	→ F14
F13	How many households use this toilet?	LESS THAN 10 HOUSEHOLDS . . . . [ ] 10 OR MORE . . . . 95 DON'T KNOW 98	
	WASHING OF HANDS　　　▲		

F14	Please, show me where members of the household usually wash their hands.	REMARKS 1
		NO REMARKS,
		  NOT IN THE HOUSEHOLD/YARD/PREMISES 2
		PAS D' OBSERVATIONS,
		  NOT AUTORISED TO SEE 3
		NO REMARKS FOR ANOTHER REASON 4
		　　　　　　　　　　SKIP TO F17	

F15	RESERVED FOR REMARKS OBSEVE THE PRESENCE OF WATER AT THE PLACE INDICATED FOR WASHING HANDS.	THERE IS WATER . . . . 1 THERE IS NO WATER 2	
F16	RESERVED FOR REMARKS OBSERVE THE PRESENCE OF SOAP, DETERGENT, OR AUTRE PRODUIT NETTOYANT. ALSO ASK IF THE SOAP/ CLEANING AGENT IS KEPT IN ANOTHER ROOM INSIDE THE HOUSE.	SOAP OR DETERGENT (SOLID, LIQUID, POWDER, PASTE) . . . . 1 ASH, MUD, SAND . . . . 2 NONE 3	
F17	What are the important moments to wash hands? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL THE ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	BEFORE EATING . . . . A AFTER EATING . . . . B BEFORE PRAYING . . . . C BEFORE BREASTFEEDING OR FEEDING THE CHILD . . . . D BEFORE COOKING OR PREPARING FOOD E AFTER USING THE TOILET / LATRINE F AFTER CLEANING OR CHANGING THE DIAPER OF A CHILD WHO DEFECATED. . . . . G WHEN MY HANDS ARE DIRTY . . . . H AFTER CLEANING THE TOILET OR POT . . . . I OTHERS (SPECIFY) _____ X DON'T KNOW . . . . Z	
F18	END TIME OF THE MODULE	HOUR [ ][ ] MINUTE [ ][ ] MOVE TO MODULE G	

Module G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT

G00	RECORD THE TIME AT START OF THE MODULE	HOUR ☐☐ MIN ☐☐
G01	NAME OF THE FARMER [ASK THE PERSON IDENTIFIED AS A FARMER (COLUMN 11 IN HOUSEHOLD ROSTER)]	
G02	LINE NUMBER ON HOUSEHOLD ROSTER (COLUMN 1)	LINE NUMBER . . . . ☐☐
G03	HOUSEHOLD NUMBER AND SURVEY AREA	HH ☐☐ VN ☐☐☐

II. AGRICULTURAL PRODUCTION AND ADOPTION OF IMPROVED PRACTICES

G04	Do you have access to a plot of land (even if it is just a small portion) on which you decide on what to plant or how to manage the harvest? MAKE SURE THE RESPONDENT UNDERSTANDS THAT HAVING "ACCESS" AND TAKING "DECISIONS" ON A PLOT OF LAND DOES NOT REQUIRE YOU TO BE THE LEGAL OWNER OF THE LAND. A PERSON CAN HAVE ACCESS AND TAKE DECISIONS ON A PLOT OF LAND (FOR EXAMPLE A SMALL KITCHEN GARDEN), EVEN IF HE/SHE IS NOT THE LEGAL OWNER OF THE LAND. IF THERE IS JOINT DECISION ON ONE PLOT OF LAND (OR A GROUP OF ANIMALS), ONLY ONE FARMER HAS TO BE INTERVIEWED FOR EACH PLOT OF LAND (OR GROUP OF ANIMALS THE INTERVIEWER MUST IDENTIFY CRITERIA TO SELECT JUST ONE FARMER TO ANSWER WHEN THERE IS A JOINT DECISION ON JUST ONE PLOT OF LAND (OR GROUP OF ANIMALS).	YES.………………………………………… 1 NO .………………………………………… 2	
G05	Do you have animals or aquaculture products on which you decide how to manage production?	YES.………………………………………… 1 NO .………………………………………… 2	
G06	**CHECK ANSWERS TO QUESTIONS G4 AND G5.**	IF "YES" IN G04 AND "YES" IN G05 ⟶ G07 IF "NO" IN G04 AND "YES" IN G05 ⟶ G39 IF "NO" IN G04 E AND "NO" IN G05 ⟶ G70	
G07	Did you grow millet during the last farming season?	YES.………………………………………… 1 NO .………………………………………… 2	⟶ G09
G08A	Which type of seed did you use to grow the millet?	TRADITIONAL 1 IMPROVED / CERTIFIED 2 TRADITIONAL AND IMPROVED / CERTIFIED 3 DON'T KNOW 8	
G08B	Are you the one who decided on the seed to plant?	YES.………………………………………… 1 NO .………………………………………… 2	⟶ G09
G08C	How many tias of millet seeds did you use per hectare?	LESS THAN 3 . . . . . 1 3 . . . . . 2 MORE THAN 3 3	
G08D	Did you preserve the millet?	YES.………………………………………… 1 NO .………………………………………… 2	⟶ G09
G08E	What are the main methods that you have used to preserve this crop? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET A JUTE BAG B ATTIC C EAR (STORED ON TREES) D IN BARREL E IN DRUM F IN JAR G COLLECTIVE STORE (WARRANTAGE) H OTHERS _____ X (SPECIFY)	
G09	Did you grow sorghum during the last farming season?	YES.………………………………………… 1 NO .………………………………………… 2	⟶ G10
G09A	Which type of seeds did you use to grow sorghum?	TRADITIONAL . . . . . 1 IMPROVED / CERTIFIED 2 TRADITIONAL AND IMPROVED / CERTIFIED 3 DON'T KNOW 8	
G09B	Are you the one who decided on the seed to plant?	YES.………………………………………… 1 NO .………………………………………… 2	⟶ G10

Module G. AGRICULTURE

G09C	How many tias of sorghum seeds did you use per hectare?	LESS THAN 7	1	
		7	2	
		MORE THAN 7	3	
G09D	Did you preserve the sorghum?	YES…………………………………………	1	
		NO ………………………………………	2	→ G10
G09E	What are the main methods that you have used to preserve this crop? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET	A	
		JUTE BAG	B	
		ATTIC	C	
		EAR / POD (STORED ON TREES)	D	
		IN BARREL	E	
		IN DRUM	F	
		IN JAR	G	
		COLLECTIVE STORE (WARRANTAGE)	H	
		OTHERS	X	
		(SPECIFY)		
G10	Did you grow **irrigated maize** during the last dry season?	YES…………………………………………	1	
		NO ……………………………………….	2	
G10A	Which type of seeds did you use to grow irrigated maize?	TRADITIONAL	1	
		IMPROVED / CERTIFIED	2	
		TRADITIONAL AND IMPROVED / CERTIFIED	3	
		DON'T KNOW	8	
G10B	Are you the one who decided on the seed to plant?	YES……………………………….	1	
		NO ……………………………….	2	→ G11
G10C	How many tias of maize seeds did you use per hectare?	LESS THAN 7	1	
		7	2	
		MORE THAN 7	3	
G10D	Did you preserve the **maize**?	YES…………………………………………	1	
		NO ………………………………………	2	→ G11
G10E	What are the main methods that you have used to preserve this crop? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET	A	
		JUTE BAG	B	
		ATTIC	C	
		EAR / POD (STORED ON TREES)	D	
		IN BARREL	E	
		IN DRUM	F	
		IN JAR	G	
		COLLECTIVE STORE (WARRANTAGE)	H	
		OTHERS	X	
		(SPECIFY)		
G11	Did you grow **non irrigated maize** during the last dry season?	YES…………………………………………	1	
		NO ………………………………………	2	→ G12
G11A	Which type of seeds did you use to grow non irrigated maize?	TRADITIONAL	1	
		IMPROVED / CERTIFIED	2	
		TRADITIONAL AND IMPROVED / CERTIFIED	3	
		DON'T KNOW	8	
G11B	Are you the one who decided on the seed to plant?	YES……………………………….	1	
		NO ………………………………………	2	→ G12
G11C	How many tias of maize seeds did you use per hectare?	LESS THAN 7	1	
		7	2	
		MORE THAN 7	3	
G11D	Did you preserve the maize?	YES…………………………………………	1	
		NO ………………………………………	2	→ G12
G11E	What are the main methods that you have used to preserve this crop? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET	A	
		JUTE BAG	B	
		ATTIC	C	
		EAR / POD (STORED ON TREES)	D	
		IN BARREL	E	
		IN DRUM	F	
		IN JAR	G	
		COLLECTIVE STORE (WARRANTAGE)	H	
		OTHERS	X	
		(SPECIFY)		

Module G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT

G12	Did you grow **niébé** during the last farming season?	YES...	1	
		NO	2	→ G14
G12A	Which type of seeds did you use to grow niébé?	TRADITIONAL	1	
		IMPROVED / CERTIFIED	2	
		TRADITIONAL AND IMPROVED / CERTIFIED	3	
		DON'T KNOW	8	
G12B	Are you the one who decided on the seed to plant?	YES...	1	
		NO	2	→ G14
G12C	How many tias of niébé seeds did you use per hectare?	LESS THAN 7	1	
		7	2	
		MORE THAN 7	3	
G12D	Did you preserve the niébé?	YES...	1	
		NO	2	→ G13A
G12E	What are the main methods that you have used to preserve this crop? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET	A	
		JUTE BAG	B	
		ATTIC	C	
		EAR / POD (STORED ON TREES)	D	
		IN BARREL	E	
		IN DRUM	F	
		IN JAR	G	
		COLLECTIVE STORE (WARRANTAGE)	H	
		OTHERS _____ (SPECIFY)	X	
G13A	CHECK G07 IF YES, CONTINUE. IF NO, GO TO G13B Do you sow millet and niébé on the same plot of land? CHECK G09 IF	YES...	1	
		NO	2	
G13B	YES, Do you sow sorghum and niébé on the same plot of land?	YES...	1	
		NO	2	
G14	Have you produced herbs (green leaves) at home for family consumption over the last 12 months?	YES...	1	
		NO	2	→ G16
G15	What types of herbs (green leaves) have you produced at home for family consumption over the last 12 months? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	ALAYEHU/AMARANTH/TCHAPATA	A	
		YODO	B	
		MOLOHIYA	C	
		MORINGA (ZOGALA)	D	
		PEPPER	E	
		OKRA	F	
		TOBACCO	G	
		KAHI AMARIA (CLOVE)	H	
		SORREL	I	
		MINT	J	
		PARSLEY	K	
		OTHERS (SPECIFY)	X	
G16	Have you produced herbs (green leaves) at home for commercial purpose over the last 12 months?	YES...	1	
		NO	2	→ G18
G17	What types of herbs (green leaves) have you produced at home for commercial purpose over the last 12 months? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	HENNA	A	
		ALAYEHU/AMARANTH/TCHAPATA	B	
		YODO	C	
		MOLOHIYA	D	
		MORINGA (ZOGALA)	E	
		PEPPER	F	
		TOBACCO	G	
		KAHI AMARIA (CLOVE)	H	
		SORREL	I	
		MINT	J	
		PARSLEY	K	
		OTHERS _____ (SPECIFY)	X	
G18	Have you grown vegetables (market gardening) for family consumption during the last 12 months?	YES...	1	
		NO	2	→ G20

Module G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT

| G19 | What types have you planted in tha last 12 months?

[MULTIPLE ANSWERS POSSIBLE]

RECORD ALL ANSWERS GIVEN BY
THE RESPONDENT.
DO NOT READ THE ANSWERS. | PEPPER ..... A
LETTUCE ..... B
CABBAGE C
CARROT ..... D
BEETROOT ..... E
ONION ..... F
GARLIC ..... G
MARROW ..... H
ZUCCHINI I
TOMATO ..... J
CALABASIE ..... K
EGGPLANT L
CUCUMBER ..... M
SPINACH ..... N
GREEN ONION ..... O
LEEKS ..... P
GREEN BEANS ..... Q
CELERY ..... R
POTATOE ..... S
SWEET POTATO ..... T
OKRA ..... U

OTHERS   X
                 (SPECIFY) | |

III. IMPROVED PRACTICES

G20	How do you preserve your seeds? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	TRIPLE IN SACHET A JUTE BAG B ATTIC C EAR / POD (STORED ON TREES) D IN BARREL E IN DRUM F IN JAR G COLLECTIVE STORE (WARRANTAGE) H OTHERS X (SPECIFY) ==DO NOT PRESERVE SEEDS== .... Y	
G29	Do you fertilize your crops?	YES…………………………………………… 1 NO …………………………………………… 2	→ G31
G30	What are the fertilization practices have you used for your crops over the last 12 month? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	COMPOST …………………………… A CHEMICAL FERTILIZER …………………… B MICRO-DOSE …………………… C GREEN MANURE …………………… D ANIMAL MANURE ………………… E INTEGRATED MANAGEMENT OF SOIL FERTILITY F OTHERS X (SPECIFY)	
G31	Do you have fruit trees or high value trees in your plot?	YES…………………………………………… 1 NO …………………………………………… 2	→ G34
G32	Do you implement practices to protect your fruit trees and high value trees so that they can be more productive?	YES…………………………………………… 1 NO …………………………………………… 2	→ G34
G33	What are the practices that you use to protect your fruit trees and high value trees? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS. NE LISEZ PAS LES RÉPONSES.	ECHALAGE A CLEANING B MANURE C STUMPING D GRAFTING E RENEWAL OF PLANTATION F OTHERS X (SPECIFY)	
G34	Have you had problems with your crops over the past 12 months?	YES…………………………………………… 1 NO …………………………………………… 2	→ G36

Module G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT

G35	What problems or difficulties you faced with your crops? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	DISEASES PESTS BUSH FIRE AVAILABILITY OF PARTICIPANTS ACCES TO PARTICIPANTS LACK OF WORK LESS RAIN, DROUGHT TOO MUCH RAIN LACK OF QUALITY SEEDS LOSS AFTER HARVEST PESTS LACK OF LAND INFERTILE SOIL INCREASE OF RENTAL FEE OTHERS _____ (SPECIFY)	A B C D E F G H I J K L M N X	
G36	Have you used chemicals on your crops?	YES…………………………………………… NO ………………………………………………	1 2	
G37	What other practices do you use to fight against diseases and pests? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	CULTURAL PRACTICES MECHANICAL TREATMENT NATURAL EXTRACTS THERMAL PROCESSING OTHERS _____ (SPECIFY) NONE	A B C D X Y	

IV. MANAGEMENT OF FORESTS

G38A	Have you participated in the production of forest trees?	YES…………………………………………… NO ………………………………………………	1 2	→ G39
G38B	How do you produce tree seedlings for reforestation? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	SPECIAL NURSERY COMMUNITY NURSERY COMMERCIAL NURSERY OTHERS _____ (SPECIFY) NONE	A B C X Y	
G38C	What are the practices that you use for forest management? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	AGROFORESTRY NATURAL FOREST REGENERATION REFORESTATION (NEW PLANTATIONS) WATERSHED MANAGEMENT MANAGEMENT OF FOREST PLANTATIONS (ESTABLISHED FORESTS) NURSERY (PRODUCTION OF FOREST PLANTS) OTHERS _____ (SPECIFY) NONE	A B C D E G X Y	

V. ADOPTION OF IMPROVED PRACTICES FOR LIVESTOCK

G39	Do you currently practice breeding?	YES…………………………………………… NO ………………………………………………	1 2	→ G49
G40	**Which animals do you rear?** **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	POULTRY . . . . . CAMELS . . . . . RABBITS . . . . . DONKEYS . . . . . HORSES . . . . . SHEEP . . . . . GOATS . . . . . FISH . . . . . BEES COWS . . . . . OTHERS _____ (SPECIFY)	A B C D E F G H I J X	

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| G41 | Among the animals that you rear, which ones are kept outside?
[MULTIPLE ANSWERS POSSIBLE]

RECORD ALL ANSWERS GIVEN BY
THE RESPONDENT.
DO NOT READ THE ANSWERS. | POULTRY .... A
CAMELS .... B
RABBITS C
DONKEYS ..... D
HORSES ..... E
SHEEP .... F
GOATS .... G
FISH .... H
BEES I
COWS .... J
OTHERS X
(SPECIFY)
NONE .... Y | |

G41A Is the facility for animals equipped with:

		OUI	NON
A ROOF?	ROOF	1	2
WALLS	WALLS	1	2
A DRINKING TROUGH?	DRINKING TROUGH	1	2
A MANGER	FEEDER	1	2

| G42 | SEE QUESTION 40 TO MAKE SURE THAT THE PERSON
HAS A POULTRY. IF "YES" ASK:

Have you vaccinated your poultry? | YES.. 1
NO .... 2 | |

| G42A | SEE QUESTION 40 TO MAKE SURE THE PERSON REARS
RUMINANT (SHEEP, GOATS, COWS, CAMELS). IF "YES" ASK.

What are the prophylactic services that you use for ruminants?

RECORD ALL ANSWERS PROVIDED BY THE RESPONDENT.
DO NOT READ THE ANSWERS. [MULTIPLE ANSWERS POSSIBLE] | DISINFECTION A
SUPPLEMENTS B
VACCINATION C
TRIMMING OF HOOVES B
OTHERS X
(SPECIFY)
NONE .... Y | |

| G43 | Who supplies these prophylactic services?

RECORD ALL ANSWERS PROVIDED BY THE RESPONDENT.
[MULTIPLE ANSWERS POSSIBLE]
DO NOT READ THE ANSWERS. | PARAVETERINAIRE AUXILLIARE (PVA) A
SOI-MÊME B
VETERINAIRES PRIVES C
GOUVERNEMENT D
ONG E
OTHERS X
(SPECIFY)
NONE .... Y | |

| G44 | What are the **products you get** from your farm activities?
[MULTIPLE ANSWERS POSSIBLE]

RECORD ALL ANSWERS GIVEN BY
THE RESPONDENT.
DO NOT READ THE ANSWERS. | MEAT OR FISH A
EGGS .... B
GOAT MILK C
COW MILK ..... D
SKIN .... E
HORN .... F
BUTTER ..... G
YOUNG FISH (FISHERY PRODUCT) H
HONEY I
MANURE .... J
BLOOD .... K
OTHERS X
(SPECIFY)
NONE .... Y | → G47 |

| G45 | What are the products you **consume** from your farm activities?
[MULTIPLE ANSWERS POSSIBLE]

RECORD ALL ANSWERS GIVEN BY
THE RESPONDENT.
DO NOT READ THE ANSWERS. | MEAT OR FISH ..... A
EGGS .... B
GOAT MILK C
COW MILK ..... D
SKIN .... E
BUTTER .... F
HONEY .... G
OTHERS X
(SPECIFY)
NONE .... Y | |

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G46	What are the products that you **sell** from your livestock activities? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	MEAT OR FISH . . . . . A EGGS . . . . B GOAT MILK . . . . . C COW MILK . . . . . D SKIN . . . . E HORN . . . . F BUTTER . . . . G YOUNG FISH (FISHERY PRODUCT) H HONEY . . . . I MANURE . . . . J BLOOD . . . . K OTHERS _____ X (SPECIFY) NONE . . . . Y	
G47	Have you faced prolems with your livestock farming?	YES... 1 NO 2	→ G49
G48	What problems have you faced with your livestock farming? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	LACK OF MONEY . . . . . A NO WATER . . . . . B LACK OF FOOD . . . . . C THEFT . . . . . D NOT ENOUGH SPACE . . . . . E BAD WEATHER . . . . . F NATURAL PREDATORS . . . . . G PARASITES . . . . . H OTHERS _____ X (SPECIFY)	

VI. FORMAL MARKETING

G49	What you do with what you produce?	CONSUMPTION . . . . . 1 SALE . . . . . 2 BOTH 3	→ G64
G50	What types of products do you sell? **[MULTIPLE ANSWERS POSSIBLE]** DO NOT READ THE ANSWERS, BUT PROBE TO KNOW THE TYPE OF COMPANY THE RESPONDENT IS REFERRING TO. RECORD ALL THE ANSWERS GIVEN BY THE RESPONDENT.	AGRICULTURE . . . . . A LIVESTOCK . . . . . B CRAFTS . . . . . C FOREST PRODUCTS (WOOD, GRAPES, HERBS) . . . . . D AGROINDUSTRY . . . . . E TEXTILES . . . . . F OTHERS _____ X (SPECIFY)	

VII. ACTIVITIES OF THE VALUE CHAIN

G51	Before selling your products, do you make some changes on it?	YES... 1 NO 2	→ G52A
G51A	If yes, what kind of change do you make? **[MULTIPLE ANSWERS POSSIBLE]** DO NOT READ THE ANSWERS, BUT PROBE TO KNOW THE TYPE OF COMPANY THE RESPONDENT IS REFERRING TO. RECORD ALL THE ANSWERS GIVEN BY THE RESPONDENT.	DRYING . . . . . A SMOKING . . . . . B POWDERING . . . . . C JAM . . . . . D FRYING E OIL EXTRACTION . . . . . F SALTING G FERMENTATION (CHEESE, MILK, ETC.) H WIRING . . . . . I FOOD PASTE (TALIA, BEROUA, ETC) J TANNING . . . . . K CONFECTIONERY . . . . . L MOULDING . . . . . M OTHERS _____ X (SPECIFY)	
G52A	Do you sort your products before selling?	YES... 1 NO 2	

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G52B	Do you classify your products before selling?	YES... 1 NO 2	
G52C	Do you transport your products in bulk before selling?	YES... 1 NO 2	
G53	Do you trade or sell your products in whole, retail or export?	YES... 1 NO 2	
G54	Are you a member of an association or informal cooperative of producers?	YES... 1 NO 2	→ G55A
G54A	If yes, what are your activities within this association or cooperative in relation to your products? **[MULTIPLE ANSWERS POSSIBLE]** DO NOT READ THE ANSWERS, BUT PROBE TO KNOW THE TYPE OF COMPANY THE RESPONDENT IS REFERRING TO. RECORD ALL THE ANSWERS GIVEN BY THE RESPONDENT.	JOINT PURCHASE OF INPUTS . . . . . A TRANSPORT . . . . . B SORTING . . . . . C CLASSIFICATION . . . . . D TREATMENT / PROCESSING E TRADING / MARKETING . . . . . F OTHERS X (SPECIFY)	

VIII. TRADE PRACTICES

G55A	Do you have an estimate of your business?	YES... 1 NO 2	
G55B	Do you estimate the profits your business?	YES... 1 NO 2	
G55C	Do you have a notebook in which you record the estimates of your business	YES... 1 NO 2	
G56	Have you received assistance from a lending organization?	YES... 1 NO 2	→ G58
G57	What are the organizations that have provided loans for your business? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	BANKS . . . . . A UNIONS / ASSOCIATIONS B SELF-SAVINGS GROUP (TONTINES) C OTHER X (SPECIFY)	
G58	Do you have the support of a savings institution or group?	YES... 1 NO 2	→ G60
G59	What are the organizations where you make your savings? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	BANKS . . . . . A UNIONS / ASSOCIATIONS B SELF-SAVINGS GROUP (TONTINES) C OTHERS X (SPECIFY)	
G60	Have you faced problems that have affected your business?	YES... 1 NO 2	→ G62
G61	What are the types of problems that your company has faced? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	LACK OF PHYSICAL MARKETS A LACK OF MARKET OPPORTUNITIES AND BUYERS B LACK OF MONEY (CAPITAL) C ILLITERACY D TAX (TAX) E LACK OF ACCOUNTING / CONTROL REGISTER F LACK OF MARKET INFORMATION G LACK OF SUPPORT H LACK OF RAW MATERIALS I LACK OF PRODUCERS' ORGANIZATION J OTHERS X (SPECIFY)	
G62	Do you have a plan for production and sales?	YES... 1 NO 2	

Module G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT

G63	Where do you sell your products? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	LOCAL MARKET WEEKLY MARKET MAJOR MARKETS MIDDLEMAN / COLLECTOR EXPORT MARKET OTHERS _____ (SPECIFY)	A B C D E X	

IX. INFORMATION, EDUCATION AND COMMUNICATION RELATING TO PRODUCTION

G64	Have you received counselling (extension services) on agricultural issues during the last season?	YES……………………………………………… 1 NO ……………………………………………… 2	→ G67
G65	What counselling (extension services) on agriculture or production have you received during the last season? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	HOW TO IMPROVE ON AGRICULTURAL PRODUCTI A (FOOD CROPS AND MARKET GARDEN) HOW TO DO MARKETING B HOW TO IMPROVE ON BUSINESS C HOW TO EARN MORE MONEY D PRINCIPLES OF THE COOPERATIVE E HOW TO IMPROVE ON THE BREEDING OF CATTLE / LIVES F OTHERS _____ X (SPECIFY)	
G66	During the last season, who counselled you (extension services) on agriculture or production? **[MULTIPLE ANSWERS POSSIBLE]** RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.	GOVERNMENT (STATE TECHNICAL SERVICES) A ASSOCIATION B APV (PARA-VETERINARY/GUARD AUXILIARY) C MOBILE PHONE D COMMUNITY BASED STRUCTURE E PRODUCTION SUPPORT ORGANIZATIONS (LIKE NGOs) F MARKETING SUPPORT ORGANIZATIONS G PARENTS H NEIGHBOURS I ON THE RADIO J ON NEWSPAPERS K ON TELEVISION L SPEAKER M OTHERS _____ X (SPECIFY)	

X. FINANCIAL SERVICES

G67	Have you received any agricultural credit, in cash or in kind in the [PAST 12 MONTHS]?	YES……………………………………………… 1 NO ……………………………………………… 2 DON'T KNOW 8	
G68	Have you saved money (money kept to be used later) in the [PAST 12 MONTHS]?	YES……………………………………………… 1 NO ……………………………………………… 2 DON'T KNOW 8	
G69	Some farmers insure their agricultural production against circumstances such as strong winds, floods and pests. Have you taken any agricultural insurance in the [PAST 12 MONTHS]?	YES……………………………………………… 1 NO ……………………………………………… 2 DON'T KNOW 8	
G70	END TIME OF MODULE	HOUR [ ][ ] MINUTE [ ][ ]	GO TO MODULE C

Module C. Access to food (HDDS and HHS)

NO.	QUESTIONS AND FILTERS	CATEGORIES DE CODAGE	SKIP
C00	RECORD TIME AT THE START OF THE MODULE	HOUR ☐☐ MINUTE ☐☐	
C01	HOUSEHOLD NUMBER AND SURVEY AREA	HH ☐☐ VN ☐☐☐	
C01A	LINE NUMBER ON THE HOUSEHOLD ROSTER (COLUMN 6) OF THE PERSON IN CHARGE OF FOOD PREPARATION FOR THE HOUSEHOLD THE NIGHT BEFORE THE SURVEY OR AN ADULT IN CHARGE WHO EAT IN THE HOUSEHOLD THE DAY BEFORE	LINE NUMBER . . . ☐☐	

HDDS QUESTIONS

NO.	QUESTIONS AND FILTERS	CATEGORIES DE CODAGE	SKIP
C02	Was yesterday an unusual or special day (Festival, funerals, etc.) during which most of the members were absent from the household?	YES . . . . 1 NO 2	→ C16
C03	Now I want to ask you about the types of food that you or someone else in your household ate yesterday during the day and at night.	**YES NO NSP**	
C04	Bread, biscuits, cakes, donuts, couscous, rice, pasta, porridge, cereals and other foods made from corn, rice, fonio, wheat (bulgur, doumé), sorghum, millet?	. . . . 1 2 8	
C05	Potatoe, yam, cassava, colocasia (mankani), sweet potatoe, miritchi, garin roggo, any food made from roots or tubers?	. . . . 1 2 8	
C06	Vegetables?	. . . . 1 2 8	
C07	Fruits?	. . . . 1 2 8	
C08	Beef, pork, lamb, goat, rabbit, game offal, chicken, duck, and other birds, liver, kidney, heart, or other meat?	. . . . 1 2 8	
C09	Eggs?	. . . . 1 2 8	
C10	Fresh or dried fish or shellfish?	. . . . 1 2 8	
C11	Foods made beans, peas, lentils and nuts, such as peanuts, vouandzou, yadia, gonda, dum, peas, dan-wari, locust bean / soumbala?	. . . . 1 2 8	
C12	Cheese, yogurt, milk or other dairy products?	. . . . 1 2 8	
C13	Food based on oil, grease or butter?	. . . . 1 2 8	
C14	Sugar or honey?	. . . . 1 2 8	
C15	All other foods, such as seasoning, coffee or tea?	. . . . 1 2 8	

HHS QUESTIONS

NO.	QUESTIONS AND FILTERS	CATEGORIES DE CODAGE	SKIP
C16	During the last [4 WEEKS / 30 DAYS] has it occured that there is no food at all in your house due to lack of ressources to fetch for food?	YES . . . . 1 NO 2	→ C18
C17	How many times has such a situation occured during the last [4 WEEKS / 30 DAYS]?	VERY RARE (1-2 TIMES) 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C18	During the last [4 WEEKS / 30 DAYS] have you or any other member of your household gone hungry because there was not enough to eat?	YES . . . . 1 NO 2	→ C20
C19	How many times has such a situation occured during the last [4 WEEKS / 30 DAYS]?	VERY RARE (1-2 TIMES) 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C20	During the past [4 WEEKS / 30 DAYS] have you or another member of your household spent a day and a whole night without eating anything at all because there was not enough food?	YES . . . . 1 NO 2	→ C22
C21	How many times has such a situation occured during the past [4 WEEKS / 30 DAYS]?	VERY RARE (1-2 TIMES) 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C22	Have you or someone from your household regularly participated in [PASAM TAI / LAHIA / SAWKI] activities?	YES . . . . 1 NO 2	→ C27
C23	Have you received food rations?	YES . . . . 1 NO 2	
C24	Have you regularly participated in nutrition training/ meetings?	YES . . . . 1 NO 2	
C25	Have you regularly participated in agriculture related training/meetings?	YES . . . . 1 NO 2	
C26	Have you participated in any other activties?	YES . . . . 1 NO 2	
C27	END TIME OF MODULE HOUR ☐☐ MINUTE ☐☐	→ GO TO MODULE D1	

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	THIRD ELIGIBLE CHILD

Module D. Nutritional status and dietary practices of children

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD NAME_____	SECOND ELIGIBLE CHILD NAME_____	THIRD ELIGIBLE CHILD NAME_____
D00	RECORD THE START TIME AT THE BEGINNING OF MODULE	HOUR ☐☐ MINUTE ☐☐		
D01	**HOUSEHOLD IDENTIFICATION** HOUSEHOLD NUMBER . . . . SURVEY AREA NUMBER	HH ☐☐ VN . . . ☐☐	HH ☐☐ VN . . . ☐☐	HH ☐☐ VN . . . ☐☐
D02	CAREGIVER IDENTIFICATION CODE IN THE HOUSEHOLD LIST	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
D03	IDENTIFICATION OF THE CHILD CODE IN THE HOUSEHOLD LIST	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
D04	What is the sex of [NAME OF CHILD]?	MALE . . . . . . 1 FEMALE 2	MALE . . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
D05	I want to ask you some questions about [CHILD'S NAME]. Does [CHILD'S NAME] has a health/vaccination with the birth date? IF THE HEALTH/VACCINATION CARD IS PRESENTED AND THE RESPONDENTCONFORMS THAT THE DETAILS ARE CORRECT, RECORD THE DATE AS INDICATED ON THE CARD.	DAY. . . . ☐☐ MONTH . . . ☐☐ YEAR ☐☐☐☐	DAY. . . . ☐☐ MONTH . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . ☐☐ YEAR ☐☐☐☐
D06	How old was [CHILD'S NAME] during his last birthday? AGE IN YEARS COMPLETED	YEAR ☐☐	YEAR ☐☐	YEAR ☐☐
D07	How many months IS [CHILD'S NAME]? (SEE TABLE CONVERSION) RECORD THE CHILD'S AGE IN MONTHS	MONTH . . . ☐☐	MONTH . . . ☐☐	MONTH . . . ☐☐
D08	CHECK CONSISTENCY FOR D05, D06, AND D07 A) THE YEAR RECORDED IN D05 IS CONSISTENT HAS THE AGE RECORDED IN D06? B) ARE THE YEAR AND MONTH OF BIRTH RECORDED IN D05 IN ACCORDANCE WITH THE AGE RECORDED IN D07? IF THE ANSWERS A OR B IS "NO", SOLVE ALL INCONSISTENCIES. IF THE DATE OF BIRTH WAS RECORDED FROM THE HEALTH CARD, USE THIS DATE AS THE GOOD SOURCE.			

BIRTHDATE TO AGE IN MONTHS CONVERSION TABLES

Birth Date - 2017 — Study Date 2017

	Apr.	May	Jun	July
Jan.	3	4	5	6
Feb.	2	3	4	5
Mar.	1	2	3	4
Apr.	0	1	2	3
May	--	0	1	2
June	--	--	0	1
July	--	--	--	0
Aug.	--	--	--	--
Sept.	--	--	--	--
Oct.	--	--	--	--
Nov.	--	--	--	--
Dec.	--	--	--	--

Birth Date - 2016 — Study Date 2017

	Apr.	May	Jun	July
Jan.	15	16	17	18
Feb.	14	15	16	17
Mar.	13	14	15	16
Apr.	12	13	14	15
May	11	12	13	14
June	10	11	12	13
July	9	10	11	12
Aug.	8	9	10	11
Sept.	7	8	9	10
Oct.	6	7	8	9
Nov.	5	6	7	8
Dec.	4	5	6	7

Birth Date - 2015 — Study Date 2017

	Apr.	May	Jun	July
Jan.	27	28	29	30
Feb.	26	27	28	29
Mar.	25	26	27	28
Apr.	24	25	26	27
May	23	24	25	26
June	22	23	24	25
July	21	22	23	24
Aug.	20	21	22	23
Sept.	19	20	21	22
Oct.	18	19	20	21
Nov.	17	18	19	20
Dec.	16	17	18	19

Birth Date - 2014 — Study Date 2017

	Apr.	May	Jun	July
Jan.	39	40	41	42
Feb.	38	39	40	41
Mar.	37	38	39	40
Apr.	36	37	38	39
May	35	36	37	38
June	34	35	36	37
July	33	34	35	36
Aug.	32	33	34	35
Sept.	31	32	33	34
Oct.	30	31	32	33
Nov.	29	30	31	32
Dec.	28	29	30	31

Birth Date - 2013 — Study Date 2017

	Apr.	May	Jun	July
Jan.	51	52	53	54
Feb.	50	51	52	53
Mar.	49	50	51	52
Apr.	48	49	50	51
May	47	48	49	50
June	46	47	48	49
July	45	46	47	48
Aug.	44	45	46	47
Sept.	43	44	45	46
Oct.	42	43	44	45
Nov.	41	42	43	44
Dec.	40	41	42	43

Birth Date - 2012 — Study Date 2017

	Apr.	May	Jun	July
Jan.	63	64	65	66
Feb.	62	63	64	65
Mar.	61	62	63	64
Apr.	60	61	62	63
May	59	60	61	62
June	58	59	60	61
July	57	58	59	60
Aug.	56	57	58	59
Sept.	55	56	57	58
Oct.	54	55	56	57
Nov.	53	54	55	56
Dec.	52	53	54	55

Birth Date - 2011 — Study Date 2017

	Apr.	May	Jun	July
Jan.	--	--	--	--
Feb.	--	--	--	--
Mar.	--	--	--	--
Apr.	72	--	--	--
May	71	72	--	--
June	70	71	72	--
July	69	70	71	72
Aug.	68	69	70	71
Sept.	67	68	69	70
Oct.	66	67	68	69
Nov.	65	66	67	68
Dec.	64	65	66	67

	Module D. The nutritional status and dietary practices of children			
		FIRST ELIGIBLE CHILD NAME_____	**SECOND ELIGIBLE CHILD** NAME_____	**THIRD ELIGIBLE CHILD** NAME_____
NON.	QUESTIONS AND FILTERS			
	EXCLUSIVE B			
D14	CHECK **D07** : IS THE CHILD LESS THAN 60 MONTHS (5 YEARS)?	YES. . . . . 1 NO . . . . 2 (GO TO D01 FOR THE NEXT CHILD OR TO D66 IF THERE NO OTHER CHILD) DOES NOT KNOW. . . 8	YES. . . . . 1 NO . . . . 2 (GO TO D01 FOR THE NEXT CHILD OR TO D66 THERE IS NO OTHER CHILD) DOES NOT KNOW. . . . 8	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR THE NEXT CHILD OR TO D66 IF THERE IS NO OTHER CHILD) DOES NOT KNOW . . 8
D15	CHECK **D07** : IS THE CHILD LESS THAN 24 MONTHS (2 YEARS)?	YES . . . . 1 NO . . . . 2 (GO TO D54 FOR THE FIRST COLUMN) DOES NOT KNOW. . 8	YES . . . . 1 NO . . . . 2 (GP TO D54 IN THE 2ND COLUMN) DOES NOT KNOW. . . 8	YES . . . . 1 NO . . . . 2 (DO TO D54 IN THE 3RD COLUMN) DOES NOT KNOW. 8
D16	Has [CHILD'S NAME] already been breastfed?	YES . . . . 1 NO . . . . 2 (GO TO D18) DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 (GO TO D18) DOES NO KNOXW . . 8	YES . . . . 1 NO . . . . 2 (GO TO D18) DOES NOT KNOW . 8
D17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES . . . . 1 (GO TO D19) NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 (GO TO D19) NO. . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 (GO TO D19) NO . . . . 2 DOES NOT KNOW . 8
D18	Sometimes, babies are breastfed in different ways, for example with a spoon, cup or bottle. This can occur when the mother can not always be with her baby. Sometimes babies are breastfed by another woman or the breast milk given by another woman with a spoon, cup, bottle, or otherwise. This can happen if a mother cannot breastfeed her baby. Did [CHILD'S NAME] consumed breast milk using one of these methods during the day or yesterday night?	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES .. . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D19	Now I want to ask you some questions about medicines and vitamins that are sometimes given to children. Did [CHILD'S NAME] took vitamin drops or other drugs as drops yesterday during the day or at night?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D20	Did [CHILD'S NAME] received oral rehydration solution yesterday during the day or at night?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D21A	Then, I would like to ask you some questions about certain liquids that [CHILD'S NAME] may have taken yesterday during the day or at night. Do you know if [CHILD'S NAME] consumed :			
D21	Tap water ?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES .. . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D22	Infant preparations such as Francelait, nan (nativa), Nestle dairy product for infants?	YES . . . . 1 NO . . . . 2 (GO TO D24) DOES NOT KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO D24) DOES NOT KNOW . . . 8	YES. . . . . 1 NO . . . . 2 (GO TO D24) DOES NOT KNOW . 8
D23	How many times during the day or at night yesterday did [CHILD'S NAME] CONSUME AN infant preparation?	TIMES . . . □□	TIMES . . . . □□	TIMES . . . □□

NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD NAME_____	SECOND ELIGIBLE CHILD NAME_____	TROISIÈME ENFANT ELIGIBLE NAME_____
	Module D. the nutritional status and dietary practices of children			
D24	Did [CHILD'S NAME] consume can, pouder or fresh milk?	YES . . . . 1 NO . . . . 2 (GO TO D26) ◄— DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 (GO TO D26) ◄— DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 (GO TO D26) ◄— DOES NOT KNOW . 8
D25	How many times during the day or at night yesterday did [CHILD'S NAME] consume milk?	TIMES . . . ☐☐	TIMES . . . . ☐☐	TIMES . . . . ☐☐
D26	Did [CHILD'S NAME] drink juce ou drinks?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D27	Light soup ?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D28	Yoghurt ?	YES . . . . 1 NO. . . . . 2 (GO TO D30) ◄— DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 (GO TO D30) ◄— DOES NOT KNOW . . . 8	YES . . . . 1 NO. . . . . 2 (GO TO D30) ◄— DOES NOT KNOW . 8
D29	Haw many times during the day or at night yesterday did [CHILD'S NAME] consume yoghurt?	TIMES . . . ☐☐	TIMES . . . . ☐☐	TIMES . . . . ☐☐
D30	Did [CHILD'S NAME] consume pap such as cowpea puree, soup, enriched soup (koko), misola, CSB, grandibien?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D31	Any other liquid such as thea, decoction, sugared water rouboutou ?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D32	Other liquids?	YES . . . . 1 NO. . . . . 2 DOES NOT KNOW . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
	Yestarday, during the day or in the night did [CHILD'S NAME] drink/eat [FOOD FROM THE GROUP]? CIRCLE "1" IS RESPONDENT SAYS YES, "2" SI NO, AND "8" IF "DOES NOT KNOW "			
D33	Cereal-based foods such as bread, cookies, cakes, donuts, couscous, rice, pasta, porridge, cereals and other foods made from corn, rice, fonio, wheat (bulgur doume), sorghum, millet?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D34	Carrots, marrow, sweet potatoes, yams, monkey bread, gonda, whose interior is yellowish or orange-yellow?	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D35	Potatoes, yams, cassava, tarot, sweet potato, other food made of roots or tubers?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D36	Spinach, lettuce, sorrel, molohiya, baobab leaves (Kouka), yodo, okra leaves, Moringa tchapatta, other local dark green leafy vegetables	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D37	Ripe mangoes, ripe papayas, melons?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D38	Other fruits and vegetables such as: cabbage, cauliflower, watermelon, squash / zucchini, onion, tomato, okra, yalo, green bean?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8

NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD NAME_____	SECOND ELIGIBLE CHILD NAME_____	TROISIÈME ENFANT ELIGIBLE NAME_____

Module D. The nutritional status and dietary practices of children

NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD NAME_____	SECOND ELIGIBLE CHILD NAME_____	TROISIÈME ENFANT ELIGIBLE NAME_____
D39	Liver, kidneys, heart, or other offal?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES. . . . . 1 NON. . . . . 2 DOES NOT KNOW . 8
D40	Any meat such as beef, pork, lamb, goat, chicken or duck?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D41	Eggs?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D42	Fresh or dried fish, shellfish, seafood?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D43	Beans-based foods, peas, lentils and nuts, such as cowpea vouandzou, peas, dan-wari, locust / soumbala?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D44	Cheese, yoghurt, or other dairy products?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D45	Oil, grease, butter, or foods based on one of these products?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D46	All sugary foods such as chocolates, sweets, sweets, pastries, cakes, cookies	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8
D47	condiments for flavour, such as pepper, spices, herbs, or fish powder?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D48	larvae, snails, and insects?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
D49	Foods made of red palm oil, of red palm nuts, or red palm nuts pulp sauce ?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . 8	YES . . . . 1 NO . . . . 2 DOES NOT KNOW . . . 8	YES. . . . . 1 NO . . . . 2 DOES NOT KNOW . 8
	CHECK QUESTIONS D33 - D49 :	"NO" TO ALL ⟶ **D50** FOR ANY OTHER RESPONSES ⟶ **D51**	"NO" TO ALL ⟶ **D50** FOR ANY OTHER RESPONSES ⟶ **D51**	"NO" TO ALL ⟶ **D50** FOR ANY OTHER RESPONSES ⟶ **D51**
D50	Does [CHILD'S NAME] ate solid, semi-solid or soft foods during the day or in the night yesterday? IF "YES" PROBE: [CHILD'S NAME] has eaten what type of solid, semi-solid or soft food?	YES. . 1 RETURN TO D33-49 AND RECORD THE FOOD CONSUMED AND GO TO D51 NO. . 2 GO TO D54. THE FIRST COLUMN DOES NOT KNOW 8	YES. . 1 RETURN TO D33-49 AND RECORD THE FOOD CONSUMED AND GO TO D51 NO. . 2 GO TO D54. THE 2ND COLUMN DOES NOT KNOW 8	YES. . 1 RETURN TO D33-49 AND RECORD THE FOOD CONSUMED AND GO TO D51 NO. . 2 GO TOD54. THE 3RD COLUMN DOES NOT KNOW 8
D51	How many times did [CHILD'S NAME] eat solid, semi-solid or soft food other than liquids during the day or in the night yesterday?	TIMES . . . [ ][ ] DOES NOT KNOW . .98	TIMES . . . . [ ][ ] DOES NOT KNOW . . . 98	TIMES . . . . [ ][ ] DOES NOT KNOW . 98
D52		GO TO D54 IN THE FIRST COLUMN	GO TO D54 IN THE 2ND COLUMN	GO TO D54 IN THE 3RD COLUMN

NO.	QUESTIONS AND FILTERS	FIRST CHILD ELIGIBLE NAME _____	SECOND CHILD ELIGIBLE NAME _____	THIRD CHILD ELIGIBLE NAME _____
	Module D. Children's Nutritional Status and Feeding Practices			
D54	START WITH THE LAST BORN. Has (NAME) had diarrhoea during the last 2 weeks? (1)	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR NEXT CHILD, OR D66 IF NO OTHER CHILD) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR NEXT CHILD, OR D66 IF NO OTHER CHILD) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR NEXT CHILD, OR D66 IF NO OTHER CHILD) DON'T KNOW 8
D55	Was there blood in his/her stool?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
D56	I would like to know the quantity of water that (NAME) consumed during this diarrhoea period (including breast milk). did he/she drink less water than usual? IF LESS, PROBE : did he/she drink less than usual or a bit less than usual ?	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
D57	When (NAME) was suffering from diarrhoea, did he/she eat less than usual, roughly the same quantity,cmore than usual or nothing at all? IF LESS, PROBE : did he/she eat less than usual or a bit less than usual?	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 STOPPED EATING......... 5 WAS NOT FED 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 STOPPED EATING......... 5 WAS NOT FED 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 STOPPED EATING......... 5 WAS NOT FED 6 DON'T KNOW 8
D58	Did you ask somebody for advice or treatment against diarrhoea à quelqu'un ?	YES . . . . 1 NO . . . . 2 (GO TO D62)	YES . . . . 1 NO . . . . 2 (GO TO D62)	YES . . . . 1 NO . . . . 2 GO TO D62)

Module D. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST CHILD ELIGIBLE NAME _____	SECOND CHILD ELIGIBLE NAME _____	THIRD CHILD ELIGIBLE NAME _____
D59	Where did you ask for advice or treatment? Elsewhere? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF IT IS IMPOSSIBLE TO DETERMINE WHETHER THE SOURCE IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PL _____ (NAME OF PLACE(S)) _____	**PUBLIC SECTOR** GOVERNMENT HOSPITAL　A INTEGRATED HEALTH 　CENTER (CSI)　B GOVERNMENT HEALTH POST　C PUBLIC PHARMACY　D PHARMACEUTICAL WAREHOUS　E OTHER SECTOR　F 　PUBLIC _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** CLINIC　G MEDICAL PRACTICE　H PRIVATE DISPENSARY　I PRIVATE DEPOSIT AND PHARMACY　J OTHER PRIVATE 　MEDICAL SECTOR　K _____ (SPECIFY) **OTHER SOURCE** STORE　. . . . .　L MATRON/MID-WIFE TRADITIONAL　M FIRST-AID WORKERS　N TRADITIONAL HEALER (BOKA/MARABOUT/ FETISHIST)　O STREET VENDOR　P MARKET　Q OTHER _____　X 　(SPECIFY)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL　A INTEGRATED HEALTH 　CENTER (CSI)　B GOVERNMENT HEALTH POST　C PUBLIC PHARMACY　D PHARMACEUTICAL WAREHOUS　E OTHER SECTOR　F 　PUBLIC _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** CLINIC　G MEDICAL PRACTICE　H PRIVATE DISPENSARY　I PRIVATE DEPOSIT AND PHARMACY　J OTHER PRIVATE 　MEDICAL SECTOR　K _____ (SPECIFY) **OTHER SOURCE** STORE　. . . . .　L MATRON/MID-WIFE TRADITIONAL　M FIRST-AID WORKERS　N TRADITIONAL HEALER (BOKA/MARABOUT/ FETISHIST)　O STREET VENDOR　P MARKET　Q OTHER _____　X 　(SPECIFY)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL　A INTEGRATED HEALTH 　CENTER (CSI)　B GOVERNMENT HEALTH POST　C PUBLIC PHARMACY　D PHARMACEUTICAL WAREH　E OTHER SECTOR　F 　PUBLIC _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** CLINIC　G MEDICAL PRACTICE　H PRIVATE DISPENSARY　I PRIVATE DEPOSIT AND PHARMACY　J OTHER PRIVATE 　MEDICAL SECTOR　K _____ (SPECIFY) **OTHER SOURCE** STORE　. . . . .　L MATRON/MID-WIFE TRADITIONAL　M FIRST-AID WORKERS　N TRADITIONAL HEALER (BOKA/MARABOUT/ FETISHIST)　O STREET VENDOR　P MARKET　Q OTHER _____　X 　(SPECIFY)
D60	CHECK D59: NUMBER OF CIRCLED CODES.	TWO OR MORE CODES CIRCLED ☐　JUST ONE CODE CIRCLED ☐ ↓　(GO TO **D62**)　←	TWO OR MORE CODES CIRCLED ☐　JUST ONE CODE ENCERCLÉ ☐ ↓　(GO TO **D62**)　←	TWO OR MORE CODES CIRCLED ☐　JUST ONE CODE ENCERCLÉ ☐ ↓　(GO TO **D62**)　←
D61	Where do you first go for advice relating to treatment? USE LETTER CODES IN **D59**.	FIRST PLACE　. . . . ☐	FIRST PLACE　. . . . . ☐	FIRST PLACE　. . . . ☐
D62	Did he/she drink one of the following beverages since the diarrhoea started: a) A fluid prepared from a special packet [SRO sachet]? b) A homemade fluid maison recommended by the government [Sugared salted water(SSW)] ?	YES　NO　NSP SACHET SRO　　　1　2　8 FLUID HOME.　. . 1　2　8	YES　NO　NSP SACHET SRO　　　1　2　8 FLUID HOME.　. . 1　2　8	YES　NO　NSP SACHET SRO　　　1　2　8 FLUID HOME.　. . 1　2　8

Module D. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST CHILD ELIGIBLE NAME _____	SECOND CHILD ELIGIBLE NAME _____	THIRD CHILD ELIGIBLE NAME _____
D63	Was any (other) drug administered for the treatment of the diarrhoea?	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR NEXT CHILD, OR D66 IF NO OTHER CHILD) DOES NOT KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO D01 FOR POUR NEXT CHILD, OR D66 IF NO OTHER CHILD) DOES NOT KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO D01 FOUR NEXT CHILD, OR D66 IF NO OTHER CHILD) DOES NOT KNOW 8
D64	What (other) druf was administered for the treatment of the diarrhoea? Any other thing? RECORD ALL DRUGS ADMINISTERED.	**TABLET OR SIROP** ANTIBIOTIC . . . . A ANTIMOTILITY . . . . B ZINC . . . . C OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC . . . . D SIROP OR TABLET UNKNOWN . . . . E **INJECTION** ANTIBIOTIC . . . . F NON ANTIBIOTIC . . . . G INJECTION UNKNOWN . . . . H (IV) INTRAVENOUS . . . I HOME MEDICATION/ PHYTOTHERAPY. J OTHER _____ X (SPECIFY)	**TABLET OR SIROP** ANTIBIOTIC . . . . A ANTIMOTILITY . . . . B ZINC . . . . C OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC . . . . D SIROP OR TABLET UNKNOWN . . . . E **INJECTION** ANTIBIOTIC . . . . F NON ANTIBIOTIC . . . . G INJECTION UNKNOWN . . . . H (IV) INTRAVENOUS . . . I HOME MEDICATION/ PHYTOTHERAPY. J OTHER _____ X (SPECIFY)	**TABLET OR SIROP** ANTIBIOTIC . . . . A ANTIMOTILITY . . . . B ZINC . . . . C OTHER (NOT ANTIBIO- TIC, ANTIMOTILITY, OR ZINC . . . . D SIROP OR TABLET UNKNOWN . . . . E **INJECTION** ANTIBIOTIC . . . . F NON ANTIBIOTIC . . . . G INJECTION UNKNOWN . . . . H (IV) INTRAVENOUS . . . I HOME MEDICATION/ PHYTOTHERAPY. J OTHER _____ X (SPECIFY)
D65		GO TO D01 FOR NEXT CHILD, OR D66 IF NO OTHER CHILD)	GO TO D01 FOR POUR NEXT CHILD, OR D66 IF NO OTHER CHILD)	GO TO D01 FOR POUR NEXT CHILD, OR D66 IF NO OTHER CHILD
D66	WRITE THE END TIME OF THE MODULE	HOUR ☐☐ MINUTE ☐☐ → GO TO KISH TABLE		

1 The term(s) used for diarrhoea must include expressions used for all forms of diarrhoea, including bloody stool (compatible with dysentery), watery stool, etc.

Kish grid for selection of women 15-49 years

INSTRUCTIONS

1. Check column 9. If there is more than one woman between 15-49 in the household, use this method below
to select one for interview.
2. Write down in the table all the women between 15-49 living in the householde (from the oldest to the youngest)
3. Check the last figure of the household number on the first page and circle the corresponding figure
in the column below.
4. Check where the number of the last figure of the household number (column) and the number of women between 15-49 years
in the household (row) correspond.
5. The figure in the cell or row and the column match, corresponding to the choice of the woman in
the household to whom the female questionnaire should be addressed (MODULE E).

Example: If the number of women between 15-49 years = 3 and the last figure = 5, woman 2 will be selected in the list.

Number	Line No.	Name	Age	Last figure of household number (see first page)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Module E. Women's Nutritional Status and Dietary Diversity

NON.	QUESTIONS AND FILTERS	NAME OF THE WOMAN _____
E00	RECORD THE START TIME OF THE MODULE	HR [ ] MINUTE [ ]
E01	HOUSEHOLD NUMBER . . . . SURVEY AREA NUMBER	HOUSEHOLD [ ] VN [ ]
E02	INDENTIFICATION NUMBER OF THE WOMAN	LINE NUMBER [ ]
E03	In what year and month were you born? IF THE MONTH IS NOT KNOWN, MARK "98" IF THE YEAR IS NOT KNOWN, MARK "9998"	Month [ ] [ ]
E04	Please, what was your age on your last birthday? AGE IN YEARS COMPLETED	AGE . . . . [ ] DOES NOT KNOW. 98
E05	Are you between 15 and 49 years?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E06	CHECK E03, E04 AND E05 (IF APPLICABLE): IS THE RESPONDENT BETWEEN 15 AND 49 YEARS? "IF THE INFORMATION IN E03, E04 AND E05 IS CONFLICTING, DÉTERMINER QUELLE EST LA PLUS PRÉCISE.	YES . . . . 1 NO . . . . 2 *RETURN TO THE KISH* ⟵⟶ *TABLE AND SELECT* *ANOTHER WOMAN*
	DIETARY DIVERSITY	
	Did you eat yesterday during the day or at night [AFOOD FROM E11-E27] ?	
E11	Bread, biscuits, cakes, donuts, couscous, rice, pasta, pap, cereals and other foods made from corn,, rice, fonio, wheat (bulgur, doumé), sorghum, millet?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E12	Pumpkin: carrots, squash, sweet potatoes, yams, rye bread, gonda, yellowish or yellow orange inside?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E13	Potatoes, yams, cassava, colocasia (Mankani), sweet potato, miritchi, Garin Roggo, any food gotten from roots or tubers?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E14	Spinach, lettuce, sorrel, molohiya, baobab leaves (Kouka), Iodine, okra leaves, Moringa tchapatta, other local dark green leafy vegetables	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E15	Ripe mangoes, ripe papayas, melons	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E16	Other fruits and vegetables such as: cabbage, cauliflower, watermelon, squash / zucchinis, onion, tomato, okra, yalo, green bean?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E17	Liver, kidney, heart or meat organs?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E18	Other meat; beef, pork, lamb, goat, chicken?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8

Module E. Women's Nutritional Status and Dietary Diversity

NON.	QUESTIONS AND FILTERS	NAME OF THE WOMAN _____
E19	Eggs?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E20	Dry or smoked fish, shellfish or seafood	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E21	Food based on bean, peas, lentils and nuts, such as groundnuts, cowpeas, vouandzou, yadia, gonda, doum, cowpeas, dan-wari, locust bean/ soumbala?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E22	Cheese, yogurt, other dairy products	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E23	Oil, fats, butter, or food based on one of these elements.	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E24	Sweet food: chocolate, candies, sweets, pastries, cakes or biscuits.	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E25	Flavours: chilis, species; herbs or fish powder	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E26	Grubs, snails or insects	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E27	Food made from palm oil, red palm nuts, nuts or juice from palm nuts.	YES . . . . 1 NO . . . . 2 DOES NOT KNOW. 8
E28	I WOULD LIKE TO ASK YOU QUESTIONS ON PREGNANCIES AND DELIVERIES THAT YOU HAVE HAD Are you pregnant?	YES . . . . 1 GO TO E33 ← NO . . . . 2 DOES NOT KNOW. 8
E29	Have you been pregnant? IF "NO", PROBE BY ASKING Have you ever been pregnant, even if this pregnancy did no result in the birth of a live baby?	YES . . . . 1 NO . . . . 2 GO TO E33 ←
E30	Have you ever given birth? IF "NO", PROBE BY ASKING I mean, to a child, even if this child survived for only minutes or a few hours, or it was stillborn?	YES . . . . 1 NO . . . . 2 GO TO E33 ←
E31	When was the last time you gave birth (even if your child is no longer alive)? IF THE RESPONDENT DOES NOT KNOW THE DATE OF BIRTH, ASK: Do you have a health / vaccination card for that child with the date of birth on it? WRITE DOWN THE DATE OF BIRTH AS INDICATED ON THE CARD	Date of last birth DAY PUT '98' BELOW IF DNK MONTH YEAR |__|__|
E32	CHECK E31: DID THE LAST BIRTH OCCUR DURING **LAST 24 MONTHS?**	YES . . . . 1 NO 2
E33	END TIME OF MODULE HOUR ☐☐ MINUTE ☐☐	GO TO MODULE I.1

Module I.1 ANTENATAL CARE		FIRST CHILD ELIGIBLE (0-24 MONTHS) NAME_____	SECOND CHILD ELIGIBLE (0-24 MONTHS) NAME_____	THIRD CHILD ELIGIBLE (0-24 MONTHS) NAME_____
NON.	**QUESTIONS AND FILTERS**			
I1.00	RECORD THE START TIME OF THE MODULE	HOUR ☐☐ MINUTE ☐☐		
I1.01	**IDENTIFICATION OF HOUSEHOLD** HOUSEHOLD NUMBER . . . . SURVEY AREA NUMBER	HOUSEHOLD ☐☐ VN . . . ☐☐		
I1.02	IDENTIFICATION CODE OF THE WOMAN IN THE HOUSEHOLD ROSTER	LINE NUMBER. ☐☐		
	CHECK E32. IF YES CONTINUE, IF "NO" GO TO THE NEXT MODULE			
I1.04	I would like to ask you some questions on [CHILD'S NAME]. Did you receive antenatal care for [CHILD'S NAME] pregnancy? ASK IF THE HEALTH / ANTENATAL CARD IS AVAILABLE, AFFIRM THAT THE INFORMATION IS CORRECT	YES . . 1 NO . . 2 (GO TO THE NEXT CHILD OR ANTHROPOMETRY IF NO OTHER CHILD) DOES NOT KNO. . . . 8	YES . . 1 NO . . 2 (GO TO THE NEXT CHILD OR ANTHROPOMETRY IF NO OTHER CHILD) DOES NOT KNOW 8	YES . . 1 NO . . 2 (GO TO THE NEXT CHILD OR ANTHROPOMETRY IF NO OTHER CHILD) DOES NOT KNOW . . 8
I1.05	How old was your pregnancy when you first when for antenatal care?	MONTH ☐☐	MONTH ☐☐	MONTH ☐☐
I1.06	How many antenatal consultations did you have?	☐☐	☐☐	☐☐
I1.07	While going for antenatal visits during this pregnancy, did you do at least one of the following tests? Did you do a urine test? Did you do a blood test? Was your blood pressure taken?	YES NO Urine test 1 2 Blood test 1 2 Blood pressure 1 2	YES NO Urine test 1 2 Blood test 1 2 Blood pressure 1 2	YES NO Urine test 1 2 Blood test 1 2 Blood pressure 1 2
I1.08	During one of your antenatal visits, did you receive information on how to identify possible signs indicating that there is a problem with the pregnancy?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
I1.09		GO TO NEXT PREGNANCY	PASSER À LA NEXT PREGNANCY	GO TO I1.10
I1.10	END TIME OF MODULE	HR ☐☐ MIN ☐☐		GO TO ANTHROPOMETRY

ANTHROPOMETRY

| HOUSEHOLD NUMBER | ☐☐ | SURVEY AREA | ☐☐☐ | **START TIME** | HOUR: ☐☐ | MINUTE: ☐☐ |

CHILDREN UNDER 5 (0-59 MONTHS) | WEIGHT AND SIZE OF CHILDREN UNDER 5 (0-59 MONTHS)

D67	D68	D69	D70	D71	D72	D73	D74	D75	D76	D77
LINE NO. OF HOUSEHOLD ROSTER	NAME	SEX MAN: 1 WOMAN: 2	AGE IN MONTHS	DATE OF BIRTH OF THE CHILD DD/MM/YEAR	SOURCE OF THE DATE OF BIRTH	WEIGHT (KILOGRAMMES)	SIZE (CENTIMETRES)	SIZE TAKEN LYING OR STANDING LYING: 1 STANDING: 2	RESULT MEASURED: 1 ABSENT: 2 REFUSED: 3 OTHER: 6 (explain in comments)	ŒDEMA YES: 1 NO: 2
				D D M M Y A						
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	_____	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐

COMMENTS:

SOURCE OF THE DATE OF BIRTH

1. BIRTH CERTIFICATE
2. BAPTISM OR RELIGIOUS CERTIFICATE
3. VACCINE OR MEDICAL CARD
4. HOUSEHOLD RECORD
5. STATEMENT OF PARENTS
6. OTHER _____

INFORMATION OF THE WOMAN SELECTED (15-49) | WEIGHT AND SIZE OF THE WOMAN SELECTED(15-49)

E34	E35	E36	E37	E38	E39	
LINE NO. OF HOUSEHOLD ROSTER	NAME	AGE IN YEARS	SIZE (CENTIMETRES)	WEIGHT (KILOGRAMMES)	RESULT MEASURED: 1 ABSENT: 2 REFUSED: 3 OTHER: 6 (explain in comments)	**END TIME**
☐☐		☐☐	☐☐☐.☐ CM	☐☐.☐☐ KG	☐	HOUR: ☐☐

COMMENTS:

MINUTE: ☐☐

| PRINT NAME OF ANTHROPOMETRIST: | SIGNATURE: | ID # ☐☐☐ | DAY ☐☐ | MONTH ☐☐ | YEAR 2 0 1 7 |
| PRINT NAME OF SUPERVISOR: | SIGNATURE: | ID # ☐☐☐ | DAY ☐☐ | MONTH ☐☐ | YEAR 2 0 1 7 |

MODULE I.2 COUNTRY-SPECIFIC INDICATORS

NO.	QUESTIONS AND FILTRES	CODING CATEGORIES			SKIP
I2.00	INSERT START TIME OF THE MODULE	HOUR ☐☐ MINUTE ☐☐			
I2.01	HOUSEHOLD NUMBER NUMBER OF THE SURVEY AREA	HOUSEHOLD ☐☐ VN ☐☐			
I2.02	IDENTIFICATION NUMBER OF A RESPONSIBLE ADULT MALE (1) **AND** FEMALE (2)	LINE NUMBER 1 ☐☐	2 ☐☐		
I2.02A	SEX OF REPONSIBLE ADULT	SEX 1	2		
I2.03	Do you think access to health services for women of reproductive age, including adolescents is:	VERY IMPORTANT ... 1 IMPORTANT ... 2 NOT VERY IMPORTANT ... 3 NOT IMPORTANT AT ALL ... 4 ⌐I2.05 DOES NOT KNOW ... 8	1 2 3 4 ⌐I2.05 8		

I2.04	Why do you think that access to health services for women of reproductive age, including adolescents is important?
	
	[MULTIPLE ANSWERS POSSIBLE]
	
	PROBE "Another reason?" TO ADD AS MANY OPTIONS OF ANSWERS THAT THE RESPONDENT CITE. ENTER ALL THE REASONS MENTIONED
		Antenatal care ... A
		Delivery ... B
		Postnatal care ... C
		Pregnant women receive a
		   micronutrient supplementation
		   (iron and folic acid) ... D
		The MCUs receive 1,000 messages daily,
		   including the prevention of key childhood
		   disea. . . . . E
		Receiving treatment for diseases ... F
		Receiving further nutritional assessments
		   (Body Mass Index) ... G
		Receiving advice (health timing/
		   birth spacing; STDs
		   or something else) ... H
		Receiving ready to use
		   therapeutic foods (RUTF) ... I
		Receiving long-lasting
		   insecticidal nets (LLINs) ... J
		DOES NOT KNOW ... Z
			A
			B
			C
			
			D
			
			E
			F
			
			G
			
			H
			
			I
			
			J
			Z		

I2.05	~~Why~~ Do you think that access to health services for children between 0 and 5 years is important?	VERY IMPORTANT ... 1 IMPORTANT ... 2 NOT VERY IMPORTANT ... 3 NOT IMPORTANT AT ALL ... 4 ⌐I2.07 DOES NOT KNOW ... 8	1 2 3 4 ⌐I2.07 8		

I2.06	Why do you think access to health services for children between 0 and 5 years is important?
	
	[MULTIPLE ANSWERS POSSIBLE]
	
	PROBE "Another reason?" TO ADD AS MANY OPTIONS OF ANSWERS THAT THE RESPONDENT CITE. ENTER ALL THE REASONS MENTIONED
		Neonatal care ... A
		Receiving vitamin A supplements ... B
		Receiving complete course of vaccination ... C
		   before their first birthday ... D
		Receiving treatment for diseases ... E
		Receiving further nutritional assessments
		   (Body Mass Index) ... F
		Receiving advice (weight, size, growth,
		   after being screened at Community level
		   by the mid-upper arm
		   circumference (MUAC) ... G
		Receiving ready to use
		   therapeutic foods (RUTF) ... H
		Receiving long-lasting
		   insecticidal nets (LLINs) ... I
		DOES NOT KNOW ... Z
			A
			B
			C
			D
			E
			
			F
			
			G
			
			H
			
			I
			Z		

I2.07	HAS THE RESPONDENT IDENTIFIED AT LEAST 2 REASONS WHY ACCESS TO HEALTH SERVICES IS IMPORTANT FOR MOTHERS AND ADOLESCENTS AND AT LEAST 2 REASONS WHY ACCESS TO HEALTH SERVICES IS IMPORTANT FOR CHILDREN UNDER 5 YEARS?	YES .... 1 NO 2	1 2		
I2.08	END TIME OF THE MODULE HOUR ☐☐ MINUTE ☐☐	GO TO MODULE H1			

MODULE H1. POVERTY MEASUREMENT

HOUSEHOLD NUMBER (ID) FROM MODULE A ....

SURVEY AREA NUMBER FROM MODULE A ....

ID CODE OF RESPONDENT FOLLOWING MEMBERS LIST (COLUMN 6) ... .

INSERT THE START TIME OF THE MODULE

HR

MINUTES

MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS

CODE	ITEM	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		PURCHASES		TOTAL EXPENDITURE	FROM AGRICULTURE		FROM GIFT AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DON'T INCLUDE FOOD EATEN OUTSIDE THE HOME	IF "NO" GO TO THE NEXT ITEM	How much in total did your household eat in the past seven days?		How much quantity of [PRODUCT] was bought?		How much did you spend on what was eaten last week? If family ate part but not all of something they purchased, estimate only cost of what was consumed	How much came from own-production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 AMOUNT IN FCFA	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
701	Maize	1 2									
702	Millet	1 2									
703	Rice	1 2									
704	Wheat flour	1 2									
705	Sorghum	1 2									
706	Fonio	1 2									
707	Other cereals	1 2									
708	Cornflour	1 2									
709	Cassava flour (attiéke, gari, tapioca, etc.)	1 2									
710	Pasta	1 2									
711	Bread	1 2									
712	Biscuit	1 2									
713	Bean fritter	1 2									
714	Wheat fritter	1 2									
715	Pancakes	1 2									
716	Other pastries (cakes, Viennese pastries)	1 2									
717	Salad (lettuce)	1 2									
718	Fresh onion	1 2									
719	Fresh okra	1 2									
720	Fresh tomato	1 2									
721	Fresh pepper	1 2									

UNIT CODES

Bunch 1	Tongolo 4	Kg. 7	Litre 10	Heap 13
Tia. . . .2	50 Kg Bag . 5	Gram 8	Centilitre 11	Other _____96
Basket 3	100 Kg Bag . 6	Unit 9	Sachet 12	

MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS

CODE	ITEM	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		PURCHASES		TOTAL EXPENDITURE	FROM AGRICULTURE		FROM GIFT AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DON'T INCLUDE FOOD EATEN OUTSIDE THE HOME	IF "NO" GO TO THE NEXT ITEM	How much in total did your household eat in the past seven days?		How much quantity of [PRODUCT] was bought?		How much did you spend on what was eaten last week? If family ate part but not all of something they purchased, estimate only cost of what was consumed	How much came from own-production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 AMOUNT IN FCFA	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
722	Eggplant	1 2									
723	Carrot	1 2									
724	French bean	1 2									
725	Cucumber	1 2									
726	Pea	1 2									
727	Marrow, courgette	1 2									
728	Other fresh vegetables n.e.s	1 2									
729	Dried tomato	1 2									
730	Dried okra	1 2									
731	Dried beans	1 2									
732	Dried peas	1 2									
733	Voandzou	1 2									
734	Other dried vegetables n.e.s	1 2									
735	Maggi Cube	1 2									
736	Tomato purée	1 2									
737	In shell groundnuts	1 2									
738	Shelled groundnuts	1 2									
739	Groundnuts meal	1 2									
740	Soumbala (base of sorrel or niéré)	1 2									
741	Baobab leaves	1 2									
742	Yodo (Foye youto)	1 2									
743	Other leaf vegetables	1 2									
744	Malahya(Fakkou)	1 2									
745	Salt	1 2									
746	Hot pepper	1 2									
747	Other spices and seasonings (garlic, ginger, etc.).	1 2									
748	Cassava tuber	1 2									
749	Yam tuber	1 2									
750	Potato	1 2									

UNIT CODES

Bunch 1	Tongolo 4	Kg 7	Litre 10	Heap 13
Tia. . . .2	50 Kg Bag . 5	Gram 8	Centilitre 11	Other _____96
Basket 3	100 Kg Bag . 6	Unit 9	Sachet 12	

	MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS									
CODE	ITEM	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		PURCHASES		TOTAL EXPENDITURE	FROM AGRICULTURE		FROM GIFT AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DON'T INCLUDE FOOD EATEN OUTSIDE THE HOME	IF "NO" GO TO THE NEXT ITEM	How much in total did your household eat in the past seven days?		How much quantity of [PRODUCT] was bought?		How much did you spend on what was eaten last week? If family ate part but not all of something they purchased, estimate only cost of what was consumed	How much came from own-production?		How much came from gifts and other sources?	
H1.01		**H1.02**	**H1.03A QUANTITY**	**H1.03B UNIT**	**H1.04A QUANTITY**	**H1.04B UNIT**	**H1.05 AMOUNT IN FCFA**	**H1.06A QUANTITY**	**H1.06B UNIT**	**H1.07A QUANTITY**	**H1.07B UNIT**
751	Taro and cocoyam	1 2									
752	Sweet potato	1 2									
753	Other tubers n.e.s	1 2									
754	Mango	1 2									
755	Pineapple	1 2									
756	Orange	1 2									
757	Other citrus fruit (mandarin orange, lemon, grapefruit)	1 2									
758	Sweet banana	1 2									
759	Watermelon	1 2									
760	Dates	1 2									
761	Sugar cane										
762	Melon	1 2									
763	Borassus palms(fruit)	1 2									
764	Kola nut	1 2									
765	Other fruits n.e.s	1 2									
766	Beef	1 2									
767	Camel	1 2									
768	Mutton	1 2									
769	Goat	1 2									
770	Fowls	1 2									
771	Offal	1 2									
772	Game	1 2									
773	Other meats n.e.s	1 2									
774	Fresh fish	1 2									
775	Smoked fish	1 2									
776	Dried fish	1 2									
777	Canned fish	1 2									
778	Other canned fishing products	1 2									
779	Palm oil	1 2									

UNIT CODES

Bunch 1	Tongolo 4	Kg 7	Litre 10	Heap 13
Tia. . . .2	50 Kg Bag . 5	Gram 8	Centilitre 11	Other _____96
Basket 3	100 Kg Bag . 6	Unit 9	Sachet 12	

	MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS										
CODE	ITEM	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		PURCHASES		TOTAL EXPENDITURE	FROM AGRICULTURE		FROM GIFT AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DON'T INCLUDE FOOD EATEN OUTSIDE THE HOME	IF "NO" GO TO THE NEXT ITEM	How much in total did your household eat in the past seven days?		How much quantity of [PRODUCT] was bought?		How much did you spend on what was eaten last week? If family ate part but not all of something they purchased, estimate only cost of what was consumed	How much came from own-production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 AMOUNT IN FCFA	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
780	Groundnut oil	1 2									
781	Cotton seed oil	1 2									
782	Corn oil	1 2									
783	Other oils n.e.s (soya bean, shea, etc.)	1 2									
784	Groundnut paste	1 2									
785	Eggs	1 2									
786	Fresh milk	1 2									
787	Curd	1 2									
788	Powdered milk	1 2									
789	Cheese	1 2									
790	Butter	1 2									
791	Yoghurt/solani	1 2									
792	Other dairy products	1 2									
793	Sugar	1 2									
794	Cocoa/chocolate	1 2									
795	Honey	1 2									
796	Candy	1 2									
797	Other food products	1 2									
798	Tobacco (chewing, snuff or smoking)	1 2									
799	Cigarette	1 2									
800	Box or sachet coffee	1 2									
801	Packet or sachet tea	1 2									
802	Other herbal teas and infusions n.e.s	1 2									
803	Fruit juice	1 2									
804	Powdered juice	1 2									
805	Carbonated drinks	1 2									
806	Mineral water, other soft drinks	1 2									
807	Alcoholic drinks (beers, wines and	1 2									

UNIT CODES

Bunch 1	Tongolo 4	Kg 7	Litre 10	Heap 13
Tia. . . .2	50 Kg Bag . 5	Gram 8	Centilitre 11	Other _____96
Basket 3	100 Kg Bag . 6	Unit 9	Sachet 12	

MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS

CODE	ITEM	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		PURCHASES		TOTAL EXPENDITURE	FROM AGRICULTURE		FROM GIFT AND OTHER SOURCES	
	Over the past one week (7 days), did you or others in your household eat any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DON'T INCLUDE FOOD EATEN OUTSIDE THE HOME	IF "NO" GO TO THE NEXT ITEM	How much in total did your household eat in the past seven days?		How much quantity of [PRODUCT] was bought?		How much did you spend on what was eaten last week? If family ate part but not all of something they purchased, estimate only cost of what was consumed	How much came from own-production?		How much came from gifts and other sources?	
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY	H1.04B UNIT	H1.05 AMOUNT IN FCFA	H1.06A QUANTITY	H1.06B UNIT	H1.07A QUANTITY	H1.07B UNIT
808	Millet ball with milk	1 2									
809	Millet ball without milk/Millet gruel	1 2									
810	Millet-based preparation with greener leaves (no meat or fish)	1 2									
811	Sorghum-based preparation with greener leaves (no meat or fish)	1 2									
812	Maize-based preparation with greener leaves (no meat or fish)	1 2									
813	Other preparation with millet, sorghum and maize base	1 2									
814	Boiled beans	1 2									
815	Niebe rice	1 2									
816	Rice with baobab leaves sauce	1 2									
817	Rice with tomato sauce	1 2									
818	Rice with fish/chicken fat	1 2									
819	Rice with groundnut sauce	1 2									
820	Pasta without	1 2									
821	Hot coffee	1 2									
822	Hot tea	1 2									
	CONSUMPTION OUTSIDE THE HOME										
823	Food bought or eaten outside the home	1 2									
824	Soft drinks consumed outside the home	1 2									
825	Carbonated drinks consumed outside the home	1 2									

UNIT CODES

Bunch 1	Tongolo 4	Kg 7	Litre 10	Heap 13
Tia. . . .2	50 Kg Bag . 5	Gram 8	Centilitre 11	Other _____ 96
Basket 3	100 Kg Bag . 6	Unit 9	Sachet 12	

MODULE H2. NON-FOOD EXPENDITURES OVER PAST 7 DAYS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	AMOUNT IN FCFA
	ASK THE HOUSEHOLD HEAD OR RESPONSIBLE ADULT IF HOUSEHOLD HEAD IS MISSING ID CODE OF RESPONDENT FOLLOWING THE LIST OF MEMBERS (COLUMN 1O)	ID CODE . . .	
H2	Over the past seven days, did your household use or buy any [ITEM]?		How much did you pay (how much did they cost) in total?
101	Matchsticks	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____ _____
102	Firewood	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
103	Charcoal/Coal	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
104	Batteries, candles	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
105	Kerosene	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
106	Urban Transport by taxi, bus, motorcycle	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
107	Prepaid Cards / Shap Shap mobile phone	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
108	Newspapers and magazines	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
109	Costs of molding cereals	YES . . . . 1 ⟶ NO . . . . 2 (NEXT ITEM) ⟵	TOTAL COST _____
110	Others?	OTHER ITEMS: _____ _____ _____	TOTAL COST _____ _____ _____

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 30 DAYS

NO.	QUESTIONS AND FILTERS (ONE MONTH REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past one month, did your household use or buy any [...]? Over the past one month, did your household use or buy any [...]?		How much did you pay (how much did they cost) in total?
201	Domestic gas	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
202	Vehicle fuel (gasoline, gasoline blend; Diesel)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
203	Lubricants (engine oil, brake fluid, battery fluid (acid), fat, other lubricants nes)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
204	Repair and maintenance services (oil change, lubricating, etc.)of personal transportation means. (voitures, motos, bicyclette, etc.)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
205	Laundry soap, powdered laundry, detergents (bleach, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
206	Insecticide, mosquito twist	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
207	Toilet soap	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
208	Body milk, body toilet lotion (glycerin, petrolatum, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
209	Sanitary napkins, baby disposable diapers, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
210	Other toiletry products (razor, shampoo, cotton, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
211	Hair costs for man and woman (hairdressing salon, weaving, cutting, etc..), manicure, pedicure	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
212	Toothpaste	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
213	Toothbrush	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
214	Toilet paper	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
215	Light bulbs	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
216	Fees of postage stamp,term shipping, fax sending, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
217	Costs of telephone calls	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST

	MODULE H3. NON-FOOD EXPENDITURES OVER PAST 30 DAYS		
NO.	QUESTIONS AND FILTERS (ONE MONTH REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past one month, did your household use or buy any [...]? Over the past one month, did your household use or buy any [...]?		How much did you pay (how much did they cost) in total?
218	Costs of using the Internet in a cybercafé	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
219	Legalization fee (making) of administrative documents (acts of civil status, degrees, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
220	Document photocopying costs	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
221	Cost of collecting household wastes	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
222	Costs of clothing laundering, linens, etc.. (Pressing)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
223	House staff salary (guard, boy, driver, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
224	Transport by pirogue	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
225	Animal-powered transport	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
226	Intercity transport by bus, car, bush taxi, motorcycle taxi	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST

MODULE H4. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past twelve months (one year), did your household use or buy any [ITEM]?		How much did you pay (how much did they cost) in total?
301	Clothing materials: loincloth, Weaver loincloth, synthetic cloth, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
302	Men's Clothing (15 years and over): shirt, pants, jacket, suit, work clothes, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
303	Men's underwear (15 years and over): underpant, socks, tee shirt and undershirt, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
304	Women's Clothing (15 years and over): dress, skirt, pants, suit, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
305	Woman underwear (15 years and over): snickers, petticoat, shirt, bra, tights, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
306	Children's clothing (0-14 years): layette for baby, boy pants, girl dress, slip kid, blouses, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
307	Other articles of clothing: veils/scarves, ties, belt, hat/bonnet, handkerchief, notions (buttons, sewing thread etc.).	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
308	Cost of making and repairing man clothes : suit, pants, shirt, repair, clothing rental, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
309	Cost of making and repairing woman clothes : dress, pants, skirt, suit, repair, rental, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
310	Cost of making and repairing childrens' clothes	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
311	Mens' shoes	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
312	Womens' shoes	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
313	Childrens' shoes	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
314	Shoe Repair: resoling, polishing, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
315	Linens and related items (towels, sheet, blanket, bedspread, pillows, mosquito net, mats, curtains, fan, etc.).	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST
316	Crockery: plates, knife, fork, spoon, cups, glasses, etc..	YES . . . . 1 → NO . . . . 2 (NEXT ITEM) ←	TOTAL COST

MODULE H4. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past twelve months (one year), did your household use or buy any [ITEM]?		How much did you pay (how much did they cost) in total?
317	Kitchen utensils: pan, pot, local sieve, kitchen utensils repair, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
318	Other household utensils: bucket, kettle, feeding bottle, dustbin, cups, non electric coffee maker, tea pot, calabash, ladle, jar, canary, mortar, pestle, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
319	Food, maintenance costs, veterinary fees for pets (dogs, cats, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
320	Home tooling : flashlight, torch, oil lamp, hand tools (hammer, screwdriver, etc.); gardening tool (shovel, rake, wheelbarrow, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
321	Equipment for maintenance and repair of the dwelling.	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
322	Labor and maintenance and current repair of the dwelling services (septic tank, labor for the maintenance of dwelling, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
323	Spare parts of individual means of transport: tire, battery, candle, carburetor, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
324	Small electronic equipment for personal use: cassettes, CD/DVD, USB drive, printer ink, photo printing paper, photo film, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
325	Repair of furniture (armchairs, chairs, beds, cupboards, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
326	Repair of household appliances (iron, refrigerator, cooker, oven, stove, air conditioner, fan, water heater, etc.).	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
327	Repair of electronic equipment: radio, radio cassette, TV, camera, CD/DVD player, computer, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
328	Sporting and leisure equipment : ball, Ludo game, shot (petanque), card game, children's toys, video games, small musical instruments, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
329	Entry cost (purchasing a ticket) of sporting events, cinema, concerts, theater, museums, exhibitions, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
330	Other recreational services: PMU ticket, photography services (development, printing), ID photo , etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
331	Other cultural services: non-academic books, cartoon, paper ream, envelopes, drawing items (brushes, paper, paint, etc..), etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
332	Personal care items: perfumes and toilet waters, cosmetics (varnish, lipstick, hair straightener etc..), streaks, wigs, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST

MODULE H4. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past twelve months (one year), did your household use or buy any [ITEM]?		How much did you pay (how much did they cost) in total?
333	Hosting Services: hotel rooms, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
334	Watches, alarm clocks	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
335	Earrings, necklaces, bracelets, jewelery and other items nes	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
336	Other personal effects : suitcase, travel bag, handbag, sunglasses, umbrellas, sunshade, cane, coin purse, wallet, smokers items (ashtray etc..), baby items (stroller, seats), funerary items, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
337	Other services: announcement on the radio, in a newspaper/television, funeral, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
401	private lessons	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
402	Vocational training	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
403	Fees for adult courses	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
404	Corrector glasses, eyeglass frame	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
405	Hearing aid	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
406	Dental prosthesis	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
407	Wheelchair and bicycle for disabled persons with or without motor	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
408	Crutches	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
409	Other therapeutic and orthopedic appliances nes...	YES .... 1 → NON .... 2 (NEXT ITEM) ←	TOTAL COST
410	Other therapeutic and orthopedic appliances nes…	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
411	Insurance costs of individual means of transport (car, motorcycle, etc.)....	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST

MODULE H4. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	AMOUNT IN FCFA
	Over the past twelve months (one year), did your household use or buy any [ITEM]?		How much did you pay (how much did they cost) in total?
412	Tax disc	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
413	Consumption costs to water distribution network	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
414	Consumption costs to electricity distribution network	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
415	Council tax (developed and undeveloped buildings), road tax	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
416	Renting a vehicle for personal use: car, motorcycle/bike, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
417	Air travel in the country and abroad	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
418	Fees of visa, airport tax	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
419	Pilgrimage costs	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
420	Removal costs	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
428	Building materials or large repair for masonry : cement, bricks, concrete iron, sand, gravel, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
429	Other materials of construction or lar repairs: sheet metal, timber, planks, battens, plywood, straw, paint, lime, electrical materials, plumbing, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
430	Labor, building and major repair costs of housing: masonry, electrical, plumbing, carpentry, painting, flooring, etc..	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
431	Acquisition costs of land or housing	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
432	Study and architect costs, connection charges (electricity, water, telephone)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
433	Fees for ceremonies (Ramadan, Tabaski, Christmas, Easter, New Year, weddings, baptisms, funerals, and other events)	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST
434	Fees for transfer sent to family members or others	YES .... 1 → NO .... 2 (NEXT ITEM) ←	TOTAL COST

NO.	QUESTIONS AND FILTERS	CATEGORIES	SKIP

MODULE H5. HOUSING EXPENDITURES

NO.	QUESTIONS AND FILTERS	CATEGORIES	SKIP
501	What is the status of the dwelling : Do you own or are you purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	OWNER .... 01 CO-OWNER . ... 02 BEING PURC . . .. 03 EMPLOYER PROVIDES . ... 04 FREE, AUTHORIZED . ... 05 FREE, NON AUTHORIZED ..... 06 RENTED ... . 07 OTHERS_____ 96 (SPECIFY) DOES NOT KNOW/NO RESPONSE NOT APPLICABLE 98	→ 504 → 504 → 504 → 505 → 506 → 506
502	If you sell this dwelling today, how much would you sell?	AMOUNT IN FCFA_____ DOES NOT KNOW/NO RESPONSE NOT APPLICABLE 98	
503	How many years ago was this dwelling built?	YEARS ... . DOES NOT KN......................... 98	
504	If you rent out this dwelling today, how much rent would you receive?	AMOUNT IN FCFA DAY .... 1 WEEK .... 2 MONTH .... 3 YEAR .... 4 DOES NOT KNOW/NO RESPONSE NOT APPLICABLE 8	→ 506 → 506 → 506 → 506 → 506
505	How much do you pay to rent this dwelling?	AMOUNT IN FCFA DAY .... 1 WEEK .... 2 MONTH .... 3 YEAR .... 4 DOES NOT KNOW/NO RESPONSE NOT APPLICABLE 8	
506	**GO TO NEXT MODULE**		

MODULE H6. VALUE OF ASSETS

ITEM CODE	ITEM	YES = 1 NO = 2	NUMBER OF UNITS FOR EACH ITEM	AGE OF ITEM	PRICE IF SOLD	ITEMS PURCHASED IN THE PAST TWELVE MONTHS	TOTAL AMOUNT PAID FOR ITEMS IN THE PAST TWELVE MONTHS
	Does your household own a [ITEM]? CIRCLE 1 (YES) OR 2 (NO) IN THE NEXT COLUMN IF THE ANSWER IS "NO" ASK QUESTION FOR THE FOLLOWING ITEM.		HOW MANY [ITEM]S DO YOU OWN?	WHAT IS THE AGE OF YOUR [ITEM(S)]? IF MORE THAN ONE ITEM, AVERAGE AGE	If you wanted to sell this [ITEM] today, how much would you sell? IF MORE THAN ONE ITEM, AVERAGE VALUE	Have you purchased or paid for one of these [ITEMS] in the past 12 months? "YES" CIRCLE "1" "NO": CIRCLE "2" AND GO TO THE NEXT	How much did you pay for all these [ITEMS] in total in the past 12 months?
H6.1		H6.2	H6.3 NUMBER	H6.4 YEARS	H6.5 AMOUNT IN FCFA	H6.6	H6.7 AMOUNT IN FCFA
141	Armchair	1 2				1 2	
142	Complete lounge (armchairs and coffee table)	1 2				1 2	
143	Chair	1 2				1 2	
144	Table	1 2				1 2	
145	Full dining table (table and chairs)	1 2				1 2	
146	Single bed	1 2				1 2	
147	Single mattress	1 2				1 2	
148	Bed and mattress	1 2				1 2	
149	Other furnitures	1 2				1 2	
150	Iron	1 2				1 2	
151	Gas stove	1 2				1 2	
152	Kerosene stove	1 2				1 2	
153	Sewing machine	1 2				1 2	
154	Moulinex/Food Processor	1 2				1 2	
155	Gas cooker	1 2				1 2	
156	Improved stoves	1 2				1 2	
157	Refrigerator/Freezer	1 2				1 2	
158	Fan	1 2				1 2	
159	Air-conditioner/Split	1 2				1 2	
160	Single Radio/Radiocassette	1 2				1 2	
161	TV	1 2				1 2	
162	Video recorder/CD/DVD	1 2				1 2	

MODULE H6. VALUE OF ASSETS

ITEM CODE	ITEM	YES = 1 NO = 2	NUMBER OF UNITS FOR EACH ITEM	AGE OF ITEM	PRICE IF SOLD	ITEMS PURCHASED IN THE PAST TWELVE MONTHS	TOTAL AMOUNT PAID FOR ITEMS IN THE PAST TWELVE MONTHS
	Does your household own a [ITEM]? CIRCLE 1 (YES) OR 2 (NO) IN THE NEXT COLUMN IF THE ANSWER IS "NO" ASK QUESTION FOR THE FOLLOWING ITEM.		HOW MANY [ITEM]S DO YOU OWN?	WHAT IS THE AGE OF YOUR [ITEM(S)]? IF MORE THAN ONE ITEM, AVERAGE AGE	If you wanted to sell this [ITEM] today, how much would you sell? IF MORE THAN ONE ITEM, AVERAGE VALUE	Have you purchased or paid for one of these [ITEMS] in the past 12 months? "YES" CIRCLE "1" "NO": CIRCLE "2" AND GO TO THE NEXT	How much did you pay for all these [ITEMS] in total in the past 12 months?
H6.1		H6.2	H6.3 NUMBER	H6.4 YEARS	H6.5 AMOUNT IN FCFA	H6.6	H6.7 AMOUNT IN FCFA
163	Satellite dish/decoder	1 2				1 2	
164	Private car (excluding official car)	1 2				1 2	
165	Moped/Auto-cycle	1 2				1 2	
166	Bicycle	1 2				1 2	
167	Camera	1 2				1 2	
168	Musical Instrument	1 2				1 2	
169	Fixed phone	1 2				1 2	
170	Mobile phone	1 2				1 2	
171	Computer	1 2				1 2	
172	Video camera	1 2				1 2	
173	Generator	1 2				1 2	
174	Wheelbarrow	1 2				1 2	

H6.8	Do you have a cell phone?	YES .... 1 NO .... 2 GO TO H6.10 ◄	

H6.8A	What is your cell number? IF THE RESPONDENT REFUSES TO PROVIDE A CELL PHONE NUMBER THEN ENTER ZEROS.	PHONE |____|____|____| |____|____|____|____|____|____|____|____| country code

H6.9	Do you use your cell phone to [READ EACH OPTION AND CIRCLE YES OR NO]?		YES =1 NO =2
		RECEIVE PAYMENTS/REMITTANCES	1 2
		MAKE PAYMENTS	1 2
		SAVE MONEY	1 2
		GET PRICE INFORMATION	1 2
		ACCESS SERVICES	1 2

H6.10	RECORD END TIME OF MODULE	HR:			MINUTE:		

INTERVIEWER'S OBSERVATIONS

TO BE COMPLETED AFTER THE INTERVIEW

COMMENTS ON THE RESPONDENTS

COMMENTS ON THE SUB DIVISION AND TOWNSHIP

OTHER COMMENTS

SUPERVISOR'S OBSERVATIONS

NAME OF COORDINATOR _____   DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR _____   DATE: _____

b. Qualitative Instruments

The following tools were used to collect qualitative data (in French):

1. Protocol and Group Discussion Guide - MCHN and WASH

<div align="center">

ÉVALUATION DE LA PERFORMANCE - USAID NIGER FOOD FOR PEACE
LAHIA, PASAM-TAI ET SAWKI À NIGER
PROTOCOLE POUR LES GROUPES DE DISCUSSION:

</div>

INTRODUCTION ET CONSENTEMENT
[POUR DEBUTER, LE MODERATEUR DOIT LIRE LE SCRIPTE DE CONSENTEMENT QUI SUIT]:

Bonjour et merci d'avoir accepté de me parler. Je m'appelle (nom d'intervieweur/intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches basé aux Etats Unis qui comprend Mendez England & Associates (ME&A) et NORC à l'Université de Chicago. USAID nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à remédier aux niveaux élevés d'insécurité alimentaire et de malnutrition présents dans les communautés rurales des régions de Maradi et Zinder au Niger.

Dans le cadre de cette étude, nous voudrions parler avec vous de l'évolution des pratiques et des moyens liés à la nutrition, l'eau, l'assainissement et l'hygiène dans votre communauté. La discussion dure au maximum 2 heures. L'objectif de cette discussion est de vous écouter et de saisir vos expériences d'activités à la nutrition des femmes enceintes et des jeunes enfants, à l'eau, l'assainissement et l'hygiène offres par <nom de projet> dans votre communauté, ainsi que de votre perception des changements qui en ont découlés

Nous allons vous poser des questions sur vos expériences sur le projet et les activités. Notez qu'il n'y a pas de bonnes ou mauvaises réponses. Sentez-vous libre de partager vos expériences et réactions, positives ou négatives et d'être spécifique. Si c'est possible, donnez les exemples pour soutenir ce que vous dites.

Notre rôle ici est de poser des questions et écouter vos avis et expériences. Nous allons enregistrer cette discussion afin de noter fidèlement le contenu de la conversation, et de ne rien oublier de tous ce qui a été dit. Vos identifiants ne sont pas divulgués. Les informations qui vont être rassemblées à travers cette discussion sont conserver en sécurité et sont considérées comme confidentielles, elles ne sont pas partagées avec USAID que de façon anonyme.

Votre participation est entièrement libre et vous pouvez choisir de ne pas répondre à une question ou d'interrompre votre participation à tout moment si vous trouvez les discussions gênantes ou vous vous sentez mal à l'aise. Néanmoins, votre contribution est très importante pour aider l'USAID à rendre leurs programmes de nutrition et sécurité alimentaire plus efficace et mieux adapté aux besoins de la population du Niger.Si vous avez des questions sur l'étude, vous pouvez nous les poser maintenant, ou contacter Mr. John Magistro par téléphone: 92 08 56 30.

Etre-vous d'accord de participer à la discussion d'aujourd'hui que nous allons enregistrer?   **OUI   NON**

[SI LES INTERVIEWÉS DISENT OUI, CONTINUEZ LA DISCUSSION]
[DEMARRER L'ENREGISTEUR]

Parfait, dans ce cas, commençons!

<table>
<tr><td colspan="2">Groupe de discussion Répondant Catégorie:
• Bénéficiaires des activitiés d'agriculture / moyens de subsistance
• Bénéficiaires des activitiés de MCHN/WASH
• Autre:</td><td colspan="2">Facilitateur: _____ Enregistreur: _____

Heure de début: ___: ____ AM / PM (encercler un) Heure de fin: ___: ____ AM / PM

Nom du recording file: _____</td></tr>
</table>

EVELYN Niger Evaluation du rendement: DFSA Nom de l'activité: _____   **Date: Juillet** Jour: _____ Année: **2017**

Département: _____   **Commune:** _____   **Village:** _____

M_____ F _____	<15 _____ 16 - 25 _____ 26 - 50 _____ 51+ _____	Primaire _____ Secondaire _____ Tertiaire _____	Hausa ____ Zarma ____ Touareg ____ Peul ____ Kanuri ____ Autre ____	Activité_____ Nombre _____ Activité_____ Nombre _____ Activité_____ Nombre _____	_____	_____	_____	_____	_____	Activité _____ Nombre _____ Activité _____ Nombre _____ Activité _____ Nombre _____

Commentaires sur tout aspect du GD (niveau de discussion - par exemple, très consensus actif, désengagée, général, / contentieux, dominante individuelle s, etc.):

GUIDE DE SUJETS DE DISCUSSION GROUPE - MCHN & WASH

DOMAINES TOPIQUES:
EQ 1. RÉALISATIONS DU PROJET
EQ 2. EFFICACITÉ ET EFFICACITÉ DES INTERVENTIONS
EQ 3. DURABILITÉ DES RÉSULTATS
EQ 4. CONSÉQUENCES NON INNOVÉES

Les **répondants:** 12 participants, composés d' une large représentation des membres de la communauté. Deux membres de chacun des groupes de village suivants participeront:
1) Groupes d'apprentissage masculins ou mères, 2) Comités WASH, 3) Comités des jeunes. Le reste sera des bénéficiaires directs du programme dans toutes les autres activités de programme liées à MCHN & WASH (par exemple, les jeunes, les adolescents et les mères adolescentes, etc.)

EQ (s)	Des questions	Instructions du modérateur
QUESTIONS INTRO		
	Nous aimerions vous parler de vos expériences avec [NOM DU PROJET] 1. *Connaissez-vous bien ce projet ?* 1.1 *Par quel nom appelez-vous le projet dans votre village ? Pouvez-vous décrire brièvement ce qu'il a fait ici dans ce village ?* **Discutons maintenant en détails des activités du projet et comment ces activités ont affecté vos conditions de vie et quelles sont vont impressions générales du projet.**	Pour évaluer la familiarité des participants avec le programme et assurer l'utilisation de la terminologie du programme tel que connu par les participants tout au long du reste de la discussion. Gagnez des points de vue des participants sur les activités du programme et leur participation. Renvois cette information sur la documentation IP
MCHN & WASH ACTIVITIES		
1	2. **Nous allons maintenant attirer notre attention sur les activités détaillées du projet et sur la façon dont elles ont affecté votre vie et sur vos impressions générales sur tous les aspects du projet.** 2.1 *Dans quelles activités de santé et de nutrition avez-vous participés, en particulier celles pour les femmes et les petites enfants? Et pour les activités de WASH et assainissement?* **Moderateur:** **UTILISEZ DES GROUPES CLES OU DES GRAPPES D'ACTIVITES DANS LA LISTE DES ACTIVITES CI-DESSOUS POUR OBTENIR UN BREF APERÇU SUR CE QUI A PARTICIPE A QUOI.** **LES ACTIVITES LIEES A LA SNMI OFFERTE PAR LES PROGRAMMES SUIVANTS:** **SNMI:**	Utilisez des groupes clés ou des grappes d'activités dans la liste des activités ci-dessous pour obtenir un bref aperçu sur ce qui a participé à quoi.

- Organisation de groupes d'apprentissage masculins pour sensibiliser cette population et promouvoir les pratiques clés par l'éducation par les pairs - Organisation de groupes de soins et de mères chefs de file pour promouvoir des pratiques clés en matière de nutrition et de planification familiale grâce à l'éducation par les pairs et aux visites à domicile. Fait également partie du système actif de dépistage et de référence pour la malnutrition au niveau communautaire - Démonstrations culinaires - Diffusion de messages ou de discussions à la radio, fourniture de sketches, de films et de clubs d'écoute sur l'alimentation des femmes enceintes et des enfants, de bonnes pratiques d'hygiène ou de la surveillance de la santé des enfants - Les radios ont également été distribuées au début du projet. - Fourniture de rations alimentaires Titre II - Formation du personnel de santé, des promoteurs de la santé, des bénévoles de la santé et des membres de la communauté sur l'approche de 1 000 jours - Surveillance et promotion de la croissance et renvoi aux centres de santé au besoin **Général / chevauchement:** - Concours WASH et nutrition dans et à travers les villages - Les écoles d'époux sur l'équité entre les sexes - Les centres de développement de la petite enfance pour faciliter l'apprentissage, fournir des aliments quotidiens - Formation des enseignants sur le bon WASH et les pratiques nutritionnelles à transmettre aux enfants, suivi de l'hygiène et de l'éducation nutritionnelle dans les écoles - WASH Désignation amicale des écoles et fourniture de matériel de nettoyage **LAVAGE / Assainesment:** - Installation de latrines en ciment (p. Ex., Autour de l'école) - Construction de latrines de ciment et élaboration d'un plan de maintenance - Formation de maçons dans la construction de latrines - Les forages et les puits neufs ou remis à neuf et l'installation des pompes - Formation communautaire sur la réparation et la fourniture de boîtes à outils - Analyse chimique de l'eau - Installation d'installations de lavage des mains	

EFFICACITÉ - IMPACT DU PROGRAMME ET BIEN-ÊTRE MÉNAGER		

2, 2.3, (indirecte ment 1.2) 2, 2.3, (indirecte ment 1.2) 2, 2.3, (indirecte ment 1.2) 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3, (indirecte ment 1.2) 1, 2, 2.3 1, 2, 2.3, 4 (indirecte ment 1.2)	**MAINTENANT, NOUS ALLONS DISCOUTERS LES SUJETS DIFFERENTS DE PROJET. POUR CHAQUE SUJET NOUS VOULONS VOTRE AVIS SUR QUELLES ACTIVITES DU PROJET ONT LES PLUS AIDE LE MENAGE, ET QUELS EN SONT LES RAISONS.**
	
	3. *Pour chaq'un des thématiques suivant, quelles sont les activités du projet qui ont le plus aide les ménages ? Quelles en sont les raisons ?*
	
	▪ Alimentation, d'hygiène de gestion de l'eau, de préparation de la cuisine, en particulier pour les femmes enceintes et les enfants
	▪ Acquérir plus de connaissance sur le suivi de la sante de vos enfants et de prendre des mesure appropriées en cas de besoins
	▪ Acquérir plus de connaissance due les méthodes de planification familiale et comment les utiliser
	▪ Modifier l'accès des enfants et des femmes enceintes aux services de sante
	▪ Change l'accès des ménages à des sources améliorées d'eau potable
	▪ L'accès des ménages aux infrastructures sanitaires améliorées
	▪ L'accès des ménages aux différents types d'aliments consommes par les ménages
	▪ Les pratiques des ménages en matières d'allaitement maternelle
	▪ L'hygiène et assainissement
	
	4. *Certains menages ont-ils pu bénéficier plus que d'autres? Pourquoi?*
	   a. *Quelles catégories de ménages ont bénéficié le moins des activités agricoles et de moyens de subsistance dans votre communauté?*
	   b. *Pourquoi ces ménages ont le moins profité?*
	   c. *Quelles suggestions faites-vous pour que ces ménages bénéficient davantage?*
	
	5. *Pour chaqu'un de ces sujets, y at-il des activités qui n'aient vraiment pas aidé les ménages? Quelles activités? Quelles sont les raisons? Donnez-nous des exemples précis.*
	
	MAINTENANT NOUS VOUDRONS DISCOUTER LES DEFIS LIE AUX CES SUJETS DANS CETTE VILLAGE.
		Pour rafraîchir la mémoire, je f nécessaire, fournir des exemples d'activités clés mis en place pour aider à améliorer SNMI et WASH. Voir la liste dans EQ5 (MCHN) et EQ6 (WASH) ci-dessus.

6. En matiere d'*alimentation, d'hygiene de gestion de l'eau, de preparation de la cuisine,* en *particulier pour* les *femmes enceintes* et les *enfants, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
7. En matiere de *connaisssance sur* le *suivi* de la *santé de vos enfants et* de *prendre* des *mesures appropriées en cas de besoins, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
8. En matiere de *connaisssance sur* les *méthodes de planification familiale et comment les utiliser, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
9. En matiere d'*accès des enfants et* des *femmes enceintes aux services de santé, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
10. En matiere *d'accès des menages à des sources améliorées d'eau potable, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
11. En matiere d'*accès des menages aux infrastructures sanitaires améliorées, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
12. En matiere *d'accès des menages aux différentes types d'aliments consommés par les menages, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b.   *Quels autres defis devrait etre pris en consideration pour la future ?*
 	
13. En matiere *d'allaitement maternele, quels defis avez-vous* été *confronter au debut du projet?*
   a.   *Ces defis persistent toujours?*
   b. *Quels autres defis devrait etre pris en consideration pour la future ?*	

	14. *Y a-t-il des changements dans votre communauté concernant l'attitude des maris, et* **le** *niveau de soutien a leurs épouse en matiere de suivi de grossesse,* **d'alimentation/ nutrition et** *de* **planification familiale***?*
	     a. *De quelle manière, et pourquoi? (positif ou négatif)*
	     b. *Quelles activités ont eu le plus grand effet dans le changement d'attitude des hommes pour soutenir les femmes dans leurs tâches agricoles ou d'autres activités de subsistance et pourquoi?*
	     c. *Y-a-t-il d'autres contraintes que les femmes rencontrent qui les empechent d'avoir plus de soutien des hommes dans cette communauté? Pouvez-vous donner quelques exemples?*	

CIBLAGE ET DISTRIBUTION DE GROUPE DES AVANTAGES		
2.2 2.2, 1.1 2.2, 1.1	**15.** *Quelles categories de menages ont bénéficié le moins des activités de sante, de nutrition, d'hygiène et d'assainissement, dans votre communauté?* *15.1 Pourquoi ces ménages ont le moins profité?* *15.2 Quelles suggestions faites-vous pour que ces ménages bénéficient davantage?*	
QUALITÉ DE SERVICE ET CONDUITE		
2.3 2.3	**16.** *Quoi d'autres le projet aurait pu faire pour mieux travailler avec les membres de cette communauté pour aider à améliorer la sante, la nutrition, l'hygiène et l'assainissement?*	
DURABILITÉ		
I.	**SANTÉ ET NUTRITION**	

3, 3,2
 3
	17. *Les membres de la communauté pratiquent-ils encore les méthodes* **les** *méthodes de nutrition maternelle et infantile, et* **la** *santé, qu'ils sont recu sur les formations du projet?* **[LISTE DEDROIT]**
	     a. *Qu'est-ce qui encouragerait les membres de la communauté à continuer à utiliser ces méthodes à l'avenir?*
	     b. *Pensez-vous que d'autres personnes non-benificiaries dans la communauté ont également appris à utiliser ces méthodes? Comment l'ont-elles apprises?*
	     c. *Ces méthodes se sont-elles répandues dans d'autres communautés en dehors de la zone d'intervention du projet?*
	     d. **[SI OUI]** *Comment cela s'est-il passé?*
	
	 18. *Avez-vous payé quelque choses pour les produits ou services de nutrition, ou de santé fournis par le projet?*
	     a. **[SI OUI]** *Lesquels?*
	     b. *Pourquoi avez-vous decider de payer pour ces services ou produits?*
	     c. *Continuerez-vous à payer pour ces services ou produits à l'avenir?*
	     d. **[SI NON]** *Pourquoi pas?* **[VOIR LES EXEMPLES À DROITE]**
		LISTE DES ACTIVITÉS MCHN
		 • Groupes d'apprentissage masculins
		 • Groupes de soins
		 • Mères chefs
		 • Démonstrations culinaires
		 • Formation du promoteur de la santé et bénévoles de la santé
		 • Surveillance et promotion de la croissance
		
		 LES EXAMPLES:
		 • Coûte trop d'argent, trop cher
		 • Nécessitent trop de temps ou de travail

		e. Seriez-vous disposé à payer un peu plus pour certains de ces produits / services? **[SI OUI]** Le (s) quel (s)? f. Y a-t-il autre chose qui vous inciterait à payer pour l'un de ces produits et/ou services?	• Nécessitent plus de formation, formation insuffisante • Aucun impact notable ou résultat positif
	II.	**LAVAGE**	

		19. *Les membres de la communauté pratiquent-ils encore les méthodes* les *méthodes d'assainissement qu'ils sont recu sur les formations du projet? [LISTE DEDROIT]*
		   a. *Qu'est-ce qui encouragerait les membres de la communauté à continuer à utiliser ces méthodes à l'avenir?*
		   b. *Pensez-vous que d'autres personnes non-benificiares dans la communauté ont également appris à utiliser ces méthodes? Comment l'ont-elles apprises?*
		   c. *Ces méthodes se sont-elles répandues dans d'autres communautés en dehors de la zone d'intervention du projet?*
		   d. *[SI OUI] Comment cela s'est-il passé?*
		
		20. *Avez-vous payé quelque choses pour les produits ou services d'assainissement fournis par le projet?*
		   a. ***[SI OUI]** Lesquels?*
		   b. *Pourquoi avez-vous decider de payer pour ces services ou produits?*
		   c. *Continuerez-vous à payer pour ces services ou produits à l'avenir?*
		   d. ***[SI NON]** Pourquoi pas? **[VOIR LES EXEMPLES À DROITE]***
		   e. *Seriez-vous disposé à payer un peu plus pour certains de ces produits / services? **[SI OUI]** Le (s) quel (s)?*
		   Y a-t-il autre chose qui vous inciterait à payer pour l'un de ces produits et/ou services?
			LISTE DES ACTIVITÉS DE LAVAGE
			• La concurrence WASH à l'intérieur et à travers les villages
			• Formation sur les pratiques WASH dans les écoles
			• Entretien des installations de lavage des mains
			• Installation et entretien des latrines
			• Entretien des forages et des puits
			
			LES EXAMPLES:
			• Coûte trop d'argent, trop cher
			• Nécessitent trop de temps ou de travail
			• Nécessitent plus de formation, formation insuffisante
			• Aucun impact notable ou résultat positif

FERMETURE			
		21. Y a-t-il autre chose que vous voudriez ajouter au sujet du projet que nous n'avons pas evoquer? **22. Merci. Avez-vous des questions pour nous?**	

2. Protocol and Group Discussion Guide - Agriculture and Livelihoods

ÉVALUATION DE PERFORMANCE – USAID & FOOD FOR PEACE au Niger LAHIA, PASAM-TAI, SAWKI

PROTOCOLE POUR LES GROUPES DE DISCUSSION:

INTRODUCTION ET CONSENTEMENT
[POUR DEBUTER, LE MODERATEUR DOIT LIRE LE SCRIPTE DE CONSENTEMENT QUI SUIT]:

Bonjour et merci d'avoir accepté de me parler. Je m'appelle (nom d'intervieweur/intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches basé aux Etats Unis qui comprend Mendez England & Associates (ME&A) et NORC à l'Université de Chicago. USAID nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à remédier aux niveaux élevés d'insécurité alimentaire et de malnutrition présents dans les communautés rurales des régions de Maradi et Zinder au Niger.

Dans le cadre de cette étude, nous voudrions parler avec vous de l'évolution des pratiques agricoles et des moyens de subsistance dans votre communauté. La discussion dura au maximum 2 heures. L'objectif de cette discussion est de vous écouter et de capturer vos expériences des activités liées à l'agriculture et aux moyens de subsistance offertes par le <Nom du Projet> dans votre communauté, ainsi que de votre perception des changements qui en ont découlés.

Nous allons vous poser des questions sur vos expériences sur ce projet et ses activités. Notez qu'il n'y a pas de bonnes ou mauvaises réponses. Sentez-vous libre de partager vos expériences et réactions, positives ou négatives, et d'être précis. Si c'est possible, donnez des exemples pour illustrer ce que vous dites.

Notre rôle ici est de poser des questions et d'écouter vos avis et expériences. Nous allons enregistrer cette discussion afin de noter fidèlement le contenu de la conversation, et de ne rien oublier de tout ce qui a été dit. Vos identités ne seront pas divulguées. Les informations qui vont être collectées à travers cette discussion seront conserver en sécurité et sont considérées comme confidentielles, elles ne seront partagées avec USAID que de façon anonyme.

Votre participation est entièrement libre et vous pouvez choisir de ne pas répondre à une question ou d'interrompre votre participation à tout moment si vous trouvez les discussions gênantes ou vous vous sentez mal à l'aise. Néanmoins, votre contribution est très importante pour aider l'USAID à rendre leurs programmes de nutrition et sécurité alimentaire plus efficace et mieux adapté aux besoins de la population du Niger. Si vous avez des questions sur l'étude, vous pouvez nous les poser maintenant, ou contacter Mr. John Magistro par téléphone: 92 08 56 30.

Etre-vous d'accord de participer à la discussion d'aujourd'hui que nous allons enregistrer? **OUI : __/ NON : ____/**

[SI LES INTERVIEWÉS DISENT OUI, CONTINUEZ LA DISCUSSION. SI NON], REMERCIEZ LA PERSONNE ET ARRETRER L'INTERVIEW
Parfait, dans Pce cas, commençons ! **[DEMARRER L'ENREGISTEUR**

Focus Group Respondent Category:

☐ Beneficialres males

☐ Beneficialres femelles

Facilitateur: _____ Enregistreur: _____

Debut: ___ :___ AM/PM (Encerclez) Fin: ___ :___ AM/PM (Encerclez)

Numéro de l'enregistrement :_____

EVELYN Evaluation de Performance, Niger: DFSA Nom de l'activité: _____

Date: JUILLET JOUR: _____ Année: **2017**

Département: _____ Commune: _____ Village: _____

[COMPTER LE NOMBRE DE REPONSONDANTS QUI LEVENT LA MAIN POUR CHAQUE CATEGORIE CORRESPONDANTE]

[NOURRITURE POUR BIENS PHYSIQUES – ENUMEREZ L'ACTIVITE DE TRAVAIL & LE NUMERO CORRESPONDANT]

[ENUMEREZ LE NUMERO DU REPONDANTCORRESPONDANT CORRESPONDANT A L'ACTIVITE PRATIQUEE DANS CHAQUE PROJET]

[AUTRE GROUPE D'ACTIVITE– ENUMEREZ TOUT AUTRE GROUPE D'ACTIVITE EN RELATION AVEC L'AGRICULTURE & LES MOYENS DE SUBSISTANCE]

Sexe (#) (M/F)	Group d'age(#)	Niveau d'Education Achevé ((#)	Groupe Ethnique ((#)	Rations Alimentaires/ Travail (Activite & (#)	Jardin Maraichers Membre ((#)	Elevage Ecoles ((#)	Epargne de groupe & Prets ((#)	Legumes Ameliorees / Production de Cultures & Modes de Stockage Apres-Recoltes ((#)	Formation sur la Gestion des Sols ((#)	Autres Activites de Group ((#)
M_____ F _____	< 15 _____ 16 – 25 _____ 26 – 50 _____ 51+ _____	Alphabetisation Adult _____ Primaire _____ Secondaire ___ Tertiaire _____	Hausa ____ Zarma ____ Touareg __ Peul _____ Kanuri ____ Autre ____	Activite_____ # ____ Activite_____ # ____ Activite_____ # ____	_____	_____	_____	_____	_____	Activite_____ # ____ Activite_____ # ____ Activite_____ # ____

Commentaires sur tout aspect du GD (niveau de discussion - par exemple, très consensus actif, désengagée, général, / contentieux, dominante individuelle s, etc.):

GUIDE D'ENTRETIEN DE GROUPE – AGRICULTURE & MOYENS DE SUBSISTANCE

SUJETS D'INVESTIGATION:
EQ 1. REALISATIONS DU PROJETS
EQ 2. EFFICACITÉ ET PERTINANCE DES INTERVENTIONS
EQ 3. DURABILITÉ DES RÉSULTATS
EQ 4. CONSEQUENCES INATTENDUES

Répondants: 12 participants représentant les différentes composantes d'activités de la communauté. S'assurer que 2 membres de chacun des groupes d'activités suivants sont représentes: 1) Jardins maraichers/ agriculture, 2) Groupes d'épargne et de crédit et 3) Comités de développement du village. Le reste sera compose des bénéficiaires directs du programme dans tout autre programme d'activités liées à l'agriculture et aux moyens de subsistance (par exemple, les jeunes, Aliments/biens physiques, etc.)

EQ(s)	Questions	Instructions au moderateur
QUESTIONS INTRO		
	Nous aimerions vous parler de vos expériences avec [NOM DU PROJET] 1. *Connaissez-vous bien ce projet ?* 1.1 *Par quel nom appelez-vous le projet dans votre village ? Pouvez-vous décrire brièvement ce qu'il a fait ici dans ce village ?* **Discutons maintenant en détails des activités du projet et comment ces activités ont affecté vos conditions de vie et quelles sont vont impressions générales du projet.**	Pour évaluer la familiarité des participants avec le programme et assurer l'utilisation de la terminologie du programme tel que connu par les participants tout au long du reste de la discussion.
AGRICULTURE ET MOYENS DE SUBSISTENCE ACTIVITES		
I. AGRICULTURE		
1	2. **Nous allons maintenant attirer votre attention sur les activités détaillées du projet et sur la façon dont elles ont affecté votre vie et sur vos impressions générales sur tous les aspects du projet.** 2.1 *Dans quelles activités agricoles et d'autres moyens de subsistance avez-vous participés?* **MODÉRATEUR: [SE REFERER A LA LISTE DES ACTIVITÉS CONTENUES CI DESSOUS]** **OBTIEN LES ACTIVITES PRINCIPLES SANS ENTRE DANS TROPS DE DETAIL.**	-

EQ(s)	Questions	Instructions au moderateur
	UTILISEZ DES GROUPES CLES OU DES GRAPPES D'ACTIVITES DANS LA LISTE DES ACTIVITES CI-DESSOUS POUR OBTENIR UN BREF APERÇU SUR CE QUI A PARTICIPE A QUOI. Des exemples d'activités liées à l'agriculture offertes par les programmes incluent: **Crop Production et commercialisation de cultures maraicheres:** - Formation sur la restauration de parcelles improductives et la gestion de la fertilité des sols - Développement de jardins maraichers pour les femmes. - Essais et introduction de nouvelles variétés de cultures et de nouvelles approches de lutte antiparasitaires - Provision de semences and de plantes a repiquer (a travers une distribution direcgte, ticket-vouchers et/ou un programme communautaire de multipliation de semences) et/ou d'engrais. - Accès à de nouvelles sources d'eau (nouveaux puits ou puits réhabilités) et méthodes d'irrigation des cultures - Formation sur les jardings maraichers (utilization d'engrais, irrigation), transformation, ou commercialization de produits (*Exemples incluent selection des varietes, gestion de la fertilite des sols, promotion de l'agri-business, Farmer Field School, gestion pour le contrôle des ennemis des cultures.* - Provision of crop storage bags (e.g. PICS) and storage facilities (granaries, silos) to protect against pests, or postpone sale while prices are low. Fourniture de sacs de stockage de cultures (p. Ex. PICS) et d'installations de moyens dwstockage (greniers, silos) pour se protéger contre les ennemis de culture ou pour differer la vente au moment ou les prix sont bas. **Elevage and Animaux a la ferme:** - Livestock Field Schools - Provision of small ruminants to vulnerable population (mostly women) and training on animal husbandry - Facilitation and development of *Habbanaye* for adolescent girls or sheep fattening practices - Training on processing crop residues to produce animal feed - Promotion of fodder crop production and conservation as animal feed - Training of community animal health workers - Promotion of animal vaccination	

EQ(s)	Questions	Instructions au moderateur
	Livelihood Activities: - Development and support of village or community savings and internal lending programs (non-agricultural activities) - Adult literacy classes at literacy centers ((non-agricultural related literacy training) - Commercial activities relating to women's labor saving on energy-related technologies (e.g. cook stoves) - Vocational skills training of girls in income-generating activities (e.g., sewing, cosmetics, incense, food processing) and entrepreneurship - Financial and business management training (for non-agricultural commercial activities	
EFFICACITÉ - IMPACT DU PROGRAMME ET BIEN-ÊTRE MÉNAGER		
2, 2.3, (indirectly 1.2)	**MAINTENANT, NOUS ALLONS DISCOUTERS LES SUJETS DIFFERENTS DE PROJET. POUR CHAQUE SUJET NOUS VOULONS VOTRE AVIS SUR QUELLES ACTIVITES DU PROJET ONT LES PLUS AIDE LE MENAGE, ET QUELS EN SONT LES RAISONS.** 3. *Pour chaqu'un de ces sujets, lesquelles des activités du projet ont le plus aide les menages ? Quelles en sont les raisons ?*	Pour rafraîchir leur mémoire, si nécessaire, fournir des exemples d'activités clés introduites pour aider à augmenter la production de légumes. Voir la liste dans Production et Commercialisation de Cultures et Légumes dans l'EQ2 ci-dessus.
2, 2.3, (indirectly 1.2)	▪ Produire les cultures ou les légumes ▪ Obtenir, nourrir et s'occuper du bétail et d'autres animaux de ferme (p. Ex. poulets) ▪ Stocker et préserver de façon sure les cultures ▪ Commercialiser les produits agricoles (légumes, bétail, oeufs et lait, etc.) ▪ Avoir accéss au crédit pour l'agriculture et l'élevage ▪ Ameliorer la production agricole et l'accès aux marches des menages 4. *Certains menages ont-ils pu bénéficier plus que d'autres? Pourquoi?* 5. *Pour chaqu'un de ces sujets, y at-il des activités qui n'aient vraiment pas aidé les menages? Quelles activités? Quelles sont les raisons? Donnez-nous des exemples precis.*	**NOTE SUR LA PRODUCTION INDIVIDUELLE ET MÉNAGER:** Dans le ménage, il existe deux types de terres: (1) gandu - géré par la mai gida (chef masculin du ménage) en utilisant le travail de tous les membres du ménage; & (2) gamana - parcelles cultivées par des membres individuels de la HH, souvent des femmes
2, 2.3, (indirectly 1.2)	**MAINTENANT NOUS VOUDRONS DISCOUTER LES DEFIS LIE AUX CES SUJETS DANS CETTE VILLAGE.**	

EQ(s)	Questions	Instructions au moderateur
2, 2.3, (indirectly 1.2)	**6. En matier de production des cultures ou des légumes, quels defis avez vous été confronter au debut du projet?** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?* **7. *En matier d'obtenir, nourrir et s'occuper du bétail et d'autres animaux de ferme (p. Ex. poulets), quels defis avez vous été confronter au debut du projet?*** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?* **8. *En matier de stocker et préserver de façon sure les cultures, quels defis avez vous été confronter au debut du projet?*** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?* **9. *En matier de commercialiser les produits agricoles (légumes, bétail, oeufs et lait,* etc.), *quels defis avez vous été confronter au debut du projet?*** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?* **10. *En matier d'avoir accéss au crédit pour l'agriculture et l'élevage, quels defis avez vous été confronter au debut du projet?*** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?*	
2, 2.3, (indirectly 1.2)	**11. *En matier d' ameliorer la production agricole et l'accès aux marches des menages, quels defis avez vous été confronter au debut du projet?*** a. *Ces defis persistent toujours?* b. *Quels autres defis devrait etre pris en consideration pour la future ?*	
1, 2, 2.3	**12. *Y a-t-il eu des changements dans la communauté concernant l'attitude des hommes pour aider les femmes à mener des activités agricoles ou autres activités de subsistance?*** *12.1 De quelle manière, et pourquoi?* **(positif ou négatif)**	

EQ(s)	Questions	Instructions au moderateur
1, 2, 2.3, 4 (indirectly 1.2)	*12.2 Quelles activités ont eu le plus grand effet dans le changement d'attitude des hommes pour soutenir les femmes dans leurs tâches agricoles ou d'autres activités de subsistance et pourquoi?* **13. Y-a-t-il d'autres contraintes que les femmes rencontrent qui les empechent d'avoir plus de soutien des hommes dans cette communauté? Pouvez-vous donner quelques exemples?**	
CIBLAGE ET DISTRIBUTION DE GROUPE DES AVANTAGES		
2.2 2.2, 1.1	**14. Quelles categories de menages ont bénéficié le moins des activités agricoles et de moyens de subsistance dans votre communauté?** *14.1 Pourquoi ces ménages ont le moins profité?* *14.1 Quelles suggestions faites-vous pour que ces ménages bénéficient davantage?*	
QUALITÉ DE SERVICE ET CONDUITE		
2.3	**15. Quoi d'autres le projet aurait pu faire pour mieux travailler avec les membres de cette communauté pour aider à améliorer la production agricole et le revenu?**	
DURABILITÉ		
I. PRODUITS ET SERVICES AGRICOLES		
3, 3.2	**16. Les membres de la communauté pratiquent-ils encore les méthodes agricoles auxquelles ils ont été formés? [LISTE A DROIT]** *16.1 Qu'est-ce qui encouragerait les membres de la communauté à continuer à utiliser ces méthodes à l'avenir?* *16.2 Pensez-vous que d'autres personnes non-benificiares dans la communauté ont également appris à utiliser ces méthodes? Comment l'ont-elles apprises?* *16.3 Ces méthodes se sont-elles répandues dans d'autres communautés en dehors de la zone d'intervention du projet?* *16.4 [SI OUI] Comment cela s'est-il passé?* **17. Avez-vous payé quelque choses pour les produits ou services agricoles fournis par le projet?**	**EXAMPLES:** - Les pratiques de gestion des sols - l'utilisation de semences et d'engrais améliorés - la lutte antiparasitaire - la production améliorée de fourrage, etc. **EXAMPLES:** - trop cher

EQ(s)	Questions	Instructions au moderateur
	17.1 **[SI OUI]** *Lesquels?* 17.2 *Pourquoi avez-vous decider de payer pour ces services ou produits?* 17.3 *Continuerez-vous à payer pour ces services ou produits à l'avenir?* 17.4 **[SI NON]** *Pourquoi pas?* **[VOIR LES EXEMPLES À DROITE]** 17.5 *Seriez-vous disposé à payer un peu plus pour certains de ces produits / services?* **[SI OUI]** *Le (s) quel (s)?* 17.6 *Y a-t-il autre chose qui vous inciterait à payer pour l'un de ces produits et/ou services?*	- le prix a augmenté - produit non disponible ou accessible - Il n'est plus efficace ou ne fonctionne pas bien
PRODUITS ET SERVICES MOYENS DE SUBSISTENCE		
3 3, 3.2	**18. *Les personnes de cette communauté qui ont été formées par le projet dans les activités de subsistance pratiquent-elles encore ces activités? [LISTE À DROIT]*** 18.1 *Qu'est-ce encouragerait les membres de la communauté à continuer à utiliser ces méthodes à l'avenir?* 18.2 *Pensez-vous que d'autres personnes dans la communauté ont également appris à utiliser ces méthodes? Comment ont-ils appris?* 18.3 *Ces méthodes sont-elles répandues dans d'autres communautés en dehors de la zone d'intervention du projet?* 18.4 **[SI OUI]** *Comment cela s'est-il passé?* **19. *Avez-vous payé pour les produits ou les services de moyens de subsistance fournis par le projet?*** 19.1 **[SI OUI]** *Lesquels?* 19.2 *Pourquoi avez-vous decider de payer pour ces produits et/ou services?* 19.3 *Continuerez-vous à payer pour ces services ou produits à l'avenir?* 19.4 **[SI NON]** *Pourquoi pas?* **[VOIR LES EXEMPLES À DROIT]** 19.5 *Seriez-vous disposé à payer un peu plus pour certains de ces produits et/ou services?* **[SI OUI]** *Le (s) quel (s)?* 19.6 *Y a-t-il autre chose qui vous inciterait à payer pour l'un de ces produits et/ou services?*	**LIST OF LIVELIHOOD ACTIVITIES** **Livelihood Activities:** - Development and support of village or community savings and internal lending programs (non-agricultural activities) - Adult literacy classes at literacy centers ((non-agricultural related literacy training) - Commercial activities relating to women's labor saving on energy-related technologies (e.g. cook stoves) - Vocational skills training of girls in income-generating activities (e.g., sewing, cosmetics, incense, food processing) and entrepreneurship - Financial and business management training (for non-agricultural commercial activities) **EXAMPLES:** - trop cher - le prix a augmenté - produit non disponible ou accessible - Il n'est plus efficace ou ne fonctionne pas bien
FERMETURE		
	20. *Y a-t-il autre chose que vous voudriez ajouter au sujet du projet que nous n'avons pas evoquer?* **21. *Merci. Avez-vous des questions pour nous?***	

GUIDE DE DISCUSSION DES PETITES GROUPES - PROFIL DE LA COMMUNAUTÉ

Description: un questionnaire semi-structuré avec le chef du village et 3-5 dirigeants communautaires ou anciens. À l'arrivée dans le village, l'équipe (avec l'aide de l'IP si possible) accueillera le chef du village et les aînés / dirigeants de la communauté et leur demandera de se réunir pendant plus de 60 minutes avant de commencer les sessions GD. Dans la mesure du possible, ces questions seront posées aux anciens et aux chefs du village qui resteront ensuite séparés des discussions des groupes de discussion (FGD) et de toutes les entrevues avec les informateurs clés (KII) et permettent ainsi aux FGD et aux KII de rester plus indépendants des leaders Points de vue personnels et influence.
Objectifs:

- Pour présenter le chef et les anciens / leaders à l'évaluation, obtenir leur approbation pour procéder à des discussions de groupe et des entretiens, et établir un rapport de confiance avant de commencer la collecte de données;
- Comprendre le contexte de la communauté et obtenir des informations sur les principales caractéristiques socio-culturelles, démographiques, environnementales, d'infrastructure et de moyens de subsistance de la communauté;
- Pour mieux comprendre les principaux défis pour la sécurité des aliments et des moyens de subsistance, et des menaces naturelles et humaines pour la communauté.

INTRODUCTION ET CONSENTEMENT

[POUR DEBUTER, LE MODERATEUR DOIT LIRE LE SCRIPTE DE CONSENTEMENT QUI SUIT]:

Bonjour et merci d'accepter é de Avoir me Speaking. Je m'appelle (nom d'intervieweur / intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches aux Etats-Unis qui comprennent Mendez Angleterre et Associés (ME & A) et NORC à l'Université de Chicago. USAID Food for Peace nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à améliorer les niveaux d'aide alimentaire et de malnutrition dans les régions rurales de Maradi et Zinder au Niger.

Votre participation est entièrement libre et vous pouvez choisir de ne pas répondre à une question ou d'interrompre votre participation à tout moment si vous trouvez les discussions gênantes ou vous vous sentez mal à l'aise. Néanmoins, votre contribution est très importante pour aider USAID à rendre leurs programmes de nutrition et sécurité alimentaire plus efficace et mieux adapté aux besoins de la population du Niger.

Les informations qui vont être collectées à travers cette discussion seront conserver en sécurité et sont considérées comme confidentielles, elles ne seront partagées avec USAID que de façon anonyme. Aucun nom ne sera motionné et toute information qui pourraient vous identifier (e.g., région, département, commune, position) seront exclu des rapports et autres documents produits par l'équipe et partagés avec USAID.

Si vous avez des questions sur l'étude, vous pouvez nous les poser maintenant, ou contacter Mr. John Magistro par téléphone: 92 08 56 30.

Etre-vous d'accord de participer à la discussion d'aujourd'hui? **NON   OUI**

[SI LES INTERVIEWÉS DISENT OUI, CONTINUEZ LA DISCUSSION]

INFORMATIONS RÉPONDANT	
DFSA Nom Activité _____	**Facilitateur** _____
	Enregistreur _____
Département _____	**Date** _____
Commune _____	**Heure de début** _____
Village _____	**Heure de fin** _____
Nombre de Respondents et Sex Male _____ Female _____	
Titre des répondants _____ _____ _____ _____ _____ _____	

QUESTIONS POUR LES LEADERS DE VILLAGE

A. Démographique et projet Caractéristiques

1. Quel et la population totale de ce village? Combien de menage vivre dans le village ?

2. Quels sont les groupes ethniques de ce village et leur proportion générale de la population du village (par exemple, 75percent de Haoussa, 20percent de Zarma, 5percent de Peul, etc.)? (*Defined by where people come from ; not the language that they speak)*

B. **Infrastructure**

5. Y a-t-il une école primaire dans le village?

6. Quelle est la distance de l'école secondaire la plus proche?

7. Existe-t-il u centre de sante?

    7.1   **[SI NON]** Quelle est la distance au centre le plus proche, et le nom du village?

    7.2   Existe-il une sage-femme dans le village ?

    7.3   Existe-il une matronne dans le village?

8. Existe-t-il une banque de céréales dans le village? Si oui, depuis quand? Qui a financé ça ?

9. Le village dispose-t-il de l'électricité? Si oui, depuis quand et quelle est la source (p. Ex., Grille, générateur, énergie solaire)?

           9.1 Combien de compteurs de l'électricité existe-il dans le village?

           9.2 Pour les ménages qui n'ont pas de compteur d'éléctrique, quelle est leur source primaire d'électricité (p. Ex., Grille, générateur, énergie solaire, utilisation de compteur du voisin)?

10. Quelle est la source d'eau principale pour ce village? Quelles sont les autres sources d'eau? Et combien existent-ils? (puits ouverts, forages, eau courante, rivières / cours d'eau, étangs, autres)?

	10.0 Type de sources	10.1 Disponibilite durant l'année ? (Oui / Non)	10.2 Combien de mois l'eau est-elle disponible?	10.3 Raisons de ne pas etre disponibles toute l'année (dérèglement de la technologie, manque de pluie, tarissements, autre)?
1				
2				
3				
4				
5				

11. Existe-t-il une couverture de téléphone cellulaire dans le village? Si oui, depuis quand?

12. A quelle distance est la route bitumée la plus proche?

13. Disposez vous d'un marche dans le village? **[SI NON]** A quelle distance se trouve le marché hebdomadaire le plus proche?

C. Moyens de Subsistance

14. Quels sont les principaux moyens de subsistance dans le village, pour la majorité de ménages vivant dans ce village (agriculture, élevage, pêche, agroforesterie, petit commerce, autres)?

    14.1 Lequel de ces moyens de subsistance est pratiqué principalement par les hommes?

    14.2 Lequel de ces moyens de subsistance est pratiqué principalement par les femmes?

    14.3 Lequel de ces moyens de subsistance est pratiqué principalement par les adolescentes?

    14.4 Lequel de ces moyens de subsistance est pratiqué principalement par les adolescents?

15. Y a-t-il eu des changements majeurs dans ces moyens de subsistance au cours de ces 5 à 10 dernières années? **[Donnez 1-2 exemples pour mieux expliquer la question]**

    15.1 **[SI OUI]** Pourquoi ces changements ont-ils eu lieu?

16. Certains membres de cette communauté pratiquent la migration saisonnière ou a long-terme?

	16. Type de le migration ? (sasionneire ou a long-term)	16.1 Qui migre ? (Jeunes hommes, familles entières, etc)	16.2 Raisons de la migration	16.3 Combien de temps est consacre par chaque groupe?	16.4 Principales destination de l'emigration pour chaque groupe?	16.5 A quel moment chaque groupe retourne t-il?
1						
2						
3						
4						
5						

D. **Groupes de Développement Communautaire/ Institutions**

17. Au cours des 5 dernières années quels sont les 3 plus grande chocs ou catastrophes, naturelles ou autres, que votre communauté a vécus, qui a affecté un grand nombre de ménages? (P. Ex., sécheresses, inondations, grandes pertes de cultures et/ou d'animaux en raison de conditions météorologiques, maladie / maladie, insécurité)

	17. Type de choc ou catastrophes	16.1 Quelles en sont les raisons ?	16.2 Comment cela a-t-il affecté les gens dans cette communauté?
1			
2			
3			

18. Quels types d'activités le <nom du projet> a-t-il fait dans cette communauté et comment cela a-t-il fonctionné?

19. Comment les bénéficiaires ont-ils été sélectionnés pour participer aux activités suivantes du <project name>?

- MCHN/WASH
- Agriculture
- Moyens de Subsistance

20. Si certains catégories de ménage ne participent pas aux activités de projet, quelles en sont les raisons?

21. Y a-t-il d'autres projets d'urgence et/ou développement opérant dans ce village au cours des 5 dernières années?

- VEUILLEZ ENUMERER CHAQUE PROJET, LES ACTIVITE MENEES, LES PERIODES D'INTERVENTION ET L' ORGANIZATION QUI S'EN CHARGE (GOUVERNEMENT DU NIGER, ONG, AUTRES   [REMPLISSEZ LA TABLE CI-DESSOUS]

	Services ou Soutien d'organisations Extérieures		
	Nom de Organisation Extérieure	**Service Fourni**	**Dates de service**
1			
2			
3			
4			
5			
6			
7			
8			

COMMENTAIRES:

Questionnaire Interview Informateurs Clés

Gouvernment Regional et Communal – Agriculture et Moyens de Subsistance

Introduction et Consentement

Pour débuter, l'interviewer doit lire le scripte de consentement qui suit:

Bonjour et merci d'avoir accepté de me parler. Je m'appelle (nom d'intervieweur/intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches basé aux Etats Unis qui comprend Mendez England & Associates (ME&A) et NORC à l'Université de Chicago. USAID Food for Peace nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à remédier aux niveaux élevés d'insécurité alimentaire et de malnutrition présents dans les communautés rurales des régions de Maradi et Zinder au Niger.

Dans le cadre de cette étude, nous voudrions parler avec vous de la mise en œuvre et des résultats de <program name(s)>. La discussion dura environ 1 heure.

Votre participation est entièrement libre et vous pouvez choisir de ne pas répondre à une question ou d'interrompre votre participation à tout moment si vous trouvez les discussions gênantes ou vous vous sentez mal à l'aise. Néanmoins, votre contribution est très importante pour aider USAID à rendre leurs programmes de nutrition et sécurité alimentaire plus efficace et mieux adapté aux besoins de la population du Niger.

Les informations qui vont être collectées à travers cette discussion seront conserver en sécurité et sont considérées comme confidentielles, elles ne seront partagées avec USAID que de façon anonyme. Aucun nom ne sera motionné et toute information qui pourraient vous identifier (e.g., région, département, commune, position) seront exclu des rapports et autres documents produits par l'équipe et partagés avec USAID.

Si vous avez des questions sur l'étude, vous pouvez nous les poser maintenant, ou contacter Mr. John Magistro par téléphone: 1 520 909 5094.

Etre-vous d'accord de participer à la discussion d'aujourd'hui?   **OUI**   **NON**

INFORMATION SUR L'INTERVIEW	
Désignation de l'Activité DFSA _____	**Facilitateur** _____
Partenaire de mise en Œuvre _____	**Enregistreur** _____
Nom de l'interviewé _____	**Date** _____
Employeur ou structure affilié _____	**Heure de début d'interview** _____
Titre du Poste _____	**Heure de fin d'interview** _____

Questions Introductives

1. SVP, pourriez-vous brièvement présenter votre Organisation?

2. Pourriez-vous donner un aperçu de la nature de la relation entre votre organisation et le projet <nom de projet> ?
   o Comment et dans quelle mesure les activités de <nom de projet> sont-elles alignées avec la mission de votre organisation et ses projets et initiatives en cours ?
   o Quand votre organisation s'est-elle impliquée dans le projet <nom de projet> pour la première fois ?

3. Quelles étaient les circonstances qui ont amenées votre organisation à travailler dans le cadre de ce projet (désigné ou invité par une tierce personne ou expression d'intérêt personnel à travailler pour le projet) ?

4. Est-ce-que votre organisation avait participé ou contribué de quelque façon à la conception du projet ?

Ciblage et répartition des avantages pour les bénéficiaires du Projet

5. Quels sont les groupes qui sont principalement ciblés par les activités sur l'agriculture et les moyens de subsistance dans les communautés où <nom de projet> est mis en œuvre ?
   o Pensez-vous que les groupes ciblées sont ceux qui conduisent à un meilleur impact du projet ?
   o Y aurait-il d'autres groupes qui ne sont pas touchés par le projet mais qui aurait amélioré l'impact actuel du projet s'ils étaient bénéficiaires?
   o Avez-vous constaté une différence dans les groupes cibles entre les trois organisations de mise en œuvre – CRS, Save the Children, et Mercy Corps ?
   o A votre avis, quels sont les avantages et les désavantages associés avec l'approche de chacune des organisations de mise en œuvre en matière de ciblage ?
   o Selon vous, quelle approche de ciblage est supérieure aux autres ou la plus efficace ? Pourquoi ?

Efficacité des interventions agriculture et moyens de subsistance du projet

6. Parmi les différentes activités <donnez quelques exemples d'activités> mises en œuvre par le projet <nom du projet >, pensez-vous que certaines était particulièrement efficace pour améliorer l'agriculture et les moyens de subsistance ? Si oui, lesquelles ?

   o Si ces activités ont étés mises en œuvre par plus d'un des trois consortiums financés pas USAID, avez-vous constaté une différence dans l'efficacité de leurs approches respectives ? Si oui, quelle approche considérez-vous comme la plus efficace et pourquoi ?

   o A votre avis, y a-t-il eu des activités qui ont été inefficace ou qui ont eu moins d'effet pour améliorer l'agriculture et les moyens de subsistance ? Si oui, lesquelles ?

   o D'après vous, quelles sont les facteurs ou les contraintes qui ont contribué à une faible efficacité ou performance de ces activités ?

7. Avez-vous identifié des leçons particulières à tirer et ou découvert des effets inattendus liés aux actions de < Nom du projet> axées sur l'agriculture et les moyens de subsistance ? Si oui, lesquelles?

Contribution to Program Outcomes

8. À votre avis, a-t-il eu des changements dans la malnutrition et la santé globale parmi :
    o Les membres les plus vulnérables des communautés qui ont bénéficié des activités de <nom de projet> axées sur l'agriculture et les moyens de subsistance ?
    o La population générale de ces communautés ?

Possibilités d'amélioration

9. Y aurait-il des défis ou contraintes spécifiques qui limitent le potentiel des activités axées sur l'agriculture et les moyens de subsistance mises en œuvre dans le cadre du projet <Nom du projet> à produire des meilleurs résultats ? Si oui, lesquelles ?

10. Avez-vous des recommandations pour améliorer la mise en œuvre des activités du projet <Nom du projet> auxquelles votre organisation a pris part ou qui s'alignes avec ses projets et initiatives en cours ? Si oui, lesquelles ?

Pérennité des acquis du projet

11. Quelles concepts et notions en particulier pensez-vous ont la meilleur chance d'être pratiquées de façon durable ? Pourquoi?
    o [Si oui] Pensez-vous que les bénéficiaires sont en mesure de partager certaines de ces pratiques avec d'autres qui n'ont pas participés au projet? Pourquoi ou pourquoi pas?
    o [Si non] Pourquoi pas? Quelles sont les principales raisons qui empêchent les bénéficiaires de maintenir durablement ces pratiques ? Y a-t-il des exceptions selon vous ?

12. Pensez-vous que les organisations qui mettent en œuvre les activités axées sur l'agriculture et les moyens de subsistance du projet <Nom du projet> sont motivées et intéressées à continuer d'offrir certaines ou la totalité de ces activités, une fois le projet terminée ?
    o Y a-t-il des exceptions notables ?
    o [Si non] Quelles sont les principaux obstacles qui les en empêchent ?

13. À votre avis, est-ce-que certains ou la totalité des activités <nom de projet> axées sur l'agriculture et les moyens de subsistance pourraient être continuées indépendamment du financement de USAID? Si ou, lesquelles et de quel manière ?
    o Y a-t-il des exceptions à votre réponse, et pourquoi considérez-vous ces activités comme des exceptions ?

14. Quels sont les éléments de soutient clés (p. ex., des fonds, un soutien en nature, rendre les services payants, la formation et le renforcement des capacités, ou la promotion) qui seraient nécessaires pour que votre organisation continue d'offrir certaines des activités agricoles et de moyens de subsistance de <nom de projet> ?

15. Savez-vous s'il y a d'autres sources de financement de la part de l'Etat du Niger, des donateurs internationaux, d'ONGs, ou d'autres institutions qui pourraient contribuer à pérenniser les activités d'agriculture et de moyens de subsistance? Si oui, lesquelles?

Question de clôture

16.   Auriez-vous d'autres commentaires que vous voudriez bien ajoutés?

Questionnaire Interview Informateurs clés

<p align="center">**Autorités Régionales et Communales – SNMI & WASH**</p>

Introduction et Consentement

Pour débuter, l'interviewer doit lire le scripte de consentement qui suit:

Bonjour et merci d'avoir accepté de me parler. Je m'appelle (nom d'intervieweur/intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches basé aux Etats Unis qui comprend Mendez England & Associates (ME&A) et NORC à l'Université de Chicago. USAID Food for Peace nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à remédier aux niveaux élevés d'insécurité alimentaire et de malnutrition présents dans les communautés rurales des régions de Maradi et Zinder au Niger.

Dans le cadre de cette étude, nous voudrions parler avec vous la mise en œuvre et des résultats de <program name(s)>. La discussion dura environ 1 heure.

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INFORMATION DU REPONDANT	
Designation de l'Activité DFSA_____ **Partenaire de mise en Oeuvre**_____	**Facilitateur**_____ **Enregistreur**_____
Employeur ou structure affilié_____ **Titre du Poste** _____	**Date** _____ **Heure de début interview** _____ **Heure de fin interview** _____

Etre-vous d'accord de participer à la discussion d'aujourd'hui?   **OUI**

          NON

1. SVP, pourriez-vous brièvement présenter votre Organisation?

2. Pourriez-vous donner quelques détails sur la nature des relations que votre organisation avec le projet <Nom du Projet>?
    o Comment les activités de(s) < Noms de projet (s)> s'alignent avec la mission de votre organisation ou le porte folio en cours de vos projets actuels et d'autres initiatives?
    o Quand est-ce votre Organisation a pris part la première fois aux projets < Noms de projet (s)>?

3. Quelles étaient les circonstances qui vous ont amenées à travailler dans le cadre de ce projet (par exemple, désigné ou invité par une tierce personne ou expression d'intérêt personnel à travailler pour le projet ?

4. Aviez-vous participé ou contribué de quelque façon dans la conception du projet ?

Ciblage et répartition des avantages pour les bénéficiaires du Projet
5. Quels sont les groupes de bénéficiaires qui sont initialement ciblés par les activités sur la Santé et la Nutrition Maternelle Infantile (SNMI) et WASH dans votre communauté ou les communautés apparentées à la vôtre ?
    o Pensez-vous que les groupes de bénéficiaires ciblées sont celles qui conduiraient à un meilleur impact du projet ?
    o Y auraient-ils d'autres groupes qui ne sont pas touchés par le projet et que s'ils étaient bénéficiaires aurait amélioré l'impact actuel du projet?
    o Aviez remarqué une différence dans le ciblage des groupes entre les 3 ONG : CRS, Save the Children, and Mercy Corps?
    o Quelles sont les forces et faibles des approches utilisées par chaque organisation?
    o Selon vous, Quelle est l'approche qui vous semble la plus efficace ? Pourquoi?

Effectiveness of Various MCHN & WASH Activities
6. Parmi les différentes activités mises en œuvre par le projet <Nom du Projet >, pensez-vous que certaines était particulièrement efficaces pour améliorer la SNMI et l'assainissement, particulièrement pour les femmes enceintes et les enfants? Si oui, lesquelles ?

    o Si ces activités sont mises en œuvre par plus d'un partenaire des 3 consortiums finances par USAID, aviez-vous constaté une différence dans l'efficacité de leurs approches respectives ? si oui, quelle est l'approche la plus efficace ?

    o A votre avis, y a-t-il eu des activités mises en œuvre qui ont été inefficace ou qui ont eu moins d'effet pour améliorer la SNMI et l'assainissement? Si oui, lesquelles ?

    o D'après vous, quelles sont les facteurs ou les contraintes qui ont contribué à une faible efficacité ou performance de ces activités?

7. Avez-vous identifié des leçons particulières à tirées et ou découvert des effets inattendus liés aux actions axées sur la SNMI et WASH du projet < Nom du projet> ? Si oui, lesquelles?

Contribution à l'atteinte des objectifs du projet

8. Selon vous, y a-t-il eu des changements sur le niveau de malnutrition et l'état de santé général parmi :
   o Les groupes le plus vulnérables des communautés qui ont bénéficié des interventions SNMI et WASH du projet < Nom du Projet>?
   o La population de ces communautés plus généralement ?

Possibilités d'amélioration
9. Y aurait-il des défis ou contraintes spécifiques qui limitent le potentiel des activités SNMI et WASH mises en œuvre dans le cadre du projet <Nom du projet> relevant de votre Organisation à produire des meilleurs résultats ? Si oui, lesquelles?

10. Avez-vous des recommandations pour améliorer la mise en œuvre des activités du projet <Nom du projet> auxquelles vous avez pris part ou que vous avez contribué à réaliser ? Si oui, lesquelles ?

Pérennité des acquis du projet
11. Selon vous, est-ce-que les bénéficiaires des actions SNMI et WASH du projet <Nom du projet> ont reçu les formations et ressources nécessaires et ont acquis des connaissances suffisantes pour pérenniser certaines ou la totalité des pratiques en matière de SNMI et WASH par eux-mêmes ?
    o [Si oui] Pensez-vous que les bénéficiaires sont en mesure de partager certaines de ces pratiques avec d'autres qui n'ont pas participés au projet? Pourquoi ou pourquoi pas?
    o [Si non] Pourquoi pas? Quelles sont les principales raisons qui empêchent les bénéficiaires de maintenir durablement ces pratiques ? Y a-t-il des exceptions selon vous ?

12. A votre avis, est ce que les organisations qui ont fourni les services SNMI et WASH peuvent être motivées et intéressées à continuer à offrir une partie ou la totalité des services une fois le projet est terminé ?
    o Y a t-il des exceptions notables?
    o [Si non] Quelles sont les principaux obstacles qui les en empêchent ?

13. A votre avis, est-ce-que certaines ou la totalité des activités SMNI et WASH du projet <Nom du projet> peuvent être poursuivies par votre communauté sans le financement actuel de USAID/FFP? Si oui, la ou lesquelles et comment?
    o Y a-t-il des exceptions dans votre réponse et pourquoi ces activités sont considérées comme des exceptions ?

14. Quelles sont les appuis essentiels (e.g., financement, contributions en nature, gratifications, formations et renforcement des capacites ou la promotion) qui seraient nécessaires à votre organisation de continuer à offrir certains services SNMI ?

15. Savez-vous si il y a d'autres sources de financement de la part de l'Etat du Niger, des donateurs internationaux, des ONG, ou d'autres institutions qui pourraient contribuer à pérenniser les activités SMNI et WASH dans votre communauté? Si oui, lesquelles?

Question de clôture
Auriez-vous d'autres commentaires que vous voudriez bien ajoutés?

6. KII Guide - Project Officers - MCHN and WASH

Questionnaire Interview Informateurs clés

AGENTS DU PROJET ET RELAIS – SNMI & WASH

Introduction et Consentement
Pour débuter, l'interviewer doit lire le scripte de consentement qui suit:

Bonjour et merci d'avoir accepté de me parler. Je m'appelle (nom d'intervieweur/intervieweuse) _____ et voici mon collègue ___ qui prendra des notes pendant la conversation et _____ qui lui servira d'interprète. Nous travaillons pour le compte d'un groupe d'organisations de recherches basé aux Etats Unis qui comprend Mendez England & Associates (ME&A) et NORC à l'Université de Chicago. USAID Food for Peace nous a chargés de mener une étude pour évaluer les performances de trois programmes visant à remédier aux niveaux élevés d'insécurité alimentaire et de malnutrition présents dans les communautés rurales des régions de Maradi et Zinder au Niger.

Dans le cadre de cette étude, nous voudrions parler avec vous la mise en œuvre et des résultats de <program name>. La discussion dura environ 1 heure.

Votre participation est entièrement libre et vous pouvez choisir de ne pas répondre à une question ou d'interrompre votre participation à tout moment si vous trouvez les discussions gênantes ou vous vous sentez mal à l'aise. Néanmoins, votre contribution est très importante pour aider USAID à rendre leurs programmes de nutrition et sécurité alimentaire plus efficace et mieux adapté aux besoins de la population du Niger.

Les informations qui vont être collectées à travers cette discussion seront conserver en sécurité et sont considérées comme confidentielles, elles ne seront partagées avec USAID que de façon anonyme. Aucun nom ne sera motionné et toute information qui pourraient vous identifier (e.g., région, département, commune, position) seront exclu des rapports et autres documents produits par l'équipe et partagés avec USAID.

Si vous avez des questions sur l'étude, vous pouvez nous les poser maintenant, ou contacter Mr. John Magistro par téléphone: 1 520 909 5094.

Etre-vous d'accord de participer à la discussion d'aujourd'hui?   **OUI   NON**

INFORMATION SUR L'INTERVIEW	
Désignation de l'Activité DFSA _____	**Facilitateur** _____
Partenaire de mise en Œuvre _____	**Enregistreur** _____
Nom de l'interviewé _____	**Date** _____
Employeur ou structure affilié _____	**Heure de début d'interview** _____
Titre du Poste _____	**Heure de fin d'interview** _____

Questions Introductives

1. Pourriez-vous donner un aperçu de votre fonction dans le cadre du projet <Nom du Projet>?
   o Quand avez-vous commencé à travailler sur le projet <Nom du Projet>?

Ciblage et répartition des avantages pour les bénéficiaires du Projet
2. Quels sont les groupes de bénéficiaires qui sont principalement ciblés par les activités sur la Santé et la Nutrition Maternelle Infantile (SNMI) et WASH dans votre communauté ou les autres communautés avec lesquelles vous avez interagi ?

    o   Pensez-vous que les groupes de bénéficiaires ciblées sont ceux qui conduisent à un meilleur impact du projet ?
    o   Y aurait-il d'autres groupes qui ne sont pas touchés par le projet mais qui aurait amélioré l'impact actuel du projet s'ils étaient bénéficiaires?

3. Dans les communautés ciblées (la vôtre et celles avec lesquelles vous travaillez), quels groupes ont bénéficié le plus du volet SNMI et WASH du projet < Nom du projet> ?

    o   Quels groupes ont bénéficié le moins du volet SNMI et WASH des actions du projet ?

Efficacité des interventions SNMI et WASH du projet
4. Parmi les différentes activités mises en œuvre par le projet <Nom du Projet >, pensez-vous que certaines était particulièrement efficace pour améliorer la SNMI & le WASH? Si oui, lesquelles ?

    o   A votre avis, y a-t-il eu des activités mises en œuvre qui ont été inefficace ou qui ont eu moins d'effet pour améliorer la SNMI & le WASH? Si oui, lesquelles ? Quels en sont les raisons ?

5. Avez-vous identifié des leçons particulières à tirées et ou découvert des effets inattendus liés aux actions axées sur la SNMI et WASH du projet < Nom du projet> ? Si oui, lesquelles?

Contribution à l'atteinte des objectifs du projet

6. Selon vous, y a-t-il eu des changements sur le niveau de malnutrition et l'état de santé général parmi :
    o Les groupes le plus vulnérables dans votre communauté et d'autres que vous connaissez qui ont bénéficié des interventions SNMI et WASH du projet < Nom du Projet>?
    o La population de ces communautés plus généralement ?

Possibilités d'amélioration
7. Y aurait-il des défis ou contraintes spécifiques qui limitent le potentiel des activités SNMI et WASH mises en œuvre dans le cadre du projet <Nom du projet> à produire des meilleurs résultats ? Si oui, lesquelles ?

8. Avez-vous des recommandations pour améliorer la mise en œuvre des activités du projet <Nom du projet> auxquelles vous avez pris part ou que vous avez contribué à réaliser ? Si oui, lesquelles ?

Pérennité des acquis du projet

9. Selon vous, est-ce-que les bénéficiaires des actions SNMI et WASH du projet <Nom du projet> ont reçu les formations et ressources nécessaires et ont acquis des connaissances suffisantes pour pérenniser certaines ou la totalité des pratiques en matière de SNMI et WASH par eux-mêmes ?
    o [Si oui] Pensez-vous que les bénéficiaires sont en mesure de partager certaines de ces pratiques avec d'autres qui n'ont pas participés au projet? Pourquoi ou pourquoi pas?
    o [Si non] Pourquoi pas? Quelles sont les principales raisons qui empêchent les bénéficiaires de maintenir durablement ces pratiques ? Y a-t-il des exceptions selon vous ?

10. Pensez-vous que les bénéficiaires vont continuer à demander certains ou la totalité des services SNMI et WASH et, le cas échéant, pensez-vous qu'ils soient assez intéressés et à même de supporter en partie les couts associés à ces services ?
    o [Si non] Quelles sont les principaux obstacles qui les en empêchent ?

11. Selon vous, est-ce-que certaines ou la totalité des activités SMNI et WASH du projet <Nom du projet> peuvent être poursuivies par votre communauté et d'autres que vous connaissez qui sont aussi bénéficiaires du projet <Nom du projet> ? Si oui, la ou lesquelles et comment ?
    o Y a-t-il des exceptions dans votre réponse et pourquoi ces activités sont considérées comme des exceptions ?

12. Que considérez-vous être les défis les plus important pour que les activités SNMI et WASH du projet <Nom du projet> soient pérennisables ?

Question de clôture
Auriez-vous d'autres commentaires que vous voudriez bien ajoutés?

VI. SUPPORTING PBS METHODOLOGY, RESULTS TABLES, AND SUPPLEMENTAL STATISTICAL RESULTS

FFP EVELYN NIGER 2017

Background

This document presents a synthesis of the results of the analysis of the baseline and endline indicator estimates for three FY 2012 Food for Peace (FFP) development food assistance projects (DFAP)s in Niger: 1) the LAHIA project, implemented by Save the Children, 2) the PASAM-TAI project, implemented by Catholic Relief Services; and 3) the Sawki project, implemented by Mercy Corps. Data was collected to monitor and evaluate change over time in key outcome and impact indicators in the sectors of food security, poverty, agriculture, women and children's health and nutrition. This synthesis of results is intended to help guide the interpretation of the quantitative results and their integration with the qualitative study results for the Niger DFAP performance evaluations.

Introduction

Population-based household surveys (PBS) were used to collect baseline data in 2013 and endline data in 2017 for performance evaluations of the three DFAPs in Niger. Indicators estimates from the baseline and endline surveys are compared to assess change over time. This pre-post design allows for the measurement of change in indicators between the baseline and endline surveys; the design does not allow statements to be made about attribution or causation relating to project impact.

To rule out whether changes in the indicators are a result of shifts in the underlying characteristics of households that are correlated with the indicators, such as the age, sex, or level of education of the household head, analyses are conducted to compare household characteristics between the baseline and endline. The objective of these analyses is to document whether there are significant differences between baseline and endline household characteristics, which can be taken into consideration when interpreting indicator results.

Because the DFAPs scaled back their project areas after the baseline survey, all of the villages sampled at baseline did not receive the DFAP interventions. Therefore, baseline household characteristics and indicator estimates are compared between villages that received the DFAP interventions and those that did not, to identify whether significant differences exist. If no differences are found, then the baseline samples, which includes villages that eventually did not receive the DFAPs, can be considered representative of the target DFAP populations at baseline. For each project, indicator results and tests of differences in indicators between baseline and endline are examined separately for direct and indirect beneficiaries to evaluate if the effects of the project interventions "spilled over" from direct to indirect beneficiaries – as is desired. The designation of respondents and households as direct versus indirect beneficiaries is based on household respondents' answers to a set of questions about exposure to the project interventions. One respondent per household was asked "Have you or someone from your household participated in LAHIA/PASAM-TAI/Sawki project activities?" Respondents who answered "Yes" are considered to be direct beneficiaries. Respondents who answered "No" are considered to be indirect beneficiaries. Respondents who reported they or someone in their household participated in the project are asked about the type of assistance. Program assistance includes food rations, nutrition training or meetings, agriculture-related training or meetings, or other types of assistance. The responses are not validated by the projects, so it is not possible to determine definitively that the respondents know the source of the program assistance. For this reason, among other factors, causality cannot be attributed to any of the projects. Additionally, respondents or households are likely to be recipients of more than one type of assistance, so it is not possible to disentangle the effects of different types of program interventions.

Additional analyses of the PBS data are conducted to explore the effectiveness of the projects in reaching target populations – namely, the "poorest of the poor," children under two, and pregnant and lactating women (PLWs). The baseline and endline estimates of the indicators are compared for the poor and non-poor separately to empirically test whether the two groups experienced improvement over time. Additionally, the indicator estimates

at baseline and endline are compared between the poor and non-poor to explore differences between the two groups. The prevalence of underweight and wasting for children under two is compared between the baseline and endline. Because stunting is a measure of chronic malnutrition, the baseline and endline estimates of the prevalence of stunting are compared for children over two, since children over two in the endline sample will have had longer exposure to the project interventions and it is more likely to detect changes in the prevalence of stunting for these older cohorts. Women's dietary diversity score (WDDS) is compared at baseline and endline for PLWs and non-PLWs. Comparison of WDDS between PLWs and non-PLWs at baseline and endline are also conducted to determine if the two groups of women differ.

This document includes a summary of the overall changes in indicator estimates between baseline and endline and spillover effects (comparison of change over time between direct and indirect beneficiaries) as well as the analyses of changes or differences in the indicators for key target populations and by village DFAP status.

Table 1 summarizes the results of the analysis of change in FFP indicators and spillover effects between baseline and endline. It is based off of Table 2 and synthesizes the results from the three project areas by sector.

Table 2 summarizes the results of the analysis of change in FFP indicators and spillover effects between baseline and endline by indicator and project. It is a synthesis of findings from three analyses: (1) baseline-endline indicator estimate comparison, (2) comparison between direct and indirect beneficiaries at endline, and (3) comparisons of baseline estimates with endline estimates of direct and indirect beneficiaries separately.

Summary of indicator changes over time and spillover effects observed across all project areas by sector (Tables 6.1 & Tables 6.5-6.7)

- Improvements are observed in intermediate steps in the theory of change – namely, in household dietary diversity (HDDS), WDDS, and agriculture across all project areas for both direct and indirect beneficiaries.
- Some change in impact-level indicators. Children's nutrition and health show mixed results by project area and indicator. In some project areas, we see improvements in the prevalence of underweight, stunting, and wasting, as well as improvements in the prevalence of minimum acceptable diet (MAD).
- Generally, both direct and indirect beneficiaries experienced improvements in the indicators. In few cases, the improvement for beneficiaries was greater than for indirect beneficiaries and it may be expected that direct beneficiaries do better. We can itemize which indicators.
- Some explanation is required to put in context the magnitude of the improvements in the CHN indicators, and this would require comparing the improvement to the program targets and the range of change usually observed for those indicators from past experience. For example, stunting is very challenging to move and the improvement observed is commendable.
- Some explanation is required to provide insights in cases where generally no change is observed, such as the poverty indicators, WASH indicators, prevalence of women's underweight, prevalence of exclusive breasting feeding, and diarrhea indicators. For example, WDDS provides insights into the diversity of food consumed by women but not the frequency or the composition of those groups, which could also affect women's weight
- A deep dive into the project design and roll out of activities may provide insights into program-level factors that may have facilitated improvements. There may be differences in program-level intervention, as well as socio-demographic characteristics between the projects, that should be further explored.
- Some explanation is required to put in context why the endline estimate for the prevalence of diarrhea in LAHIA and PASAM-TAI are higher than the baseline. This may have to do with the two-week reference period used to assess the prevalence of diarrhea. What happened in the two weeks prior to the survey? Any differences in the timing of the baseline and endline surveys that could help explain this?

Summary of comparison of indicators at baseline and endline and between baseline and endline by household poverty status (Table 6.8-6.11)

- Generally, no differences were found in indicator estimates between the poor (defined as living below the $1.25 daily per capita threshold in constant 2010 USD) and non-poor at baseline, with a few exceptions (Table 6.8):
  - LAHIA: At baseline, poor households compared to non-poor households had a lower HDDS, higher prevalence of hunger, lower percentage of households with a handwashing station with water and soap, lower WDDS, and lower use of oral rehydration therapy (ORT) among children with diarrhea
  - PASAM-TAI: At baseline, poor households compared to non-poor households had lower HDDS and lower WDDS.
  - Sawki: At baseline, poor households compared to non-poor households had lower HDDS, higher prevalence of hunger, lower percentage of households with improved sanitation, lower percentage of households with a handwashing station with water and soap, and lower WDDS
- Generally, more indicator estimates differ between the poor and non-poor at endline than at baseline (Table 6.9):
  - LAHIA: At endline, poor households compared to non-poor households had a lower HDDS, higher prevalence of hunger, lower percentage of households with a handwashing station with water and soap, lower percentage of farmers using a value chain activity, lower percentage of farmers using at least three sustainable agriculture practices, lower prevalence of a MAD for children 6-23 months, and lower percentage of women and men with knowledge of the importance of health access for children under five and women of childbearing age.
  - PASAM-TAI: At endline, poor households compared to non-poor households had a lower HDDS, higher prevalence of hunger, lower percentage of farmers using financial services, value chain activities, sustainable agriculture practices, improved storage or micronutrient rich foods planted, higher prevalence of women's underweight, lower WDDS, lower prevalence of a MAD, and lower percentage of women with knowledge of the importance of health access for children under five and women of childbearing age.
  - Sawki: At endline, poor households compared to non-poor households had lower HDDS, higher prevalence of hunger, lower percentage of households with a handwashing station with water and soap, lower WDDS, lower prevalence of exclusive breastfeeding, lower prevalence of a MAD, and lower percentage of women with knowledge of the importance of health access for children under five and women of childbearing age. However, at endline, women living in poor households had a higher percent of births receiving at least four antenatal care visits (ANC) than women living in non-poor households.
- Generally, the poor experienced improvements between baseline and endline across most indicators (Table 6.10):
  - LAHIA:
    - The poor experienced improvements in HDDS, HHS, sanitation, handwashing stations with soap and water present, all agriculture indicators (females and males), WDDS, children's malnutrition (stunting, underweight, wasting for males and females), exclusive breastfeeding (females), and MAD (males).
  - PASAM-TAI:
    - The poor experienced improvements in HDDS, all agriculture indicators (generally for males and females), WDDS, children's stunting and underweight, girls' MAD, percent of births receiving at least four ANC visits and men's knowledge of importance of healthcare access
    - Poor experienced an increase in diarrhea since baseline.
  - Sawki:
    - The poor experienced improvements in HDDS (adult male and female HH; not evident in overall estimate), handwashing station with soap and water present, knowledge of

critical times for handwashing, all agriculture indicators (generally for males and females), WDDS, children's underweight (females), and wasting (females), exclusive breastfeeding, percent of births receiving at least four ANC visits, men's knowledge of health access importance
- Poor experienced an increase in diarrhea since baseline.
- Generally, the non-poor experienced improvements between baseline and endline across most of the same indicators that the poor experienced improvements (Table 6.11):
    o LAHIA:
        - The non-poor experienced improvements in HDDS, HHS, all agriculture indicators (females and males), WDDS, children's malnutrition (stunting, underweight, wasting but generally for females only), MAD (males), and critical moments of handwashing
    o PASAM-TAI:
        - The non-poor experienced improvements in HDDS, all agriculture indicators (generally for males and females), WDDS, girls' MAD, and men's knowledge of importance of healthcare access
        - Non-poor also experienced an increase in diarrhea from baseline.
    o Sawki:
        - The non-poor experienced improvements in HDDS, handwashing station with soap and water present, all agriculture indicators (generally for males and females), WDDS, children's underweight (females), stunting (females), wasting (males), MAD (males and females), men's knowledge of health access importance
        - Non-poor experienced an increase in diarrhea since baseline.
- **TAKEAWAY:** Although the non-poor are better off at endline than the poor on several indicators, the poor experienced significant improvements in food security, agriculture, women's WDDS, and children's malnutrition since the baseline.

Summary of children's malnutrition select age groups (Table 6.14)

- Improvements in the prevalence of stunting for children over two since the baseline are observed in all three project areas.
- Consistent improvement in all three measures of children's malnutrition in LAHIA
- Improvement in the prevalence of underweight children under two since the baseline are observed in LAHIA
- Improvements in the prevalence of wasting of children under two are observed in LAHIA and Sawki
- **TAKEAWAY:** Children over two at endline have multiple years of exposure to project interventions, and the results of the comparison of stunting for this age group between baseline and endline indicates improvements over the course of the project.

Summary of analysis of WDDS by PLW status (Table 6.12 & 6.13)

- LAHIA: There was no difference in WDDS between PLW and non-PLWs at baseline or endline but both groups of women experienced improvements in WDDS since baseline.
- PASAM-TAI: At baseline, WDDS of PLWs was higher than that of non-PLWs. There was no difference in WDDS between PLW and non-PLWs endline. Both groups of women experienced improvements in WDDS since baseline.
- Sawki: There was no difference in WDDS between PLW and non-PLWs at baseline, but at endline WDDS of PLWs was higher than that of non-PLWs. Both groups of women experienced improvements in WDDS since baseline.
  TAKEAWAY: In all three project areas, WDDS of both pregnant and lactating women (PLWs) and non-PLWs improved since baseline.

Summary of demographic characteristics of baseline villages with those of endline villages (Table 6.2)

- Villages sampled for the baseline and endline surveys have similar demographic characteristics, but there are a few differences to note:
    - Age of household head is lower in the endline compared to the baseline in all three project areas
    - Average age of the primary caregiver is lower in the endline compared to the baseline in all three project areas
    - Percent of household headed by females is higher in the endline compared to the baseline in PASAM-TAI
    - Percent of households with currently married women age 15-49 is lower at endline in LAHIA
    - Percent of households with children 0-5 months is higher at endline in LAHIA and PASAM-TAI
    - Level of education of the household head is higher in the endline compared to the baseline – LAHIA
    - Level of education of the primary caregiver head is higher in the endline compared to the baseline in all three project areas
    - Level of education of female household members is higher in the endline compared to the baseline in LAHIA
    - Level of education of male household members is higher in the endline compared to the baseline in LAHIA

  TAKEAWAY: Villages sampled for the baseline and endline surveys have similar demographic characteristics but there are a few differences. Possible reasons for differences could be sampling bias, results of project activities, or external factors.

Summary of comparison of baseline household characteristics by endline status (Table 6.3)

- In general, households that eventually received the DFAP and those that did not receive the DFAP are similar with respect to household characteristics at baseline (average HH size, average age of HH head, average age of primary caretakers for children under 5, percent of HH with women 15-49 years, percent of HH with currently married women 15-49 years, percent of HH with children 0-59 months, percent of HH with children 6-23 months, percent of HH with children 0-5 months)
- A few differences were observed in the PASAM-TAI project only, none in the LAHIA or Sawki projects
    - Difference seen in highest level of education by female HH members– those that did not receive DFAPs have more education than those that did receive DFAPs
    - Difference seen in average HH size – larger HH for those that did not receive DFAP (7.1 members) than for those that did receive DFAP (6.1 members)
    - Difference seen in average age of HH head
- **TAKEAWAY:** Although some villages sampled at baseline never received the DFAP interventions, the results of the comparisons of household characteristics confirm that these villages are similar to those villages that did receive the DFAPs.

Summary of comparison of baseline indicator estimates by endline status (Table 6.4)

- In general, there were very few significant differences between indicator estimates at baseline for those villages that received the DFAP compared to those that did not
- Summary of indicator differences:
    - HHS – Higher rates of hunger in DFAP villages compared to non-DFAP villages for the Sawki project only, no other differences observed
    - Poverty – No differences for any indicators for any project
    - WASH – More households in DFAP villages use an improved water source and have soap and water at a handwashing station compared to non-DFAP villages for the PASAM-TAI project only, no other differences observed

- o Agriculture – No differences for any indicators for any project for all farmers, a few differences for male or female farmers, overall more farmers in DFAP villages use improved storage practices compared to non-DFAP villages
- o Women's Health and Nutrition – No differences observed for any indicators for any project
- o Children's Health and Nutrition – Prevalence of wasting lower in DFAP villages compared to non-DFAP villages for PASAM-TAI project only, no other differences observed
- o Project-specific – fewer farmers in DFAP villages used at least one improved variety of macro-nutrient dense foods in most recent season compared to non-DFAP villages in PASAM-TAI project area only, no other differences observed
- **TAKEAWAY:** Although some baseline villages never received the DFAP interventions, the results of the comparisons of indicators at baseline confirm that the baseline indicators for these villages were generally the same as those villages that did receive the DFAP interventions.

Table 1. Summary of overall change in FFP indicators and spillover effects between baseline and endline by sector, Niger 2017 (Tables 6.1 & Tables 6.5-6.7)	
	Overall
Food security and poverty	• **In all three project areas, both direct beneficiaries of any program assistance and indirect beneficiaries experienced improvements in HDDS since the baseline** • Generally, no change in prevalence of hunger between baseline and endline in any of the project areas except in LAHIA (experienced by both direct and indirect beneficiaries) • Generally, no change in poverty indicators since the baseline except in the LAHIA project area, where both direct beneficiaries of any program assistance and indirect beneficiaries experienced increase in daily per capita consumption expenditures and declines in poverty and mean depth of poverty since the baseline
WASH	• In all project areas, there was no change in use of improved sanitation facility for direct beneficiaries of any type of program assistance or indirect beneficiaries with the exception of LAHIA • Change in use of improved drinking water source could not be assessed in any of the project areas • Improvements in the percentage of HHs with a handwashing station with water and soap only in Sawki project area, and this was observed for both direct beneficiaries of any type of assistance and indirect beneficiaries • Improvements in knowledge of 3 of the 5 critical moments for handwashing in LAHIA and Sawki project areas. This improvement occurred for both direct beneficiaries of any program assistance and indirect beneficiaries. No change in PASAM-TAI (baseline and endline both low at about 8.6 percent and 6.8 percent respectively)
Agriculture	**In all three project areas, both direct beneficiaries of any program assistance and indirect beneficiaries area experienced improvements in all agriculture indicators**
Women's Health and Nutrition	• No change in the prevalence of underweight women except in the Sawki project area, and this decline is observed for direct beneficiaries of any program assistance • **In all three project areas, both direct beneficiaries of any program assistance and indirect beneficiaries experienced improvements in WDDS** • Improvements in percent of births receiving at least four ANC visits occurred in the PASAM-TAI and Sawki project areas, and this improvement is observed for both direct beneficiaries of any program assistance and indirect beneficiaries

Table 1. Summary of overall change in FFP indicators and spillover effects between baseline and endline by sector, Niger 2017 (Tables 6.1 & Tables 6.5-6.7)	
	Overall
Children's Health and Nutrition	• **Children's nutrition and health indicators show mixed results by project area and indicator** • In LAHIA, all children's health and nutrition indicators with the exception of the diarrhea indicators improved for both direct beneficiaries of any program assistance and indirect beneficiaries • In Sawki, prevalence of underweight and wasting declined since the baseline for direct beneficiaries of any program assistance and indirect beneficiaries • Prevalence of exclusive breastfeeding improved in LAHIA and Sawki. In Sawki, the improvement is observed only among direct beneficiaries of any program assistance. • Prevalence of MAD increased for direct beneficiaries in all three project areas. In LAHIA and Sawki, improvements are also observed for indirect project beneficiaries. • Mixed results on trend in men and women's ability to identify at least two reasons why visiting a health services center is important for CU5 and adolescents, but baseline levels are relatively high for men and women at 76.7 percent and 84.9 percent, respectively.

Summary of trends by indicator and project, Niger 2017

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
Food security and poverty	• Significant improvements observed in food security and poverty indicators between baseline and endline • No difference in endline estimates of food security and poverty indicators between direct beneficiaries of any type of program assistance and indirect beneficiaries, with the exception of HHS, which was higher for direct beneficiaries • Endline estimates of food security and poverty indicators of direct beneficiaries of any type of program assistance show improvement from the baseline • Endline estimates of food security and poverty indicators of indirect beneficiaries show improvement from the baseline **TAKE AWAY: Both direct beneficiaries of any program assistance and indirect beneficiaries in the LAHIA project area experienced improvements in food security and poverty since the baseline**	Food security *HDDS:* • Household dietary diversity score improved between baseline and endline • Direct beneficiaries of any type of program assistance had higher HDDS at endline compared to endline estimate of indirect beneficiaries • HDDS of direct beneficiaries at endline is higher than the baseline estimate • HDDS of indirect beneficiaries at endline is higher than the baseline estimate *Prevalence of Hunger:* • No change in household hunger between baseline and endline • No difference in endline estimates for prevalence of hunger between direct and indirect beneficiaries • Prevalence of hunger for direct beneficiaries at endline does not differ from the baseline • Prevalence of hunger for indirect beneficiaries at endline does not differ from the baseline Poverty *Daily per capita consumption* • No change in daily per capita consumption between baseline and endline • Endline estimate of daily per capita consumption expenditures was higher for	Food security *HDDS:* • Household dietary diversity score improved between baseline and endline • Direct beneficiaries of any type of program assistance had higher HDDS at endline compared to endline estimate of indirect beneficiaries • HDDS of direct beneficiaries at endline is higher than the baseline estimate • HDDS of indirect beneficiaries at endline is higher than the baseline estimate *Prevalence of hunger:* • No change in household hunger between baseline and endline • No difference in endline estimates for prevalence of hunger between direct and indirect beneficiaries • Prevalence of hunger for direct beneficiaries at endline does not differ from the baseline • Prevalence of hunger for indirect beneficiaries at endline does not differ from the baseline Poverty • No change in poverty indicators between baseline and endline • No difference in endline estimates of poverty indicators between direct and indirect beneficiaries

		LAHIA	PASAM-TAI	Sawki
Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)				
			• direct beneficiaries compared to indirect beneficiaries • Endline estimate of daily per capita consumption for direct beneficiaries does not differ from the baseline • Endline estimate of daily per capita consumption for indirect beneficiaries does not differ from the baseline *Prevalence of poverty* • No change in prevalence of poverty between baseline and endline • Endline estimate of prevalence of poverty for direct beneficiaries was lower than the baseline • Endline estimate of prevalence of poverty for indirect beneficiaries did not differ from the baseline *Mean depth of poverty* • No change in mean depth of poverty between the baseline and endline • No difference in the endline estimate for the mean depth of poverty between direct and indirect beneficiaries • Endline estimate of mean depth of poverty for direct beneficiaries does not differ from the baseline • Endline estimate of mean depth of poverty for indirect beneficiaries does not differ from the baseline **TAKE AWAY:** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the PASAM-TAI**	• Endline poverty indicators of direct beneficiaries do not differ from baseline estimates • Endline poverty indicators of indirect beneficiaries do not differ from baseline estimates **TAKEAWAY:** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the *Sawki* project area experienced improvements in HDDS since the baseline** • **No change in the prevalence of hunger for direct beneficiaries of any program assistance or indirect beneficiaries** • **No change in any of the poverty indicators for direct beneficiaries of any program assistance or indirect beneficiaries**

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
		project area experienced improvements in HDDS since the baseline • **No change in the prevalence of hunger for direct beneficiaries of any program assistance or indirect beneficiaries** • **No change in daily per capita consumption expenditures or mean depth of poverty for direct beneficiaries of any program assistance or indirect beneficiaries** • **Prevalence of poverty declined from direct beneficiaries of any type of program assistance since the baseline**	
WASH	Sanitation facility • Use of an improved sanitation facility improved from baseline • Percentage of HHs with improved sanitation is higher for indirect beneficiaries compared to direct beneficiaries at endline • Endline estimate of direct beneficiaries of any program assistance does not differ from the baseline • Endline estimate for improved sanitation for indirect beneficiaries shows improvement from the baseline Handwashing facility • No change since baseline in the percentage of households with soap and water at a handwashing station. • No difference at endline in the percentage of HH with a handwashing	Sanitation facility • No change in use of an improved sanitation facility between baseline and endline • No difference in endline estimate of use of an improved sanitation facility between direct and indirect beneficiaries • Endline estimate of use of an improved sanitation facility for direct beneficiaries does not differ from the baseline • Endline estimate of use of an improved sanitation facility for indirect beneficiaries does not differ from the baseline Handwashing facility • No change in percent of households with soap and water at a handwashing station between baseline and endline • No difference in endline estimate of the percent of households with soap and	Sanitation facility • No change over time in access to an improved sanitation facility between baseline and endline • No difference in endline estimate of use of an improved sanitation facility between direct and indirect beneficiaries • Endline estimate of use of an improved sanitation facility for direct beneficiaries does not differ from the baseline • Endline estimate of use of an improved sanitation facility for indirect beneficiaries does not differ from the baseline Handwashing facility • Percentage of households with soap and water at a handwashing station improved between baseline and endline. • No difference in endline estimate of the percent of households with soap and

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
	station between direct and indirect beneficiaries • Endline estimate for direct beneficiaries of any program assistance does not differ from the baseline • Endline estimate for indirect beneficiaries does not differ from the baseline Knowledge of critical moments for handwashing • Knowledge of 3 of the 5 critical moments for handwashing increased since baseline • No difference in endline estimate between direct and indirect beneficiaries • Knowledge of the 3 of 5 critical moments of handwashing of direct beneficiaries at endline is higher than the baseline estimate • Knowledge of the 3 of 5 critical moments of handwashing of indirect beneficiaries at endline is higher than the baseline estimate **TAKEAWAY** • **No change in use of improved sanitation facility for direct beneficiaries of any type of program assistance but improvements for indirect beneficiaries** • **No change in percentage of HH with a handwashing station with water and soup for direct**	water at a handwashing station between direct and indirect beneficiaries • Endline estimate of percent of HH with soap and water at a handwashing facility for direct beneficiaries does not differ from the baseline • Endline estimate of percent of HH with soap and water at a handwashing facility for indirect beneficiaries does not differ from the baseline Knowledge of critical moments for handwashing • No change in knowledge of 3 of the 5 critical moments for handwashing between baseline and endline • No difference at endline in knowledge of the 3 of 5 critical moments of handwashing between direct and indirect beneficiaries between direct and indirect beneficiaries. • Endline estimate of knowledge of the 3 of 5 critical moments of handwashing for direct beneficiaries does not differ from the baseline. • Endline estimate of percent of HH with soap and water at a handwashing facility for indirect beneficiaries does not differ from the baseline **TAKE AWAY** • **No change in any of the WASH indicators for direct beneficiaries of any type of program assistance or indirect beneficiaries in the PASAM-TAI project area**	water at a handwashing station between direct and indirect beneficiaries • Endline estimate of percent of HH with soap and water at a handwashing facility for direct beneficiaries is higher than the baseline • Endline estimate of percent of HH with soap and water at a handwashing facility for indirect beneficiaries is higher than the baseline Knowledge of critical moments for handwashing • Knowledge of 3 of the 5 critical moments for handwashing increased between baseline and endline. • No difference at endline in knowledge of the 3 of 5 critical moments of handwashing between direct and indirect beneficiaries between direct and indirect beneficiaries. • Endline estimate of knowledge of the 3 of 5 critical moments of handwashing for direct beneficiaries is higher than the baseline • Endline estimate of knowledge of the 3 of 5 critical moments of handwashing for indirect beneficiaries is higher than the baseline **TAKEAWAY** • **No change in use of improved sanitation facility for direct beneficiaries of any type of program assistance or indirect beneficiaries**

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
	beneficiaries of any type of assistance or indirect beneficiaries • **Knowledge of 3 of the 5 critical moments for handwashing improved for both direct beneficiaries of any program assistance and indirect beneficiaries** • **Unable to assess change in use of improved drinking water source**	• **Unable to assess change in use of improved drinking water source** • **No change in knowledge of 3 of the 5 critical moments for handwashing between baseline and endline**	• **Percentage of HH with a handwashing station with water and soup improved both for direct beneficiaries of any type of assistance and indirect beneficiaries** • **Knowledge of 3 of the 5 critical moments for handwashing improved for both direct beneficiaries of any program assistance and indirect beneficiaries** • **Unable to assess change in use of improved drinking water source**
Agriculture	• Substantial improvements for all agricultural indicators between baseline and endline • No difference in endline estimates of agriculture indicators between direct beneficiaries of any type of program assistance and indirect beneficiaries with the exception of use of financial services which was higher for direct beneficiaries • Endline estimates of all agriculture indicators for direct beneficiaries of any type of program assistance are higher than the baseline estimates • Endline estimates of all agriculture indicators for indirect beneficiaries are higher than the baseline estimates **TAKE AWAY: Both direct beneficiaries of any program assistance and indirect beneficiaries in the LAHIA project area experienced improvements in all agriculture indicators**	• Use of financial services, value chain activities, sustainable agriculture practices improved storage practices, and at least one micro-nutrient dense food in the most recent season all increased between baseline and endline • At endline, direct beneficiaries of any type of program assistance had higher use of financial services, sustainable agriculture practices and improved storage methods compared to indirect beneficiaries but did not differ in use of value chain activities or micro-nutrient dense foods • Endline estimates of the use of financial services, value chain activities, three sustainable agriculture practices, improved storage practices, and micro-nutrient dense foods of direct beneficiaries are higher than the baseline estimates • Endline estimates of the use of financial services, value chain activities, three sustainable agriculture practices, improved storage practices, and micro-nutrient dense	• Use of financial services, value chain activities, sustainable agriculture practices improved storage practices, and at least one micro-nutrient dense food in the most recent season all increased between baseline and endline • At endline, direct beneficiaries of any type of program assistance had higher use of financial services, sustainable agriculture practices and micro-nutrient dense foods compared to indirect beneficiaries but did not differ in use of value chain activities or improved storage practices • Endline estimates of the use of financial services, value chain activities, three sustainable agriculture practices, improved storage practices, and micro-nutrient dense foods of direct beneficiaries is higher than the baseline estimates • Endline estimates of the use of financial services, value chain activities, three sustainable agriculture practices, improved storage practices, and micro-nutrient dense

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
		foods of indirect beneficiaries are higher than the baseline estimates **TAKE AWAY: Both direct beneficiaries of any program assistance and indirect beneficiaries in the PASAM-TAI project area experienced improvements in all agriculture indicators**	foods of indirect beneficiaries are higher than the baseline estimates **TAKE AWAY: Both direct beneficiaries of any program assistance and indirect beneficiaries in the Sawki project area experienced improvements in all agriculture indicators**
Women's Health and Nutrition	Prevalence of underweight • No change in in the prevalence of underweight among non-pregnant women 15-49 years between baseline and endline • No difference in endline estimate of prevalence of underweight women between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of the prevalence of underweight women for direct beneficiaries does not differ from the baseline • Endline estimate of the prevalence of underweight women for indirect beneficiaries does not differ from the baseline WDDS • Improvement in WDDS between baseline and endline • Endline estimate of WDDS was higher for direct beneficiaries compared to indirect beneficiaries • Endline estimate of WDDS for direct beneficiaries is higher than the baseline	Prevalence of underweight • No change in in the prevalence of underweight among non-pregnant women 15-49 years between baseline and endline • No difference in endline estimate of prevalence of underweight women between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of the prevalence of underweight women for direct beneficiaries does not differ from the baseline • Endline estimate of the prevalence of underweight women for indirect beneficiaries does not differ from the baseline WDDS • Improvement in WDDS between baseline and endline • Endline estimate of WDDS was higher for direct beneficiaries compared to indirect beneficiaries • Endline estimate of WDDS for direct beneficiaries is higher than the baseline • Endline estimate of WDDS for indirect beneficiaries is higher than the baseline	Prevalence of underweight • Prevalence of underweight among non-pregnant women 15-49 years decreased between baseline and endline • No difference in endline estimate of prevalence of underweight women between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of the prevalence of underweight women for direct beneficiaries is lower than the baseline • Endline estimate of the prevalence of underweight women for indirect beneficiaries does not differ from the baseline WDDS • Improvement in WDDS between baseline and endline • Endline estimate of WDDS was higher for direct beneficiaries compared to indirect beneficiaries • Endline estimate of WDDS for direct beneficiaries is higher than the baseline • Endline estimate of WDDS for indirect beneficiaries is higher than the baseline

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
	• Endline estimate of WDDS for indirect beneficiaries is higher than the baseline ANC visits • No change in the percent of births in past 24 months receiving at least ANC visits between baseline and endline • No difference in endline estimate between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of percent of births receiving at least 4 ANC for direct beneficiaries does not differ from the baseline • Endline estimate of percent of births receiving at least 4 ANC for indirect beneficiaries does not differ from the baseline **TAKE AWAY:** • **No change in the prevalence of underweight women for direct beneficiaries of any program assistance or indirect beneficiaries** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the LAHIA project area experienced improvements in WDDS** • **No change in percent of births receiving at least 4 ANC visits for both direct beneficiaries of any program assistance and indirect beneficiaries**	ANC visits • Increase in percent of births in past 24 months receiving at least ANC visits between baseline and endline • No difference in endline estimate of the percent of births receiving at least 4 ANC visits between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of percent of births receiving at least 4 ANC for direct beneficiaries is higher than the baseline • Endline estimate of percent of births receiving at least 4 ANC for indirect beneficiaries is higher than the baseline **TAKE AWAY:** • **No change in the prevalence of underweight women for direct beneficiaries of any program assistance or indirect beneficiaries** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the PASAM-TAI project area experienced improvements in WDDS** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the PASAM-TAI project area experienced improvements in percent of births receiving at least 4 ANC visits**	ANC visits • Increase in percent of births in past 24 months receiving at least ANC visits between baseline and endline • No difference in endline estimate of the percent of births receiving at least 4 ANC visits between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimate of percent of births receiving at least 4 ANC for direct beneficiaries is higher than the baseline • Endline estimate of percent of births receiving at least 4 ANC for indirect beneficiaries is higher than the baseline **TAKE AWAY:** • **Decline in the prevalence of underweight women is observed for direct beneficiaries of any program assistance in the Sawki project area** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the Sawki project area experienced improvements in WDDS** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the Sawki project area experienced improvements in percent of births receiving at least 4 ANC visits**

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
Children's Health and Nutrition	Children's health and nutrition • All children's indicators show significant improvement from baseline to endline with the exception of diarrhea indicators • No difference at endline in children's health and nutrition indicators between direct beneficiaries of any type of program assistance and indirect beneficiaries • Endline estimates of all children's indicators for direct beneficiaries of any type of program assistance show improvements compared to the baseline estimates with the exception of the diarrhea indicators • Endline estimates of all children's indicators for indirect beneficiaries show improvements compared to the baseline estimates with the exception of exclusive breastfeeding and diarrhea indicators Knowledge of CHN • No difference between baseline and endline estimates in ability of adult males and females to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents • Endline estimates of the ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents for direct beneficiaries did not differ from the baseline estimate • Endline estimates of the ability to identify at least 2 reasons why visiting a health services is important for CU5 and	Nutritional status • Nutritional status (stunting, underweight and wasting) of children under 5 years of age improved between baseline and endline • No difference at endline in prevalence of underweight and wasting between direct and indirect beneficiaries • Prevalence of stunting at endline is higher for direct beneficiaries compared to indirect beneficiaries • Endline estimates of the prevalence of underweight, stunting and wasting for direct beneficiaries do not differ from baseline estimates • Endline estimates of the prevalence of underweight, stunting and wasting for indirect beneficiaries are lower than the baseline estimates Diarrhea Indicators *Prevalence of Diarrhea* • Prevalence of diarrhea increased between baseline and endline • No difference at endline in prevalence of diarrhea between direct and indirect beneficiaries • Endline estimate of the prevalence of diarrhea for direct beneficiaries is higher than the baseline • Endline estimate of the prevalence of diarrhea for indirect beneficiaries is higher than the baseline *ORT*	Nutritional status • Decline in underweight and wasting between baseline and endline. The prevalence of underweight decreased for girls only. The prevalence of wasting decreased for boys and girls. • Decrease in the prevalence of stunting between baseline and endline was experienced only by girls. • No difference in endline estimates of stunting, underweight, and wasting between direct and indirect beneficiaries. • Endline estimates of the prevalence of underweight and wasting of children under five among direct beneficiaries are lower than the baseline estimates. • Endline estimates of the prevalence of underweight and wasting of children under five among indirect beneficiaries are lower than the baseline estimates • No difference between the baseline estimate and endline estimate of direct beneficiaries in the prevalence of stunting • No difference between the baseline estimate and endline estimate of indirect beneficiaries in the prevalence of stunting but the endline estimate of stunting for girls is lower than the baseline Diarrhea Indicators *Prevalence of Diarrhea* • Prevalence of diarrhea increased between baseline and endline • Endline estimates of diarrhea do not differ between direct and indirect beneficiaries.

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)		
LAHIA	**PASAM-TAI**	**Sawki**
adolescents for indirect beneficiaries did not differ from the baseline estimate **TAKE AWAY:** • **Both direct beneficiaries of any program assistance and indirect beneficiaries in the LAHIA project area experienced improvements in all children's health and nutrition indicators with the exception of the diarrhea indicators** • **No change in ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents for direct beneficiaries of any program assistance and indirect beneficiaries but the baseline estimates are relatively high for men and women at 76.7percent and 84.9percent respectively.**	• No change in percent of children with diarrhea who were treated with ORT between baseline and endline • At endline the percentage of children with diarrhea treated with ORT is higher for direct beneficiaries compared to indirect beneficiaries • Endline estimate of percentage of children with diarrhea treated with ORT for direct beneficiaries does not differ from the baseline • Endline estimate of percentage of children with diarrhea treated with ORT for indirect beneficiaries does not differ from the baseline Feeding practices and dietary diversity *Exclusive breastfeeding* • No change in the prevalence of exclusive breastfeeding between baseline and endline • Prevalence of exclusive breastfeeding at endline was higher for direct beneficiaries compared to indirect beneficiaries • Endline estimate of the prevalence of exclusive breastfeeding for direct beneficiaries does not differ from the baseline • Endline estimate of the prevalence of exclusive breastfeeding for indirect beneficiaries is lower than the baseline *MAD* • Improvement in the prevalence of MAD between baseline and endline	• No difference between the baseline estimate and endline estimate of direct beneficiaries in prevalence diarrhea • Endline estimate of diarrhea for indirect beneficiaries is higher than the baseline *ORT* • No change in use of ORT between baseline and endline • Endline estimates of use of ORT do not differ between direct and indirect beneficiaries. • No difference between the baseline estimate and endline estimate of direct beneficiaries in the percent of children with diarrhea who are treated with ORT • No difference between the baseline estimate and endline estimate of direct beneficiaries in the percent of children with diarrhea who are treated with ORT Feeding practices and dietary diversity *Exclusive breastfeeding* • Prevalence of exclusive breasting for children under 6 months increased between baseline and endline • No difference in endline estimates of exclusive breastfeeding between direct and indirect beneficiaries. • Prevalence of exclusive breastfeeding for direct beneficiaries is higher than the baseline estimates

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
		• No difference at endline in MAD between direct and indirect beneficiaries • Endline estimate of the prevalence of MAD for direct beneficiaries is higher than the baseline estimate • Endline estimate of the prevalence of MAD for indirect beneficiaries does not differ from the baseline estimate Knowledge of CHN • Improvement in men's ability to identify at least 2 reasons why access to health services is important for children under 5 years of age and adolescents between baseline and endline • Women's ability to identify at least 2 reasons why access to health services is important for CU5 of age and adolescents did not change between baseline and endline although the baseline estimate was relatively high at 82.1percent. • No difference at endline between direct and indirect beneficiaries in ability of adult males or adult females to give at least 2 reasons why health service visits are important for CU5 and adolescents • Endline estimate of adult male's ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents is higher than the baseline estimate for both direct and indirect beneficiaries • Endline estimate of adult female's ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents does not differ from the	• Prevalence of exclusive breastfeeding for indirect beneficiaries does not differ from baseline estimates *MAD* • Prevalence of MAD increased between baseline and endline. • No difference in endline estimates of MAD between direct and indirect beneficiaries. • Prevalence of MAD at endline for direct beneficiaries is higher than the baseline estimates • Prevalence of MAD at endline for indirect beneficiaries is higher than the baseline estimates Knowledge of CHN • Ability to identify at least 2 reasons why access to health services is important for children improved for both adult males and females between baseline and endline. • Endline estimates of direct beneficiaries for adult males and adult females' ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents are higher than that of indirect beneficiaries • Endline estimates of direct beneficiaries for both adult males and adult females' ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents are higher than the baseline estimates • Endline estimates of indirect beneficiaries for adult males' ability to identify at least 2 reasons why visiting a health services is

		LAHIA	PASAM-TAI	Sawki
			baseline estimate for both direct and indirect beneficiaries	important for CU5 and adolescents is higher than the baseline estimates. There is no difference between the baseline and endline estimate for adult females but the baseline is relatively high at 73.2percent.

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)

PASAM-TAI:

TAKE AWAY:
- **Direct beneficiaries of any program assistance in the PASAM-TAI project area did not experience any change in the nutritional status of children but the nutritional status of children living in households that were indirect beneficiaries was better than the baseline estimates**
- **Prevalence of diarrhea in the PASAM-TAI project areas increased between baseline and endline but this is based on a two-week reference period and may not be representative.**
- **No change in use of ORT for direct beneficiaries of any type of assistance or indirect beneficiaries in the PASAM-TAI project area**
- **No change in exclusive breastfeeding since the baseline**
- **Direct beneficiaries of any program assistance in the PASAM-TAI project area experienced improvements in MAD**
- **Improvement in men's ability to identify at least 2 reasons why access to health services is important for children under 5 years of age and adolescents**
- **No change in women's ability to identify at least 2 reasons why access**

Sawki:

TAKE AWAY:
- **Direct beneficiaries of any program assistance and indirect beneficiaries experienced decline in prevalence of underweight and wasting since the baseline**
- **Results for stunting are mixed and indicate decline only for girls in indirect beneficiary households.**
- **Direct beneficiaries experienced improvement in exclusive breastfeeding since the baseline.**
- **Improvements in MAD were experienced by both direct beneficiaries of any program assistance and indirect beneficiaries.**
- **Improvements in men and women's ability to identify at least 2 reasons why visiting a health services is important for CU5 and adolescents for direct beneficiaries. Improvements for men only among indirect beneficiaries but the baseline is relatively high for women.**

Table 2. Summary of change in FFP indicators and spillover effects between baseline and endline by indicator and project (Tables 6.1 & Tables 6.5-6.7)			
	LAHIA	**PASAM-TAI**	**Sawki**
		to health services is important for CU5 of age and adolescents but the baseline estimate was relatively high at 82.1percent.	

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1a. Comparison of Baseline and End-line Indicators - All Programs Combined

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.7	1.2	***	6,123	4,677
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.0%	-7.1	**	6,970	5,278
Male and female adults	29.3%	21.6%	-7.7	***	6,337	4,525
Adult female, no adult male	34.2%	30.3%	-3.9	NS	352	419
Adult male, no adult female	18.0%	11.6%	-6.4	NS	276	311
Child, no adults	NA	NA	NA	NA	5	23
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.40	$0.08	NS	49,656	37,551
Male and female adults	$1.31	$1.39	$0.08	NS	47,321	34,869
Adult female, no adult male	$1.43	$1.31	-$0.12	NS	1,543	1,781
Adult male, no adult female	$2.33	$2.11	-$0.22	NS	784	850
Child, no adults	NA	NA	NA	NA	8	51
Prevalence of poverty: Percent of people living on less than $1.25/day[3]	63.7%	58.3%	-5.5	†	49,656	37,551
Male and female adults	64.6%	58.7%	-5.9	*	47,321	34,869
Adult female, no adult male	56.3%	62.1%	5.9	NS	1,543	1,781
Adult male, no adult female	24.4%	31.0%	6.6	NS	784	850
Child, no adults	NA	NA	NA	NA	8	51
Mean depth of poverty (expressed as percent of poverty line)	25.8%	21.4%	-4.5	*	49,656	37,551
Male and female adults	26.2%	21.4%	-4.8	**	47,321	34,869
Adult female, no adult male	24.8%	25.8%	1.0	NS	1,543	1,781
Adult male, no adult female	6.8%	8.1%	1.3	NS	784	850
Child, no adults	NA	NA	NA	NA	8	51
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	28.6%	NA	NA	7,310	5,292
Percentage of households using improved sanitation facilities	8.6%	9.3%	0.8	NS	7,309	5,310
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	18.7%	3.4	†	6,518	5,235
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	18.2%	12.6	***	5,298	4,950
Male	6.0%	18.8%	12.8	***	4,562	3,800
Female	3.4%	16.6%	13.2	***	729	1,150
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	40.8%	16.1	***	5,282	4,962

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Table 6.1a. Comparison of Baseline and End-line Indicators - All Programs Combined

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
Male	25.6%	42.1%	16.6	***	4,548	3,808
Female	19.7%	37.3%	17.6	***	727	1,154
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	65.8%	35.5	***	6,051	4,962
Male	31.4%	72.3%	40.9	***	5,236	3,808
Female	24.3%	48.4%	24.1	***	808	1,154
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	49.5%	21.9	***	6,098	4,962
Male	27.8%	54.7%	26.9	***	5,277	3,808
Female	26.1%	35.5%	9.3	*	814	1,154
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	20.5%	0.6	NS	4,827	3,419
Women's Dietary Diversity Score (WDDS)	3.3	4.2	0.9	***	6,050	4,567
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	42.2%	-5.1	***	7,849	8,070
Male	48.2%	43.8%	-4.4	*	3,977	4,044
Female	46.4%	40.6%	-5.8	**	3,870	4,026
Prevalence of stunted children under 5 years of age (Total)	57.8%	54.0%	-3.8	**	7,688	7,983
Male	59.2%	56.9%	-2.3	NS	3,907	4,003
Female	56.3%	51.1%	-5.2	**	3,781	3,980
Prevalence of wasted children under 5 years of age (Total)	17.4%	13.7%	-3.6	***	7,849	8,062
Male	19.1%	16.6%	-2.5	†	3,977	4,046
Female	15.5%	10.9%	-4.6	***	3,870	4,016
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.5%	25.7%	11.2	***	10,386	8,231
Male	15.3%	27.7%	12.4	***	5,278	4,141
Female	13.5%	23.6%	10.2	***	5,097	4,088
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	75.9%	-2.5	NS	1,523	1,786
Male	78.4%	76.5%	-1.9	NS	824	939
Female	78.3%	75.2%	-3.2	NS	698	845
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	41.8%	-0.9	NS	1,055	837
Male	41.8%	38.6%	-3.2	NS	543	412
Female	43.5%	45.3%	1.9	NS	512	425
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	17.1%	8.9	***	2,774	2,156
Male	8.2%	14.5%	6.3	**	1,438	1,091
Female	8.2%	19.7%	11.5	***	1,334	1,065

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1a. Comparison of Baseline and End-line Indicators - All Programs Combined

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	8.3%	0.2	NS	7,260	5,306
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	23.1%	12.7	***	6,098	4,960
Male	10.3%	27.2%	16.8	***	5,277	3,807
Female	10.7%	12.1%	1.4	NS	814	1,153
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	63.4%	11.2	**	1,909	2,452
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	77.9%	11.4	***	4,375	4,090
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.8%	2.5	NS	4,723	5,053

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

[3] Expressed in constant 2010 USD

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1b. Comparison of Baseline and End-line Indicators - LAHIA

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	1,458
Prevalence of households with moderate or severe hunger (HHS)	42.5%	24.2%	-18.3	***	2,428	1,757
Male and female adults	42.9%	24.5%	-18.4	***	2,275	1,607
Adult female, no adult male	42.1%	26.8%	-15.2	†	75	64
Adult male, no adult female	30.5%	16.9%	-13.6	†	78	83
Child, no adults	NA	NA	NA	NA	0	3
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.26	0.2	***	19,592	14,114
Male and female adults	$1.05	$1.25	0.2	***	18,957	13,590
Adult female, no adult male	$1.10	$1.48	0.4	**	403	288
Adult male, no adult female	$1.95	$1.76	-0.2	NS	232	231
Child, no adults	NA	NA	NA	NA	0	5
Prevalence of poverty: Percent of people living on less than $1.25/day[3]	75.8%	65.0%	-10.8	***	19,592	14,114
Male and female adults	76.2%	65.6%	-10.6	***	18,957	13,590
Adult female, no adult male	76.0%	53.0%	-22.9	**	403	288
Adult male, no adult female	42.1%	50.5%	8.4	NS	232	231
Child, no adults	NA	NA	NA	NA	0	5
Mean depth of poverty (expressed as percent of poverty line)	35.8%	27.2%	-8.6	***	19,592	14,114
Male and female adults	36.1%	27.5%	-8.6	***	18,957	13,590
Adult female, no adult male	34.8%	19.0%	-14.9	**	403	288
Adult male, no adult female	11.6%	21.4%	9.8	**	232	231
Child, no adults	NA	NA	NA	NA	0	5
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	49.7%	NA	NA	2,442	1,751
Percentage of households using improved sanitation facilities	10.5%	18.2%	7.7	**	2,439	1,764
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	12.4%	2.4	NS	2,212	1,725
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	25.3%	16.6	***	1,797	1,704
Male	9.4%	25.9%	16.5	***	1,539	1,386
Female	5.3%	22.8%	17.6	***	256	318
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	33.1%	13.3	***	1,794	1,710

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1b. Comparison of Baseline and End-line Indicators - LAHIA

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
Male	20.0%	34.8%	14.8	***	1,536	1,390
Female	18.5%	26.7%	8.2	NS	256	320
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	58.1%	34.6	***	2,212	1,710
Male	24.8%	60.5%	35.7	***	1,902	1,390
Female	17.8%	48.9%	31.1	***	308	320
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	58.4%	31.3	***	2,236	1,710
Male	28.5%	60.4%	31.8	***	1,923	1,390
Female	20.7%	50.7%	30.0	***	311	320
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.0%	-0.2	NS	1,735	1,183
Women's Dietary Diversity Score (WDDS)	2.9	4.0	1.1	***	2,162	1,580
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.1%	-9.7	***	3,105	2,964
Male	47.6%	38.5%	-9.0	***	1,582	1,501
Female	46.0%	35.7%	-10.3	***	1,523	1,463
Prevalence of stunted children under 5 years of age (Total)	57.6%	50.2%	-7.4	***	3,029	2,938
Male	58.6%	53.4%	-5.2	*	1,543	1,490
Female	56.5%	46.8%	-9.6	***	1,486	1,448
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.6%	-5.1	***	3,105	2,966
Male	18.8%	13.0%	-5.8	***	1,582	1,506
Female	14.5%	10.2%	-4.3	**	1,523	1,460
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	18.1%	3.3	†	4,180	2,980
Male	16.2%	18.9%	2.7	NS	2,140	1,516
Female	13.5%	17.3%	3.8	†	2,039	1,463
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	71.7%	-5.2	NS	651	525
Male	77.6%	74.5%	-3.1	NS	363	273
Female	76.0%	68.9%	-7.1	NS	287	251
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	56.8%	12.7	**	420	328
Male	42.4%	52.8%	10.4	†	225	152
Female	45.9%	60.4%	14.5	**	195	176
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.6%	7.2	**	1,102	750
Male	4.4%	13.5%	9.1	**	579	396
Female	6.6%	11.7%	5.1	†	522	354

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1b. Comparison of Baseline and End-line Indicators - LAHIA

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.9%	6.7	**	2,441	1,758
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	37.3%	23.8	***	2,236	1,710
Male	14.4%	38.3%	23.9	***	1,923	1,390
Female	9.6%	33.6%	23.9	***	311	320
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.5%	5.7	NS	649	823
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	79.3%	2.6	NS	1,610	1,446
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	85.8%	1.0	NS	1,840	1,683

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

[3] Expressed in constant 2010 USD

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1c. Comparison of Baseline and End-line Indicators - PASAM TAI

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.6	1.0	***	2,133	1,629
Prevalence of households with moderate or severe hunger (HHS)	25.0%	21.2%	-3.7	NS	2,398	1,770
Male and female adults	25.1%	20.4%	-4.7	NS	2,139	1,448
Adult female, no adult male	33.5%	31.2%	-2.3	NS	127	201
Adult male, no adult female	15.4%	10.1%	-5.3	NS	129	107
Child, no adults	NA	NA	NA	NA	3	14
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.40	$0.03	NS	15,844	11,997
Male and female adults	$1.35	$1.40	$0.05	NS	14,962	10,831
Adult female, no adult male	$1.39	$1.28	-$0.11	NS	524	838
Adult male, no adult female	$2.36	$2.10	-$0.26	NS	354	300
Child, no adults	NA	NA	NA	NA	4	28
Prevalence of poverty: Percent of people living on less than $1.25/day[3]	62.6%	58.0%	-4.5	NS	15,844	11,997
Male and female adults	63.6%	58.3%	-5.3	NS	14,962	10,831
Adult female, no adult male	57.9%	64.1%	6.1	NS	524	838
Adult male, no adult female	21.3%	30.5%	9.3	NS	354	300
Child, no adults	NA	NA	NA	NA	4	28
Mean depth of poverty (expressed as percent of poverty line)	23.3%	20.8%	-2.5	NS	15,844	11,997
Male and female adults	23.6%	20.7%	-2.9	NS	14,962	10,831
Adult female, no adult male	26.7%	26.8%	0.1	NS	524	838
Adult male, no adult female	5.5%	7.0%	1.5	NS	354	300
Child, no adults	NA	NA	NA	NA	4	28
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	22.7%	NA	NA	2,457	1,777
Percentage of households using improved sanitation facilities	5.5%	7.5%	2.0	NS	2,453	1,779
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	16.9%	1.8	NS	2,300	1,755
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	17.3%	13.7	***	1,883	1,590
Male	3.8%	17.8%	14.0	***	1,660	1,162
Female	2.0%	16.1%	14.1	***	222	428
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	42.0%	13.1	***	1,880	1,593

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
Male	29.8%	43.4%	13.6	***	1,657	1,164
Female	21.8%	38.6%	16.8	**	222	429
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	65.7%	32.0	***	2,071	1,593
Male	35.1%	73.2%	38.1	***	1,833	1,164
Female	23.2%	47.2%	24.0	***	237	429
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	47.1%	22.1	***	2,083	1,593
Male	25.3%	53.1%	27.7	***	1,844	1,164
Female	22.5%	32.6%	10.1	NS	238	429
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	21.3%	1.1	NS	1,621	1,158
Women's Dietary Diversity Score (WDDS)	3.4	4.2	0.7	***	2,018	1,520
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	43.4%	-5.5	*	2,482	2,681
Male	50.4%	45.1%	-5.4	*	1,242	1,341
Female	47.3%	41.8%	-5.4	†	1,239	1,340
Prevalence of stunted children under 5 years of age (Total)	59.5%	55.0%	-4.5	*	2,445	2,653
Male	61.5%	57.9%	-3.6	NS	1,231	1,328
Female	57.5%	52.2%	-5.3	†	1,214	1,325
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.4%	-3.4	*	2,482	2,686
Male	19.6%	17.8%	-1.8	NS	1,242	1,346
Female	15.8%	11.1%	-4.8	*	1,239	1,340
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	27.2%	13.2	***	3,127	2,793
Male	15.2%	29.7%	14.6	***	1,579	1,397
Female	12.6%	24.8%	12.3	***	1,545	1,396
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	76.1%	-4.2	NS	415	756
Male	80.8%	76.3%	-4.5	NS	231	405
Female	79.5%	75.9%	-3.7	NS	184	351
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	38.9%	-5.4	NS	338	311
Male	44.1%	35.7%	-8.4	NS	163	170
Female	44.5%	42.7%	-1.8	NS	175	141
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	16.6%	7.0	*	887	750
Male	10.2%	13.2%	3.0	NS	457	369
Female	8.9%	19.8%	10.9	**	430	381

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Table 6.1c. Comparison of Baseline and End-line Indicators - PASAM TAI

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.8%	-1.8	NS	2,443	1,778
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	20.9%	12.2	***	2,083	1,592
Male	8.6%	25.6%	17.0	***	1,844	1,163
Female	10.0%	9.6%	-0.4	NS	238	429
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	62.1%	14.2	*	605	860
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	77.8%	11.4	***	1,483	1,339
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	83.6%	1.5	NS	1,642	1,687

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

[3] Expressed in constant 2010 USD

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1d. Comparison of Baseline and End-line Indicators - SAWKI

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.5	1.6	***	1,950	1,590
Prevalence of households with moderate or severe hunger (HHS)	21.8%	25.2%	3.4	NS	2,144	1,751
Male and female adults	21.0%	26.2%	5.2	†	1,923	1,470
Adult female, no adult male	32.0%	23.4%	-8.6	NS	150	154
Adult male, no adult female	12.7%	15.9%	3.3	NS	69	121
Child, no adults	NA	NA	NA	NA	2	6
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.54	-$0.11	NS	14,220	11,440
Male and female adults	$1.63	$1.51	-$0.12	NS	13,402	10,448
Adult female, no adult male	$1.67	$1.50	-$0.17	NS	616	655
Adult male, no adult female	$2.76	$2.42	-$0.34	NS	198	319
Child, no adults	NA	NA	NA	NA	4	18
Prevalence of poverty: Percent of people living on less than $1.25/day[3]	47.3%	52.5%	5.3	NS	14,220	11,440
Male and female adults	48.0%	53.8%	5.9	NS	13,402	10,448
Adult female, no adult male	42.9%	47.7%	4.8	NS	616	655
Adult male, no adult female	12.9%	21.1%	8.2	NS	198	319
Child, no adults	NA	NA	NA	NA	4	18
Mean depth of poverty (expressed as percent of poverty line)	16.1%	18.9%	2.8	NS	14,220	11,440
Male and female adults	16.2%	19.4%	3.2	NS	13,402	10,448
Adult female, no adult male	16.7%	18.4%	1.7	NS	616	655
Adult male, no adult female	5.6%	5.7%	0.1	NS	198	319
Child, no adults	NA	NA	NA	NA	4	18
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	48.2%	NA	NA	2,411	1,764
Percentage of households using improved sanitation facilities	13.2%	13.6%	0.3	NS	2,417	1,767
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	35.9%	13.3	***	2,006	1,755
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	17.4%	11.2	***	1,618	1,656
Male	6.9%	17.9%	11.1	***	1,363	1,252
Female	3.2%	15.6%	12.4	***	251	404
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	40.3%	18.7	***	1,608	1,659

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1d. Comparison of Baseline and End-line Indicators - SAWKI

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
Male	22.3%	41.7%	19.4	***	1,355	1,254
Female	18.1%	35.5%	17.3	***	249	405
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	73.2%	41.1	***	1,768	1,659
Male	31.6%	78.0%	46.4	***	1,501	1,254
Female	33.9%	56.9%	23.0	**	263	405
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	55.9%	21.8	***	1,779	1,659
Male	33.1%	59.0%	25.9	***	1,510	1,254
Female	38.2%	45.5%	7.3	NS	265	405
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.3%	-5.2	*	1,471	1,078
Women's Dietary Diversity Score (WDDS)	3.6	4.7		***	1,870	1,467
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.6%	-5.7	**	2,262	2,425
Male	43.6%	40.3%	-3.3	NS	1,153	1,202
Female	44.9%	36.9%	-7.9	**	1,108	1,223
Prevalence of stunted children under 5 years of age (Total)	53.8%	50.7%	-3.1	NS	2,214	2,392
Male	54.5%	53.6%	-0.8	NS	1,133	1,185
Female	53.2%	47.9%	-5.4	*	1,081	1,207
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.4%	-5.9	***	2,262	2,410
Male	18.4%	12.3%	-6.1	*	1,153	1,194
Female	16.2%	10.6%	-5.6	***	1,108	1,216
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.8%	22.0%	7.3	***	3,079	2,458
Male	14.1%	22.5%	8.4	**	1,559	1,228
Female	15.5%	21.5%	6.0	*	1,513	1,229
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	77.5%	0.9	NS	457	505
Male	73.7%	80.3%	6.7	NS	230	261
Female	79.3%	74.5%	-4.8	NS	227	243
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	49.9%	13.8	†	297	198
Male	34.7%	52.6%	17.9	**	155	90
Female	37.3%	47.7%	10.4	NS	142	108
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	25.3%	16.2	***	785	656
Male	9.5%	24.4%	14.9	***	402	326
Female	8.7%	26.2%	17.5	***	382	330

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Table 6.1d. Comparison of Baseline and End-line Indicators - SAWKI

	Baseline	End-line	Raw Difference (End-line - Baseline)	Significance Level[2]	Number of observations Baseline	End-line
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	12.1%	5.5	**	2,376	1,770
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	23.2%	13.5	***	1,779	1,658
Male	8.8%	25.8%	17.0	***	1,510	1,254
Female	13.0%	14.2%	1.3	NS	265	404
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	65.1%	24.2	***	655	769
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	76.9%	23.9	***	1,282	1,305
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	83.1%	9.8	**	1,241	1,683

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

[3] Expressed in constant 2010 USD

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.1e. FFP Endline Indicators - Combined Project Areas

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Average Household Dietary Diversity Score (HDDS)	4.7	4.5	4.9	4,677	80,989	2.3	0.10	2.9
Prevalence of households with moderate or severe hunger (HHS)	22.0	18.2	25.8	5,278	87,927	41.4	1.94	3.4
Male and female adults	21.6	17.9	25.3	4,525	72,498	41.9	1.86	3.0
Adult female, no adult male	30.3	20.7	40.0	419	9,672	39.0	4.87	2.6
Adult male, no adult female	11.6	6.7	16.5	311	5,218	31.9	2.48	1.4
Child, no adults	NA	NA	NA	23	539	NA	NA	NA
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.40	$1.32	$1.48	37,551	613,783	0.8	0.04	3.5
Male and female adults	$1.39	$1.32	$1.46	34,869	555,895	0.8	0.04	3.2
Adult female, no adult male	$1.31	$1.12	$1.50	1,781	42,446	0.8	0.10	2.4
Adult male, no adult female	$2.11	$1.88	$2.34	850	14,449	1.8	0.12	1.2
Child, no adults	NA	NA	NA	51	993	NA	NA	NA
Prevalence of poverty: Percent of people living on less than $1.25/day	58.1	53.9	62.3	37,551	613,783	49.3	2.15	3.2
Male and female adults	58.5	54.4	62.7	34,869	555,895	47.9	2.10	3.0
Adult female, no adult male	62.1	52.3	72.0	1,781	42,446	52.5	4.99	2.0
Adult male, no adult female	31.0	21.0	41.1	850	14,449	74.2	5.08	1.2
Child, no adults	NA	NA	NA	51	993	NA	NA	NA
Mean depth of poverty	21.4	18.7	24.1	37,551	613,783	24.9	1.37	4.0
Male and female adults	21.4	18.9	23.9	34,869	555,895	24.1	1.26	3.5
Adult female, no adult male	25.8	17.4	34.1	1,781	42,446	29.3	4.23	3.0
Adult male, no adult female	8.1	5.5	10.6	850	14,449	25.4	1.30	0.9
Child, no adults	NA	NA	NA	51	993	NA	NA	NA
WASH INDICATORS								
Percentage of households using an improved source of drinking water	28.6	23.6	33.6	5,292	88,207	45.2	2.54	4.1
Percentage of households using improved sanitation facilities	9.3	7.3	11.3	5,310	88,360	29.1	1.01	2.5
Percentage of households with soap and water at a handwashing station commonly used by family members	18.7	15.9	21.6	5,235	87,176	39.0	1.46	2.7
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	18.2	15.4	21.1	4,950	147,373	38.6	1.45	2.6
Male	18.8	15.7	22.0	3,800	107,334	40.1	1.60	2.5
Female	16.6	12.8	20.5	1,150	40,039	34.4	1.95	1.9
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	40.8	36.8	44.9	4,962	147,712	49.2	2.05	2.9

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1e. FFP Endline Indicators - Combined Project Areas

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Male	42.1	38.2	46.0	3,808	107,627	50.7	1.97	2.4
Female	37.3	31.5	43.1	1,154	40,084	44.8	2.93	2.2
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	65.8	63.6	68.0	4,962	147,712	47.4	1.12	1.7
Male	72.3	69.2	75.4	3,808	107,627	45.9	1.56	2.1
Female	48.4	43.2	53.5	1,154	40,084	46.3	2.61	1.9
Percentage of farmers who used improved storage practices in the past 12 months	49.5	45.4	53.6	4,962	147,712	50.0	2.07	2.9
Male	54.7	50.2	59.3	3,808	107,627	51.1	2.29	2.8
Female	35.5	30.5	40.4	1,154	40,084	44.3	2.50	1.9

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1e. FFP Endline Indicators - Combined Project Areas

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	20.5	18.3	22.7	3,419	88,758	40.4	1.12	1.6
Women's Dietary Diversity Score (WDDS)	4.2	4.0	4.4	4,567	115,947	1.8	0.08	3.1
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under 5 years of age (Total)	42.2	40.0	44.4	8,070	136,886	49.4	1.13	2.0
Male	43.6	41.1	46.2	4,057	68,568	49.7	1.29	1.7
Female	40.7	37.7	43.7	4,013	68,319	49.0	1.52	2.0
Prevalence of stunted children under 5 years of age (Total)	54.0	51.8	56.2	7,983	135,692	49.8	1.13	2.0
Male	56.9	54.3	59.5	4,016	67,963	49.6	1.32	1.7
Female	51.1	48.1	54.0	3,967	67,729	49.8	1.50	1.9
Prevalence of wasted children under 5 years of age (Total)	13.7	12.2	15.2	8,062	136,940	34.4	0.76	2.0
Male	16.5	14.7	18.2	4,059	68,698	37.2	0.89	1.5
Female	11.0	9.1	13.0	4,003	68,242	31.2	0.99	2.0
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	25.7	23.5	27.8	8,231	140,719	43.7	1.10	2.3
Male	27.6	25.1	30.2	4,157	70,533	44.8	1.30	1.9
Female	23.7	21.2	26.2	4,074	70,186	42.3	1.27	1.9
Percentage of children under age 5 with diarrhea treated with ORT (Total)	75.9	71.9	79.8	1,786	35,093	42.8	1.99	2.0
Male	76.6	72.1	81.0	945	18,992	39.6	2.25	1.7
Female	75.0	70.3	79.7	841	16,101	41.1	2.37	1.7
Prevalence of exclusive breast-feeding of children under six months of age	41.8	35.9	47.6	837	15,337	49.3	2.97	1.7
Male	38.6	32.2	45.0	412	8,128	45.6	3.25	1.4
Female	45.3	37.3	53.4	425	7,210	49.7	4.09	1.7
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	17.1	14.1	20.2	2,156	37,360	37.7	1.55	1.9
Male	14.5	11.3	17.7	1,095	18,364	35.4	1.62	1.5
Female	19.7	15.3	24.2	1,061	18,996	38.8	2.26	1.9
PROJECT-SPECIFIC INDICATORS								
Percent of respondents who know three of five critical moments for handwashing	8.3	6.4	10.2	5,306	88,304	27.5	0.96	2.5
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	23.1	19.8	26.3	4,960	147,506	42.1	1.65	2.8
Male	27.2	23.1	31.2	3,807	107,435	45.7	2.06	2.8
Female	12.1	9.3	14.8	1,153	40,071	30.2	1.40	1.6
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	63.4	58.9	67.8	2,452	64,911	48.2	2.27	2.3

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1e. FFP Endline Indicators - Combined Project Areas

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.9	75.5	80.2	4,090	65,581	41.5	1.19	1.8
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.8	81.7	85.9	5,053	84,129	36.9	1.07	2.1

NA : Not available

Table 6.1f. FFP Endline Indicators - LAHIA

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Average Household Dietary Diversity Score (HDDS)	4.3	3.9	4.6	1,458	7,759	2.4	0.16	2.6
Prevalence of households with moderate or severe hunger (HHS)	24.2	21.0	27.4	1,757	9,314	42.8	1.59	1.6
Male and female adults	24.5	21.3	27.7	1,607	8,448	43.2	1.61	1.5
Adult female, no adult male	26.8	15.1	38.5	64	369	42.5	5.85	1.1
Adult male, no adult female	16.9	6.9	26.9	83	482	35.8	4.98	1.3
Child, no adults	NA	NA	NA	3	14	NA	NA	NA
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.26	$1.18	$1.34	14,114	73,672	0.8	0.04	2.2
Male and female adults	$1.25	$1.16	$1.33	13,590	70,752	0.7	0.04	2.2
Adult female, no adult male	$1.48	$1.22	$1.75	288	1,599	1.1	0.13	1.0
Adult male, no adult female	$1.77	$1.48	$2.05	231	1,296	2.0	0.14	0.7
Child, no adults	NA	NA	NA	5	24	NA	NA	NA
Prevalence of poverty: Percent of people living on less than $1.25/day	65.1	60.8	69.3	14,114	73,672	47.7	2.12	1.9
Male and female adults	65.6	61.4	69.8	13,590	70,752	46.3	2.11	1.8
Adult female, no adult male	53.0	35.7	70.3	288	1,599	65.0	8.65	1.1
Adult male, no adult female	51.1	38.2	63.9	231	1,296	83.2	6.43	0.7
Child, no adults	NA	NA	NA	5	24	NA	NA	NA
Mean depth of poverty	27.2	23.9	30.5	14,114	73,672	27.4	1.64	2.5
Male and female adults	27.5	24.2	30.8	13,590	70,752	26.7	1.65	2.5
Adult female, no adult male	19.9	11.8	28.1	288	1,599	33.4	4.08	1.0
Adult male, no adult female	21.4	14.7	28.1	231	1,296	43.1	3.37	0.7
Child, no adults	NA	NA	NA	5	24	NA	NA	NA
WASH INDICATORS								
Percentage of households using an improved source of drinking water	49.7	43.9	55.5	1,751	9,257	50.0	2.92	2.4
Percentage of households using improved sanitation facilities	18.2	13.8	22.5	1,764	9,326	38.6	2.19	2.4
Percentage of households with soap and water at a handwashing station commonly used by family members	12.4	8.7	16.1	1,725	9,100	33.0	1.86	2.3
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	25.3	20.6	29.9	1,704	16,588	43.5	2.32	2.2
Male	25.9	21.3	30.6	1,386	13,220	44.3	2.33	2.0
Female	22.8	16.6	29.1	318	3,369	40.2	3.13	1.4
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	33.1	28.9	37.4	1,710	16,637	47.1	2.11	1.9

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Male	34.8	30.2	39.3	1,390	13,257	48.1	2.27	1.8
Female	26.7	20.0	33.3	320	3,380	42.5	3.32	1.4
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	58.1	52.8	63.5	1,710	16,637	49.3	2.68	2.2
Male	60.5	54.9	66.1	1,390	13,257	49.4	2.81	2.1
Female	48.9	41.5	56.3	320	3,380	48.0	3.71	1.4
Percentage of farmers who used improved storage practices in the past 12 months	58.4	55.1	61.7	1,710	16,637	49.3	1.66	1.4
Male	60.4	56.9	63.9	1,390	13,257	49.4	1.76	1.3
Female	50.7	43.0	58.4	320	3,380	48.0	3.85	1.4

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1f. FFP Endline Indicators - LAHIA
Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	17.0	14.2	19.8	1,183	9,463	37.6	1.40	1.3
Women's Dietary Diversity Score (WDDS)	4.0	3.7	4.2	1,580	12,590	1.9	0.12	2.5
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under 5 years of age (Total)	37.1	34.8	39.5	2,964	15,547	48.3	1.19	1.3
Male	38.8	36.0	41.5	1,499	7,885	48.6	1.36	1.1
Female	35.5	32.0	39.0	1,465	7,661	47.8	1.73	1.4
Prevalence of stunted children under 5 years of age (Total)	50.2	47.4	53.0	2,938	15,385	50.0	1.38	1.5
Male	53.7	50.2	57.1	1,488	7,812	49.8	1.72	1.3
Female	46.6	43.3	49.9	1,450	7,573	49.9	1.65	1.3
Prevalence of wasted children under 5 years of age (Total)	11.6	10.2	13.0	2,966	15,510	32.1	0.70	1.2
Male	13.0	11.3	14.7	1,504	7,882	33.6	0.84	1.0
Female	10.2	8.1	12.3	1,462	7,627	30.3	1.05	1.3
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	18.1	15.9	20.4	2,980	15,552	38.5	1.11	1.6
Male	19.0	16.4	21.6	1,517	7,938	39.2	1.29	1.3
Female	17.3	14.2	20.3	1,463	7,614	37.8	1.53	1.5
Percentage of children under age 5 with diarrhea treated with ORT (Total)	71.7	65.8	77.5	525	2,714	45.1	2.93	1.5
Male	74.1	67.3	80.9	274	1,445	43.6	3.39	1.3
Female	68.9	60.4	77.4	251	1,269	47.0	4.24	1.4
Prevalence of exclusive breast-feeding of children under six months of age	56.8	49.9	63.6	328	1,696	49.6	3.42	1.2
Male	52.8	44.2	61.4	152	814	49.3	4.29	1.1
Female	60.4	51.0	69.8	176	882	49.8	4.69	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	12.6	9.1	16.2	750	4,010	33.2	1.79	1.5
Male	13.5	8.5	18.6	397	2,101	34.0	2.53	1.5
Female	11.7	7.7	15.6	353	1,909	31.7	1.99	1.2
PROJECT-SPECIFIC INDICATORS								
Percent of respondents who know three of five critical moments for handwashing	14.9	11.5	18.2	1,758	9,298	35.6	1.69	2.0
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	37.3	32.1	42.5	1,710	16,637	48.4	2.62	2.2
Male	38.3	32.8	43.7	1,390	13,257	49.1	2.74	2.1
Female	33.6	25.1	42.0	320	3,380	45.3	4.24	1.7
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	71.5	67.0	76.1	823	6,439	45.1	2.26	1.4

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	79.3	75.5	83.1	1,446	7,566	40.5	1.89	1.8
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.8	82.9	88.8	1,683	8,925	34.9	1.47	1.7

NA : Not available

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Table 6.1g. FFP Endline Indicators - PASAM-TAI

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Average Household Dietary Diversity Score (HDDS)	4.6	4.4	4.8	1,629	63,488	2.2	0.12	2.2
Prevalence of households with moderate or severe hunger (HHS)	21.2	16.3	26.2	1,770	68,026	40.9	2.47	2.5
Male and female adults	20.4	15.6	25.2	1,448	55,117	40.5	2.41	2.3
Adult female, no adult male	31.2	20.0	42.4	201	8,415	44.4	5.58	1.8
Adult male, no adult female	10.1	4.1	16.2	107	3,997	30.6	3.03	1.0
Child, no adults	NA	NA	NA	14	498	NA	NA	NA
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.40	$1.30	$1.50	11,997	469,373	0.8	0.05	2.7
Male and female adults	$1.40	$1.30	$1.49	10,831	420,416	0.7	0.05	2.4
Adult female, no adult male	$1.28	$1.06	$1.50	838	36,931	0.9	0.11	1.7
Adult male, no adult female	$2.10	$1.80	$2.40	300	11,132	1.8	0.15	0.9
Child, no adults	NA	NA	NA	28	895	NA	NA	NA
Prevalence of poverty: Percent of people living on less than $1.25/day	57.9	52.3	63.4	11,997	469,373	49.4	2.77	2.4
Male and female adults	58.1	52.6	63.5	10,831	420,416	47.1	2.74	2.2
Adult female, no adult male	64.1	52.9	75.2	838	36,931	58.1	5.58	1.4
Adult male, no adult female	30.5	17.5	43.5	300	11,132	74.0	6.51	0.9
Child, no adults	NA	NA	NA	28	895	NA	NA	NA
Mean depth of poverty	20.8	17.3	24.3	11,997	469,373	24.5	1.77	3.0
Male and female adults	20.7	17.4	23.9	10,831	420,416	23.2	1.64	2.7
Adult female, no adult male	26.8	17.2	36.3	838	36,931	32.8	4.77	2.1
Adult male, no adult female	6.9	3.7	10.2	300	11,132	22.5	1.61	0.7
Child, no adults	NA	NA	NA	28	895	NA	NA	NA
WASH INDICATORS								
Percentage of households using an improved source of drinking water	22.7	16.1	29.2	1,777	68,290	41.9	3.28	3.3
Percentage of households using improved sanitation facilities	7.5	4.9	10.0	1,779	68,351	26.3	1.27	2.0
Percentage of households with soap and water at a handwashing station commonly used by family members	16.9	13.3	20.5	1,755	67,459	37.5	1.81	2.0
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	17.3	13.6	21.0	1,590	112,358	37.9	1.85	1.9
Male	17.8	13.7	22.0	1,162	79,844	38.8	2.08	1.8
Female	16.1	11.4	20.8	428	32,514	35.5	2.37	1.4
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	42.0	36.7	47.3	1,593	112,621	49.4	2.65	2.1

		Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
			Lower	Upper					
Male		43.4	38.2	48.6	1,164	80,082	50.3	2.58	1.8
Female		38.6	31.4	45.8	429	32,538	47.0	3.59	1.6
Percentage of farmers who used three sustainable agricultural practices in the past 12 months		65.7	62.9	68.5	1,593	112,621	47.5	1.38	1.2
Male		73.2	69.2	77.2	1,164	80,082	44.9	1.99	1.5
Female		47.2	40.9	53.6	429	32,538	48.2	3.16	1.4
Percentage of farmers who used improved storage practices in the past 12 months		47.1	41.8	52.5	1,593	112,621	49.9	2.66	2.1
Male		53.1	47.0	59.1	1,164	80,082	50.6	3.02	2.0
Female		32.6	26.7	38.5	429	32,538	45.3	2.95	1.3

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Table 6.1g. FFP Endline Indicators - PASAM-TAI

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	21.3	18.5	24.1	1,158	69,361	41.0	1.41	1.2
Women's Dietary Diversity Score (WDDS)	4.2	3.9	4.4	1,520	89,805	1.7	0.10	2.3
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under 5 years of age (Total)	43.4	40.5	46.3	2,681	106,106	49.6	1.45	1.5
Male	44.9	41.6	48.1	1,352	53,147	49.8	1.65	1.2
Female	42.0	38.1	45.9	1,329	52,959	49.1	1.96	1.5
Prevalence of stunted children under 5 years of age (Total)	55.0	52.2	57.9	2,653	105,279	49.8	1.42	1.5
Male	57.8	54.5	61.2	1,339	52,724	49.5	1.66	1.2
Female	52.2	48.4	56.0	1,314	52,556	49.6	1.90	1.4
Prevalence of wasted children under 5 years of age (Total)	14.4	12.5	16.3	2,686	106,307	35.1	0.96	1.4
Male	17.6	15.3	19.8	1,357	53,334	38.1	1.12	1.1
Female	11.2	8.7	13.7	1,329	52,973	31.3	1.25	1.5
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	27.2	24.4	30.1	2,793	109,750	44.5	1.40	1.7
Male	29.6	26.3	32.8	1,407	54,890	45.8	1.62	1.3
Female	24.9	21.7	28.2	1,386	54,860	43.1	1.62	1.4
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.1	71.3	80.8	756	29,060	42.7	2.37	1.5
Male	76.4	71.1	81.7	407	15,839	42.8	2.67	1.3
Female	75.7	70.0	81.4	349	13,220	43.4	2.84	1.2
Prevalence of exclusive breast-feeding of children under six months of age	38.9	31.8	46.0	311	12,391	48.8	3.54	1.3
Male	35.7	28.2	43.3	170	6,752	47.9	3.78	1.0
Female	42.7	32.5	52.9	141	5,639	48.9	5.09	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	16.6	12.8	20.5	750	29,255	37.2	1.92	1.4
Male	13.2	9.2	17.2	371	14,209	34.3	1.99	1.1
Female	19.8	14.2	25.4	379	15,046	39.6	2.80	1.4
PROJECT-SPECIFIC INDICATORS								
Percent of respondents who know three of five critical moments for handwashing	6.8	4.4	9.2	1,778	68,304	25.1	1.19	2.0
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	20.9	16.7	25.2	1,592	112,429	40.7	2.14	2.1
Male	25.6	20.1	31.0	1,163	79,890	44.2	2.73	2.1
Female	9.6	6.4	12.8	429	32,538	28.4	1.60	1.2
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	62.1	56.4	67.8	860	51,273	48.5	2.86	1.7

Table 6.1g. FFP Endline Indicators - PASAM-TAI

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.8	74.9	80.8	1,339	50,139	41.6	1.48	1.3
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.6	80.9	86.3	1,687	65,036	37.0	1.35	1.5

NA : Not available

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Average Household Dietary Diversity Score (HDDS)	5.5	5.2	5.7	1,590	9,742	2.4	0.14	2.3
Prevalence of households with moderate or severe hunger (HHS)	25.2	20.5	29.9	1,751	10,588	43.4	2.35	2.3
Male and female adults	26.2	21.3	31.1	1,470	8,933	43.9	2.46	2.1
Adult female, no adult male	23.4	14.2	32.6	154	888	43.4	4.61	1.3
Adult male, no adult female	15.9	8.0	23.9	121	740	36.4	3.96	1.2
Child, no adults	NA	NA	NA	6	27	NA	NA	NA
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.54	$1.44	$1.63	11,440	70,738	0.9	0.05	2.1
Male and female adults	$1.51	$1.41	$1.60	10,448	64,726	0.9	0.05	2.1
Adult female, no adult male	$1.50	$1.32	$1.68	655	3,916	1.0	0.09	1.1
Adult male, no adult female	$2.42	$2.18	$2.65	319	2,021	1.8	0.12	0.7
Child, no adults	NA	NA	NA	18	75	NA	NA	NA
Prevalence of poverty: Percent of people living on less than $1.25/day	52.5	47.5	57.6	11,440	70,738	49.9	2.53	2.1
Male and female adults	53.8	48.6	59.1	10,448	64,726	47.6	2.63	2.1
Adult female, no adult male	47.7	37.2	58.2	655	3,916	63.8	5.27	1.0
Adult male, no adult female	21.1	13.1	29.1	319	2,021	64.7	4.00	0.7
Child, no adults	NA	NA	NA	18	75	NA	NA	NA
Mean depth of poverty	18.9	15.9	21.9	11,440	70,738	24.4	1.48	2.6
Male and female adults	19.4	16.4	22.4	10,448	64,726	23.4	1.52	2.5
Adult female, no adult male	18.4	11.1	25.6	655	3,916	33.0	3.61	1.4
Adult male, no adult female	5.7	3.2	8.2	319	2,021	19.6	1.25	0.7
Child, no adults	NA	NA	NA	18	75	NA	NA	NA
WASH INDICATORS								
Percentage of households using an improved source of drinking water	48.2	42.6	53.7	1,764	10,661	50.0	2.77	2.3
Percentage of households using improved sanitation facilities	13.6	10.4	16.7	1,767	10,682	34.3	1.57	1.9
Percentage of households with soap and water at a handwashing station commonly used by family members	35.9	30.9	40.9	1,755	10,616	48.0	2.50	2.2
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	17.4	13.8	21.0	1,656	18,427	37.9	1.79	1.9
Male	17.9	13.7	22.1	1,252	14,270	37.9	2.10	2.0
Female	15.6	11.1	20.0	404	4,157	37.7	2.21	1.2
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	40.3	35.7	44.9	1,659	18,454	49.1	2.29	1.9

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.1h. FFP Endline Indicators - SAWKI
Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Male	41.7	36.6	46.7	1,254	14,287	48.7	2.52	1.8
Female	35.5	28.6	42.3	405	4,166	49.8	3.42	1.4
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	73.2	69.6	76.9	1,659	18,454	44.3	1.83	1.7
Male	78.0	73.5	82.5	1,254	14,287	40.9	2.24	1.9
Female	56.9	49.9	64.0	405	4,166	51.5	3.51	1.4
Percentage of farmers who used improved storage practices in the past 12 months	55.9	50.8	61.1	1,659	18,454	49.7	2.56	2.1
Male	59.0	52.8	65.2	1,254	14,287	48.6	3.09	2.2
Female	45.5	38.5	52.4	405	4,166	51.8	3.47	1.3

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1h. FFP Endline Indicators - SAWKI

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	18.3	15.3	21.4	1,078	9,934	38.7	1.54	1.3
Women's Dietary Diversity Score (WDDS)	4.7	4.5	4.9	1,467	13,552	1.9	0.11	2.3
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under 5 years of age (Total)	38.6	36.1	41.0	2,425	15,234	48.7	1.23	1.2
Male	40.2	37.3	43.0	1,206	7,535	49.1	1.42	1.0
Female	37.0	33.6	40.5	1,219	7,698	48.2	1.73	1.3
Prevalence of stunted children under 5 years of age (Total)	50.7	47.9	53.5	2,392	15,027	50.0	1.40	1.4
Male	53.5	50.4	56.6	1,189	7,427	50.0	1.55	1.1
Female	48.0	44.2	51.7	1,203	7,600	49.8	1.87	1.3
Prevalence of wasted children under 5 years of age (Total)	11.4	10.0	12.9	2,410	15,124	31.8	0.72	1.1
Male	12.3	10.4	14.2	1,198	7,482	32.9	0.96	1.0
Female	10.6	8.0	13.1	1,212	7,642	30.7	1.27	1.4
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.0	19.1	24.9	2,458	15,417	41.4	1.46	1.7
Male	22.6	18.7	26.5	1,233	7,705	41.9	1.94	1.6
Female	21.5	17.8	25.1	1,225	7,712	41.0	1.83	1.6
Percentage of children under age 5 with diarrhea treated with ORT (Total)	77.5	73.5	81.5	505	3,320	41.8	2.00	1.1
Male	80.4	75.0	85.8	264	1,708	39.3	2.69	1.1
Female	74.5	69.3	79.7	241	1,611	42.4	2.61	1.0
Prevalence of exclusive breast-feeding of children under six months of age	49.9	38.8	61.0	198	1,250	50.1	5.55	1.6
Male	52.6	40.8	64.4	90	562	50.2	5.89	1.1
Female	47.7	34.5	60.9	108	688	49.5	6.59	1.4
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	25.3	19.8	30.8	656	4,095	43.5	2.76	1.6
Male	24.4	17.8	31.0	327	2,055	43.0	3.30	1.4
Female	26.3	20.0	32.5	329	2,040	44.2	3.11	1.3
PROJECT-SPECIFIC INDICATORS								
Percent of respondents who know three of five critical moments for handwashing	12.1	9.4	14.8	1,770	10,702	32.7	1.34	1.7
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	23.2	19.3	27.1	1,658	18,440	42.2	1.93	1.9
Male	25.8	21.4	30.3	1,254	14,287	43.2	2.23	1.8
Female	14.2	9.6	18.9	404	4,153	36.4	2.33	1.3
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.1	60.1	70.1	769	7,199	47.7	2.50	1.5

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.1h. FFP Endline Indicators - SAWKI

Indicators, 95% Confidence Intervals and Base Population [Niger, 2017]

	Indicator Value	Confidence Interval		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.9	72.1	81.6	1,305	7,877	42.2	2.38	2.0
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.1	79.5	86.6	1,683	10,167	37.5	1.75	1.9

NA : Not available

	Indicator Value		Raw Difference	Significance	Number of observations	
	Baseline	**Endline**	**Endline - Baseline**	**Level[4]**	**Baseline**	**Endline**
Average household (HH) size	7.2	6.9	-0.3	†	7,337	5,318
Average age of HH head	45.2	42.6	-2.5	***	7,305	5,305
Average age of primary care takers of children 0-59 months	30.5	29.0	-1.5	***	5,626	4,162
HH headship (% female)	6.3%	14.5%	8.3	***	7,337	5,318
Percent of HHs with woman 15-49 years	88.8%	87.7%	-1.1	NS	7,337	5,318
Percent of HHs with currently married woman 15-49 years	85.1%	84.0%	-1.2	NS	7,337	5,318
Percent of HHs with children 0-59 months[1]	79.2%	78.9%	-0.3	NS	7,337	5,318
Percent of HHs with children 0-24 months[1]	54.0%	55.4%	1.4	NS	7,337	5,318
Percent of HHs with children 0-5 months[2]	14.1%	17.4%	3.3	**	7,337	5,318
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	88.8%	84.3%			6,524	4,285
Primary	7.5%	10.0%		†	529	606
Secondary and above	3.8%	5.7%			251	345
Higest level of education of primary care taker[3]						
None or pre-primary	91.3%	84.4%			5,151	3,441
Primary	6.3%	11.5%		***	349	474
Secondary and above	2.5%	4.2%			125	185
Highest level of education by female HH members[3]						
None or pre-primary	63.4%	58.0%			4,636	2,851
Primary	30.7%	33.6%		†	2,237	1,872
Secondary and above	5.9%	8.3%			414	518
Highest level of education by male HH members[3]						
None or pre-primary	52.4%	49.7%			3,791	2,277
Primary	34.6%	33.6%		†	2,457	1,844
Secondary and above	12.9%	16.7%			910	974

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there is more than one household members with different levels of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.2b. Comparison of Baseline and Endline Household Demographic Characteristics
LAHIA

	Indicator Value		Raw Difference	Significance	Number of observations	
	Baseline	Endline	Endline - Baseline	Level[4]	Baseline	Endline
Average household (HH) size	8.1	7.9	-0.2	NS	2,442	1,767
Average age of HH head	44.2	42.4	-1.9	**	2,441	1,765
Average age of primary care takers of children 0-59 months	29.5	28.3	-1.2	***	1,978	1,449
HH headship (% female)	4.0%	4.8%	0.8	NS	2,442	1,767
Percent of HHs with woman 15-49 years	92.7%	90.7%	-2.0	†	2,442	1,767
Percent of HHs with currently married woman 15-49 years	90.8%	87.3%	-3.5	*	2,442	1,767
Percent of HHs with children 0-59 months[1]	82.9%	81.0%	-1.9	NS	2,442	1,767
Percent of HHs with children 0-24 months[1]	58.9%	56.9%	-2.0	NS	2,442	1,767
Percent of HHs with children 0-5 months[2]	14.7%	17.8%	3.1	*	2,442	1,767
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	87.8%	75.9%			2,122	1,341
Primary	8.4%	15.3%		***	225	255
Secondary and above	3.9%	8.9%			94	140
Higest level of education of primary care taker[3]						
None or pre-primary	92.0%	79.6%			1,802	1,151
Primary	6.1%	14.5%		***	131	192
Secondary and above	1.9%	5.9%			45	80
Highest level of education by female HH members[3]						
None or pre-primary	60.3%	44.0%			1,436	771
Primary	34.5%	42.7%		***	867	749
Secondary and above	5.2%	13.3%			135	225
Highest level of education by male HH members[3]						
None or pre-primary	45.5%	32.6%			1,061	554
Primary	39.8%	42.6%		***	985	750
Secondary and above	14.7%	24.7%			365	426

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there is more than one household members with different levels of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.2c. Comparison of Baseline and Endline Household Demographic Characteristics
PASAM TAI

	Indicator Value		Raw Difference	Significance	Number of observations	
	Baseline	Endline	Endline - Baseline	Level[4]	Baseline	Endline
Average household (HH) size	6.9	6.9	0.0	NS	2,461	1,779
Average age of HH head	45.5	42.6	-2.9	***	2,448	1,773
Average age of primary care takers of children 0-59 months	30.8	29.0	-1.8	***	1,840	1,403
HH headship (% female)	5.5%	16.4%	10.9	***	2,461	1,779
Percent of HHs with woman 15-49 years	87.2%	87.6%	0.4	NS	2,461	1,779
Percent of HHs with currently married woman 15-49 years	84.5%	83.9%	-0.6	NS	2,461	1,779
Percent of HHs with children 0-59 months[1]	77.6%	79.2%	1.6	NS	2,461	1,779
Percent of HHs with children 0-24 months[1]	53.3%	56.3%	3.1	NS	2,461	1,779
Percent of HHs with children 0-5 months[2]	14.3%	18.3%	4.0	*	2,461	1,779
Pearson Chi-sq test of significance						
Education level of head of the HH						
None or pre-primary	91.1%	86.0%			2,246	1,549
Primary	5.8%	8.9%		NS	133	126
Secondary and above	3.1%	5.1%			69	72
Higest level of education of primary care taker[3]						
None or pre-primary	91.8%	85.4%			1,697	1,218
Primary	5.9%	10.8%		**	104	117
Secondary and above	2.4%	3.8%			39	41
Highest level of education by female HH members[3]						
None or pre-primary	66.3%	60.6%			1,641	1,148
Primary	28.0%	32.1%		NS	667	488
Secondary and above	5.8%	7.3%			137	113
Highest level of education by male HH members[3]						
None or pre-primary	55.6%	52.8%			1,379	963
Primary	33.9%	32.0%		NS	780	482
Secondary and above	10.6%	15.2%			242	216

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there is more than one household members with different levels of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.2d. Comparison of Baseline and Endline Household Demographic Characteristics
SAWKI

	Indicator Value		Raw Difference	Significance	Number of observations	
	Baseline	Endline	Endline - Baseline	Level[4]	Baseline	Endline
Average household (HH) size	6.8	6.6	-0.2	NS	2,434	1,772
Average age of HH head	45.5	43.1	-2.4	***	2,416	1,767
Average age of primary care takers of children 0-59 months	31.1	29.6	-1.4	**	1,808	1,310
HH headship (% female)	10.6%	11.3%	0.6	NS	2,434	1,772
Percent of HHs with woman 15-49 years	87.6%	85.1%	-2.6	†	2,434	1,772
Percent of HHs with currently married woman 15-49 years	80.0%	81.4%	1.5	NS	2,434	1,772
Percent of HHs with children 0-59 months[1]	78.5%	75.3%	-3.2	†	2,434	1,772
Percent of HHs with children 0-24 months[1]	50.1%	48.4%	-1.7	NS	2,434	1,772
Percent of HHs with children 0-5 months[2]	12.8%	11.6%	-1.2	NS	2,434	1,772
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	84.6%	81.0%			2,156	1,395
Primary	10.2%	12.0%		NS	171	225
Secondary and above	5.2%	7.0%			88	133
Higest level of education of primary care taker[3]						
None or pre-primary	89.3%	82.2%			1,652	1,072
Primary	7.3%	12.9%		**	114	165
Secondary and above	3.4%	4.9%			41	64
Highest level of education by female HH members[3]						
None or pre-primary	60.7%	54.3%			1,559	932
Primary	32.3%	35.3%		NS	703	635
Secondary and above	7.0%	10.5%			142	180
Highest level of education by male HH members[3]						
None or pre-primary	53.5%	45.6%			1,351	760
Primary	30.3%	35.4%		NS	692	612
Secondary and above	16.2%	18.9%			303	332

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there is more than one household members with different levels of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.3a. Comparison of Baseline Household Demographic Characteristics by Endline Status
All Programs Combined

	Indicator value		Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[4]	Number of observations	
	Villages sampled at baseline that did not receive DFAPs	Villages sampled at baseline that received DFAPs			Not received DFAPs	Received DFAPs
Average household (HH) size	7.2	7.2	0.0	NS	4,463	2,874
Average age of HH head	45.3	44.8	-0.5	NS	4,448	2,857
Average age of primary care takers of children 0-59 months	30.4	30.8	0.4	NS	3,467	2,159
HH headship (% female)	6.0%	7.0%	1.0	NS	4,463	2,874
Percent of HHs with woman 15-49 years	88.8%	88.6%	-0.2	NS	4,463	2,874
Percent of HHs with currently married woman 15-49 years	85.5%	84.2%	-1.3	NS	4,463	2,874
Percent of HHs with children 0-59 months[1]	78.8%	80.1%	1.3	NS	4,463	2,874
Percent of HHs with children 0-24 months[1]	54.0%	54.0%	0.0	NS	4,463	2,874
Percent of HHs with children 0-5 months[2]	14.5%	13.0%	-1.5	NS	4,463	2,874
Pearson Chi-sq test of significance						
Education level of head of the HH						
None or pre-primary	89.9%	86.0%			3,976	2,548
Primary	7.0%	8.6%		NS	335	194
Secondary and above	3.1%	5.4%			136	115
Higest level of education of primary care taker[3]						
None or pre-primary	92.0%	89.6%			3,181	1,970
Primary	5.7%	7.7%		NS	212	137
Secondary and above	2.3%	2.8%			74	51
Highest level of education by female HH members[3]						
None or pre-primary	65.9%	57.2%			2,878	1,758
Primary	28.3%	36.8%		**	1,318	919
Secondary and above	5.8%	6.0%			244	170
Highest level of education by male HH members[3]						
None or pre-primary	53.3%	50.3%			2,295	1,496
Primary	34.3%	35.4%		NS	1,540	917
Secondary and above	12.4%	14.3%			529	381

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there are more than one household members with different level of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.3b. Comparison of Baseline Household Demographic Characteristics by Endline Status
LAHIA

	Indicator value		Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[4]	Number of observations	
	Villages sampled at baseline that did not receive DFAPs	Villages sampled at baseline that received DFAPs			Not received DFAPs	Received DFAPs
Average household (HH) size	8.0	8.4	0.4	NS	1,634	808
Average age of HH head	43.7	45.3	1.6	†	1,633	808
Average age of primary care takers of children 0-59 months	29.2	30.1	0.9	NS	1,354	624
HH headship (% female)	4.0%	4.1%	0.1	NS	1,634	808
Percent of HHs with woman 15-49 years	93.5%	91.2%	-2.3	NS	1,634	808
Percent of HHs with currently married woman 15-49 years	91.9%	88.5%	-3.4	NS	1,634	808
Percent of HHs with children 0-59 months[1]	83.4%	82.1%	-1.3	NS	1,634	808
Percent of HHs with children 0-24 months[1]	60.0%	56.6%	-3.3	NS	1,634	808
Percent of HHs with children 0-5 months[2]	15.4%	13.3%	-2.0	NS	1,634	808
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	86.8%	90.0%			1,407	715
Primary	9.6%	5.7%		NS	169	56
Secondary and above	3.7%	4.2%			57	37
Higest level of education of primary care taker[3]						
None or pre-primary	92.3%	91.2%			1,237	565
Primary	6.1%	6.3%		NS	91	40
Secondary and above	1.7%	2.5%			26	19
Highest level of education by female HH members[3]						
None or pre-primary	62.3%	56.1%			988	448
Primary	33.1%	37.5%		NS	565	302
Secondary and above	4.6%	6.5%			78	57
Highest level of education by male HH members[3]						
None or pre-primary	46.1%	44.3%			715	346
Primary	40.5%	38.4%		NS	673	312
Secondary and above	13.5%	17.3%			225	140

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there are more than one household members with education data, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.3c. Comparison of Baseline Household Demographic Characteristics by Endline Status
PASAM TAI

	Indicator value		Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[4]	Number of observations	
	Villages sampled at baseline that did not receive DFAPs	Villages sampled at baseline that received DFAPs			Not received DFAPs	Received DFAPs
Average household (HH) size	7.0	6.1	-0.8	**	2,225	236
Average age of HH head	45.9	42.9	-3.0	*	2,212	236
Average age of primary care takers of children 0-59 months	30.8	30.9	0.0	NS	1,664	176
HH headship (% female)	5.7%	4.2%	-1.5	NS	2,225	236
Percent of HHs with woman 15-49 years	87.0%	88.4%	1.4	NS	2,225	236
Percent of HHs with currently married woman 15-49 years	84.4%	85.2%	0.8	NS	2,225	236
Percent of HHs with children 0-59 months[1]	77.5%	78.0%	0.4	NS	2,225	236
Percent of HHs with children 0-24 months[1]	52.8%	56.4%	3.7	NS	2,225	236
Percent of HHs with children 0-5 months[2]	14.4%	13.9%	-0.5	NS	2,225	236
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	92.2%	84.5%			2,042	204
Primary	5.3%	9.0%		NS	114	19
Secondary and above	2.6%	6.6%			56	13
Higest level of education of primary care taker[3]						
None or pre-primary	92.6%	86.4%			1,543	154
Primary	5.1%	10.5%		NS	88	16
Secondary and above	2.2%	3.2%			33	6
Highest level of education by female HH members[3]						
None or pre-primary	68.3%	53.4%			1,497	144
Primary	26.0%	40.4%		†	591	76
Secondary and above	5.7%	6.2%			121	16
Highest level of education by male HH members[3]						
None or pre-primary	57.1%	45.7%			1,255	124
Primary	32.2%	44.3%		NS	696	84
Secondary and above	10.7%	10.0%			219	23

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there are more than one household members with different level of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.3d. Comparison of Baseline Household Demographic Characteristics by Endline Status
SAWKI

	Indicator value		Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[4]	Number of observations	
	Villages sampled at baseline that did not receive DFAPs	Villages sampled at baseline that received DFAPs			Not received DFAPs	Received DFAPs
Average household (HH) size	6.7	7.0	0.3	NS	604	1,830
Average age of HH head	45.8	45.4	-0.4	NS	603	1,813
Average age of primary care takers of children 0-59 months	30.9	31.2	0.4	NS	449	1,359
HH headship (% female)	11.3%	10.1%	-1.1	NS	604	1,830
Percent of HHs with woman 15-49 years	88.3%	87.2%	-1.1	NS	604	1,830
Percent of HHs with currently married woman 15-49 years	78.6%	81.0%	2.4	NS	604	1,830
Percent of HHs with children 0-59 months[1]	76.4%	80.0%	3.6	NS	604	1,830
Percent of HHs with children 0-24 months[1]	48.6%	51.2%	2.7	NS	604	1,830
Percent of HHs with children 0-5 months[2]	13.4%	12.3%	-1.1	NS	604	1,830
			Pearson Chi-sq test of significance			
Education level of head of the HH						
None or pre-primary	85.0%	84.3%			527	1,629
Primary	10.1%	10.2%		NS	52	119
Secondary and above	4.8%	5.4%			23	65
Higest level of education of primary care taker[3]						
None or pre-primary	87.9%	90.2%			401	1,251
Primary	7.7%	7.1%		NS	33	81
Secondary and above	4.4%	2.7%			15	26
Highest level of education by female HH members[3]						
None or pre-primary	61.9%	59.9%			393	1,166
Primary	29.3%	34.4%		NS	162	541
Secondary and above	8.8%	5.7%			45	97
Highest level of education by male HH members[3]						
None or pre-primary	49.1%	56.6%			325	1,026
Primary	32.4%	28.9%		NS	171	521
Secondary and above	18.6%	14.6%			85	218

[1] Calculated using age data from household roster

[2] Calculated using age data from child module

[3] When there are more than one household members with different level of education, only member with highest education level is considered

[4] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.4a. Comparison of Baseline Indicator Estimates by End-line Status
All Programs Combined

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	3.5	0.1	NS	3,788	2,335
Prevalence of households with moderate or severe hunger (HHS)	27.5%	33.2%	5.7	NS	4,312	2,658
Male and female adults	27.7%	33.4%	5.6	NS	3,924	2,413
Adult female, no adult male	32.8%	37.4%	4.6	NS	198	154
Adult male, no adult female	17.1%	20.8%	3.7	NS	187	89
Child, no adults	NA	NA	NA	NA	3	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.29	$1.42	$0.13	NS	4,273	2,587
Male and female adults	$1.27	$1.41	$0.14	NS	3,888	2,347
Adult female, no adult male	$1.41	$1.48	$0.07	NS	196	149
Adult male, no adult female	$2.39	$2.15	-$0.24	NS	187	90
Child, no adults	NA	NA	NA	NA	2	1
Prevalence of poverty: Percent of people living on less than $1.25/day	66.0%	58.0%	-8.0	†	4,273	2,587
Male and female adults	67.0%	58.5%	-8.5	†	3,888	2,347
Adult female, no adult male	56.6%	55.5%	-1.1	NS	196	149
Adult male, no adult female	23.6%	26.9%	3.3	NS	187	90
Child, no adults	NA	NA	NA	NA	2	1
Mean depth of poverty	26.6%	23.9%	-2.6	NS	4,273	2,587
Male and female adults	26.9%	24.2%	-2.7	NS	3,888	2,347
Adult female, no adult male	25.5%	23.1%	-2.4	NS	196	149
Adult male, no adult female	6.5%	7.8%	1.3	NS	187	90
Child, no adults	NA	NA	NA	NA	2	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	4,457	2,853
Percentage of households using improved sanitation facilities	7.4%	11.6%	4.3	*	4,448	2,860
Percentage of households with soap and water at a handwashing station commonly used by family members	14.1%	18.5%	4.4	NS	4,063	2,455
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.2%	6.8%	1.6	NS	3,336	1,962
Male	5.5%	7.3%	1.8	NS	2,892	1,670
Female	3.0%	4.3%	1.2	NS	440	289
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.6%	25.1%	0.5	NS	3,331	1,951
Male	25.0%	27.2%	2.2	NS	2,887	1,661
Female	21.9%	14.2%	-7.7	†	440	287

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.6%	29.6%	-1.0	NS	3,796	2,255
Male	31.3%	31.6%	0.3	NS	3,299	1,937
Female	26.5%	18.6%	-7.9	NS	493	315
Percentage of farmers who used improved storage practices in the past 12 months	25.8%	32.2%	6.4	*	3,817	2,281
Male	25.4%	34.1%	8.7	**	3,318	1,959
Female	27.8%	22.2%	-5.6	NS	495	319
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.1%	22.0%	2.9	NS	2,981	1,846
Women's Dietary Diversity Score (WDDS)	3.3	3.3	0.0	NS	3,737	2,313
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.4%	44.6%	-3.8	†	4,897	2,952
Male	49.3%	45.3%	-4.0	NS	2,488	1,489
Female	47.4%	43.9%	-3.5	NS	2,408	1,462
Prevalence of stunted children under 5 years of age (Total)	58.3%	56.4%	-1.9	NS	4,799	2,889
Male	59.7%	57.9%	-1.8	NS	2,448	1,459
Female	56.8%	54.9%	-1.9	NS	2,351	1,430
Prevalence of wasted children under 5 years of age (Total)	17.9%	15.9%	-2.0	NS	4,897	2,952
Male	20.2%	16.1%	-4.1	*	2,488	1,489
Female	15.4%	15.7%	0.3	NS	2,408	1,462
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.1%	15.4%	1.3	NS	6,390	3,996
Male	15.3%	15.4%	0.1	NS	3,271	2,007
Female	12.7%	15.5%	2.9	NS	3,113	1,984
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.3%	76.2%	-3.1	NS	937	586
Male	80.0%	74.2%	-5.9	NS	518	306
Female	78.3%	78.2%	-0.1	NS	418	280
Prevalence of exclusive breast-feeding of children under six months of age	43.9%	39.0%	-4.9	NS	674	381
Male	42.0%	41.3%	-0.7	NS	344	199
Female	45.8%	37.0%	-8.8	NS	330	182
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.7%	9.4%	1.7	NS	1,734	1,041
Male	7.5%	10.2%	2.7	NS	919	520
Female	8.0%	8.6%	0.6	NS	813	521
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.8%	6.3%	-2.4	NS	4,435	2,825
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.5%	10.1%	-0.3	NS	3,817	2,281

<table>
<tr>
<td colspan="7">**Niger FY 2012 FFP Development Food Assistance Programs**
Table 6.4a. Comparison of Baseline Indicator Estimates by End-line Status
All Programs Combined</td>
</tr>
<tr>
<td></td>
<td rowspan="2">**Villages sampled at baseline that did not receive DFAPs[1]**</td>
<td rowspan="2">**Villages sampled at baseline that received DFAPs [2]**</td>
<td rowspan="2">**Raw Difference (Received DFAPs - Not received DFAPs)**</td>
<td rowspan="2">**Significance Level [3]**</td>
<td colspan="2">**Number of observations**</td>
</tr>
<tr>
<td>**Not received DFAPs**</td>
<td>**Received DFAPs**</td>
</tr>
<tr>
<td>Male</td>
<td>10.2%</td>
<td>10.7%</td>
<td>0.5</td>
<td>NS</td>
<td>3,318</td>
<td>1,959</td>
</tr>
<tr>
<td>Female</td>
<td>12.0%</td>
<td>7.4%</td>
<td>-4.6</td>
<td>NS</td>
<td>495</td>
<td>319</td>
</tr>
<tr>
<td>Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy</td>
<td>53.7%</td>
<td>48.8%</td>
<td>-4.9</td>
<td>NS</td>
<td>1,111</td>
<td>798</td>
</tr>
<tr>
<td>Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>67.4%</td>
<td>64.3%</td>
<td>-3.2</td>
<td>NS</td>
<td>2,719</td>
<td>1,656</td>
</tr>
<tr>
<td>Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>81.7%</td>
<td>80.2%</td>
<td>-1.5</td>
<td>NS</td>
<td>3,062</td>
<td>1,661</td>
</tr>
</table>

[1] 146 villages sampled at baseline were originally targeted to receive DFAP interventions, however the DFAP interventions were not implemented in these villages.

[2] 94 villages sampled at baseline received the DFAP interventions.

[3] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.4b. Comparison of Baseline Indicator Estimates by End-line Status
LAHIA

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	2.8	0.0	NS	1,373	667
Prevalence of households with moderate or severe hunger (HHS)	40.3%	47.3%	7.0	NS	1,626	802
Male and female adults	40.8%	47.3%	6.4	NS	1,520	755
Adult female, no adult male	35.4%	NA	NA	NA	49	26
Adult male, no adult female	27.7%	NA	NA	NA	57	21
Child, no adults	NA	NA	NA	NA	0	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.02	$1.13	$0.10	NS	1,621	792
Male and female adults	$1.01	$1.12	$0.11	NS	1,514	745
Adult female, no adult male	$1.06	NA	NA	NA	49	26
Adult male, no adult female	$2.11	NA	NA	NA	58	21
Child, no adults	NA	NA	NA	NA	0	0
Prevalence of poverty: Percent of people living on less than $1.25/day	77.5%	72.3%	-5.3	NS	1,621	792
Male and female adults	78.0%	72.5%	-5.6	NS	1,514	745
Adult female, no adult male	76.7%	NA	NA	NA	49	26
Adult male, no adult female	38.0%	NA	NA	NA	58	21
Child, no adults	NA	NA	NA	NA	0	0
Mean depth of poverty	37.0%	33.3%	-3.7	NS	1,621	792
Male and female adults	37.3%	33.6%	-3.7	NS	1,514	745
Adult female, no adult male	37.5%	NA	NA	NA	49	26
Adult male, no adult female	11.0%	NA	NA	NA	58	21
Child, no adults	NA	NA	NA	NA	0	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	1,634	808
Percentage of households using improved sanitation facilities	10.9%	9.6%	-1.3	NS	1,632	807
Percentage of households with soap and water at a handwashing station commonly used by family members	10.3%	9.3%	-1.0	NS	1,482	730
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.4%	9.4%	1.0	NS	1,222	575
Male	8.9%	10.5%	1.6	NS	1,044	495
Female	5.9%	3.7%	-2.3	NS	177	79
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	20.4%	18.4%	-2.1	NS	1,220	574
Male	20.0%	20.0%	0.1	NS	1,042	494
Female	21.9%	10.3%	-11.7	NS	177	79

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.4b. Comparison of Baseline Indicator Estimates by End-line Status
LAHIA

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs[2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[3]	Number of observations	
					Not received DFAPs	Received DFAPs
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	24.6%	21.0%	-3.6	NS	1,484	728
Male	25.2%	23.7%	-1.5	NS	1,269	633
Female	22.0%	7.8%	-14.1	**	214	94
Percentage of farmers who used improved storage practices in the past 12 months	27.8%	25.6%	-2.2	NS	1,496	740
Male	28.6%	28.4%	-0.1	NS	1,280	643
Female	24.3%	12.1%	-12.2	*	215	96
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	16.8%	18.0%	1.2	NS	1,165	570
Women's Dietary Diversity Score (WDDS)	2.9	2.8	-0.1	NS	1,446	716
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.0%	44.0%	-4.0	NS	2,125	980
Male	47.9%	46.8%	-1.0	NS	1,093	489
Female	48.1%	41.2%	-6.9	NS	1,032	491
Prevalence of stunted children under 5 years of age (Total)	58.1%	56.3%	-1.8	NS	2,079	950
Male	58.2%	59.6%	1.4	NS	1,069	474
Female	58.0%	53.0%	-5.0	NS	1,010	476
Prevalence of wasted children under 5 years of age (Total)	16.8%	16.4%	-0.4	NS	2,125	980
Male	19.4%	17.1%	-2.3	NS	1,093	489
Female	14.0%	15.8%	1.8	NS	1,032	491
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	16.3%	11.7%	-4.6	†	2,829	1,351
Male	17.7%	12.7%	-4.9	†	1,466	674
Female	14.8%	10.7%	-4.1	NS	1,362	677
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.9%	70.4%	-8.5	NS	478	173
Male	80.5%	67.9%	-12.6	†	265	98
Female	76.8%	73.5%	-3.3	NS	212	75
Prevalence of exclusive breast-feeding of children under six months of age	43.2%	46.4%	3.2	NS	281	139
Male	41.0%	46.1%	5.1	NS	145	80
Female	45.6%	46.7%	1.0	NS	136	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	6.2%	3.4%	-2.8	NS	763	339
Male	4.6%	3.7%	-1.0	NS	415	164
Female	8.2%	3.2%	-5.0	NS	347	175
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.6%	5.2%	-4.4	†	1,633	808
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	12.5%	15.9%	3.4	NS	1,496	740

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
Male	13.0%	17.6%	4.6	NS	1,280	643
Female	10.3%	8.1%	-2.2	NS	215	96
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.6%	66.4%	0.8	NS	424	225
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	78.4%	73.2%	-5.2	NS	1,049	561
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.7%	82.7%	-3.0	NS	1,252	588

[1] 54 villages sampled at baseline were originally targeted to receive DFAP interventions, however the DFAP interventions were not implemented in these villages.

[2] 26 villages sampled at baseline received the DFAP interventions.

[3] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.4c. Comparison of Baseline Indicator Estimates by End-line Status
PASAM TAI

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs[2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[3]	Number of observations	
					Not received DFAPs	Received DFAPs
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	3.9	0.3	NS	1,934	199
Prevalence of households with moderate or severe hunger (HHS)	24.1%	31.0%	6.9	NS	2,178	220
Male and female adults	24.1%	32.3%	8.3	NS	1,952	187
Adult female, no adult male	33.3%	NA	NA	NA	110	17
Adult male, no adult female	16.1%	NA	NA	NA	113	16
Child, no adults	NA	NA	NA	NA	3	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.35	$1.53	$0.18	NS	2,163	219
Male and female adults	$1.33	$1.51	$0.18	NS	1,939	186
Adult female, no adult male	$1.41	NA	NA	NA	110	17
Adult male, no adult female	$2.37	NA	NA	NA	112	16
Child, no adults	NA	NA	NA	NA	2	0
Prevalence of poverty: Percent of people living on less than $1.25/day	63.6%	53.9%	-9.7	NS	2,163	219
Male and female adults	64.7%	55.0%	-9.7	NS	1,939	186
Adult female, no adult male	57.4%	NA	NA	NA	110	17
Adult male, no adult female	23.0%	NA	NA	NA	112	16
Child, no adults	NA	NA	NA	NA	2	0
Mean depth of poverty	23.7%	20.1%	-3.6	NS	2,163	219
Male and female adults	24.0%	20.3%	-3.6	NS	1,939	186
Adult female, no adult male	26.2%	NA	NA	NA	110	17
Adult male, no adult female	61.3%	NA	NA	NA	112	16
Child, no adults	NA	NA	NA	NA	2	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,223	234
Percentage of households using improved sanitation facilities	4.3%	13.3%	9.0	*	2,217	236
Percentage of households with soap and water at a handwashing station commonly used by family members	13.2%	28.0%	14.8	*	2,099	201
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	3.4%	-0.3	NS	1,703	180
Male	3.9%	3.4%	-0.5	NS	1,492	168
Female	2.0%	NA	NA	NA	210	12
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	27.6%	40.2%	12.7	NS	1,701	179
Male	28.3%	41.8%	13.6	NS	1,490	167
Female	22.6%	NA	NA	NA	210	12

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs[2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level[3]	Number of observations	
					Not received DFAPs	Received DFAPs
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.6%	42.7%	10.0	NS	1,884	187
Male	33.9%	44.2%	10.2	NS	1,659	174
Female	23.7%	NA	NA	NA	224	13
Percentage of farmers who used improved storage practices in the past 12 months	24.1%	32.7%	8.6	NS	1,893	190
Male	24.3%	33.4%	9.2	†	1,667	177
Female	22.7%	NA	NA	NA	225	13
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.4%	26.0%	6.6	NS	1,469	152
Women's Dietary Diversity Score (WDDS)	3.4	3.6	0.2	NS	1,829	189
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	49.4%	45.1%	-4.3	NS	2,250	232
Male	51.4%	44.6%	-6.7	NS	1,117	125
Female	47.4%	45.8%	-1.7	NS	1,132	107
Prevalence of stunted children under 5 years of age (Total)	59.8%	57.6%	-2.2	NS	2,215	230
Male	62.1%	57.9%	-4.2	NS	1,106	125
Female	57.5%	57.4%	-0.2	NS	1,109	105
Prevalence of wasted children under 5 years of age (Total)	18.8%	11.0%	-7.7	***	2,250	232
Male	21.1%	10.2%	-10.9	***	1,117	125
Female	16.3%	12.1%	-4.2	NS	1,132	107
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	12.9%	22.5%	9.6	NS	2,852	275
Male	14.3%	21.2%	6.9	NS	1,432	147
Female	11.2%	24.2%	13.0	†	1,418	127
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.3%	84.2%	5.0	NS	364	51
Male	79.5%	NA	NA	NA	206	25
Female	79.0%	NA	NA	NA	158	26
Prevalence of exclusive breast-feeding of children under six months of age	45.8%	32.0%	-13.8	NS	304	34
Male	43.4%	NA	NA	NA	148	15
Female	48.1%	NA	NA	NA	156	19
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	18.8%	10.6	†	800	87
Male	8.4%	20.4%	12.1	†	409	48
Female	8.0%	16.4%	8.4	NS	391	39
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.7%	7.8%	-0.9	NS	2,209	234
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.3%	4.2%	-5.0	*	1,893	190

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
Male	9.1%	4.4%	-4.7	†	1,667	177
Female	10.4%	NA	NA	NA	225	13
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	50.2%	33.7%	-16.5	†	534	71
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	65.8%	69.9%	4.1	NS	1,337	146
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.2%	87.9%	6.7	NS	1,500	142

[1] 72 villages sampled at baseline were originally targeted to receive DFAP interventions, however the DFAP interventions were not implemented in these villages.

[2] 8 villages sampled at baseline received the DFAP interventions.

[3] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.4d. Comparison of Baseline Indicator Estimates by End-line Status
Sawki

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.0	3.8	-0.3	NS	481	1,469
Prevalence of households with moderate or severe hunger (HHS)	17.5%	24.7%	7.3	*	508	1,636
Male and female adults	16.4%	23.9%	7.5	*	452	1,471
Adult female, no adult male	30.2%	33.4%	3.3	NS	39	111
Adult male, no adult female	NA	21.3%	NA	NA	17	52
Child, no adults	NA	NA	NA	NA	2	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.68	$1.62	-$0.06	NS	489	1,576
Male and female adults	$1.65	$1.61	-$0.04	NS	435	1,416
Adult female, no adult male	$1.70	$1.65	-$0.05	NS	37	106
Adult male, no adult female	NA	$2.43	NA	NA	17	53
Child, no adults	NA	NA	NA	NA	1	0
Prevalence of poverty: Percent of people living on less than $1.25/day	46.5%	47.7%	1.2	NS	489	1,576
Male and female adults	47.9%	48.0%	0.1	NS	435	1,416
Adult female, no adult male	37.7%	47.2%	9.5	NS	37	106
Adult male, no adult female	NA	25.2%	NA	NA	17	53
Child, no adults	NA	NA	NA	NA	1	0
Mean depth of poverty	13.5%	17.8%	4.3	NS	489	1,576
Male and female adults	13.7%	17.8%	4.1	NS	435	1,416
Adult female, no adult male	13.8%	19.0%	5.2	NS	37	106
Adult male, no adult female	NA	10.9%	NA	NA	17	53
Child, no adults	NA	NA	NA	NA	1	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	600	1,811
Percentage of households using improved sanitation facilities	14.9%	12.1%	-2.8	NS	599	1,817
Percentage of households with soap and water at a handwashing station commonly used by family members	26.8%	19.9%	-7.0	NS	482	1,524
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	6.6%	1.0	NS	411	1,207
Male	6.5%	7.1%	0.6	NS	356	1,007
Female	0.6%	4.8%	4.2	†	53	198
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	18.5%	23.4%	4.9	NS	410	1,198
Male	17.9%	24.9%	6.9	NS	355	1,000
Female	19.6%	17.3%	-2.3	NS	53	196

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.4d. Comparison of Baseline Indicator Estimates by End-line Status
Sawki

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	35.6%	30.1%	-5.5	NS	428	1,340
Male	32.4%	31.2%	-1.2	NS	371	1,130
Female	47.8%	25.6%	-22.2	NS	55	208
Percentage of farmers who used improved storage practices in the past 12 months	30.2%	36.4%	6.2	NS	428	1,351
Male	23.9%	38.4%	14.5	**	371	1,139
Female	54.6%	28.5%	-26.2	†	55	210
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.7%	23.4%	-0.3	NS	347	1,124
Women's Dietary Diversity Score (WDDS)	3.8	3.5	-0.3	NS	462	1,408
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.4%	44.8%	1.4	NS	522	1,740
Male	42.3%	44.5%	2.1	NS	278	875
Female	44.6%	45.0%	0.4	NS	244	864
Prevalence of stunted children under 5 years of age (Total)	50.2%	55.9%	5.7	†	505	1,709
PROJECT-SPECIFIC INDICATORS	51.2%	56.7%	5.5	NS	273	860
Female	49.1%	55.2%	6.1	†	232	849
Prevalence of wasted children under 5 years of age (Total)	16.4%	17.8%	1.5	NS	522	1,740
Male	18.1%	18.7%	0.6	NS	278	875
Female	14.5%	17.0%	2.6	NS	244	864
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	15.3%	1.3	NS	709	2,370
Male	13.4%	14.5%	1.0	NS	373	1,186
Female	14.6%	16.0%	1.3	NS	333	1,180
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.8%	74.3%	-6.5	NS	95	362
Male	81.4%	69.2%	-12.2	NS	47	183
Female	80.2%	78.9%	-1.3	NS	48	179
Prevalence of exclusive breast-feeding of children under six months of age	35.6%	36.4%	0.9	NS	89	208
Male	38.6%	30.1%	-8.5	NS	51	104
Female	31.4%	40.4%	9.0	NS	38	104
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	10.1%	8.6%	-1.5	NS	171	615
Male	12.1%	7.8%	-4.3	NS	95	308
Female	7.6%	9.2%	1.6	NS	75	307
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.2%	6.2%	-1.0	NS	593	1,783
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	11.8%	8.5%	-3.3	NS	428	1,351

Table 6.4d. Comparison of Baseline Indicator Estimates by End-line Status

Sawki

	Villages sampled at baseline that did not receive DFAPs[1]	Villages sampled at baseline that received DFAPs [2]	Raw Difference (Received DFAPs - Not received DFAPs)	Significance Level [3]	Number of observations	
					Not received DFAPs	Received DFAPs
Male	8.9%	8.7%	-0.2	NS	371	1,139
Female	22.1%	7.6%	-14.5	*	55	210
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.2%	41.4%	1.1	NS	153	502
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	51.8%	53.8%	2.0	NS	333	949
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	72.6%	73.6%	1.0	NS	310	931

[1] 20 villages sampled at baseline were originally targeted to receive DFAP interventions, however the DFAP interventions were not implemented in these villages.

[2] 60 villages sampled at baseline received the DFAP interventions.

[3] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)
All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.5	0.6	***	2,390	2,344
Prevalence of households with moderate or severe hunger (HHS)	21.6%	22.2%	-0.6	NS	2,622	2,654
Male and female adults	21.7%	21.5%	0.1	NS	2,353	2,170
Adult female, no adult male	27.4%	31.3%	-3.9	NS	155	264
Adult male, no adult female	10.9%	11.8%	-0.9	NS	107	204
Child, no adults	NA	NA	NA	NA	7	16
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.46	$1.36	$0.10	*	2,624	2,654
Male and female adults	$1.45	$1.35	$0.10	*	2,355	2,170
Adult female, no adult male	$1.45	$1.25	$0.20	NS	155	264
Adult male, no adult female	$2.20	$2.08	$0.12	NS	107	204
Child, no adults	NA	NA	NA	NA	7	16
Prevalence of poverty: Percent of people living on less than $1.25/day	54.4%	60.5%	-6.2	*	2,624	2,654
Male and female adults	54.7%	61.0%	-6.3	*	2,355	2,170
Adult female, no adult male	55.9%	64.9%	-9.0	NS	155	264
Adult male, no adult female	28.7%	31.7%	-2.9	NS	107	204
Child, no adults	NA	NA	NA	NA	7	16
Mean depth of poverty	20.0	22.3	-2.3	NS	2,624	2,654
Male and female adults	20.2	22.2	-2.1	NS	2,355	2,170
Adult female, no adult male	20.3	27.9	-7.6	NS	155	264
Adult male, no adult female	8.4	7.8	0.6	NS	107	204
Child, no adults	NA	NA	NA	NA	7	16
WASH INDICATORS						
Percentage of households using improved sanitation facilities	10.5%	8.6%	1.9	NS	2,617	2,653
Percentage of households with soap and water at a handwashing station commonly used by family members	21.4%	17.1%	4.3	†	2,587	2,609
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	25.5%	14.0%	11.5	***	2,536	2,393
Male	25.1%	14.9%	10.2	***	1,972	1,811
Female	26.7%	11.7%	15.0	***	564	582
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	43.5%	39.2%	4.3	NS	2,539	2,402
Male	46.2%	39.6%	6.6	†	1,974	1,817
Female	35.0%	38.4%	-3.4	NS	565	585
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	73.0%	61.7%	11.4	***	2,539	2,402

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Male	79.5%	67.9%	11.6	***	1,974	1,817
Female	52.4%	46.4%	6.0	NS	565	585
Percentage of farmers who used improved storage practices in the past 12 months	57.0%	45.2%	11.8	***	2,539	2,402
Male	60.9%	51.0%	9.9	**	1,974	1,817
Female	44.6%	31.0%	13.5	**	565	585
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.5%	21.2%	-1.7	NS	1,770	1,642
Women's Dietary Diversity Score (WDDS)	4.5	4.0	0.4	***	2,330	2,226
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.2%	41.6%	1.6	NS	4,334	3,718
Male	43.8%	43.6%	0.1	NS	2,171	1,876
Female	42.6%	39.5%	3.1	NS	2,163	1,842
Prevalence of stunted children under 5 years of age (Total)	56.5%	52.4%	4.0	*	4,295	3,670
Male	60.0%	54.9%	5.0	†	2,153	1,853
Female	52.9%	49.9%	3.0	NS	2,142	1,817
Prevalence of wasted children under 5 years of age (Total)	13.1%	14.2%	-1.1	NS	4,336	3,708
Male	15.0%	17.5%	-2.5	NS	2,168	1,881
Female	11.2%	10.9%	0.3	NS	2,168	1,827
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.9%	27.4%	-4.5	**	4,418	3,796
Male	23.4%	30.3%	-6.9	***	2,222	1,925
Female	22.3%	24.5%	-2.2	NS	2,196	1,871
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.5%	73.3%	7.2	*	865	913
Male	82.4%	73.6%	8.9	*	450	490
Female	78.4%	73.0%	5.5	NS	415	423
Prevalence of exclusive breast-feeding of children under six months of age	53.1%	34.0%	19.1	**	448	386
Male	49.3%	30.9%	18.4	**	219	191
Female	57.6%	37.3%	20.3	*	229	195
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	20.7%	15.1%	5.6	*	1,118	1,035
Male	20.2%	11.0%	9.1	**	583	510
Female	21.2%	18.8%	2.4	NS	535	525
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.2%	7.8%	1.3	NS	2,621	2,646
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	25.5%	21.5%	4.0	NS	2,538	2,401
Male	29.2%	25.7%	3.5	NS	1,974	1,816
Female	13.5%	11.4%	2.2	NS	564	585

Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)						
All Programs Combined						
	Direct Benficiary	**Indirect Benficiary**	**Raw Difference (Direct - Indirect)[1]**	**Significance Level[2]**	**Number of observations**	
					Direct	**Indirect**
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	67.3%	61.0%	6.3	†	1,260	1,185
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.5%	78.3%	-0.8	NS	2,086	1,981
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.1%	83.0%	2.1	NS	2,532	2,500

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.3	4.2	0.1	NS	941	514
Prevalence of households with moderate or severe hunger (HHS)	27.3%	19.1%	8.1	**	1,101	654
Male and female adults	27.5%	19.1%	8.4	**	1,028	578
Adult female, no adult male	NA	NA	NA	NA	39	25
Adult male, no adult female	20.0%	15.3%	4.7	NS	31	0
Child, no adults	NA	NA	NA	NA	3	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.28	$1.23	$0.05	NS	1,101	654
Male and female adults	$1.27	$1.21	$0.05	NS	1,028	578
Adult female, no adult male	NA	NA	NA	NA	39	25
Adult male, no adult female	$1.80	$1.75	$0.05	NS	31	51
Child, no adults	NA	NA	NA	NA	3	0
Prevalence of poverty: Percent of people living on less than $1.25/day	65.4%	64.3%	1.2	NS	1,101	654
Male and female adults	65.9%	64.9%	1.0	NS	1,028	578
Adult female, no adult male	NA	NA	NA	NA	39	25
Adult male, no adult female	51.1%	50.9%	NA	NA	31	51
Child, no adults	NA	NA	NA	NA	3	0
Mean depth of poverty	26.5	28.4	-1.8	NS	1,101	654
Male and female adults	26.8	28.6	-1.8	NS	1,028	578
Adult female, no adult male	NA	NA	NA	NA	39	25
Adult male, no adult female	22.3	21.2	1.1	NS	31	51
Child, no adults	NA	NA	NA	NA	3	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.5%	22.5%	-7.0	**	1,098	654
Percentage of households with soap and water at a handwashing station commonly used by family members	11.0%	14.8%	-3.8	NS	1,082	632
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	28.9%	19.3%	9.6	**	1,087	609
Male	29.8%	19.6%	10.1	**	873	508
Female	25.7%	17.8%	7.9	†	214	101
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	31.9%	35.5%	-3.6	NS	1,089	613
Male	34.3%	35.6%	-1.3	NS	874	511
Female	22.8%	34.8%	-11.9	†	215	102
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	60.0%	55.0%	5.1	NS	1,089	613

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Number of observations Indirect
Male	63.1%	56.2%	6.9	NS	874	511
Female	48.6%	49.5%	-0.9	NS	215	102
Percentage of farmers who used improved storage practices in the past 12 months	60.4%	55.0%	5.4	†	1,089	613
Male	61.8%	57.8%	4.1	NS	874	511
Female	55.0%	43.0%	12.0	†	215	102
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.0%	17.0%	-0.1	NS	770	410
Women's Dietary Diversity Score (WDDS)	4.1	3.8	0.3	**	1,008	567
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	37.6%	36.3%	1.3	NS	2,012	945
Male	38.5%	39.4%	-0.8	NS	1,005	490
Female	36.6%	33.1%	3.6	NS	1,007	455
Prevalence of stunted children under 5 years of age (Total)	50.4%	49.9%	0.5	NS	1,993	938
Male	53.7%	53.9%	-0.2	NS	997	487
Female	47.0%	45.6%	1.4	NS	996	451
Prevalence of wasted children under 5 years of age (Total)	11.5%	11.8%	-0.3	NS	2,016	943
Male	13.0%	13.1%	-0.1	NS	1,008	492
Female	10.1%	10.5%	-0.4	NS	1,008	451
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.8%	18.8%	-1.0	NS	2,044	930
Male	18.6%	19.7%	-1.1	NS	1,025	488
Female	17.0%	17.8%	-0.8	NS	1,019	442
Percentage of children under age 5 with diarrhea treated with ORT (Total)	72.0%	70.8%	1.2	NS	351	172
Male	72.7%	76.3%	-3.6	NS	177	95
Female	71.2%	64.1%	7.1	NS	174	77
Prevalence of exclusive breast-feeding of children under six months of age	60.5%	50.9%	9.6	†	215	112
Male	57.9%	44.9%	12.9	NS	98	53
Female	63.0%	56.1%	6.9	NS	117	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	12.6%	12.9%	-0.3	NS	505	242
Male	13.8%	13.1%	0.7	NS	270	125
Female	11.2%	12.7%	-1.6	NS	235	117
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	14.0%	16.2%	-2.2	NS	1,099	648
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	38.6%	35.0%	3.6	NS	1,089	613
Male	39.5%	36.0%	3.5	NS	874	511
Female	35.4%	30.4%	5.0	NS	215	102

		Niger FY 2012 FFP Development Food Assistance Programs				
		Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)				
		LAHIA				
	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	71.8%	71.1%	0.7	NS	547	273
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.6%	82.2%	-4.6	†	905	533
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.7%	88.0%	-3.4	NS	1,064	612

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)
PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.4	0.7	**	467	1,162
Prevalence of households with moderate or severe hunger (HHS)	19.0%	22.1%	-3.1	NS	505	1,265
Male and female adults	18.7%	21.2%	-2.5	NS	437	1,010
Adult female, no adult male	26.9%	32.3%	-5.4	NS	42	159
Adult male, no adult female	NA	NA	NA	NA	24	84
Child, no adults	NA	NA	NA	NA	2	12
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.51	$1.36	$0.15	*	505	1,265
Male and female adults	$1.50	$1.35	$0.15	*	437	1,010
Adult female, no adult male	$1.43	$1.23	$0.20	NS	42	159
Adult male, no adult female	NA	NA	NA	NA	24	84
Child, no adults	NA	NA	NA	NA	2	12
Prevalence of poverty: Percent of people living on less than $1.25/day	51.5%	60.8%	-9.3	*	505	1,265
Male and female adults	51.5%	61.2%	-9.7	*	437	1,010
Adult female, no adult male	57.8%	66.4%	-8.6	NS	42	159
Adult male, no adult female	NA	NA	NA	NA	24	84
Child, no adults	NA	NA	NA	NA	2	12
Mean depth of poverty	18.4	22.0	-3.6	†	505	1,265
Male and female adults	18.4	21.8	-3.4	†	437	1,010
Adult female, no adult male	21.4	28.6	-7.2	NS	42	159
Adult male, no adult female	NA	NA	NA	NA	24	84
Child, no adults	NA	NA	NA	NA	2	12
WASH INDICATORS						
Percentage of households using improved sanitation facilities	7.6%	7.3%	0.4	NS	505	1,265
Percentage of households with soap and water at a handwashing station commonly used by family members	19.7%	15.6%	4.1	NS	497	1,249
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	25.5%	13.9%	11.6	***	468	1,119
Male	24.1%	15.0%	9.2	**	360	799
Female	29.4%	11.4%	18.0	**	108	320
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	47.5%	39.7%	7.8	†	468	1,122
Male	50.8%	40.1%	10.8	*	360	801
Female	37.7%	38.9%	-1.2	NS	108	321
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	74.6%	62.1%	12.6	***	468	1,122

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Number of observations Indirect
Male	82.7%	69.1%	13.5	***	360	801
Female	50.8%	46.0%	4.8	NS	108	321
Percentage of farmers who used improved storage practices in the past 12 months	55.9%	43.5%	12.4	**	468	1,122
Male	60.7%	49.7%	11.0	*	360	801
Female	41.6%	29.4%	12.2	*	108	321
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.7%	21.6%	-0.9	NS	350	806
Women's Dietary Diversity Score (WDDS)	4.5	4.0	0.4	**	449	1,068
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.2%	42.2%	4.1	NS	845	1,829
Male	46.5%	44.1%	2.4	NS	429	920
Female	46.0%	40.2%	5.7	NS	416	909
Prevalence of stunted children under 5 years of age (Total)	59.8%	52.8%	7.1	**	840	1,806
Male	64.0%	55.0%	9.0	*	427	909
Female	55.6%	50.6%	5.0	NS	413	897
Prevalence of wasted children under 5 years of age (Total)	14.2%	14.5%	-0.4	NS	848	1,831
Male	16.5%	18.1%	-1.6	NS	427	927
Female	11.8%	10.9%	0.8	NS	421	904
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	24.6%	28.4%	-3.8	†	877	1,909
Male	25.1%	31.7%	-6.6	*	445	959
Female	24.1%	25.2%	-1.1	NS	432	950
Percentage of children under age 5 with diarrhea treated with ORT (Total)	82.7%	73.3%	9.4	*	210	543
Male	84.4%	73.3%	11.1	*	110	296
Female	80.8%	73.4%	7.4	NS	100	247
Prevalence of exclusive breast-feeding of children under six months of age	51.1%	32.2%	18.9	*	111	199
Male	47.3%	28.7%	18.6	*	63	106
Female	56.2%	36.0%	20.2	†	48	93
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	21.4%	14.6%	6.8	†	218	532
Male	20.5%	10.0%	10.5	*	111	260
Female	22.1%	18.9%	3.3	NS	107	272
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.9%	6.8%	0.1	NS	505	1,264
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	20.7%	20.9%	-0.2	NS	468	1,121
Male	25.4%	25.5%	-0.1	NS	360	800
Female	6.9%	10.5%	-3.7	NS	108	321

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Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)
PASAM TAI</th>
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<th>Direct Benficiary</th>
<th>Indirect Benficiary</th>
<th>Raw Difference (Direct - Indirect)[1]</th>
<th>Significance Level[2]</th>
<th colspan="2">Number of observations</th>
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<th>Direct</th>
<th>Indirect</th>
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<tr>
<td>Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy</td>
<td>66.4%</td>
<td>60.1%</td>
<td>6.3</td>
<td>NS</td>
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<td>Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>76.1%</td>
<td>78.8%</td>
<td>-2.6</td>
<td>NS</td>
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<td>930</td>
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<td>Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>84.7%</td>
<td>83.1%</td>
<td>1.6</td>
<td>NS</td>
<td>486</td>
<td>1,195</td>
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</tbody>
</table>

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)

SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.7	5.1	0.6	*	921	668
Prevalence of households with moderate or severe hunger (HHS)	24.7%	25.8%	-1.1	NS	1,016	735
Male and female adults	25.2%	27.6%	-2.4	NS	888	582
Adult female, no adult male	29.7%	18.3%	11.3	NS	74	80
Adult male, no adult female	10.7%	19.9%	-9.1	NS	52	69
Child, no adults	NA	NA	NA	NA	2	4
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.53	$1.54	-$0.01	NS	1,018	735
Male and female adults	$1.51	$1.51	$0.00	NS	890	582
Adult female, no adult male	$1.46	$1.54	-$0.08	NS	74	80
Adult male, no adult female	$2.74	$2.19	$0.56	*	52	69
Child, no adults	NA	NA	NA	NA	2	4
Prevalence of poverty: Percent of people living on less than $1.25/day	52.0%	53.7%	-1.7	NS	1,018	735
Male and female adults	53.0%	55.4%	-2.4	NS	890	582
Adult female, no adult male	50.0%	46.3%	3.7	NS	74	80
Adult male, no adult female	9.7%	31.8%	-22.1	*	52	69
Child, no adults	NA	NA	NA	NA	2	4
Mean depth of poverty	18.2	20.2	-2.0	NS	1,018	735
Male and female adults	18.6	20.9	-2.3	NS	890	582
Adult female, no adult male	18.6	18.4	0.2	NS	74	80
Adult male, no adult female	2.0	9.2	-7.2	**	52	69
Child, no adults	NA	NA	NA	NA	2	4
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.0%	11.7%	3.3	†	1,014	734
Percentage of households with soap and water at a handwashing station commonly used by family members	36.7%	34.8%	1.9	NS	1,008	728
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	22.2%	10.8%	11.4	**	981	665
Male	23.4%	10.5%	13.0	***	739	504
Female	18.1%	12.1%	6.0	NS	242	161
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	42.2%	37.4%	4.8	NS	982	667
Male	43.8%	38.6%	5.3	NS	740	505
Female	36.7%	33.6%	3.0	NS	242	162
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	80.6%	63.1%	17.5	***	982	667

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	86.1%	66.9%	19.2	***	740	505
Female	61.8%	50.4%	11.3	†	242	162
Percentage of farmers who used improved storage practices in the past 12 months	57.1%	54.2%	2.9	NS	982	667
Male	60.6%	56.7%	3.9	NS	740	505
Female	45.3%	45.9%	-0.5	NS	242	162
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.7%	19.3%	-1.5	NS	650	426
Women's Dietary Diversity Score (WDDS)	4.9	4.4	0.4	**	873	591
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	38.3%	38.8%	-0.5	NS	1,477	944
Male	39.5%	41.1%	-1.6	NS	737	466
Female	37.2%	36.7%	0.4	NS	740	478
Prevalence of stunted children under 5 years of age (Total)	50.9%	50.3%	0.6	NS	1,462	926
Male	52.1%	55.5%	-3.3	NS	729	457
Female	49.6%	45.5%	4.1	NS	733	469
Prevalence of wasted children under 5 years of age (Total)	11.0%	12.2%	-1.2	NS	1,472	934
Male	11.7%	13.4%	-1.8	NS	733	462
Female	10.3%	10.9%	-0.6	NS	739	472
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.0%	21.8%	0.3	NS	1,497	957
Male	22.5%	22.4%	0.1	NS	752	478
Female	21.6%	21.2%	0.4	NS	745	479
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.3%	74.5%	4.8	NS	304	198
Male	82.9%	75.9%	7.0	NS	163	99
Female	75.4%	73.0%	2.4	NS	141	99
Prevalence of exclusive breast-feeding of children under six months of age	54.3%	43.1%	11.1	NS	122	75
Male	51.2%	54.8%	-3.5	NS	58	32
Female	56.8%	33.6%	23.1	**	64	43
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	27.0%	22.8%	4.2	NS	395	261
Male	25.6%	22.2%	3.4	NS	202	125
Female	28.5%	23.2%	5.3	NS	193	136
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	11.9%	12.8%	-0.9	NS	1,017	734
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	27.7%	17.1%	10.6	***	981	667
Male	30.8%	19.0%	11.8	***	740	505
Female	17.0%	10.6%	6.4	NS	241	162

	Niger FY 2012 FFP Development Food Assistance Programs					
	Table 6.5a. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (ANY BENEFIT)					
	SAWKI					
	Direct Benficiary	**Indirect Benficiary**	**Raw Difference (Direct - Indirect)[1]**	**Significance Level[2]**	**Number of observations**	
					Direct	**Indirect**
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	66.2%	63.7%	2.4	NS	450	317
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	69.7%	12.4	***	777	518
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	86.7%	78.0%	8.7	**	982	693

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.5	0.6	***	1,792	2,874
Prevalence of households with moderate or severe hunger (HHS)	20.7%	22.4%	-1.7	NS	2,022	3,248
Male and female adults	20.8%	21.9%	-1.1	NS	1,843	2,674
Adult female, no adult male	24.3%	31.1%	-6.8	NS	107	312
Adult male, no adult female	13.0%	11.3%	1.7	NS	69	242
Child, no adults	NA	NA	NA	NA	3	20
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.43	$1.39	$0.04	NS	2,023	3,248
Male and female adults	$1.41	$1.38	$0.02	NS	1,844	2,674
Adult female, no adult male	$1.71	$1.25	$0.46	**	107	312
Adult male, no adult female	$2.46	$2.06	$0.40	NS	69	242
Child, no adults	NA	NA	NA	NA	3	20
Prevalence of poverty: Percent of people living on less than $1.25/day	54.1%	59.5%	-5.4	NS	2,023	3,248
Male and female adults	54.9%	59.8%	-4.9	NS	1,844	2,674
Adult female, no adult male	39.9%	65.3%	-25.3	**	107	312
Adult male, no adult female	23.9%	32.0%	-8.1	NS	69	242
Child, no adults	NA	NA	NA	NA	3	20
Mean depth of poverty	20.1	21.8	-1.7	NS	2,023	3,248
Male and female adults	20.6	21.7	-1.1	NS	1,844	2,674
Adult female, no adult male	10.2	27.8	-17.6	***	107	312
Adult male, no adult female	8.1	8.0	0.1	NS	69	242
Child, no adults	NA	NA	NA	NA	3	20
WASH INDICATORS						
Percentage of households using improved sanitation facilities	10.8%	8.8%	1.9	NS	2,017	3,246
Percentage of households with soap and water at a handwashing station commonly used by family members	20.9%	18.0%	2.9	NS	1,998	3,191
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	26.0%	15.9%	10.1	***	1,980	2,943
Male	25.9%	16.4%	9.5	***	1,558	2,219
Female	26.1%	14.5%	11.6	*	422	724
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	43.9%	39.9%	4.0	NS	1,980	2,954
Male	44.3%	41.4%	2.9	NS	1,558	2,226
Female	42.1%	36.2%	5.8	NS	422	728
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	75.5%	62.8%	12.7	***	1,980	2,954

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Male	79.9%	69.7%	10.2	***	1,558	2,226
Female	58.7%	46.1%	12.6	**	422	728
Percentage of farmers who used improved storage practices in the past 12 months	60.0%	46.3%	13.7	***	1,980	2,954
Male	62.3%	52.2%	10.1	**	1,558	2,226
Female	50.9%	32.0%	18.9	***	422	728
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.9%	21.4%	-3.5	†	1,379	2,028
Women's Dietary Diversity Score (WDDS)	4.5	4.1	0.4	***	1,819	2,730
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	42.2%	42.3%	-0.1	NS	3,468	4,572
Male	42.1%	44.3%	-2.1	NS	1,748	2,295
Female	42.3%	40.3%	2.0	NS	1,720	2,277
Prevalence of stunted children under 5 years of age (Total)	55.9%	53.4%	2.5	NS	3,439	4,514
Male	60.0%	55.8%	4.1	NS	1,733	2,269
Female	51.7%	51.0%	0.8	NS	1,706	2,245
Prevalence of wasted children under 5 years of age (Total)	11.9%	14.4%	-2.6	*	3,467	4,565
Male	14.1%	17.3%	-3.2	*	1,746	2,299
Female	9.6%	11.5%	-1.9	NS	1,721	2,266
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	20.7%	27.4%	-6.8	***	3,531	4,672
Male	21.7%	29.7%	-8.0	***	1,786	2,357
Female	19.6%	25.2%	-5.6	*	1,745	2,315
Percentage of children under age 5 with diarrhea treated with ORT (Total)	77.1%	75.4%	1.7	NS	650	1,127
Male	79.8%	75.7%	4.2	NS	344	595
Female	74.0%	75.2%	-1.2	NS	306	532
Prevalence of exclusive breast-feeding of children under six months of age	54.1%	37.4%	16.7	**	351	481
Male	49.3%	35.0%	14.2	†	171	239
Female	59.3%	40.1%	19.2	*	180	242
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	20.0%	16.2%	3.7	NS	892	1,257
Male	19.8%	12.6%	7.1	†	468	623
Female	20.1%	19.6%	0.6	NS	424	634
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.5%	8.0%	1.6	NS	2,020	3,240
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	28.9%	21.1%	7.8	*	1,979	2,953
Male	32.2%	25.3%	6.9	†	1,558	2,225
Female	16.5%	11.1%	5.4	NS	421	728

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)

All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	69.7%	61.3%	8.4	*	984	1,456
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	78.0%	78.0%	0.1	NS	1,622	2,439
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	86.4%	83.0%	3.4	NS	1,957	3,068

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.3	4.3	0.0	NS	859	595
Prevalence of households with moderate or severe hunger (HHS)	27.0%	20.5%	6.5	*	999	754
Male and female adults	27.2%	20.6%	6.6	*	936	668
Adult female, no adult male	22.5%	NA	NA	NA	35	29
Adult male, no adult female	NA	13.5%	NA	NA	26	56
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.27	$1.25	$0.02	NS	999	754
Male and female adults	$1.25	$1.23	$0.02	NS	936	668
Adult female, no adult male	$0.23	NA	NA	NA	35	29
Adult male, no adult female	NA	$0.14	NA	NA	26	56
Child, no adults	NA	NA	NA	NA	2	1
Prevalence of poverty: Percent of people living on less than $1.25/day	65.6%	64.2%	1.4	NS	999	754
Male and female adults	66.1%	64.8%	1.4	NS	936	668
Adult female, no adult male	22.5%	NA	NA	NA	35	29
Adult male, no adult female	NA	13.5%	NA	NA	26	56
Child, no adults	NA	NA	NA	NA	2	1
Mean depth of poverty	26.8	27.8	-1.0	NS	999	754
Male and female adults	27.1	28.1	-1.0	NS	936	668
Adult female, no adult male	0.2	NA	NA	NA	35	29
Adult male, no adult female	NA	0.1	NA	NA	26	56
Child, no adults	NA	NA	NA	NA	2	1
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.3%	22.0%	-6.7	**	996	754
Percentage of households with soap and water at a handwashing station commonly used by family members	10.3%	15.3%	-5.0	†	982	730
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	29.2%	20.2%	9.0	*	988	706
Male	30.0%	20.6%	9.4	*	795	584
Female	26.2%	18.3%	7.9	NS	193	122
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	32.1%	34.6%	-2.5	NS	988	712
Male	34.7%	34.9%	-0.1	NS	795	588
Female	22.3%	33.6%	-11.3	†	193	124
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	60.6%	54.8%	5.8	NS	988	712

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	63.8%	56.1%	7.7	†	795	588
Female	48.6%	49.3%	-0.8	NS	193	124
Percentage of farmers who used improved storage practices in the past 12 months	60.9%	55.0%	5.9	†	988	712
Male	62.4%	57.5%	4.9	NS	795	588
Female	55.3%	44.5%	10.8	NS	193	124
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.7%	16.0%	1.8	NS	702	476
Women's Dietary Diversity Score (WDDS)	4.1	3.8	0.3	*	923	650
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	37.2%	37.0%	0.2	NS	1,866	1,090
Male	38.4%	39.6%	-1.2	NS	937	558
Female	36.1%	34.3%	1.8	NS	929	532
Prevalence of stunted children under 5 years of age (Total)	49.9%	50.7%	-0.7	NS	1,848	1,082
Male	53.1%	54.9%	-1.7	NS	929	555
Female	46.7%	46.3%	0.4	NS	919	527
Prevalence of wasted children under 5 years of age (Total)	11.6%	11.6%	0.0	NS	1,865	1,093
Male	13.4%	12.4%	1.0	NS	939	561
Female	9.8%	10.8%	-1.1	NS	926	532
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.5%	19.2%	-1.7	NS	1,894	1,079
Male	18.7%	19.3%	-0.7	NS	958	555
Female	16.3%	19.1%	-2.8	NS	936	524
Percentage of children under age 5 with diarrhea treated with ORT (Total)	71.2%	72.2%	-1.0	NS	321	202
Male	72.2%	76.8%	-4.7	NS	165	107
Female	70.0%	67.2%	2.8	NS	156	95
Prevalence of exclusive breast-feeding of children under six months of age	60.1%	52.3%	7.8	NS	201	126
Male	57.1%	46.7%	10.4	NS	96	55
Female	63.2%	56.8%	6.4	NS	105	71
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	12.8%	12.5%	0.3	NS	464	283
Male	13.8%	13.3%	0.5	NS	251	144
Female	11.7%	11.7%	0.1	NS	213	139
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	14.3%	15.6%	-1.3	NS	997	748
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	39.0%	34.9%	4.1	NS	988	712
Male	39.9%	35.8%	4.2	NS	795	588
Female	35.3%	31.3%	4.0	NS	193	124

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	71.3%	72.1%	-0.8	NS	502	318
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.8%	82.6%	-5.8	*	820	617
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.9%	88.6%	-4.7	*	969	705

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)
PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Number of observations Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.2	4.5	0.7	**	236	1,392
Prevalence of households with moderate or severe hunger (HHS)	16.8%	22.0%	-5.2	NS	261	1,508
Male and female adults	16.4%	21.2%	-4.8	NS	237	1,209
Adult female, no adult male	NA	31.9%	NA	NA	16	185
Adult male, no adult female	NA	9.5%	NA	NA	8	100
Child, no adults	NA	NA	NA	NA	14	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.46	$1.39	$0.07	NS	261	1,508
Male and female adults	$1.44	$1.39	$0.05	NS	237	1,209
Adult female, no adult male	NA	$1.23	NA	NA	16	185
Adult male, no adult female	NA	$2.07	NA	NA	8	100
Child, no adults	NA	NA	NA	NA	14	0
Prevalence of poverty: Percent of people living on less than $1.25/day	49.6%	59.5%	-9.9	†	261	1,508
Male and female adults	50.5%	59.7%	-9.2	†	237	1,209
Adult female, no adult male	NA	66.6%	NA	NA	16	185
Adult male, no adult female	NA	30.4%	NA	NA	8	100
Child, no adults	NA	NA	NA	NA	14	0
Mean depth of poverty	17.7	21.4	-3.7	NS	261	1,508
Male and female adults	18.3	21.2	-2.9	NS	237	1,209
Adult female, no adult male	NA	28.4	NA	NA	16	185
Adult male, no adult female	NA	6.8	NA	NA	8	100
Child, no adults	NA	NA	NA	NA	14	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	7.3%	7.4%	-0.1	NS	261	1,508
Percentage of households with soap and water at a handwashing station commonly used by family members	20.1%	16.2%	3.9	NS	260	1,485
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	25.5%	15.9%	9.7	**	250	1,336
Male	24.7%	16.4%	8.3	*	200	958
Female	28.8%	14.6%	14.3	†	50	378
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	49.8%	40.6%	9.2	†	250	1,339
Male	49.0%	42.3%	6.7	NS	200	960
Female	53.1%	36.9%	16.2	*	50	379
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	80.1%	63.1%	16.9	***	250	1,339

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	84.9%	70.9%	14.0	***	200	960
Female	60.7%	45.6%	15.1	*	50	379
Percentage of farmers who used improved storage practices in the past 12 months	59.3%	45.0%	14.3	**	250	1,339
Male	61.8%	51.4%	10.5	†	200	960
Female	49.1%	30.6%	18.5	*	50	379
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.8%	22.1%	-4.3	NS	186	969
Women's Dietary Diversity Score (WDDS)	4.5	4.1	0.4	*	236	1,280
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.3%	43.0%	3.3	NS	456	2,214
Male	45.1%	44.9%	0.2	NS	229	1,119
Female	47.5%	41.0%	6.5	NS	227	1,095
Prevalence of stunted children under 5 years of age (Total)	60.6%	53.9%	6.7	†	452	2,190
Male	66.5%	56.0%	10.4	*	227	1,108
Female	54.7%	51.8%	3.0	NS	225	1,082
Prevalence of wasted children under 5 years of age (Total)	12.6%	14.8%	-2.2	NS	457	2,218
Male	15.6%	18.0%	-2.4	NS	227	1,126
Female	9.6%	11.6%	-2.0	NS	230	1,092
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.1%	28.4%	-6.3	*	477	2,305
Male	23.4%	30.9%	-7.5	†	238	1,165
Female	20.7%	25.8%	-5.1	NS	239	1,140
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.8%	75.6%	3.2	NS	101	652
Male	82.5%	75.4%	7.1	NS	56	350
Female	74.4%	75.8%	-1.4	NS	45	302
Prevalence of exclusive breast-feeding of children under six months of age	51.0%	35.9%	15.1	NS	59	249
Male	45.1%	33.5%	11.5	NS	32	137
Female		38.7%	0.0	***	27	112
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	20.0%	15.9%	4.1	NS	123	627
Male	20.0%	11.8%	8.2	NS	64	307
Female	20.0%	19.8%	0.2	NS	59	320
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.1%	6.9%	-0.8	NS	261	1,507
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	23.9%	20.3%	3.7	NS	250	1,338
Male	28.8%	24.8%	4.0	NS	200	959
Female	4.5%	10.2%	-5.7	NS	50	379

The top of the table reads:

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)

PASAM TAI

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)

PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	70.2%	60.4%	9.8	†	145	711
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.3%	78.2%	-1.9	NS	211	1,122
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	87.1%	83.0%	4.2	NS	251	1,429

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)
SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	6.0	5.0	1.0	***	698	887
Prevalence of households with moderate or severe hunger (HHS)	21.9%	27.7%	-5.8	NS	762	986
Male and female adults	22.6%	29.2%	-6.6	NS	670	797
Adult female, no adult male	29.6%	20.3%	9.3	NS	56	98
Adult male, no adult female	0.0%	23.0%	-23.0	***	35	86
Child, no adults	NA	NA	NA	NA	1	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.56	$1.51	$0.05	NS	763	986
Male and female adults	$1.54	$1.48	$0.05	NS	671	797
Adult female, no adult male	$1.47	$1.52	-$0.06	NS	56	98
Adult male, no adult female	$2.85	$2.22	$0.63	**	35	86
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	49.4%	55.6%	-6.2	*	763	986
Male and female adults	50.5%	57.0%	-6.5	*	671	797
Adult female, no adult male	46.3%	49.4%	-3.1	NS	56	98
Adult male, no adult female	4.7%	31.2%	-26.5	***	35	86
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	16.8	20.9	-4.1	*	763	986
Male and female adults	17.2	21.4	-4.2	*	671	797
Adult female, no adult male	16.1	20.1	-4.1	NS	56	98
Adult male, no adult female	1.0	8.7	-7.7	***	35	86
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using improved sanitation facilities	13.1%	13.9%	-0.8	NS	760	984
Percentage of households with soap and water at a handwashing station commonly used by family members	34.4%	36.7%	-2.3	NS	756	976
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	23.1%	13.0%	10.0	**	742	901
Male	23.7%	13.5%	10.2	**	563	677
Female	20.8%	11.6%	9.2	*	179	224
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	44.7%	36.7%	8.0	*	742	903
Male	45.3%	38.8%	6.5	NS	563	678
Female	42.6%	29.9%	12.7	*	179	225
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	83.2%	65.3%	18.0	***	742	903

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	88.1%	69.9%	18.2	***	563	678
Female	66.0%	50.1%	15.9	*	179	225
Percentage of farmers who used improved storage practices in the past 12 months	60.4%	52.2%	8.2	*	742	903
Male	63.4%	55.2%	8.1	†	563	678
Female	49.7%	42.3%	7.4	NS	179	225
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.4%	18.3%	0.1	NS	491	583
Women's Dietary Diversity Score (WDDS)	5.1	4.3	0.7	***	660	800
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	38.5%	38.6%	-0.1	NS	1,146	1,268
Male	39.8%	40.5%	-0.6	NS	582	618
Female	37.1%	36.9%	0.2	NS	564	650
Prevalence of stunted children under 5 years of age (Total)	51.8%	49.5%	2.3	NS	1,139	1,242
Male	52.7%	54.0%	-1.2	NS	577	606
Female	50.9%	45.5%	5.3	NS	562	636
Prevalence of wasted children under 5 years of age (Total)	10.5%	12.3%	-1.8	NS	1,145	1,254
Male	11.5%	13.1%	-1.5	NS	580	612
Female	9.4%	11.6%	-2.2	NS	565	642
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	21.2%	22.6%	-1.3	NS	1,160	1,288
Male	21.4%	23.3%	-1.9	NS	590	637
Female	21.0%	21.8%	-0.8	NS	570	651
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.3%	75.7%	3.7	NS	228	273
Male	81.3%	79.1%	2.2	NS	123	138
Female	77.2%	72.1%	5.1	NS	105	135
Prevalence of exclusive breast-feeding of children under six months of age	56.5%	44.7%	11.9	NS	91	106
Male	55.2%	50.3%	5.0	NS	43	47
Female	57.6%	40.2%	17.5	NS	48	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	28.9%	22.2%	6.8	†	305	347
Male	27.3%	21.9%	5.4	NS	153	172
Female	30.7%	22.4%	8.2	NS	152	175
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	11.4%	12.9%	-1.6	NS	762	985
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	28.0%	19.4%	8.6	**	741	903
Male	30.5%	22.1%	8.4	*	563	678
Female	19.1%	10.6%	8.5	†	178	225

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5b. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (FOOD)
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	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	66.4%	63.9%	2.5	NS	337	427
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.4%	71.7%	11.7	***	591	700
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	87.7%	79.5%	8.2	**	737	934

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs **Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)** **All Programs Combined**						
	Direct Benficiary	**Indirect Benficiary**	**Raw Difference (Direct - Indirect)[1]**	**Significance Level[2]**	**Number of observations**	
					Direct	**Indirect**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.5	0.6	***	1,737	2,927
Prevalence of households with moderate or severe hunger (HHS)	20.3%	22.6%	-2.3	NS	1,969	3,299
Male and female adults	20.6%	22.0%	-1.5	NS	1,784	2,731
Adult female, no adult male	24.9%	31.4%	-6.5	NS	109	310
Adult male, no adult female	8.3%	12.3%	-4.0	NS	73	238
Child, no adults	NA	NA	NA	NA	3	20
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.49	$1.37	$0.13	*	1,969	3,300
Male and female adults	$1.48	$1.35	$0.12	*	1,784	2,732
Adult female, no adult male	$1.52	$1.25	$0.26	NS	109	310
Adult male, no adult female	$2.19	$2.10	$0.08	NS	73	238
Child, no adults	NA	NA	NA	NA	3	20
Prevalence of poverty: Percent of people living on less than $1.25/day	53.2%	60.0%	-6.9	*	1,969	3,300
Male and female adults	53.7%	60.4%	-6.8	*	1,784	2,732
Adult female, no adult male	52.7%	64.7%	-12.0	NS	109	310
Adult male, no adult female	28.5%	31.5%	-3.0	NS	73	238
Child, no adults	NA	NA	NA	NA	3	20
Mean depth of poverty	18.8	22.3	-3.5	†	1,969	3,300
Male and female adults	19.0	22.3	-3.2	†	1,784	2,732
Adult female, no adult male	18.1	27.7	-9.6	NS	109	310
Adult male, no adult female	7.8	8.1	-0.2	NS	73	238
Child, no adults	NA	NA	NA	NA	3	20
WASH INDICATORS						
Percentage of households using improved sanitation facilities	11.2%	8.6%	2.6	†	1,964	3,297
Percentage of households with soap and water at a handwashing station commonly used by family members	21.4%	17.7%	3.7	†	1,938	3,250
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	28.4%	14.5%	13.9	***	1,906	3,016
Male	27.1%	15.5%	11.6	***	1,485	2,294
Female	33.0%	12.0%	21.0	***	421	722
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	46.0%	39.0%	7.0	*	1,907	3,026
Male	48.5%	39.7%	8.8	*	1,485	2,301
Female	37.4%	37.3%	0.0	NS	422	725
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	74.0%	62.8%	11.2	***	1,907	3,026

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)
All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	79.6%	69.4%	10.2	***	1,485	2,301
Female	54.4%	46.5%	7.9	†	422	725
Percentage of farmers who used improved storage practices in the past 12 months	57.4%	46.7%	10.7	**	1,907	3,026
Male	61.7%	52.2%	9.5	**	1,485	2,301
Female	42.5%	33.2%	9.3	†	422	725
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.3%	21.1%	-1.8	NS	1,344	2,059
Women's Dietary Diversity Score (WDDS)	4.5	4.1	0.4	***	1,777	2,770
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.4%	41.8%	1.6	NS	3,366	4,670
Male	42.7%	44.1%	-1.4	NS	1,704	2,337
Female	44.2%	39.5%	4.7	†	1,662	2,333
Prevalence of stunted children under 5 years of age (Total)	56.5%	52.9%	3.6	†	3,338	4,611
Male	59.4%	55.7%	3.7	NS	1,689	2,311
Female	53.4%	50.2%	3.2	NS	1,649	2,300
Prevalence of wasted children under 5 years of age (Total)	12.7%	14.3%	-1.6	NS	3,362	4,666
Male	14.2%	17.5%	-3.3	†	1,699	2,344
Female	11.1%	11.1%	0.0	NS	1,663	2,322
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	21.7%	27.2%	-5.5	**	3,433	4,765
Male	21.3%	30.1%	-8.7	***	1,742	2,399
Female	22.0%	24.3%	-2.3	NS	1,691	2,366
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.8%	75.0%	3.9	NS	666	1,106
Male	82.4%	75.1%	7.3	*	339	597
Female	75.1%	74.8%	0.3	NS	327	509
Prevalence of exclusive breast-feeding of children under six months of age	56.1%	35.5%	20.6	***	347	484
Male	51.9%	32.9%	19.0	**	171	239
Female	61.1%	38.5%	22.6	*	176	245
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	22.0%	15.4%	6.7	*	861	1,286
Male	21.8%	11.6%	10.2	**	454	636
Female	22.3%	18.8%	3.5	NS	407	650
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.4%	8.0%	1.4	NS	1,967	3,291
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	25.8%	21.9%	3.9	NS	1,907	3,024
Male	28.9%	26.2%	2.7	NS	1,485	2,300
Female	15.1%	11.3%	3.8	NS	422	724

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)

All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	70.4%	60.5%	10.0	**	991	1,446
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.4%	78.2%	-0.8	NS	1,573	2,487
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.1%	83.2%	1.9	NS	1,909	3,114

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.3	4.3	0.0	NS	732	722
Prevalence of households with moderate or severe hunger (HHS)	26.9%	21.5%	5.4	†	857	897
Male and female adults	26.9%	21.9%	5.1	†	804	801
Adult female, no adult male	NA	26.3%	NA	NA	29	35
Adult male, no adult female	NA	14.3%	NA	NA	22	60
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.25	$1.27	-$0.02	NS	857	897
Male and female adults	$1.24	$1.25	-$0.01	NS	804	801
Adult female, no adult male	NA	$1.44	NA	NA	29	35
Adult male, no adult female	NA	$1.85	NA	NA	22	60
Child, no adults	NA	NA	NA	NA	2	1
Prevalence of poverty: Percent of people living on less than $1.25/day	66.2%	63.8%	2.3	NS	857	897
Male and female adults	66.6%	64.4%	2.2	NS	804	801
Adult female, no adult male	NA	56.4%	NA	NA	29	35
Adult male, no adult female	NA	48.9%	NA	NA	22	60
Child, no adults	NA	NA	NA	NA	2	1
Mean depth of poverty	27.2	27.2	0.0	NS	857	897
Male and female adults	27.4	27.5	-0.1	NS	804	801
Adult female, no adult male	NA	22.3	NA	NA	29	35
Adult male, no adult female	NA	19.8	NA	NA	22	60
Child, no adults	NA	NA	NA	NA	2	1
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.9%	20.3%	-4.3	NS	854	897
Percentage of households with soap and water at a handwashing station commonly used by family members	11.5%	13.4%	-1.8	NS	841	872
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	30.3%	20.6%	9.7	**	844	851
Male	31.4%	20.9%	10.5	**	678	703
Female	26.4%	19.6%	6.7	NS	166	148
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	32.2%	34.2%	-2.0	NS	845	856
Male	36.0%	33.7%	2.2	NS	678	707
Female	18.0%	36.1%	-18.0	**	167	149
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	61.9%	54.7%	7.2	†	845	856

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	64.8%	56.5%	8.3	†	678	707
Female	51.0%	46.9%	4.0	NS	167	149
Percentage of farmers who used improved storage practices in the past 12 months	60.4%	56.5%	3.9	NS	845	856
Male	61.0%	59.6%	1.4	NS	678	707
Female	58.3%	43.6%	14.8	*	167	149
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.3%	16.7%	0.5	NS	614	565
Women's Dietary Diversity Score (WDDS)	4.1	3.8	0.3	*	794	780
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	37.9%	36.3%	1.6	NS	1,616	1,340
Male	38.8%	38.8%	0.0	NS	821	674
Female	37.0%	33.7%	3.3	NS	795	666
Prevalence of stunted children under 5 years of age (Total)	49.7%	50.7%	-1.0	NS	1,601	1,329
Male	53.0%	54.6%	-1.6	NS	813	671
Female	46.3%	46.8%	-0.5	NS	788	658
Prevalence of wasted children under 5 years of age (Total)	12.0%	11.2%	0.7	NS	1,615	1,343
Male	13.6%	12.4%	1.2	NS	822	678
Female	10.3%	10.1%	0.2	NS	793	665
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.8%	18.5%	-0.7	NS	1,645	1,328
Male	18.1%	19.8%	-1.7	NS	838	675
Female	17.4%	17.1%	0.3	NS	807	653
Percentage of children under age 5 with diarrhea treated with ORT (Total)	70.0%	73.6%	-3.7	NS	281	241
Male	70.6%	77.5%	-6.8	NS	140	132
Female	69.2%	69.0%	0.3	NS	141	109
Prevalence of exclusive breast-feeding of children under six months of age	60.9%	53.0%	7.9	NS	174	153
Male	57.4%	48.7%	8.8	NS	81	70
Female	64.3%	56.7%	7.6	NS	93	83
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	13.9%	11.4%	2.5	NS	398	349
Male	15.0%	11.9%	3.1	NS	219	176
Female	12.5%	10.9%	1.6	NS	179	173
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	15.6%	14.2%	1.4	NS	856	890
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	39.5%	35.2%	4.2	NS	845	856
Male	39.8%	36.7%	3.1	NS	678	707
Female	38.2%	29.2%	9.0	*	167	149

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)

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	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	73.6%	69.3%	4.2	NS	446	374
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.8%	81.7%	-4.9	†	707	731
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.7%	87.1%	-2.4	NS	829	846

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.5	0.6	**	327	1,297
Prevalence of households with moderate or severe hunger (HHS)	16.7%	22.4%	-5.7	†	355	1,410
Male and female adults	16.9%	21.5%	-4.5	NS	312	1,130
Adult female, no adult male	NA	32.6%	NA	NA	27	174
Adult male, no adult female	NA	11.2%	NA	NA	16	92
Child, no adults	NA	NA	NA	NA	14	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.57	$1.36	$0.21	**	355	1,410
Male and female adults	$1.56	$1.35	$0.21	**	312	1,130
Adult female, no adult male	NA	$1.23	NA	NA	27	174
Adult male, no adult female	NA	$2.10	NA	NA	16	92
Child, no adults	NA	NA	NA	NA	14	0
Prevalence of poverty: Percent of people living on less than $1.25/day	48.8%	60.3%	-11.5	*	355	1,410
Male and female adults	49.0%	60.6%	-11.7	*	312	1,130
Adult female, no adult male	NA	66.2%	NA	NA	27	174
Adult male, no adult female	NA	30.5%	NA	NA	16	92
Child, no adults	NA	NA	NA	NA	14	0
Mean depth of poverty	15.7	22.2	-6.4	**	355	1,410
Male and female adults	15.8	22.0	-6.2	**	312	1,130
Adult female, no adult male	NA	28.4	NA	NA	27	174
Adult male, no adult female	NA	6.9	NA	NA	16	92
Child, no adults	NA	NA	NA	NA	14	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	8.4%	7.1%	1.3	NS	355	1,410
Percentage of households with soap and water at a handwashing station commonly used by family members	20.1%	16.0%	4.0	NS	348	1,394
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	29.2%	14.1%	15.1	***	328	1,254
Male	26.2%	15.2%	10.9	**	259	897
Female	39.4%	11.6%	27.9	**	69	357
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	52.4%	39.4%	12.9	*	328	1,257
Male	54.2%	40.4%	13.8	*	259	899
Female	46.1%	37.2%	8.9	NS	69	358
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	74.8%	63.3%	11.5	***	328	1,257

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	81.3%	70.9%	10.4	***	259	899
Female	52.7%	46.0%	6.7	NS	69	358
Percentage of farmers who used improved storage practices in the past 12 months	55.5%	45.0%	10.4	*	328	1,257
Male	60.8%	51.1%	9.8	†	259	899
Female	37.2%	31.4%	5.8	NS	69	358
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.1%	21.8%	-1.7	NS	241	910
Women's Dietary Diversity Score (WDDS)	4.5	4.1	0.4	**	317	1,195
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.7%	42.6%	4.1	NS	601	2,065
Male	45.1%	44.9%	0.2	NS	315	1,030
Female	48.5%	40.4%	8.0	*	286	1,035
Prevalence of stunted children under 5 years of age (Total)	60.4%	53.4%	7.0	*	599	2,039
Male	63.5%	55.9%	7.6	†	315	1,017
Female	56.9%	51.0%	5.9	†	284	1,022
Prevalence of wasted children under 5 years of age (Total)	13.4%	14.8%	-1.3	NS	601	2,069
Male	15.3%	18.4%	-3.1	NS	312	1,038
Female	11.5%	11.2%	0.3	NS	289	1,031
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.5%	28.6%	-6.1	*	627	2,150
Male	21.8%	31.8%	-10.0	**	326	1,074
Female	23.2%	25.4%	-2.2	NS	301	1,076
Percentage of children under age 5 with diarrhea treated with ORT (Total)	81.4%	74.9%	6.5	NS	136	613
Male	85.8%	74.7%	11.1	*	70	333
Female	76.8%	75.2%	1.7	NS	66	280
Prevalence of exclusive breast-feeding of children under six months of age	55.5%	33.1%	22.3	**	76	232
Male	51.3%	30.1%	21.2	**	44	125
Female	60.9%	36.6%	24.3	†	32	107
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	23.0%	15.0%	8.0	†	157	590
Male	23.0%	10.4%	12.6	*	83	286
Female	23.0%	19.1%	3.9	NS	74	304
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.5%	6.7%	0.9	NS	355	1,409
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	20.0%	21.0%	-1.0	NS	328	1,256
Male	23.7%	25.8%	-2.1	NS	259	898
Female	7.4%	10.1%	-2.7	NS	69	358

Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)						
PASAM TAI						
	Direct Benficiary	**Indirect Benficiary**	**Raw Difference (Direct - Indirect)[1]**	**Significance Level[2]**	**Number of observations**	
					Direct	**Indirect**
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	70.1%	59.6%	10.5	*	194	659
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.3%	78.4%	-2.1	NS	287	1,043
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.4%	83.3%	1.0	NS	343	1,333

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)
SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.8	5.2	0.6	**	678	908
Prevalence of households with moderate or severe hunger (HHS)	24.8%	25.4%	-0.6	NS	757	992
Male and female adults	24.9%	27.1%	-2.2	NS	668	800
Adult female, no adult male	34.4%	18.0%	16.4	†	53	101
Adult male, no adult female	10.1%	18.4%	-8.3	NS	35	86
Child, no adults	NA	NA	NA	NA	1	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.53	$1.54	-$0.02	NS	757	993
Male and female adults	$1.50	$1.51	-$0.01	NS	668	801
Adult female, no adult male	$1.49	$1.51	-$0.01	NS	53	101
Adult male, no adult female	$2.76	$2.29	$0.48	†	35	86
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	52.0%	53.2%	-1.2	NS	757	993
Male and female adults	53.0%	54.7%	-1.7	NS	668	801
Adult female, no adult male	47.9%	48.3%	-0.4	NS	53	101
Adult male, no adult female	13.2%	26.0%	-12.8	NS	35	86
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	18.7	19.2	-0.4	NS	757	993
Male and female adults	19.2	19.6	-0.4	NS	668	801
Adult female, no adult male	16.1	20.1	-4.0	NS	53	101
Adult male, no adult female	2.6	7.5	-4.9	†	35	86
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.1%	12.5%	2.6	NS	755	990
Percentage of households with soap and water at a handwashing station commonly used by family members	35.2%	36.2%	-1.0	NS	749	984
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	24.2%	12.3%	11.9	***	734	911
Male	25.3%	12.6%	12.7	***	548	694
Female	20.6%	11.3%	9.3	*	186	217
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	41.0%	39.6%	1.4	NS	734	913
Male	44.5%	39.5%	5.1	NS	548	695
Female	29.7%	40.1%	-10.4	*	186	218
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	83.6%	65.3%	18.3	***	734	913

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	90.1%	69.0%	21.1	***	548	695
Female	62.5%	52.4%	10.1	NS	186	218
Percentage of farmers who used improved storage practices in the past 12 months	59.9%	52.8%	7.1	*	734	913
Male	64.9%	54.4%	10.5	**	548	695
Female	43.6%	47.2%	-3.6	NS	186	218
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.8%	18.0%	0.9	NS	489	584
Women's Dietary Diversity Score (WDDS)	4.9	4.5	0.5	**	666	795
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	38.8%	38.4%	0.4	NS	1,149	1,265
Male	38.8%	41.4%	-2.6	NS	568	633
Female	38.8%	35.6%	3.2	NS	581	632
Prevalence of stunted children under 5 years of age (Total)	51.3%	50.0%	1.3	NS	1,138	1,243
Male	52.3%	54.4%	-2.2	NS	561	623
Female	50.4%	45.7%	4.7	NS	577	620
Prevalence of wasted children under 5 years of age (Total)	11.0%	11.9%	-0.9	NS	1,146	1,254
Male	11.2%	13.4%	-2.2	NS	565	628
Female	10.9%	10.4%	0.5	NS	581	626
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	23.4%	20.7%	2.7	NS	1,161	1,287
Male	23.4%	21.5%	1.9	NS	578	650
Female	23.4%	19.9%	3.5	NS	583	637
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.1%	76.5%	1.6	NS	249	252
Male	81.7%	78.6%	3.2	NS	129	132
Female	74.6%	74.3%	0.3	NS	120	120
Prevalence of exclusive breast-feeding of children under six months of age	52.7%	47.2%	5.5	NS	97	99
Male	46.5%	57.6%	-11.1	NS	46	44
Female	57.6%	38.2%	19.4	*	51	55
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	28.0%	23.1%	4.9	NS	306	347
Male	25.8%	23.3%	2.6	NS	152	174
Female	30.3%	22.9%	7.4	NS	154	173
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.1%	14.6%	-5.6	**	756	992
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	29.2%	18.7%	10.5	**	734	912
Male	33.2%	20.4%	12.8	***	548	695
Female	16.3%	12.5%	3.8	NS	186	217

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)

SAWKI

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5c. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (NUTRITION)

SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	68.2%	62.4%	5.8	NS	351	413
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.7%	73.4%	8.4	*	579	713
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	88.0%	79.3%	8.7	**	737	935

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)
All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.6	0.5	***	1,449	3,205
Prevalence of households with moderate or severe hunger (HHS)	21.8%	22.1%	-0.3	NS	1,641	3,614
Male and female adults	22.2%	21.5%	0.7	NS	1,484	3,020
Adult female, no adult male	25.4%	31.1%	-5.6	NS	84	333
Adult male, no adult female	11.6%	11.5%	0.1	NS	71	240
Child, no adults	NA	NA	NA	NA	2	21
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.48	$1.38	$0.10	†	1,641	3,615
Male and female adults	$1.47	$1.37	$0.10	†	1,484	3,021
Adult female, no adult male	$1.32	$1.30	$0.02	NS	84	333
Adult male, no adult female	$2.35	$2.07	$0.28	NS	71	240
Child, no adults	NA	NA	NA	NA	2	21
Prevalence of poverty: Percent of people living on less than $1.25/day	54.8%	58.9%	-4.2	NS	1,641	3,615
Male and female adults	54.7%	59.4%	-4.7	NS	1,484	3,021
Adult female, no adult male	66.2%	62.3%	3.9	NS	84	333
Adult male, no adult female	32.6%	30.4%	2.2	NS	71	240
Child, no adults	NA	NA	NA	NA	2	21
Mean depth of poverty	19.4	21.9	-2.4	NS	1,641	3,615
Male and female adults	19.5	21.9	-2.4	NS	1,484	3,021
Adult female, no adult male	22.8	26.5	-3.7	NS	84	333
Adult male, no adult female	8.5	7.9	0.6	NS	71	240
Child, no adults	NA	NA	NA	NA	2	21
WASH INDICATORS						
Percentage of households using improved sanitation facilities	10.4%	9.0%	1.4	NS	1,635	3,613
Percentage of households with soap and water at a handwashing station commonly used by family members	24.3%	17.3%	7.1	**	1,619	3,556
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	31.3%	14.7%	16.5	***	1,591	3,318
Male	30.2%	15.7%	14.5	***	1,252	2,518
Female	35.1%	12.4%	22.7	***	339	800
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	46.1%	39.6%	6.5	†	1,593	3,327
Male	47.9%	40.7%	7.2	†	1,253	2,524
Female	39.8%	36.8%	3.0	NS	340	803
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	77.1%	63.0%	14.0	***	1,593	3,327

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)						
All Programs Combined						
Male	81.7%	69.7%	12.0	***	1,253	2,524
Female	61.1%	46.1%	15.0	***	340	803
Percentage of farmers who used improved storage practices in the past 12 months	61.5%	46.7%	14.8	***	1,593	3,327
Male	64.4%	52.3%	12.1	**	1,253	2,524
Female	51.4%	32.4%	19.1	***	340	803
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.6%	21.1%	-2.5	NS	1,094	2,302
Women's Dietary Diversity Score (WDDS)	4.6	4.1	0.5	***	1,451	3,084
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.0%	41.3%	4.7	*	2,718	5,290
Male	45.0%	43.5%	1.5	NS	1,369	2,661
Female	47.1%	39.2%	7.9	**	1,349	2,629
Prevalence of stunted children under 5 years of age (Total)	59.9%	52.5%	7.3	**	2,691	5,230
Male	61.8%	55.6%	6.2	*	1,356	2,633
Female	57.8%	49.5%	8.3	**	1,335	2,597
Prevalence of wasted children under 5 years of age (Total)	12.7%	14.1%	-1.5	NS	2,709	5,291
Male	14.3%	17.2%	-2.9	†	1,363	2,669
Female	11.0%	11.1%	-0.2	NS	1,346	2,622
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	20.8%	26.9%	-6.1	***	2,754	5,416
Male	20.7%	29.5%	-8.8	***	1,388	2,742
Female	21.0%	24.3%	-3.3	†	1,366	2,674
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.4%	74.9%	4.5	NS	518	1,251
Male	80.0%	75.8%	4.2	NS	270	667
Female	78.8%	73.9%	4.9	NS	248	584
Prevalence of exclusive breast-feeding of children under six months of age	56.0%	37.8%	18.2	***	270	559
Male	50.0%	35.2%	14.8	*	135	274
Female	64.6%	40.7%	23.9	**	135	285
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	22.2%	15.8%	6.4	†	685	1,452
Male	22.1%	12.4%	9.7	†	357	728
Female	22.2%	19.0%	3.2	NS	328	724
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	10.1%	7.9%	2.2	NS	1,640	3,605
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	24.5%	22.6%	1.9	NS	1,593	3,325
Male	27.7%	26.8%	0.8	NS	1,253	2,523
Female	13.6%	11.8%	1.8	NS	340	802

	Niger FY 2012 FFP Development Food Assistance Programs					
	Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)					
	All Programs Combined					
	Direct Benficiary	**Indirect Benficiary**	**Raw Difference (Direct - Indirect)[1]**	**Significance Level[2]**	**Number of observations**	
					Direct	**Indirect**
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	69.0%	62.0%	7.0	†	776	1,655
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.8%	76.8%	4.9	†	1,326	2,725
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.1%	83.4%	1.7	NS	1,583	3,429

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.3	4.3	0.0	NS	575	872
Prevalence of households with moderate or severe hunger (HHS)	28.2%	21.5%	6.7	*	679	1,066
Male and female adults	28.3%	21.8%	6.5	†	634	963
Adult female, no adult male	NA	25.8%	NA	NA	25	38
Adult male, no adult female	NA	15.2%	NA	NA	19	63
Child, no adults	NA	NA	NA	NA	1	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.25	$1.27	-$0.02	NS	679	1,066
Male and female adults	$1.24	$1.25	-$0.01	NS	634	963
Adult female, no adult male	NA	$1.47	NA	NA	25	38
Adult male, no adult female	NA	$1.78	NA	NA	19	63
Child, no adults	NA	NA	NA	NA	1	2
Prevalence of poverty: Percent of people living on less than $1.25/day	66.7%	63.9%	2.8	NS	679	1,066
Male and female adults	67.1%	64.5%	2.5	NS	634	963
Adult female, no adult male	NA	49.0%	NA	NA	25	38
Adult male, no adult female	NA	52.0%	NA	NA	19	63
Child, no adults	NA	NA	NA	NA	1	2
Mean depth of poverty	27.7	26.9	0.8	NS	679	1,066
Male and female adults	28.0	27.2	0.8	NS	634	963
Adult female, no adult male	NA	20.3	NA	NA	25	38
Adult male, no adult female	NA	21.5	NA	NA	19	63
Child, no adults	NA	NA	NA	NA	1	2
WASH INDICATORS						
Percentage of households using improved sanitation facilities	17.7%	18.7%	-0.9	NS	676	1,066
Percentage of households with soap and water at a handwashing station commonly used by family members	10.9%	13.6%	-2.7	NS	665	1,039
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	32.9%	20.5%	12.4	**	670	1,016
Male	33.9%	20.8%	13.1	**	542	833
Female	29.1%	19.4%	9.8	NS	128	183
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	29.8%	35.7%	-5.9	NS	672	1,020
Male	33.1%	36.0%	-2.9	NS	543	836
Female	16.8%	34.2%	-17.4	**	129	184
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	61.9%	55.8%	6.2	NS	672	1,020

Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)

LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
Male	64.1%	58.1%	5.9	NS	543	836
Female	53.6%	46.3%	7.3	NS	129	184
Percentage of farmers who used improved storage practices in the past 12 months	60.1%	57.4%	2.6	NS	672	1,020
Male	59.5%	60.8%	-1.3	NS	543	836
Female	62.1%	43.9%	18.2	**	129	184
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	16.6%	17.4%	-0.8	NS	481	692
Women's Dietary Diversity Score (WDDS)	4.1	3.8	0.3	*	620	945
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	39.5%	35.6%	3.9	†	1,263	1,675
Male	40.5%	37.6%	2.9	NS	631	857
Female	38.4%	33.5%	5.0	†	632	818
Prevalence of stunted children under 5 years of age (Total)	51.8%	48.8%	2.9	NS	1,249	1,663
Male	55.1%	52.6%	2.5	NS	624	853
Female	48.4%	44.9%	3.5	NS	625	810
Prevalence of wasted children under 5 years of age (Total)	12.3%	11.0%	1.3	NS	1,261	1,679
Male	14.3%	12.1%	2.2	NS	632	861
Female	10.3%	9.9%	0.4	NS	629	818
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.2%	18.7%	-1.5	NS	1,278	1,678
Male	17.8%	19.7%	-1.8	NS	641	867
Female	16.5%	17.6%	-1.1	NS	637	811
Percentage of children under age 5 with diarrhea treated with ORT (Total)	69.1%	73.4%	-4.3	NS	208	310
Male	68.9%	77.0%	-8.1	NS	105	166
Female	69.3%	69.2%	0.1	NS	103	144
Prevalence of exclusive breast-feeding of children under six months of age	63.9%	52.0%	11.9	†	133	191
Male	62.9%	46.7%	16.2	†	61	89
Female	64.8%	56.9%	8.0	NS	72	102
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	13.0%	12.3%	0.6	NS	306	435
Male	13.8%	13.0%	0.9	NS	166	226
Female	11.9%	11.7%	0.2	NS	140	209
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	14.9%	14.9%	0.0	NS	678	1,059
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	38.8%	36.1%	2.7	NS	672	1,020
Male	39.1%	37.4%	1.8	NS	543	836
Female	37.6%	31.1%	6.6	NS	129	184

Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)

LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	73.9%	70.0%	3.9	NS	336	479
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.3%	80.5%	-3.2	NS	563	869
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.1%	87.6%	-4.5	NS	654	1,013

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)
PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.1	4.5	0.6	**	238	1,384
Prevalence of households with moderate or severe hunger (HHS)	17.4%	21.9%	-4.6	NS	255	1,507
Male and female adults	17.5%	21.0%	-3.5	NS	221	1,219
Adult female, no adult male	NA	32.2%	NA	NA	19	181
Adult male, no adult female	NA	10.3%	NA	NA	15	93
Child, no adults	NA	NA	NA	NA	14	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.56	$1.38	$0.18	*	255	1,507
Male and female adults	$1.56	$1.37	$0.19	*	221	1,219
Adult female, no adult male	NA	$1.28	NA	NA	19	181
Adult male, no adult female	NA	$2.07	NA	NA	15	93
Child, no adults	NA	NA	NA	NA	14	0
Prevalence of poverty: Percent of people living on less than $1.25/day	49.9%	59.1%	-9.2	†	255	1,507
Male and female adults	48.9%	59.5%	-10.7	*	221	1,219
Adult female, no adult male	NA	63.7%	NA	NA	19	181
Adult male, no adult female	NA	28.9%	NA	NA	15	93
Child, no adults	NA	NA	NA	NA	14	0
Mean depth of poverty	16.1	21.6	-5.5	*	255	1,507
Male and female adults	15.7	21.5	-5.8	*	221	1,219
Adult female, no adult male	NA	27.2	NA	NA	19	181
Adult male, no adult female	NA	6.6	NA	NA	15	93
Child, no adults	NA	NA	NA	NA	14	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	5.5%	7.7%	-2.3	NS	255	1,507
Percentage of households with soap and water at a handwashing station commonly used by family members	24.0%	15.6%	8.3	†	251	1,488
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	33.6%	14.4%	19.3	***	230	1,350
Male	30.6%	15.4%	15.1	***	183	972
Female	43.5%	11.9%	31.6	**	47	378
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	55.0%	40.0%	15.1	**	230	1,353
Male	56.2%	41.3%	15.0	*	183	974
Female	51.2%	36.9%	14.3	†	47	379
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	80.0%	63.5%	16.5	***	230	1,353

Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)

PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	85.5%	71.1%	14.4	***	183	974
Female	62.4%	45.5%	16.8	*	47	379
Percentage of farmers who used improved storage practices in the past 12 months	62.6%	44.8%	17.7	**	230	1,353
Male	66.3%	51.0%	15.4	*	183	974
Female	50.4%	30.3%	20.1	**	47	379
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.3%	21.7%	-2.4	NS	173	978
Women's Dietary Diversity Score (WDDS)	4.6	4.1	0.5	**	228	1,282
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	51.3%	42.2%	9.1	**	421	2,237
Male	48.7%	44.4%	4.4	NS	221	1,122
Female	54.1%	40.0%	14.1	***	200	1,115
Prevalence of stunted children under 5 years of age (Total)	66.2%	53.2%	13.0	***	417	2,213
Male	67.3%	56.1%	11.1	*	220	1,110
Female	65.0%	50.2%	14.8	***	197	1,103
Prevalence of wasted children under 5 years of age (Total)	13.5%	14.7%	-1.2	NS	417	2,246
Male	15.4%	18.1%	-2.6	NS	216	1,132
Female	11.3%	11.3%	0.0	NS	201	1,114
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	21.6%	28.3%	-6.7	*	436	2,332
Male	20.8%	31.3%	-10.5	**	226	1,170
Female	22.4%	25.3%	-2.8	NS	210	1,162
Percentage of children under age 5 with diarrhea treated with ORT (Total)	82.9%	74.9%	7.9	†	97	653
Male	84.2%	75.4%	8.8	†	50	355
Female	81.6%	74.4%	7.2	NS	47	298
Prevalence of exclusive breast-feeding of children under six months of age	54.3%	35.7%	18.6	*	51	257
Male	47.1%	32.9%	14.1	NS	34	135
Female		38.7%	0.0	***	17	122
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	22.6%	15.5%	7.0	NS	110	634
Male	23.7%	11.5%	12.2	NS	52	316
Female	21.7%	19.4%	2.2	NS	58	318
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.3%	6.6%	1.7	NS	255	1,506
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	16.0%	21.6%	-5.6	NS	230	1,352
Male	19.8%	26.4%	-6.5	NS	183	973
Female	3.8%	10.4%	-6.6	†	47	379

Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)

PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	68.1%	61.2%	6.9	NS	130	722
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.4%	77.0%	5.4	NS	211	1,117
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.2%	83.5%	0.7	NS	246	1,428

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)
SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.8	5.2	0.6	*	636	949
Prevalence of households with moderate or severe hunger (HHS)	26.6%	24.3%	2.4	NS	707	1,041
Male and female adults	27.1%	25.6%	1.6	NS	629	838
Adult female, no adult male	32.9%	20.3%	12.5	NS	40	114
Adult male, no adult female	12.7%	17.3%	-4.6	NS	37	84
Child, no adults	NA	NA	NA	NA	1	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.52	$1.54	-$0.02	NS	707	1,042
Male and female adults	$1.49	$1.52	-$0.03	NS	629	839
Adult female, no adult male	$1.57	$1.47	$0.10	NS	40	114
Adult male, no adult female	$2.85	$2.25	$0.60	**	37	84
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	54.2%	51.5%	2.6	NS	707	1,042
Male and female adults	55.5%	52.6%	2.9	NS	629	839
Adult female, no adult male	42.3%	50.5%	-8.1	NS	40	114
Adult male, no adult female	14.0%	25.7%	-11.6	NS	37	84
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	18.9	19.0	-0.1	NS	707	1,042
Male and female adults	19.5	19.4	0.1	NS	629	839
Adult female, no adult male	13.1	20.7	-7.6	NS	40	114
Adult male, no adult female	2.9	7.4	-4.5	†	37	84
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.7%	12.1%	3.6	†	704	1,040
Percentage of households with soap and water at a handwashing station commonly used by family members	36.6%	35.3%	1.3	NS	703	1,029
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	24.8%	12.5%	12.2	**	691	952
Male	26.0%	12.5%	13.5	**	527	713
Female	20.3%	12.5%	7.8	†	164	239
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	41.0%	39.7%	1.2	NS	691	954
Male	43.4%	40.4%	3.0	NS	527	714
Female	32.1%	37.5%	-5.4	NS	164	240
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	83.9%	65.9%	18.0	***	691	954

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	89.4%	70.0%	19.3	***	527	714
Female	64.1%	52.4%	11.7	†	164	240
Percentage of farmers who used improved storage practices in the past 12 months	60.4%	52.8%	7.6	*	691	954
Male	64.7%	54.9%	9.8	*	527	714
Female	45.0%	45.9%	-0.9	NS	164	240
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.7%	18.2%	0.5	NS	440	632
Women's Dietary Diversity Score (WDDS)	4.9	4.5	0.5	**	603	857
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	39.1%	38.2%	0.9	NS	1,034	1,378
Male	39.5%	40.7%	-1.2	NS	517	682
Female	38.7%	35.8%	2.9	NS	517	696
Prevalence of stunted children under 5 years of age (Total)	51.9%	49.7%	2.2	NS	1,025	1,354
Male	53.9%	53.1%	0.8	NS	512	670
Female	49.9%	46.5%	3.4	NS	513	684
Prevalence of wasted children under 5 years of age (Total)	11.0%	11.8%	-0.7	NS	1,031	1,366
Male	11.3%	13.0%	-1.7	NS	515	676
Female	10.7%	10.5%	0.2	NS	516	690
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.8%	21.4%	1.4	NS	1,040	1,406
Male	23.5%	21.6%	1.9	NS	521	705
Female	22.0%	21.1%	0.9	NS	519	701
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.8%	76.2%	2.7	NS	213	288
Male	78.9%	81.0%	-2.1	NS	115	146
Female	78.8%	71.1%	7.7	NS	98	142
Prevalence of exclusive breast-feeding of children under six months of age	53.1%	47.9%	5.2	NS	86	111
Male	49.6%	54.5%	-4.9	NS	40	50
Female	55.6%	42.0%	13.6	NS	46	61
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	30.3%	21.8%	8.5	†	269	383
Male	27.1%	22.1%	5.0	NS	139	186
Female	33.8%	21.5%	12.3	*	130	197
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	10.2%	13.6%	-3.4	NS	707	1,040
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	30.2%	18.6%	11.6	***	691	953
Male	33.9%	20.4%	13.5	***	527	714
Female	16.9%	12.6%	4.3	NS	164	239

Table 6.5d. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (AGRICULTURE)

SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	67.3%	63.5%	3.7	NS	310	454
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.4%	71.7%	12.7	***	552	739
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	89.1%	79.1%	10.0	**	683	988

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

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Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.3	4.5	0.8	***	1,037	3,606
Prevalence of households with moderate or severe hunger (HHS)	20.1%	22.4%	-2.4	NS	1,177	4,067
Male and female adults	20.4%	21.9%	-1.5	NS	1,052	3,440
Adult female, no adult male	18.3%	31.7%	-13.4	†	75	343
Adult male, no adult female	15.5%	11.0%	4.5	NS	49	262
Child, no adults	NA	NA	NA	NA	1	22
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.49	$1.38	$0.11	*	1,177	4,068
Male and female adults	$1.48	$1.37	$0.12	*	1,052	3,441
Adult female, no adult male	$1.56	$1.27	$0.29	*	75	343
Adult male, no adult female	$1.84	$2.16	-$0.32	NS	49	262
Child, no adults	NA	NA	NA	NA	1	22
Prevalence of poverty: Percent of people living on less than $1.25/day	52.0%	59.5%	-7.4	*	1,177	4,068
Male and female adults	51.9%	60.0%	-8.1	*	1,052	3,441
Adult female, no adult male	53.6%	63.8%	-10.2	NS	75	343
Adult male, no adult female	53.8%	27.5%	26.3	*	49	262
Child, no adults	NA	NA	NA	NA	1	22
Mean depth of poverty	17.8	22.1	-4.3	*	1,177	4,068
Male and female adults	17.9	22.1	-4.2	*	1,052	3,441
Adult female, no adult male	16.9	27.1	-10.2	†	75	343
Adult male, no adult female	13.0	7.3	5.7	†	49	262
Child, no adults	NA	NA	NA	NA	1	22
WASH INDICATORS						
Percentage of households using improved sanitation facilities	10.0%	9.1%	0.9	NS	1,174	4,063
Percentage of households with soap and water at a handwashing station commonly used by family members	25.3%	17.3%	7.9	**	1,163	4,002
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	30.8%	15.6%	15.2	***	1,138	3,759
Male	31.4%	16.2%	15.2	***	866	2,893
Female	28.5%	14.0%	14.5	*	272	866
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	52.4%	38.6%	13.8	***	1,138	3,770
Male	55.5%	39.5%	16.0	***	866	2,900
Female	41.8%	36.4%	5.4	NS	272	870
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	76.6%	63.7%	12.9	***	1,138	3,770

Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	81.3%	70.4%	10.9	***	866	2,900
Female	60.2%	46.6%	13.6	**	272	870
Percentage of farmers who used improved storage practices in the past 12 months	61.5%	47.3%	14.2	***	1,138	3,770
Male	63.9%	53.1%	10.8	*	866	2,900
Female	53.4%	32.5%	20.9	***	272	870
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.5%	20.8%	-0.3	NS	795	2,595
Women's Dietary Diversity Score (WDDS)	4.7	4.1	0.6	***	1,048	3,478
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.3%	41.9%	1.4	NS	2,007	5,983
Male	42.2%	43.9%	-1.8	NS	1,027	2,994
Female	44.6%	39.9%	4.7	NS	980	2,989
Prevalence of stunted children under 5 years of age (Total)	57.7%	53.0%	4.7	†	1,987	5,916
Male	59.9%	55.9%	4.1	NS	1,017	2,963
Female	55.1%	50.1%	4.9	†	970	2,953
Prevalence of wasted children under 5 years of age (Total)	11.5%	14.2%	-2.7	*	1,995	5,988
Male	13.1%	17.2%	-4.1	*	1,016	3,007
Female	9.7%	11.2%	-1.5	NS	979	2,981
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	21.0%	26.6%	-5.6	**	2,032	6,120
Male	21.6%	28.9%	-7.3	**	1,045	3,075
Female	20.2%	24.4%	-4.1	NS	987	3,045
Percentage of children under age 5 with diarrhea treated with ORT (Total)	82.3%	74.5%	7.8	*	391	1,370
Male	83.5%	75.1%	8.4	†	209	723
Female	80.9%	73.9%	7.0	NS	182	647
Prevalence of exclusive breast-feeding of children under six months of age	46.4%	40.7%	5.8	NS	199	630
Male	43.5%	37.3%	6.2	NS	101	308
Female	51.9%	44.1%	7.8	NS	98	322
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	25.9%	15.4%	10.5	*	505	1,628
Male	24.1%	12.5%	11.6	*	272	815
Female	27.9%	18.1%	9.8	†	233	813
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.3%	8.2%	1.2	NS	1,177	4,057
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	26.1%	22.4%	3.6	NS	1,137	3,769
Male	29.3%	26.6%	2.7	NS	866	2,899
Female	14.9%	11.8%	3.1	NS	271	870

Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

All Programs Combined

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	70.0%	61.9%	8.2	†	548	1,880
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	78.6%	77.7%	0.9	NS	931	3,110
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.9%	83.7%	0.2	NS	1,129	3,871

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)
LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.4	4.2	0.2	NS	391	1,053
Prevalence of households with moderate or severe hunger (HHS)	30.5%	21.9%	8.7	**	464	1,279
Male and female adults	31.3%	22.0%	9.3	**	425	1,169
Adult female, no adult male	NA	25.5%	NA	NA	24	40
Adult male, no adult female	NA	18.9%	NA	NA	14	68
Child, no adults	NA	NA	NA	NA	1	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.30	$1.25	$0.05	NS	464	1,279
Male and female adults	$1.28	$1.23	$0.05	NS	425	1,169
Adult female, no adult male	NA	$1.40	NA	NA	24	40
Adult male, no adult female	NA	$1.75	NA	NA	14	68
Child, no adults	NA	NA	NA	NA	1	2
Prevalence of poverty: Percent of people living on less than $1.25/day	62.5%	66.0%	-3.5	NS	464	1,279
Male and female adults	63.2%	66.4%	-3.2	NS	425	1,169
Adult female, no adult male	NA	59.4%	NA	NA	24	40
Adult male, no adult female	NA	51.1%	NA	NA	14	68
Child, no adults	NA	NA	NA	NA	1	2
Mean depth of poverty	24.3	28.3	-3.9	*	464	1,279
Male and female adults	24.8	28.4	-3.6	†	425	1,169
Adult female, no adult male	NA	25.1	NA	NA	24	40
Adult male, no adult female	NA	22.9	NA	NA	14	68
Child, no adults	NA	NA	NA	NA	1	2
WASH INDICATORS						
Percentage of households using improved sanitation facilities	18.0%	18.2%	-0.2	NS	462	1,278
Percentage of households with soap and water at a handwashing station commonly used by family members	13.6%	12.2%	1.4	NS	459	1,243
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	31.8%	22.9%	8.8	*	459	1,225
Male	32.1%	23.8%	8.2	*	347	1,024
Female	30.9%	18.7%	12.2	†	112	201
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	30.5%	34.1%	-3.6	NS	459	1,231
Male	35.6%	34.5%	1.1	NS	347	1,028
Female	16.6%	32.5%	-15.9	*	112	203
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	63.9%	56.2%	7.7	†	459	1,231

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Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

LAHIA

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Number of observations Indirect
Male	67.5%	58.4%	9.1	*	347	1,028
Female	54.0%	46.3%	7.6	NS	112	203
Percentage of farmers who used improved storage practices in the past 12 months	58.4%	58.5%	-0.1	NS	459	1,231
Male	59.0%	60.8%	-1.8	NS	347	1,028
Female	56.6%	48.1%	8.5	NS	112	203
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	15.9%	17.5%	-1.6	NS	321	850
Women's Dietary Diversity Score (WDDS)	4.2	3.9	0.4	**	426	1,137
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	37.7%	36.8%	0.9	NS	881	2,052
Male	37.8%	39.2%	-1.4	NS	445	1,041
Female	37.7%	34.3%	3.4	NS	436	1,011
Prevalence of stunted children under 5 years of age (Total)	50.6%	49.9%	0.7	NS	873	2,034
Male	52.6%	54.1%	-1.4	NS	440	1,035
Female	48.5%	45.5%	3.0	NS	433	999
Prevalence of wasted children under 5 years of age (Total)	12.2%	11.3%	0.9	NS	877	2,058
Male	14.0%	12.4%	1.5	NS	441	1,050
Female	10.5%	10.2%	0.2	NS	436	1,008
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.8%	18.3%	-0.5	NS	892	2,057
Male	19.0%	18.9%	0.0	NS	454	1,049
Female	16.6%	17.6%	-1.0	NS	438	1,008
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.8%	69.9%	6.9	NS	150	368
Male	73.1%	75.0%	-1.9	NS	78	192
Female	81.0%	64.1%	16.9	**	72	176
Prevalence of exclusive breast-feeding of children under six months of age	56.0%	57.9%	-1.9	NS	88	237
Male	56.3%	52.7%	3.5	NS	33	117
Female	55.8%	63.1%	-7.4	NS	55	120
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	13.8%	12.2%	1.6	NS	219	520
Male	13.4%	13.7%	-0.3	NS	123	271
Female	14.3%	10.6%	3.7	NS	96	249
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	17.0%	14.0%	3.0	NS	464	1,271
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	42.5%	35.2%	7.3	*	459	1,231
Male	43.4%	36.3%	7.1	†	347	1,028
Female	39.8%	30.0%	9.8	†	112	203

	Niger FY 2012 FFP Development Food Assistance Programs					
Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)						
LAHIA						
	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	71.5%	71.4%	0.1	NS	223	593
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.8%	77.2%	7.5	*	366	1,062
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	90.9%	84.0%	6.9	*	448	1,217

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)
PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.5	4.5	1.0	***	208	1,410
Prevalence of households with moderate or severe hunger (HHS)	14.1%	22.3%	-8.2	*	228	1,530
Male and female adults	14.3%	21.4%	-7.1	†	199	1,237
Adult female, no adult male	NA	33.2%	NA	NA	18	182
Adult male, no adult female	NA	9.3%	NA	NA	11	97
Child, no adults	NA	NA	NA	NA	14	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.57	$1.38	$0.20	**	228	1,530
Male and female adults	$1.58	$1.37	$0.21	**	199	1,237
Adult female, no adult male	NA	$1.24	NA	NA	18	182
Adult male, no adult female	NA	$2.17	NA	NA	11	97
Child, no adults	NA	NA	NA	NA	14	0
Prevalence of poverty: Percent of people living on less than $1.25/day	46.6%	59.7%	-13.1	**	228	1,530
Male and female adults	45.8%	60.1%	-14.4	**	199	1,237
Adult female, no adult male	NA	65.6%	NA	NA	18	182
Adult male, no adult female	NA	25.6%	NA	NA	11	97
Child, no adults	NA	NA	NA	NA	14	0
Mean depth of poverty	14.4	21.8	-7.4	**	228	1,530
Male and female adults	14.2	21.7	-7.5	**	199	1,237
Adult female, no adult male	NA	28.0	NA	NA	18	182
Adult male, no adult female	NA	5.7	NA	NA	11	97
Child, no adults	NA	NA	NA	NA	14	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	5.8%	7.6%	-1.9	NS	228	1,530
Percentage of households with soap and water at a handwashing station commonly used by family members	27.2%	15.2%	12.0	**	223	1,512
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	30.8%	15.1%	15.7	**	205	1,370
Male	31.2%	15.6%	15.6	**	165	986
Female	29.5%	13.9%	15.6	NS	40	384
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	62.4%	39.2%	23.3	***	205	1,373
Male	63.9%	40.3%	23.6	***	165	988
Female	56.8%	36.5%	20.3	†	40	385
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	77.6%	64.0%	13.6	***	205	1,373

Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	82.1%	71.8%	10.3	*	165	988
Female	61.1%	45.9%	15.3	*	40	385
Percentage of farmers who used improved storage practices in the past 12 months	62.4%	45.1%	17.3	**	205	1,373
Male	64.8%	51.5%	13.3	*	165	988
Female	53.4%	30.2%	23.2	***	40	385
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	22.6%	21.4%	1.2	NS	160	988
Women's Dietary Diversity Score (WDDS)	4.7	4.1	0.7	***	202	1,305
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.1%	43.0%	3.1	NS	376	2,278
Male	43.4%	45.1%	-1.6	NS	205	1,137
Female	49.4%	41.0%	8.4	†	171	1,141
Prevalence of stunted children under 5 years of age (Total)	61.9%	53.6%	8.2	*	373	2,253
Male	63.8%	56.4%	7.5	NS	205	1,124
Female	59.5%	51.0%	8.5	*	168	1,129
Prevalence of wasted children under 5 years of age (Total)	11.6%	14.8%	-3.2	†	372	2,288
Male	13.4%	18.3%	-5.0	*	201	1,146
Female	9.5%	11.4%	-1.9	NS	171	1,142
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	21.3%	28.1%	-6.9	*	387	2,379
Male	22.0%	30.8%	-8.8	*	212	1,185
Female	20.3%	25.6%	-5.2	NS	175	1,194
Percentage of children under age 5 with diarrhea treated with ORT (Total)	86.1%	74.5%	11.5	*	84	661
Male	87.5%	74.6%	12.9	*	49	354
Female	84.2%	74.5%	9.7	NS	35	307
Prevalence of exclusive breast-feeding of children under six months of age	42.5%	38.1%	4.4	NS	50	257
Male	40.1%	34.6%	5.4	NS	36	133
Female		41.7%	0.0	***	14	124
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	28.5%	14.9%	13.6	*	85	661
Male	26.7%	11.3%	15.3	†	45	326
Female	30.5%	18.3%	12.2	NS	40	335
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	6.9%	-0.3	NS	228	1,529
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	18.0%	21.3%	-3.4	NS	205	1,372
Male	22.3%	26.0%	-3.7	NS	165	987
Female	1.7%	10.5%	-8.8	**	40	385

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)
PASAM TAI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	70.2%	60.7%	9.5	NS	110	739
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	78.0%	-1.3	NS	191	1,134
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	80.5%	84.0%	-3.5	NS	216	1,453

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations Direct	Indirect
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.4	5.5	-0.1	NS	438	1,143
Prevalence of households with moderate or severe hunger (HHS)	28.9%	23.8%	5.2	NS	485	1,258
Male and female adults	28.6%	25.3%	3.3	NS	428	1,034
Adult female, no adult male	45.2%	18.1%	27.1	*	33	121
Adult male, no adult female	NA	16.0%	NA	NA	24	97
Child, no adults	NA	NA	NA	NA	6	0
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.45	$1.58	-$0.13	†	485	1,259
Male and female adults	$1.42	$1.55	-$0.13	†	428	1,035
Adult female, no adult male	$1.58	$1.48	$0.10	NS	33	121
Adult male, no adult female	NA	$2.35	NA	NA	24	97
Child, no adults	NA	NA	NA	NA	6	0
Prevalence of poverty: Percent of people living on less than $1.25/day	58.0%	50.3%	7.7	†	485	1,259
Male and female adults	58.7%	51.6%	7.1	NS	428	1,035
Adult female, no adult male	56.8%	45.7%	11.1	NS	33	121
Adult male, no adult female	NA	23.5%	NA	NA	24	97
Child, no adults	NA	NA	NA	NA	6	0
Mean depth of poverty	21.2	18.0	3.2	NS	485	1,259
Male and female adults	21.6	18.4	3.3	NS	428	1,035
Adult female, no adult male	17.6	18.8	-1.2	NS	33	121
Adult male, no adult female	NA	6.6	NA	NA	24	97
Child, no adults	NA	NA	NA	NA	6	0
WASH INDICATORS						
Percentage of households using improved sanitation facilities	15.7%	12.7%	3.0	NS	484	1,255
Percentage of households with soap and water at a handwashing station commonly used by family members	29.6%	38.2%	-8.6	*	481	1,247
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	29.7%	12.6%	17.1	***	474	1,164
Male	31.5%	12.7%	18.8	***	354	883
Female	23.6%	12.5%	11.1	*	120	281
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	44.0%	38.7%	5.3	NS	474	1,166
Male	48.3%	38.9%	9.4	*	354	884
Female	29.0%	37.9%	-8.9	NS	120	282
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	84.8%	68.6%	16.2	***	474	1,166

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Male	90.7%	72.8%	17.9	***	354	884
Female	64.3%	54.1%	10.2	NS	120	282
Percentage of farmers who used improved storage practices in the past 12 months	61.9%	53.4%	8.4	*	474	1,166
Male	65.3%	56.3%	9.0	†	354	884
Female	50.1%	43.8%	6.3	NS	120	282
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.8%	18.6%	-0.8	NS	314	757
Women's Dietary Diversity Score (WDDS)	4.8	4.6	0.2	NS	420	1,036
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	40.2%	37.8%	2.4	NS	750	1,653
Male	42.1%	39.2%	2.9	NS	377	816
Female	38.1%	36.4%	1.7	NS	373	837
Prevalence of stunted children under 5 years of age (Total)	51.5%	50.3%	1.2	NS	741	1,629
Male	53.7%	53.3%	0.4	NS	372	804
Female	49.2%	47.4%	1.8	NS	369	825
Prevalence of wasted children under 5 years of age (Total)	10.6%	11.8%	-1.2	NS	746	1,642
Male	11.5%	12.6%	-1.1	NS	374	811
Female	9.6%	11.0%	-1.4	NS	372	831
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	23.1%	21.3%	1.8	NS	753	1,684
Male	22.6%	22.2%	0.4	NS	379	841
Female	23.7%	20.4%	3.3	NS	374	843
Percentage of children under age 5 with diarrhea treated with ORT (Total)	75.5%	78.1%	-2.6	NS	157	341
Male	78.6%	80.6%	-2.0	NS	82	177
Female	72.4%	75.3%	-2.9	NS	75	164
Prevalence of exclusive breast-feeding of children under six months of age	55.6%	47.7%	8.0	NS	61	136
Male	57.2%	50.3%	6.8	NS	32	58
Female		45.6%	0.0	***	29	78
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	30.3%	22.9%	7.4	†	201	447
Male	28.1%	22.3%	5.8	NS	104	218
Female	32.8%	23.5%	9.3	†	97	229
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	10.9%	12.7%	-1.8	NS	485	1,257
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	34.0%	18.9%	15.1	***	473	1,166
Male	37.1%	21.3%	15.8	***	354	884
Female	23.3%	10.8%	12.6	*	119	282

Table 6.5e. Comparison of Endline Indicator Estimates for Direct and Indirect Beneficiaries (OTHER)

SAWKI

	Direct Benficiary	Indirect Benficiary	Raw Difference (Direct - Indirect)[1]	Significance Level[2]	Number of observations	
					Direct	Indirect
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	68.3%	63.7%	4.6	NS	215	548
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	79.5%	76.1%	3.4	NS	374	914
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	87.8%	81.3%	6.5	*	465	1,201

[1] Raw difference is calculated as direct beneficiary result minus indirect beneficiary result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	5.1	1.7	***	6,123	2,329
Prevalence of households with moderate or severe hunger (HHS)	29.1%	21.6%	-7.5	**	6,970	2,622
Male and female adults	29.3%	21.7%	-7.7	*	6,337	2,353
Adult female, no adult male	34.2%	27.4%	-6.9	NS	352	155
Adult male, no adult female	18.0%	10.9%	-7.1	NS	276	107
Child, no adults	NA	NA	NA	NA	5	7
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.46	$0.14	*	6,860	2,624
Male and female adults	$1.31	$1.45	$0.15	*	6,235	2,355
Adult female, no adult male	$1.43	$1.45	$0.02	NS	345	155
Adult male, no adult female	$2.33	$2.20	-$0.13	NS	277	107
Child, no adults	NA	NA	NA	NA	3	7
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	54.4%	-9.4	**	6,860	2,624
Male and female adults	64.6%	54.7%	-9.9	**	6,235	2,355
Adult female, no adult male	56.3%	55.9%	-0.4	NS	345	155
Adult male, no adult female	24.4%	28.7%	4.3	NS	277	107
Child, no adults	NA	NA	NA	NA	3	7
Mean depth of poverty	25.8	20.0	-5.9	***	6,860	2,624
Male and female adults	26.2	20.2	-6.0	***	6,235	2,355
Adult female, no adult male	24.8	20.3	-4.4	NS	345	155
Adult male, no adult female	6.8	8.4	1.6	NS	277	107
Child, no adults	NA	NA	NA	NA	3	7
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	2,610
Percentage of households using improved sanitation facilities	8.6%	10.5%	1.9	NS	7,309	2,617
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	21.4%	6.1	**	6,518	2,587
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	25.5%	19.9	***	5,298	2,536
Male	6.0%	25.1%	19.1	***	4,562	1,972
Female	3.4%	26.7%	23.3	***	729	564
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	43.5%	18.8	***	5,282	2,539

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	46.2%	20.6	***	4,548	1,974
Female	19.7%	35.0%	15.4	***	727	565
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	73.0%	42.7	***	6,051	2,539
Male	31.4%	79.5%	48.1	***	5,236	1,974
Female	24.3%	52.4%	28.2	***	808	565
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	57.0%	29.4	***	6,098	2,539
Male	27.8%	60.9%	33.1	***	5,277	1,974
Female	26.1%	44.6%	18.4	***	814	565
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	19.5%	-0.4	NS	4,827	1,770
Women's Dietary Diversity Score (WDDS)	3.3	4.5	1.2	***	6,050	2,330
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	43.2%	-4.1	*	7,849	4,334
Male	48.2%	43.8%	-4.4	*	3,977	2,171
Female	46.4%	42.6%	-3.8	NS	3,870	2,163
Prevalence of stunted children under 5 years of age (Total)	57.8%	56.5%	-1.3	NS	7,688	4,295
Male	59.2%	60.0%	0.8	NS	3,907	2,153
Female	56.3%	52.9%	-3.4	NS	3,781	2,142
Prevalence of wasted children under 5 years of age (Total)	17.4%	13.1%	-4.3	***	7,849	4,336
Male	19.1%	15.0%	-4.1	**	3,977	2,168
Female	15.5%	11.2%	-4.3	***	3,870	2,168
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	22.9%	8.4	***	10,424	4,418
Male	15.3%	23.4%	8.1	***	5,294	2,222
Female	13.5%	22.3%	8.8	***	5,116	2,196
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	80.5%	2.2	NS	1,524	865
Male	78.4%	82.4%	4.1	NS	824	450
Female	78.3%	78.4%	0.1	NS	699	415
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	53.1%	10.4	†	1,055	448
Male	41.8%	49.3%	7.5	NS	543	219
Female	43.5%	57.6%	14.1	†	512	229
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	20.7%	12.5	***	2,774	1,118
Male	8.2%	20.2%	11.9	***	1,438	583
Female	8.2%	21.2%	13.1	***	1,334	535

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	9.2%	1.1	NS	7,260	2,621
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	25.5%	15.1	***	6,098	2,538
Male	10.3%	29.2%	18.9	***	5,277	1,974
Female	10.7%	13.5%	2.9	NS	814	564
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	67.3%	15.1	***	1,909	1,260
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	77.5%	11.0	***	4,375	2,086
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	85.1%	3.8	NS	4,723	2,532

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	941
Prevalence of households with moderate or severe hunger (HHS)	42.5%	27.3%	-15.2	***	2,428	1,101
Male and female adults	42.9%	27.5%	-15.3	***	2,275	1,028
Adult female, no adult male	42.1%	26.9%	-15.2	NS	75	39
Adult male, no adult female	30.5%	20.0%	-10.5	NS	78	31
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.28	$0.22	***	2,413	1,101
Male and female adults	$1.05	$1.27	$0.22	***	2,259	1,028
Adult female, no adult male	$1.10	$1.61	$0.51	**	75	39
Adult male, no adult female	$1.95	$1.80	-$0.15	NS	79	31
Child, no adults	NA	NA	NA	NA	3	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	65.4%	-10.4	**	2,413	1,101
Male and female adults	76.2%	65.9%	-10.3	**	2,259	1,028
Adult female, no adult male	76.0%	51.2%	-24.7	*	75	39
Adult male, no adult female	42.1%	51.1%	9.0	NS	79	31
Child, no adults	NA	NA	NA	NA	3	
Mean depth of poverty	35.8	26.5	-9.3	***	2,413	1,101
Male and female adults	36.1	26.8	-9.3	***	2,259	1,028
Adult female, no adult male	34.8	14.7	-20.0	***	75	39
Adult male, no adult female	11.6	22.3	10.7	†	79	31
Child, no adults	NA	NA	NA	NA	3	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	1,089
Percentage of households using improved sanitation facilities	10.5%	15.5%	5.0	†	2,439	1,098
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	11.0%	1.0	NS	2,212	1,082
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	28.9%	20.2	***	1,797	1,087
Male	9.4%	29.8%	20.4	***	1,539	873
Female	5.3%	25.7%	20.4	***	256	214
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	31.9%	12.0	***	1,794	1,089

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	34.3%	14.3	***	1,536	874
Female	18.5%	22.8%	4.3	NS	256	215
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	60.0%	36.5	***	2,212	1,089
Male	24.8%	63.1%	38.4	***	1,902	874
Female	17.8%	48.6%	30.8	***	308	215
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	60.4%	33.2	***	2,236	1,089
Male	28.5%	61.8%	33.3	***	1,923	874
Female	20.7%	55.0%	34.3	***	311	215
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.0%	-0.2	NS	1,735	770
Women's Dietary Diversity Score (WDDS)	2.9	4.1	1.2	***	2,162	1,008
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.6%	-9.2	***	3,105	2,012
Male	47.6%	38.5%	-9.0	***	1,582	1,005
Female	46.0%	36.6%	-9.4	***	1,523	1,007
Prevalence of stunted children under 5 years of age (Total)	57.6%	50.4%	-7.2	***	3,029	1,993
Male	58.6%	53.7%	-4.9	†	1,543	997
Female	56.5%	47.0%	-9.5	***	1,486	996
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.5%	-5.2	***	3,105	2,016
Male	18.8%	13.0%	-5.8	***	1,582	1,008
Female	14.5%	10.1%	-4.5	**	1,523	1,008
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	17.8%	2.9	†	4,194	2,044
Male	16.2%	18.6%	2.4	NS	2,148	1,025
Female	13.5%	17.0%	3.6	†	2,044	1,019
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	72.0%	-4.9	NS	651	351
Male	77.6%	72.7%	-4.9	NS	363	177
Female	76.0%	71.2%	-4.8	NS	287	174
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	60.5%	16.4	**	420	215
Male	42.4%	57.9%	15.4	*	225	98
Female	45.9%	63.0%	17.0	*	195	117
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.6%	7.1	**	1,102	505
Male	4.4%	13.8%	9.5	**	579	270
Female	6.6%	11.2%	4.5	NS	522	235

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.0%	5.8	**	2,441	1,099
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	38.6%	25.1	***	2,236	1,089
Male	14.4%	39.5%	25.1	***	1,923	874
Female	9.6%	35.4%	25.7	***	311	215
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.8%	6.0	NS	649	547
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	77.6%	0.9	NS	1,610	905
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	84.7%	-0.2	NS	1,840	1,064

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	5.1	1.5	***	2,133	467
Prevalence of households with moderate or severe hunger (HHS)	25.0%	19.0%	-5.9	NS	2,398	505
Male and female adults	25.1%	18.7%	-6.4	NS	2,139	437
Adult female, no adult male	33.5%	26.9%	-6.6	NS	127	42
Adult male, no adult female	15.4%	NA	NA	NA	129	24
Child, no adults	NA	NA	NA	NA	3	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.51	$0.13	NS	2,382	505
Male and female adults	$1.35	$1.50	$0.15	NS	2,125	437
Adult female, no adult male	$1.39	$1.43	$0.04	NS	127	42
Adult male, no adult female	$2.36	NA	NA	NA	128	24
Child, no adults	NA	NA	NA	NA	2	2
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	51.5%	-11.1	*	2,382	505
Male and female adults	63.6%	51.5%	-12.1	*	2,125	437
Adult female, no adult male	57.9%	57.8%	-0.1	NS	127	42
Adult male, no adult female	21.3%	NA	NA	NA	128	24
Child, no adults	NA	NA	NA	NA	2	2
Mean depth of poverty	23.3	18.4	-4.9	†	2,382	505
Male and female adults	23.6	18.4	-5.2	†	2,125	437
Adult female, no adult male	26.7	21.4	-5.3	NS	127	42
Adult male, no adult female	5.5	NA	NA	NA	128	24
Child, no adults	NA	NA	NA	NA	2	2
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	505
Percentage of households using improved sanitation facilities	5.5%	7.6%	2.2	NS	2,453	505
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	19.7%	4.6	NS	2,300	497
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	25.5%	21.9	***	1,883	468
Male	3.8%	24.1%	20.3	***	1,660	360
Female	2.0%	29.4%	27.5	***	222	108
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	47.5%	18.6	***	1,880	468

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	29.8%	50.8%	21.0	***	1,657	360
Female	21.8%	37.7%	15.9	*	222	108
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	74.6%	40.9	***	2,071	468
Male	35.1%	82.7%	47.6	***	1,833	360
Female	23.2%	50.8%	27.6	***	237	108
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	55.9%	30.9	***	2,083	468
Male	25.3%	60.7%	35.4	***	1,844	360
Female	22.5%	41.6%	19.2	*	238	108
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	20.7%	0.5	NS	1,621	350
Women's Dietary Diversity Score (WDDS)	3.4	4.5	1.1	***	2,018	449
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	46.2%	-2.7	NS	2,482	845
Male	50.4%	46.5%	-3.9	NS	1,242	429
Female	47.3%	46.0%	-1.3	NS	1,239	416
Prevalence of stunted children under 5 years of age (Total)	59.5%	59.8%	0.3	NS	2,445	840
Male	61.5%	64.0%	2.5	NS	1,231	427
Female	57.5%	55.6%	-1.9	NS	1,214	413
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.2%	-3.7	*	2,482	848
Male	19.6%	16.5%	-3.1	NS	1,242	427
Female	15.8%	11.8%	-4.1	†	1,239	421
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	24.6%	10.6	***	3,140	877
Male	15.1%	25.1%	10.0	**	1,584	445
Female	12.5%	24.1%	11.6	***	1,553	432
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	82.7%	2.5	NS	416	210
Male	80.8%	84.4%	3.6	NS	231	110
Female	79.5%	80.8%	1.2	NS	185	100
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	51.1%	6.8	NS	338	111
Male	44.1%	47.3%	3.2	NS	163	63
Female	44.5%	56.2%	11.7	NS	175	48
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	21.4%	11.8	**	887	218
Male	10.2%	20.5%	10.3	†	457	111
Female	8.9%	22.1%	13.2	**	430	107

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.9%	-1.7	NS	2,443	505
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	20.7%	12.0	**	2,083	468
Male	8.6%	25.4%	16.8	**	1,844	360
Female	10.0%	6.9%	-3.1	NS	238	108
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	66.4%	18.6	**	605	263
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	76.1%	9.7	*	1,483	404
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	84.7%	2.6	NS	1,642	486

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.7	1.8	***	1,950	921
Prevalence of households with moderate or severe hunger (HHS)	21.8%	24.7%	2.9	NS	2,144	1,016
Male and female adults	21.0%	25.2%	4.3	NS	1,923	888
Adult female, no adult male	32.0%	29.7%	-2.3	NS	150	74
Adult male, no adult female	12.7%	10.7%	-2.0	NS	69	52
Child, no adults	NA	NA	NA	NA	2	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.53	-$0.11	NS	2,065	1,018
Male and female adults	$1.63	$1.51	-$0.12	NS	1,851	890
Adult female, no adult male	$1.67	$1.46	-$0.21	NS	143	74
Adult male, no adult female	$2.76	$2.74	-$0.01	NS	70	52
Child, no adults	NA	NA	NA	NA	1	2
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	52.0%	4.8	NS	2,065	1,018
Male and female adults	48.0%	53.0%	5.0	NS	1,851	890
Adult female, no adult male	42.9%	50.0%	7.0	NS	143	74
Adult male, no adult female	12.9%	9.7%	-3.1	NS	70	52
Child, no adults	NA	NA	NA	NA	1	2
Mean depth of poverty	16.1	18.2	2.1	NS	2,065	1,018
Male and female adults	16.2	18.6	2.3	NS	1,851	890
Adult female, no adult male	16.7	18.6	1.9	NS	143	74
Adult male, no adult female	5.6	2.0	-3.6	NS	70	52
Child, no adults	NA	NA	NA	NA	1	2
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	1,016
Percentage of households using improved sanitation facilities	13.2%	15.0%	1.8	NS	2,417	1,014
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	36.7%	14.1	***	2,006	1,008
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	22.2%	16.0	***	1,618	981
Male	6.9%	23.4%	16.6	***	1,363	739
Female	3.2%	18.1%	14.9	***	251	242
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	42.2%	20.6	***	1,608	982

	Indicator Values		**Raw Difference[1]**	**Significance**	**Number of observations**	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	43.8%	21.5	***	1,355	740
Female	18.1%	36.7%	18.6	***	249	242
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	80.6%	48.5	***	1,768	982
Male	31.6%	86.1%	54.5	***	1,501	740
Female	33.9%	61.8%	27.9	**	263	242
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	57.1%	23.0	***	1,779	982
Male	33.1%	60.6%	27.5	***	1,510	740
Female	38.2%	45.3%	7.1	NS	265	242
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	17.7%	-5.8	*	1,471	650
Women's Dietary Diversity Score (WDDS)	3.6	4.9	1.2	***	1,870	873
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.3%	-5.9	**	2,262	1,477
Male	43.6%	39.5%	-4.1	NS	1,153	737
Female	44.9%	37.2%	-7.7	**	1,108	740
Prevalence of stunted children under 5 years of age (Total)	53.8%	50.9%	-3.0	NS	2,214	1,462
Male	54.5%	52.1%	-2.4	NS	1,133	729
Female	53.2%	49.6%	-3.6	NS	1,081	733
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.0%	-6.3	***	2,262	1,472
Male	18.4%	11.7%	-6.8	**	1,153	733
Female	16.2%	10.3%	-5.8	***	1,108	739
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	22.0%	7.3	***	3,090	1,497
Male	14.1%	22.5%	8.4	***	1,562	752
Female	15.4%	21.6%	6.2	*	1,519	745
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	79.3%	2.7	NS	457	304
Male	73.7%	82.9%	9.3	NS	230	163
Female	79.3%	75.4%	-3.9	NS	227	141
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	54.3%	18.2	*	297	122
Male	34.7%	51.2%	16.6	†	155	58
Female	37.3%	56.8%	19.5	†	142	64
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	27.0%	17.9	***	785	395
Male	9.5%	25.6%	16.1	***	402	202
Female	8.7%	28.5%	19.8	***	382	193

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6a. Change from Baseline to Endline for Direct Beneficiaries (ANY BENEFIT)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	11.9%	5.2	*	2,376	1,017
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	27.7%	18.0	***	1,779	981
Male	8.8%	30.8%	22.0	***	1,510	740
Female	13.0%	17.0%	4.0	NS	265	241
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	66.2%	25.2	***	655	450
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	82.1%	29.2	***	1,282	777
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	86.7%	13.5	***	1,241	982

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	5.1	1.7	***	6,123	1,792
Prevalence of households with moderate or severe hunger (HHS)	29.1%	20.7%	-8.4	**	6,970	2,022
Male and female adults	29.3%	20.8%	-8.6	**	6,337	1,843
Adult female, no adult male	34.2%	24.3%	-10.0	NS	352	107
Adult male, no adult female	18.0%	13.0%	-4.9	NS	276	69
Child, no adults	NA	NA	NA	NA	5	3
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.43	$0.10	†	6,860	2,023
Male and female adults	$1.31	$1.41	$0.10	†	6,235	1,844
Adult female, no adult male	$1.43	$1.71	$0.28	*	345	107
Adult male, no adult female	$2.33	$2.46	$0.13	NS	277	69
Child, no adults	NA	NA	NA	NA	3	3
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	54.1%	-9.7	**	6,860	2,023
Male and female adults	64.6%	54.9%	-9.7	**	6,235	1,844
Adult female, no adult male	56.3%	39.9%	-16.3	†	345	107
Adult male, no adult female	24.4%	23.9%	-0.5	NS	277	69
Child, no adults	NA	NA	NA	NA	3	3
Mean depth of poverty	25.8	20.1	-5.7	***	6,860	2,023
Male and female adults	26.2	20.6	-5.6	**	6,235	1,844
Adult female, no adult male	24.8	10.2	-14.5	***	345	107
Adult male, no adult female	6.8	8.1	1.3	NS	277	69
Child, no adults	NA	NA	NA	NA	3	3
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	2,009
Percentage of households using improved sanitation facilities	8.6%	10.8%	2.2	NS	7,309	2,017
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	20.9%	5.6	*	6,518	1,998
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	26.0%	20.3	***	5,298	1,980
Male	6.0%	25.9%	19.9	***	4,562	1,558
Female	3.4%	26.1%	22.7	***	729	422
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	43.9%	19.1	***	5,282	1,980

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
All Programs Combined

	Indicator Values		Raw Difference[1] (Endline-Baseline)	Significance Level[2]	Number of observations	
	Baseline	Endline			Baseline	Endline
Male	25.6%	44.3%	18.8	***	4,548	1,558
Female	19.7%	42.1%	22.4	***	727	422
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	75.5%	45.2	***	6,051	1,980
Male	31.4%	79.9%	48.5	***	5,236	1,558
Female	24.3%	58.7%	34.4	***	808	422
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	60.0%	32.4	***	6,098	1,980
Male	27.8%	62.3%	34.5	***	5,277	1,558
Female	26.1%	50.9%	24.8	***	814	422
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	17.9%	-2.0	NS	4,827	1,379
Women's Dietary Diversity Score (WDDS)	3.3	4.5	1.2	***	6,050	1,819
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	42.2%	-5.1	**	7,849	3,468
Male	48.2%	42.1%	-6.0	**	3,977	1,748
Female	46.4%	42.3%	-4.1	NS	3,870	1,720
Prevalence of stunted children under 5 years of age (Total)	57.8%	55.9%	-1.9	NS	7,688	3,439
Male	59.2%	60.0%	0.8	NS	3,907	1,733
Female	56.3%	51.7%	-4.5	NS	3,781	1,706
Prevalence of wasted children under 5 years of age (Total)	17.4%	11.9%	-5.5	***	7,849	3,467
Male	19.1%	14.1%	-5.0	**	3,977	1,746
Female	15.5%	9.6%	-5.9	***	3,870	1,721
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	20.7%	6.2	***	10,424	3,531
Male	15.3%	21.7%	6.5	**	5,294	1,786
Female	13.5%	19.6%	6.1	**	5,116	1,745
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	77.1%	-1.2	NS	1,524	650
Male	78.4%	79.8%	1.5	NS	824	344
Female	78.3%	74.0%	-4.3	NS	699	306
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	54.1%	11.4	†	1,055	351
Male	41.8%	49.3%	7.4	NS	543	171
Female	43.5%	59.3%	15.8	†	512	180
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	20.0%	11.8	***	2,774	892
Male	8.2%	19.8%	11.6	**	1,438	468
Female	8.2%	20.1%	12.0	***	1,334	424

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	9.5%	1.5	NS	7,260	2,020
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	28.9%	18.6	***	6,098	1,979
Male	10.3%	32.2%	21.9	***	5,277	1,558
Female	10.7%	16.5%	5.8	†	814	421
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	69.7%	17.6	***	1,909	984
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	78.0%	11.5	***	4,375	1,622
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	86.4%	5.1	*	4,723	1,957

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	859
Prevalence of households with moderate or severe hunger (HHS)	42.5%	27.0%	-15.5	***	2,428	999
Male and female adults	42.9%	27.2%	-15.7	***	2,275	936
Adult female, no adult male	42.1%	22.5%	-19.5	†	75	35
Adult male, no adult female	30.5%	NA	NA	NA	78	26
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.27	$0.21	**	2,413	999
Male and female adults	$1.05	$1.25	$0.21	**	2,259	936
Adult female, no adult male	$1.10	$1.57	$0.47	*	75	35
Adult male, no adult female	$1.95	NA	NA	NA	79	26
Child, no adults	NA	NA	NA	NA	2	1
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	65.6%	-10.2	**	2,413	999
Male and female adults	76.2%	66.1%	-10.1	**	2,259	936
Adult female, no adult male	76.0%	51.2%	-24.8	*	75	35
Adult male, no adult female	42.1%	NA	NA	NA	79	26
Child, no adults	NA	NA	NA	NA	2	1
Mean depth of poverty	35.8	26.8	-9.0	***	2,413	999
Male and female adults	36.1	27.1	-9.0	**	2,259	936
Adult female, no adult male	34.8	15.5	-19.3	***	75	35
Adult male, no adult female	11.6	NA	NA	NA	79	26
Child, no adults	NA	NA	NA	NA	2	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	987
Percentage of households using improved sanitation facilities	10.5%	15.3%	4.8	†	2,439	996
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	10.3%	0.3	NS	2,212	982
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	29.2%	20.5	***	1,797	988
Male	9.4%	30.0%	20.6	***	1,539	795
Female	5.3%	26.2%	20.9	***	256	193
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	32.1%	12.3	***	1,794	988

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	34.7%	14.7	***	1,536	795
Female	18.5%	22.3%	3.8	NS	256	193
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	60.6%	37.0	***	2,212	988
Male	24.8%	63.8%	39.0	***	1,902	795
Female	17.8%	48.6%	30.7	***	308	193
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	60.9%	33.7	***	2,236	988
Male	28.5%	62.4%	33.8	***	1,923	795
Female	20.7%	55.3%	34.6	***	311	193
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.7%	0.6	NS	1,735	702
Women's Dietary Diversity Score (WDDS)	2.9	4.1	1.2	***	2,162	923
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.2%	-9.6	***	3,105	1,866
Male	47.6%	38.4%	-9.2	***	1,582	937
Female	46.0%	36.1%	-9.9	***	1,523	929
Prevalence of stunted children under 5 years of age (Total)	57.6%	49.9%	-7.6	***	3,029	1,848
Male	58.6%	53.1%	-5.5	*	1,543	929
Female	56.5%	46.7%	-9.8	***	1,486	919
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.6%	-5.1	***	3,105	1,865
Male	18.8%	13.4%	-5.4	***	1,582	939
Female	14.5%	9.8%	-4.8	**	1,523	926
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	17.5%	2.6	NS	4,194	1,894
Male	16.2%	18.7%	2.5	NS	2,148	958
Female	13.5%	16.3%	2.8	NS	2,044	936
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	71.2%	-5.7	NS	651	321
Male	77.6%	72.2%	-5.4	NS	363	165
Female	76.0%	70.0%	-5.9	NS	287	156
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	60.1%	16.0	**	420	201
Male	42.4%	57.1%	14.7	†	225	96
Female	45.9%	63.2%	17.3	*	195	105
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.8%	7.4	**	1,102	464
Male	4.4%	13.8%	9.4	**	579	251
Female	6.6%	11.7%	5.1	NS	522	213

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.3%	6.1	**	2,441	997
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	39.0%	25.4	***	2,236	988
Male	14.4%	39.9%	25.6	***	1,923	795
Female	9.6%	35.3%	25.7	***	311	193
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.3%	5.4	NS	649	502
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	76.8%	0.1	NS	1,610	820
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	83.9%	-0.9	NS	1,840	969

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	5.2	1.6	***	2,133	236
Prevalence of households with moderate or severe hunger (HHS)	25.0%	16.8%	-8.2	†	2,398	261
Male and female adults	25.1%	16.4%	-8.6	NS	2,139	237
Adult female, no adult male	33.5%	NA	NA	NA	127	16
Adult male, no adult female	15.4%	NA	NA	NA	129	8
Child, no adults	NA	NA	NA	NA	3	14
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.46	$0.09	NS	2,382	261
Male and female adults	$1.35	$1.44	$0.09	NS	2,125	237
Adult female, no adult male	$1.39	NA	NA	NA	127	16
Adult male, no adult female	$2.36	NA	NA	NA	128	8
Child, no adults	NA	NA	NA	NA	2	14
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	49.6%	-12.9	*	2,382	261
Male and female adults	63.6%	50.5%	-13.1	*	2,125	237
Adult female, no adult male	57.9%	NA	NA	NA	127	16
Adult male, no adult female	21.3%	NA	NA	NA	128	8
Child, no adults	NA	NA	NA	NA	2	14
Mean depth of poverty	23.3	17.7	-5.6	†	2,382	261
Male and female adults	23.6	18.3	-5.3	†	2,125	237
Adult female, no adult male	26.7	NA	NA	NA	127	16
Adult male, no adult female	5.5	NA	NA	NA	128	8
Child, no adults	NA	NA	NA	NA	2	14
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	261
Percentage of households using improved sanitation facilities	5.5%	7.3%	1.8	NS	2,453	261
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	20.1%	5.1	NS	2,300	260
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	25.5%	21.9	***	1,883	250
Male	3.8%	24.7%	20.9	***	1,660	200
Female	2.0%	28.8%	26.9	**	222	50
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	49.8%	20.9	**	1,880	250

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	49.0%	19.2	**	1,657	200
Female	21.8%	53.1%	31.3	**	222	50
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	80.1%	46.4	***	2,071	250
Male	35.1%	84.9%	49.8	***	1,833	200
Female	23.2%	60.7%	37.5	***	237	50
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	59.3%	34.3	***	2,083	250
Male	25.3%	61.8%	36.5	***	1,844	200
Female	22.5%	49.1%	26.6	**	238	50
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	17.8%	-2.4	NS	1,621	186
Women's Dietary Diversity Score (WDDS)	3.4	4.5	1.1	***	2,018	236
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	46.3%	-2.6	NS	2,482	456
Male	50.4%	45.1%	-5.3	NS	1,242	229
Female	47.3%	47.5%	0.3	NS	1,239	227
Prevalence of stunted children under 5 years of age (Total)	59.5%	60.6%	1.1	NS	2,445	452
Male	61.5%	66.5%	5.0	NS	1,231	227
Female	57.5%	54.7%	-2.8	NS	1,214	225
Prevalence of wasted children under 5 years of age (Total)	17.8%	12.6%	-5.2	**	2,482	457
Male	19.6%	15.6%	-4.0	NS	1,242	227
Female	15.8%	9.6%	-6.2	**	1,239	230
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	22.1%	8.1	*	3,140	477
Male	15.1%	23.4%	8.3	*	1,584	238
Female	12.5%	20.7%	8.2	*	1,553	239
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	78.8%	-1.5	NS	416	101
Male	80.8%	82.5%	1.7	NS	231	56
Female	79.5%	74.4%	-5.2	NS	185	45
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	51.0%	6.7	NS	338	59
Male	44.1%	45.1%	1.0	NS	163	32
Female	44.5%		0.0	***	175	27
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	20.0%	10.4	*	887	123
Male	10.2%	20.0%	9.8	NS	457	64
Female	8.9%	20.0%	11.1	*	430	59

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Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
PASAM TAI</td>
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(Endline-Baseline)</td>
<td rowspan="2">Significance
Level[2]</td>
<td colspan="2">Number of observations</td>
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<td>Endline</td>
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<td>Endline</td>
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<tr>
<td colspan="7">PROJECT-SPECIFIC INDICATORS</td>
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<tr>
<td>Percent of respondents who know three of five critical moments for handwashing</td>
<td>8.6%</td>
<td>6.1%</td>
<td>-2.5</td>
<td>NS</td>
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<td>Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)</td>
<td>8.7%</td>
<td>23.9%</td>
<td>15.2</td>
<td>*</td>
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<tr>
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<td>4.5%</td>
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<td>NS</td>
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<td>Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy</td>
<td>47.9%</td>
<td>70.2%</td>
<td>22.4</td>
<td>***</td>
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<td>Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>66.4%</td>
<td>76.3%</td>
<td>9.9</td>
<td>*</td>
<td>1,483</td>
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<tr>
<td>Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls</td>
<td>82.1%</td>
<td>87.1%</td>
<td>5.0</td>
<td>NS</td>
<td>1,642</td>
<td>251</td>
</tr>
</table>

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	6.0	2.1	***	1,950	698
Prevalence of households with moderate or severe hunger (HHS)	21.8%	21.9%	0.1	NS	2,144	762
Male and female adults	21.0%	22.6%	1.6	NS	1,923	670
Adult female, no adult male	32.0%	29.6%	-2.3	NS	150	56
Adult male, no adult female	12.7%	0.0%	-12.7	**	69	35
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.56	-$0.09	NS	2,065	763
Male and female adults	$1.63	$1.54	-$0.09	NS	1,851	671
Adult female, no adult male	$1.67	$1.47	-$0.21	NS	143	56
Adult male, no adult female	$2.76	$2.85	$0.09	NS	70	35
Child, no adults	NA	NA	NA	NA	1	1
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	49.4%	2.1	NS	2,065	763
Male and female adults	48.0%	50.5%	2.6	NS	1,851	671
Adult female, no adult male	42.9%	46.3%	3.3	NS	143	56
Adult male, no adult female	12.9%	4.7%	-8.2	NS	70	35
Child, no adults	NA	NA	NA	NA	1	1
Mean depth of poverty	16.1	16.8	0.7	NS	2,065	763
Male and female adults	16.2	17.2	1.0	NS	1,851	671
Adult female, no adult male	16.7	16.1	-0.6	NS	143	56
Adult male, no adult female	5.6	1.0	-4.6	†	70	35
Child, no adults	NA	NA	NA	NA	1	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	761
Percentage of households using improved sanitation facilities	13.2%	13.1%	-0.1	NS	2,417	760
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	34.4%	11.8	**	2,006	756
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	23.1%	16.8	***	1,618	742
Male	6.9%	23.7%	16.8	***	1,363	563
Female	3.2%	20.8%	17.6	***	251	179
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	44.7%	23.1	***	1,608	742

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	45.3%	23.0	***	1,355	563
Female	18.1%	42.6%	24.5	***	249	179
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	83.2%	51.1	***	1,768	742
Male	31.6%	88.1%	56.5	***	1,501	563
Female	33.9%	66.0%	32.1	***	263	179
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	60.4%	26.3	***	1,779	742
Male	33.1%	63.4%	30.3	***	1,510	563
Female	38.2%	49.7%	11.5	NS	265	179
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.4%	-5.1	†	1,471	491
Women's Dietary Diversity Score (WDDS)	3.6	5.1	1.5	***	1,870	660
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.5%	-5.8	*	2,262	1,146
Male	43.6%	39.8%	-3.8	NS	1,153	582
Female	44.9%	37.1%	-7.8	*	1,108	564
Prevalence of stunted children under 5 years of age (Total)	53.8%	51.8%	-2.0	NS	2,214	1,139
Male	54.5%	52.7%	-1.7	NS	1,133	577
Female	53.2%	50.9%	-2.4	NS	1,081	562
Prevalence of wasted children under 5 years of age (Total)	17.3%	10.5%	-6.8	***	2,262	1,145
Male	18.4%	11.5%	-6.9	**	1,153	580
Female	16.2%	9.4%	-6.8	***	1,108	565
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	21.2%	6.5	**	3,090	1,160
Male	14.1%	21.4%	7.3	**	1,562	590
Female	15.4%	21.0%	5.6	*	1,519	570
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	79.3%	2.7	NS	457	228
Male	73.7%	81.3%	7.6	NS	230	123
Female	79.3%	77.2%	-2.1	NS	227	105
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	56.5%	20.5	*	297	91
Male	34.7%	55.2%	20.6	†	155	43
Female	37.3%	57.6%	20.3	†	142	48
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	28.9%	19.8	***	785	305
Male	9.5%	27.3%	17.8	***	402	153
Female	8.7%	30.7%	22.0	***	382	152

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6b. Change from Baseline to Endline for Direct Beneficiaries (FOOD)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	11.4%	4.7	*	2,376	762
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	28.0%	18.3	***	1,779	741
Male	8.8%	30.5%	21.7	***	1,510	563
Female	13.0%	19.1%	6.1	NS	265	178
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	66.4%	25.5	***	655	337
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	83.4%	30.4	***	1,282	591
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	87.7%	14.5	***	1,241	737

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)

All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	5.1	1.6	***	6,123	1,737
Prevalence of households with moderate or severe hunger (HHS)	29.1%	20.3%	-8.8	**	6,970	1,969
Male and female adults	29.3%	20.6%	-8.7	**	6,337	1,784
Adult female, no adult male	34.2%	24.9%	-9.4	NS	352	109
Adult male, no adult female	18.0%	8.3%	-9.6	†	276	73
Child, no adults	NA	NA	NA	NA	5	3
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.49	$0.17	**	6,860	1,969
Male and female adults	$1.31	$1.48	$0.17	**	6,235	1,784
Adult female, no adult male	$1.43	$1.52	$0.09	NS	345	109
Adult male, no adult female	$2.33	$2.19	-$0.15	NS	277	73
Child, no adults	NA	NA	NA	NA	3	3
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	53.2%	-10.6	**	6,860	1,969
Male and female adults	64.6%	53.7%	-10.9	**	6,235	1,784
Adult female, no adult male	56.3%	52.7%	-3.5	NS	345	109
Adult male, no adult female	24.4%	28.5%	4.1	NS	277	73
Child, no adults	NA	NA	NA	NA	3	3
Mean depth of poverty	25.8	18.8	-7.0	***	6,860	1,969
Male and female adults	26.2	19.0	-7.1	***	6,235	1,784
Adult female, no adult male	24.8	18.1	-6.7	†	345	109
Adult male, no adult female	6.8	7.8	1.0	NS	277	73
Child, no adults	NA	NA	NA	NA	3	3
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	1,958
Percentage of households using improved sanitation facilities	8.6%	11.2%	2.6	†	7,309	1,964
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	21.4%	6.1	**	6,518	1,938
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	28.4%	22.8	***	5,298	1,906
Male	6.0%	27.1%	21.1	***	4,562	1,485
Female	3.4%	33.0%	29.6	***	729	421
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	46.0%	21.3	***	5,282	1,907

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	48.5%	22.9	***	4,548	1,485
Female	19.7%	37.4%	17.7	***	727	422
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	74.0%	43.6	***	6,051	1,907
Male	31.4%	79.6%	48.2	***	5,236	1,485
Female	24.3%	54.4%	30.1	***	808	422
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	57.4%	29.8	***	6,098	1,907
Male	27.8%	61.7%	33.9	***	5,277	1,485
Female	26.1%	42.5%	16.4	**	814	422
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	19.3%	-0.6	NS	4,827	1,344
Women's Dietary Diversity Score (WDDS)	3.3	4.5	1.2	***	6,050	1,777
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	43.4%	-3.9	*	7,849	3,366
Male	48.2%	42.7%	-5.5	*	3,977	1,704
Female	46.4%	44.2%	-2.2	NS	3,870	1,662
Prevalence of stunted children under 5 years of age (Total)	57.8%	56.5%	-1.2	NS	7,688	3,338
Male	59.2%	59.4%	0.2	NS	3,907	1,689
Female	56.3%	53.4%	-2.9	NS	3,781	1,649
Prevalence of wasted children under 5 years of age (Total)	17.4%	12.7%	-4.7	***	7,849	3,362
Male	19.1%	14.2%	-4.9	**	3,977	1,699
Female	15.5%	11.1%	-4.4	**	3,870	1,663
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	21.7%	7.2	***	10,424	3,433
Male	15.3%	21.3%	6.1	**	5,294	1,742
Female	13.5%	22.0%	8.6	***	5,116	1,691
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	78.8%	0.5	NS	1,524	666
Male	78.4%	82.4%	4.0	NS	824	339
Female	78.3%	75.1%	-3.2	NS	699	327
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	56.1%	13.4	*	1,055	347
Male	41.8%	51.9%	10.0	†	543	171
Female	43.5%	61.1%	17.6	*	512	176
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	22.0%	13.9	***	2,774	861
Male	8.2%	21.8%	13.6	***	1,438	454
Female	8.2%	22.3%	14.2	***	1,334	407

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	9.4%	1.3	NS	7,260	1,967
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	25.8%	15.4	***	6,098	1,907
Male	10.3%	28.9%	18.6	***	5,277	1,485
Female	10.7%	15.1%	4.4	NS	814	422
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	70.4%	18.3	***	1,909	991
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	77.4%	10.9	***	4,375	1,573
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	85.1%	3.8	NS	4,723	1,909

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	732
Prevalence of households with moderate or severe hunger (HHS)	42.5%	26.9%	-15.5	***	2,428	857
Male and female adults	42.9%	26.9%	-15.9	***	2,275	804
Adult female, no adult male	42.1%	NA	NA	NA	75	29
Adult male, no adult female	30.5%	NA	NA	NA	78	22
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.25	$0.19	**	2,413	857
Male and female adults	$1.05	$1.24	$0.19	**	2,259	804
Adult female, no adult male	$1.10	NA	NA	NA	75	29
Adult male, no adult female	$1.95	NA	NA	NA	79	22
Child, no adults	NA	NA	NA	NA	2	1
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	66.2%	-9.7	**	2,413	857
Male and female adults	76.2%	66.6%	-9.6	**	2,259	804
Adult female, no adult male	76.0%	NA	NA	NA	75	29
Adult male, no adult female	42.1%	NA	NA	NA	79	22
Child, no adults	NA	NA	NA	NA	2	1
Mean depth of poverty	35.8	27.2	-8.6	**	2,413	857
Male and female adults	36.1	27.4	-8.7	**	2,259	804
Adult female, no adult male	34.8	NA	NA	NA	75	29
Adult male, no adult female	11.6	NA	NA	NA	79	22
Child, no adults	NA	NA	NA	NA	2	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	8.0%	NA	NA	NA	2,442	848
Percentage of households using improved sanitation facilities	10.5%	15.9%	5.5	†	2,439	854
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	11.5%	1.5	NS	2,212	841
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	30.3%	21.6	***	1,797	844
Male	9.4%	31.4%	22.0	***	1,539	678
Female	5.3%	26.4%	21.1	***	256	166
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	32.2%	12.3	**	1,794	845

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	20.0%	36.0%	16.0	***	1,536	678
Female	18.5%	18.0%	-0.4	NS	256	167
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	61.9%	38.3	***	2,212	845
Male	24.8%	64.8%	40.0	***	1,902	678
Female	17.8%	51.0%	33.1	***	308	167
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	60.4%	33.3	***	2,236	845
Male	28.5%	61.0%	32.5	***	1,923	678
Female	20.7%	58.3%	37.6	***	311	167
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.3%	0.1	NS	1,735	614
Women's Dietary Diversity Score (WDDS)	2.9	4.1	1.3	***	2,162	794
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.9%	-8.9	***	3,105	1,616
Male	47.6%	38.8%	-8.8	**	1,582	821
Female	46.0%	37.0%	-9.0	**	1,523	795
Prevalence of stunted children under 5 years of age (Total)	57.6%	49.7%	-7.8	***	3,029	1,601
Male	58.6%	53.0%	-5.6	†	1,543	813
Female	56.5%	46.3%	-10.2	***	1,486	788
Prevalence of wasted children under 5 years of age (Total)	16.7%	12.0%	-4.7	***	3,105	1,615
Male	18.8%	13.6%	-5.2	***	1,582	822
Female	14.5%	10.3%	-4.2	*	1,523	793
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	17.8%	2.9	NS	4,194	1,645
Male	16.2%	18.1%	2.0	NS	2,148	838
Female	13.5%	17.4%	3.9	†	2,044	807
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	70.0%	-6.9	NS	651	281
Male	77.6%	70.6%	-6.9	NS	363	140
Female	76.0%	69.2%	-6.7	NS	287	141
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	60.9%	16.8	**	420	174
Male	42.4%	57.4%	15.0	†	225	81
Female	45.9%	64.3%	18.4	*	195	93
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	13.9%	8.4	**	1,102	398
Male	4.4%	15.0%	10.6	**	579	219
Female	6.6%	12.5%	5.9	NS	522	179

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	15.6%	7.4	***	2,441	856
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	39.5%	25.9	***	2,236	845
Male	14.4%	39.8%	25.4	***	1,923	678
Female	9.6%	38.2%	28.5	***	311	167
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	73.6%	7.7	*	649	446
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	76.8%	0.1	NS	1,610	707
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	84.7%	-0.2	NS	1,840	829

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	5.1	1.5	***	2,133	327
Prevalence of households with moderate or severe hunger (HHS)	25.0%	16.7%	-8.2	*	2,398	355
Male and female adults	25.1%	16.9%	-8.1	†	2,139	312
Adult female, no adult male	33.5%	NA	NA	NA	127	27
Adult male, no adult female	15.4%	NA	NA	NA	129	16
Child, no adults	NA	NA	NA	NA	3	14
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.57	$0.20	*	2,382	355
Male and female adults	$1.35	$1.56	$0.21	*	2,125	312
Adult female, no adult male	$1.39	NA	NA	NA	127	27
Adult male, no adult female	$2.36	NA	NA	NA	128	16
Child, no adults	NA	NA	NA	NA	2	14
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	48.8%	-13.8	*	2,382	355
Male and female adults	63.6%	49.0%	-14.6	*	2,125	312
Adult female, no adult male	57.9%	NA	NA	NA	127	27
Adult male, no adult female	21.3%	NA	NA	NA	128	16
Child, no adults	NA	NA	NA	NA	2	14
Mean depth of poverty	23.3	15.7	-7.5	**	2,382	355
Male and female adults	23.6	15.8	-7.8	**	2,125	312
Adult female, no adult male	26.7	NA	NA	NA	127	27
Adult male, no adult female	5.5	NA	NA	NA	128	16
Child, no adults	NA	NA	NA	NA	2	14
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	355
Percentage of households using improved sanitation facilities	5.5%	8.4%	3.0	NS	2,453	355
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	20.1%	5.0	NS	2,300	348
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	29.2%	25.6	***	1,883	328
Male	3.8%	26.2%	22.3	***	1,660	259
Female	2.0%	39.4%	37.4	***	222	69
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	52.4%	23.5	***	1,880	328

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	54.2%	24.3	***	1,657	259
Female	21.8%	46.1%	24.3	**	222	69
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	74.8%	41.1	***	2,071	328
Male	35.1%	81.3%	46.2	***	1,833	259
Female	23.2%	52.7%	29.4	***	237	69
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	55.5%	30.5	***	2,083	328
Male	25.3%	60.8%	35.5	***	1,844	259
Female	22.5%	37.2%	14.7	†	238	69
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	20.1%	-0.1	NS	1,621	241
Women's Dietary Diversity Score (WDDS)	3.4	4.5	1.1	***	2,018	317
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	46.7%	-2.2	NS	2,482	601
Male	50.4%	45.1%	-5.3	NS	1,242	315
Female	47.3%	48.5%	1.2	NS	1,239	286
Prevalence of stunted children under 5 years of age (Total)	59.5%	60.4%	0.8	NS	2,445	599
Male	61.5%	63.5%	2.0	NS	1,231	315
Female	57.5%	56.9%	-0.6	NS	1,214	284
Prevalence of wasted children under 5 years of age (Total)	17.8%	13.4%	-4.4	*	2,482	601
Male	19.6%	15.3%	-4.3	†	1,242	312
Female	15.8%	11.5%	-4.4	†	1,239	289
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	22.5%	8.5	**	3,140	627
Male	15.1%	21.8%	6.7	†	1,584	326
Female	12.5%	23.2%	10.7	**	1,553	301
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	81.4%	1.2	NS	416	136
Male	80.8%	85.8%	5.0	NS	231	70
Female	79.5%	76.8%	-2.7	NS	185	66
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	55.5%	11.1	NS	338	76
Male	44.1%	51.3%	7.2	NS	163	44
Female	44.5%	60.9%	16.4	NS	175	32
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	23.0%	13.4	**	887	157
Male	10.2%	23.0%	12.7	*	457	83
Female	8.9%	23.0%	14.1	*	430	74

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	7.5%	-1.1	NS	2,443	355
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	20.0%	11.3	*	2,083	328
Male	8.6%	23.7%	15.1	**	1,844	259
Female	10.0%	7.4%	-2.6	NS	238	69
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	70.1%	22.3	***	605	194
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	76.3%	9.9	*	1,483	287
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	84.4%	2.3	NS	1,642	343

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)

SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.8	1.9	***	1,950	678
Prevalence of households with moderate or severe hunger (HHS)	21.8%	24.8%	3.0	NS	2,144	757
Male and female adults	21.0%	24.9%	3.9	NS	1,923	668
Adult female, no adult male	32.0%	34.4%	2.5	NS	150	53
Adult male, no adult female	12.7%	10.1%	-2.6	NS	69	35
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.53	-$0.12	NS	2,065	757
Male and female adults	$1.63	$1.50	-$0.12	NS	1,851	668
Adult female, no adult male	$1.67	$1.49	-$0.18	NS	143	53
Adult male, no adult female	$2.76	$2.76	$0.00	NS	70	35
Child, no adults	NA	NA	NA	NA	1	1
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	52.0%	4.7	NS	2,065	757
Male and female adults	48.0%	53.0%	5.0	NS	1,851	668
Adult female, no adult male	42.9%	47.9%	5.0	NS	143	53
Adult male, no adult female	12.9%	13.2%	0.4	NS	70	35
Child, no adults	NA	NA	NA	NA	1	1
Mean depth of poverty	16.1	18.7	2.6	NS	2,065	757
Male and female adults	16.2	19.2	2.9	NS	1,851	668
Adult female, no adult male	16.7	16.1	-0.6	NS	143	53
Adult male, no adult female	5.6	2.6	-3.0	NS	70	35
Child, no adults	NA	NA	NA	NA	1	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	755
Percentage of households using improved sanitation facilities	13.2%	15.1%	1.9	NS	2,417	755
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	35.2%	12.6	***	2,006	749
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	24.2%	17.9	***	1,618	734
Male	6.9%	25.3%	18.4	***	1,363	548
Female	3.2%	20.6%	17.4	***	251	186
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	41.0%	19.5	***	1,608	734

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	44.5%	22.2	***	1,355	548
Female	18.1%	29.7%	11.6	*	249	186
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	83.6%	51.5	***	1,768	734
Male	31.6%	90.1%	58.5	***	1,501	548
Female	33.9%	62.5%	28.6	**	263	186
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	59.9%	25.7	***	1,779	734
Male	33.1%	64.9%	31.8	***	1,510	548
Female	38.2%	43.6%	5.4	NS	265	186
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.8%	-4.7	†	1,471	489
Women's Dietary Diversity Score (WDDS)	3.6	4.9	1.3	***	1,870	666
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.8%	-5.5	*	2,262	1,149
Male	43.6%	38.8%	-4.8	NS	1,153	568
Female	44.9%	38.8%	-6.1	*	1,108	581
Prevalence of stunted children under 5 years of age (Total)	53.8%	51.3%	-2.5	NS	2,214	1,138
Male	54.5%	52.3%	-2.2	NS	1,133	561
Female	53.2%	50.4%	-2.8	NS	1,081	577
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.0%	-6.3	***	2,262	1,146
Male	18.4%	11.2%	-7.2	**	1,153	565
Female	16.2%	10.9%	-5.3	**	1,108	581
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	23.4%	8.6	***	3,090	1,161
Male	14.1%	23.4%	9.4	***	1,562	578
Female	15.4%	23.4%	7.9	*	1,519	583
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	78.1%	1.5	NS	457	249
Male	73.7%	81.7%	8.0	NS	230	129
Female	79.3%	74.6%	-4.8	NS	227	120
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	52.7%	16.7	*	297	97
Male	34.7%	46.5%	11.9	NS	155	46
Female	37.3%	57.6%	20.3	†	142	51
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	28.0%	18.9	***	785	306
Male	9.5%	25.8%	16.3	**	402	152
Female	8.7%	30.3%	21.6	***	382	154

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6c. Change from Baseline to Endline for Direct Beneficiaries (NUTRITION)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	9.1%	2.4	NS	2,376	756
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	29.2%	19.5	***	1,779	734
Male	8.8%	33.2%	24.4	***	1,510	548
Female	13.0%	16.3%	3.3	NS	265	186
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	68.2%	27.3	***	655	351
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	81.7%	28.8	***	1,282	579
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	88.0%	14.8	***	1,241	737

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	5.1	1.7	***	6,123	1,449
Prevalence of households with moderate or severe hunger (HHS)	29.1%	21.8%	-7.3	**	6,970	1,641
Male and female adults	29.3%	22.2%	-7.1	**	6,337	1,484
Adult female, no adult male	34.2%	25.4%	-8.8	NS	352	84
Adult male, no adult female	18.0%	11.6%	-6.3	NS	276	71
Child, no adults	NA	NA	NA	NA	5	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.48	$0.15	*	6,860	1,641
Male and female adults	$1.31	$1.47	$0.16	**	6,235	1,484
Adult female, no adult male	$1.43	$1.32	-$0.11	NS	345	84
Adult male, no adult female	$2.33	$2.35	$0.01	NS	277	71
Child, no adults	NA	NA	NA	NA	3	2
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	54.8%	-8.9	**	6,860	1,641
Male and female adults	64.6%	54.7%	-9.9	**	6,235	1,484
Adult female, no adult male	56.3%	66.2%	9.9	NS	345	84
Adult male, no adult female	24.4%	32.6%	8.2	NS	277	71
Child, no adults	NA	NA	NA	NA	3	2
Mean depth of poverty	25.8	19.4	-6.4	***	6,860	1,641
Male and female adults	26.2	19.5	-6.7	***	6,235	1,484
Adult female, no adult male	24.8	22.8	-1.9	NS	345	84
Adult male, no adult female	6.8	8.5	1.7	NS	277	71
Child, no adults	NA	NA	NA	NA	3	2
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	1,631
Percentage of households using improved sanitation facilities	8.6%	10.4%	1.9	NS	7,309	1,635
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	24.3%	9.0	***	6,518	1,619
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	31.3%	25.6	***	5,298	1,591
Male	6.0%	30.2%	24.2	***	4,562	1,252
Female	3.4%	35.1%	31.7	***	729	339
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	46.1%	21.3	***	5,282	1,593

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	47.9%	22.3	***	4,548	1,253
Female	19.7%	39.8%	20.2	***	727	340
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	77.1%	46.7	***	6,051	1,593
Male	31.4%	81.7%	50.3	***	5,236	1,253
Female	24.3%	61.1%	36.8	***	808	340
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	61.5%	33.9	***	6,098	1,593
Male	27.8%	64.4%	36.6	***	5,277	1,253
Female	26.1%	51.4%	25.3	***	814	340
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	18.6%	-1.3	NS	4,827	1,094
Women's Dietary Diversity Score (WDDS)	3.3	4.6	1.3	***	6,050	1,451
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	46.0%	-1.3	NS	7,849	2,718
Male	48.2%	45.0%	-3.2	NS	3,977	1,369
Female	46.4%	47.1%	0.7	NS	3,870	1,349
Prevalence of stunted children under 5 years of age (Total)	57.8%	59.9%	2.1	NS	7,688	2,691
Male	59.2%	61.8%	2.6	NS	3,907	1,356
Female	56.3%	57.8%	1.5	NS	3,781	1,335
Prevalence of wasted children under 5 years of age (Total)	17.4%	12.7%	-4.7	***	7,849	2,709
Male	19.1%	14.3%	-4.8	**	3,977	1,363
Female	15.5%	11.0%	-4.6	**	3,870	1,346
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	20.8%	6.4	***	10,424	2,754
Male	15.3%	20.7%	5.5	*	5,294	1,388
Female	13.5%	21.0%	7.5	***	5,116	1,366
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	79.4%	1.0	NS	1,524	518
Male	78.4%	80.0%	1.7	NS	824	270
Female	78.3%	78.8%	0.4	NS	699	248
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	56.0%	13.3	*	1,055	270
Male	41.8%	50.0%	8.1	NS	543	135
Female	43.5%	64.6%	21.1	*	512	135
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	22.2%	14.0	***	2,774	685
Male	8.2%	22.1%	13.9	**	1,438	357
Female	8.2%	22.2%	14.0	***	1,334	328

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	10.1%	2.0	NS	7,260	1,640
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	24.5%	14.1	***	6,098	1,593
Male	10.3%	27.7%	17.4	***	5,277	1,253
Female	10.7%	13.6%	2.9	NS	814	340
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	69.0%	16.9	***	1,909	776
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	81.8%	15.3	***	4,375	1,326
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	85.1%	3.8	NS	4,723	1,583

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)

LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	575
Prevalence of households with moderate or severe hunger (HHS)	42.5%	28.2%	-14.3	***	2,428	679
Male and female adults	42.9%	28.3%	-14.6	***	2,275	634
Adult female, no adult male	42.1%	NA	NA	NA	75	25
Adult male, no adult female	30.5%	NA	NA	NA	78	19
Child, no adults	NA	NA	NA	NA	1	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.25	$0.19	**	2,413	679
Male and female adults	$1.05	$1.24	$0.19	**	2,259	634
Adult female, no adult male	$1.10	NA	NA	NA	75	25
Adult male, no adult female	$1.95	NA	NA	NA	79	19
Child, no adults	NA	NA	NA	NA	1	2
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	66.7%	-9.1	*	2,413	679
Male and female adults	76.2%	67.1%	-9.1	*	2,259	634
Adult female, no adult male	76.0%	NA	NA	NA	75	25
Adult male, no adult female	42.1%	NA	NA	NA	79	19
Child, no adults	NA	NA	NA	NA	1	2
Mean depth of poverty	35.8	27.7	-8.1	**	2,413	679
Male and female adults	36.1	28.0	-8.1	**	2,259	634
Adult female, no adult male	34.8	NA	NA	NA	75	25
Adult male, no adult female	11.6	NA	NA	NA	79	19
Child, no adults	NA	NA	NA	NA	1	2
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	670
Percentage of households using improved sanitation facilities	10.5%	17.7%	7.2	*	2,439	676
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	10.9%	0.9	NS	2,212	665
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	32.9%	24.2	***	1,797	670
Male	9.4%	33.9%	24.5	***	1,539	542
Female	5.3%	29.1%	23.9	***	256	128
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	29.8%	9.9	*	1,794	672

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	20.0%	33.1%	13.1	**	1,536	543
Female	18.5%	16.8%	-1.7	NS	256	129
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	61.9%	38.4	***	2,212	672
Male	24.8%	64.1%	39.3	***	1,902	543
Female	17.8%	53.6%	35.8	***	308	129
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	60.1%	32.9	***	2,236	672
Male	28.5%	59.5%	31.0	***	1,923	543
Female	20.7%	62.1%	41.4	***	311	129
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	16.6%	-0.6	NS	1,735	481
Women's Dietary Diversity Score (WDDS)	2.9	4.1	1.3	***	2,162	620
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	39.5%	-7.3	***	3,105	1,263
Male	47.6%	40.5%	-7.1	*	1,582	631
Female	46.0%	38.4%	-7.6	*	1,523	632
Prevalence of stunted children under 5 years of age (Total)	57.6%	51.8%	-5.8	*	3,029	1,249
Male	58.6%	55.1%	-3.5	NS	1,543	624
Female	56.5%	48.4%	-8.0	*	1,486	625
Prevalence of wasted children under 5 years of age (Total)	16.7%	12.3%	-4.4	***	3,105	1,261
Male	18.8%	14.3%	-4.5	**	1,582	632
Female	14.5%	10.3%	-4.2	*	1,523	629
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	17.2%	2.3	NS	4,194	1,278
Male	16.2%	17.8%	1.7	NS	2,148	641
Female	13.5%	16.5%	3.0	NS	2,044	637
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	69.1%	-7.8	NS	651	208
Male	77.6%	68.9%	-8.6	NS	363	105
Female	76.0%	69.3%	-6.7	NS	287	103
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	63.9%	19.8	**	420	133
Male	42.4%	62.9%	20.4	*	225	61
Female	45.9%	64.8%	18.9	*	195	72
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	13.0%	7.5	*	1,102	306
Male	4.4%	13.8%	9.4	*	579	166
Female	6.6%	11.9%	5.3	NS	522	140

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.9%	6.7	**	2,441	678
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	38.8%	25.3	***	2,236	672
Male	14.4%	39.1%	24.8	***	1,923	543
Female	9.6%	37.6%	28.0	***	311	129
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	73.9%	8.0	*	649	336
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	77.3%	0.6	NS	1,610	563
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	83.1%	-1.7	NS	1,840	654

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	5.1	1.5	***	2,133	238
Prevalence of households with moderate or severe hunger (HHS)	25.0%	17.4%	-7.6	*	2,398	255
Male and female adults	25.1%	17.5%	-7.6	†	2,139	221
Adult female, no adult male	33.5%	NA	NA	NA	127	19
Adult male, no adult female	15.4%	NA	NA	NA	129	15
Child, no adults	NA	NA	NA	NA	3	14
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.56	$0.19	†	2,382	255
Male and female adults	$1.35	$1.56	$0.21	*	2,125	221
Adult female, no adult male	$1.39	NA	NA	NA	127	19
Adult male, no adult female	$2.36	NA	NA	NA	128	15
Child, no adults	NA	NA	NA	NA	2	14
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	49.9%	-12.6	*	2,382	255
Male and female adults	63.6%	48.9%	-14.7	*	2,125	221
Adult female, no adult male	57.9%	NA	NA	NA	127	19
Adult male, no adult female	21.3%	NA	NA	NA	128	15
Child, no adults	NA	NA	NA	NA	2	14
Mean depth of poverty	23.3	16.1	-7.2	**	2,382	255
Male and female adults	23.6	15.7	-7.9	**	2,125	221
Adult female, no adult male	26.7	NA	NA	NA	127	19
Adult male, no adult female	5.5	NA	NA	NA	128	15
Child, no adults	NA	NA	NA	NA	2	14
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	255
Percentage of households using improved sanitation facilities	5.5%	5.5%	0.0	NS	2,453	255
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	24.0%	8.9	†	2,300	251
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	33.6%	30.0	***	1,883	230
Male	3.8%	30.6%	26.8	***	1,660	183
Female	2.0%	43.5%	41.5	***	222	47
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	55.0%	26.1	***	1,880	230

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	56.2%	26.4	***	1,657	183
Female	21.8%	51.2%	29.4	**	222	47
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	80.0%	46.3	***	2,071	230
Male	35.1%	85.5%	50.3	***	1,833	183
Female	23.2%	62.4%	39.1	***	237	47
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	62.6%	37.6	***	2,083	230
Male	25.3%	66.3%	41.0	***	1,844	183
Female	22.5%	50.4%	28.0	**	238	47
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	19.3%	-0.9	NS	1,621	173
Women's Dietary Diversity Score (WDDS)	3.4	4.6	1.2	***	2,018	228
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	51.3%	2.4	NS	2,482	421
Male	50.4%	48.7%	-1.7	NS	1,242	221
Female	47.3%	54.1%	6.8	NS	1,239	200
Prevalence of stunted children under 5 years of age (Total)	59.5%	66.2%	6.7	†	2,445	417
Male	61.5%	67.3%	5.8	NS	1,231	220
Female	57.5%	65.0%	7.5	NS	1,214	197
Prevalence of wasted children under 5 years of age (Total)	17.8%	13.5%	-4.4	*	2,482	417
Male	19.6%	15.4%	-4.2	NS	1,242	216
Female	15.8%	11.3%	-4.5	NS	1,239	201
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	21.6%	7.5	*	3,140	436
Male	15.1%	20.8%	5.6	NS	1,584	226
Female	12.5%	22.4%	9.9	*	1,553	210
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	82.9%	2.6	NS	416	97
Male	80.8%	84.2%	3.4	NS	231	50
Female	79.5%	81.6%	2.0	NS	185	47
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	54.3%	10.0	NS	338	51
Male	44.1%	47.1%	3.0	NS	163	34
Female	44.5%		0.0	***	175	17
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	22.6%	13.0	*	887	110
Male	10.2%	23.7%	13.5	NS	457	52
Female	8.9%	21.7%	12.7	*	430	58

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	8.3%	-0.3	NS	2,443	255
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	16.0%	7.3	†	2,083	230
Male	8.6%	19.8%	11.3	*	1,844	183
Female	10.0%	3.8%	-6.2	NS	238	47
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	68.1%	20.2	**	605	130
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	82.4%	16.0	**	1,483	211
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	84.2%	2.1	NS	1,642	246

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.8	1.9	***	1,950	636
Prevalence of households with moderate or severe hunger (HHS)	21.8%	26.6%	4.8	NS	2,144	707
Male and female adults	21.0%	27.1%	6.2	NS	1,923	629
Adult female, no adult male	32.0%	32.9%	0.9	NS	150	40
Adult male, no adult female	12.7%	12.7%	0.1	NS	69	37
Child, no adults	NA	NA	NA	NA	2	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.52	-$0.12	NS	2,065	707
Male and female adults	$1.63	$1.49	-$0.13	NS	1,851	629
Adult female, no adult male	$1.67	$1.57	-$0.10	NS	143	40
Adult male, no adult female	$2.76	$2.85	$0.09	NS	70	37
Child, no adults	NA	NA	NA	NA	1	1
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	54.2%	6.9	NS	2,065	707
Male and female adults	48.0%	55.5%	7.5	NS	1,851	629
Adult female, no adult male	42.9%	42.3%	-0.6	NS	143	40
Adult male, no adult female	12.9%	14.0%	1.1	NS	70	37
Child, no adults	NA	NA	NA	NA	1	1
Mean depth of poverty	16.1	18.9	2.8	NS	2,065	707
Male and female adults	16.2	19.5	3.3	NS	1,851	629
Adult female, no adult male	16.7	13.1	-3.6	NS	143	40
Adult male, no adult female	5.6	2.9	-2.7	NS	70	37
Child, no adults	NA	NA	NA	NA	1	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	706
Percentage of households using improved sanitation facilities	13.2%	15.7%	2.5	NS	2,417	704
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	36.6%	13.9	***	2,006	703
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	24.8%	18.5	***	1,618	691
Male	6.9%	26.0%	19.1	***	1,363	527
Female	3.2%	20.3%	17.1	***	251	164
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	41.0%	19.4	***	1,608	691

Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)

SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	43.4%	21.1	***	1,355	527
Female	18.1%	32.1%	14.0	**	249	164
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	83.9%	51.8	***	1,768	691
Male	31.6%	89.4%	57.8	***	1,501	527
Female	33.9%	64.1%	30.2	***	263	164
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	60.4%	26.3	***	1,779	691
Male	33.1%	64.7%	31.6	***	1,510	527
Female	38.2%	45.0%	6.8	NS	265	164
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.7%	-4.9	†	1,471	440
Women's Dietary Diversity Score (WDDS)	3.6	4.9	1.3	***	1,870	603
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	39.1%	-5.1	*	2,262	1,034
Male	43.6%	39.5%	-4.1	NS	1,153	517
Female	44.9%	38.7%	-6.1	*	1,108	517
Prevalence of stunted children under 5 years of age (Total)	53.8%	51.9%	-1.9	NS	2,214	1,025
Male	54.5%	53.9%	-0.6	NS	1,133	512
Female	53.2%	49.9%	-3.3	NS	1,081	513
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.0%	-6.3	***	2,262	1,031
Male	18.4%	11.3%	-7.1	**	1,153	515
Female	16.2%	10.7%	-5.4	**	1,108	516
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	22.8%	8.0	***	3,090	1,040
Male	14.1%	23.5%	9.4	***	1,562	521
Female	15.4%	22.0%	6.5	*	1,519	519
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	78.8%	2.2	NS	457	213
Male	73.7%	78.9%	5.2	NS	230	115
Female	79.3%	78.8%	-0.5	NS	227	98
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	53.1%	17.0	†	297	86
Male	34.7%	49.6%	14.9	NS	155	40
Female	37.3%	55.6%	18.3	†	142	46
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	30.3%	21.2	***	785	269
Male	9.5%	27.1%	17.6	**	402	139
Female	8.7%	33.8%	25.1	***	382	130

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6d. Change from Baseline to Endline for Direct Beneficiaries (AGRICULTURE)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	10.2%	3.6	NS	2,376	707
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	30.2%	20.4	***	1,779	691
Male	8.8%	33.9%	25.1	***	1,510	527
Female	13.0%	16.9%	3.9	NS	265	164
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	67.3%	26.3	***	655	310
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	84.4%	31.5	***	1,282	552
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	89.1%	15.9	***	1,241	683

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	5.3	1.9	***	6,123	1,037
Prevalence of households with moderate or severe hunger (HHS)	29.1%	20.1%	-9.1	**	6,970	1,177
Male and female adults	29.3%	20.4%	-8.9	**	6,337	1,052
Adult female, no adult male	34.2%	18.3%	-16.0	*	352	75
Adult male, no adult female	18.0%	15.5%	-2.5	NS	276	49
Child, no adults	NA	NA	NA	NA	5	1
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.49	$0.17	**	6,860	1,177
Male and female adults	$1.31	$1.48	$0.18	**	6,235	1,052
Adult female, no adult male	$1.43	$1.56	$0.13	NS	345	75
Adult male, no adult female	$2.33	$1.84	-$0.50	*	277	49
Child, no adults	NA	NA	NA	NA	3	1
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	52.0%	-11.7	***	6,860	1,177
Male and female adults	64.6%	51.9%	-12.7	***	6,235	1,052
Adult female, no adult male	56.3%	53.6%	-2.6	NS	345	75
Adult male, no adult female	24.4%	53.8%	29.4	*	277	49
Child, no adults	NA	NA	NA	NA	3	1
Mean depth of poverty	25.8	17.8	-8.0	***	6,860	1,177
Male and female adults	26.2	17.9	-8.3	***	6,235	1,052
Adult female, no adult male	24.8	16.9	-7.8	*	345	75
Adult male, no adult female	6.8	13.0	6.2	†	277	49
Child, no adults	NA	NA	NA	NA	3	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	1,173
Percentage of households using improved sanitation facilities	8.6%	10.0%	1.4	NS	7,309	1,174
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	25.3%	10.0	***	6,518	1,163
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	30.8%	25.1	***	5,298	1,138
Male	6.0%	31.4%	25.4	***	4,562	866
Female	3.4%	28.5%	25.1	***	729	272
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	52.4%	27.7	***	5,282	1,138

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	55.5%	29.9	***	4,548	866
Female	19.7%	41.8%	22.1	***	727	272
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	76.6%	46.3	***	6,051	1,138
Male	31.4%	81.3%	49.9	***	5,236	866
Female	24.3%	60.2%	36.0	***	808	272
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	61.5%	33.9	***	6,098	1,138
Male	27.8%	63.9%	36.1	***	5,277	866
Female	26.1%	53.4%	27.2	***	814	272
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	20.5%	0.6	NS	4,827	795
Women's Dietary Diversity Score (WDDS)	3.3	4.7	1.4	***	6,050	1,048
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	43.3%	-4.0	*	7,849	2,007
Male	48.2%	42.2%	-6.0	*	3,977	1,027
Female	46.4%	44.6%	-1.7	NS	3,870	980
Prevalence of stunted children under 5 years of age (Total)	57.8%	57.7%	-0.1	NS	7,688	1,987
Male	59.2%	59.9%	0.7	NS	3,907	1,017
Female	56.3%	55.1%	-1.2	NS	3,781	970
Prevalence of wasted children under 5 years of age (Total)	17.4%	11.5%	-5.8	***	7,849	1,995
Male	19.1%	13.1%	-6.0	***	3,977	1,016
Female	15.5%	9.7%	-5.8	***	3,870	979
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	21.0%	6.5	**	10,424	2,032
Male	15.3%	21.6%	6.3	*	5,294	1,045
Female	13.5%	20.2%	6.8	**	5,116	987
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	82.3%	3.9	NS	1,524	391
Male	78.4%	83.5%	5.1	NS	824	209
Female	78.3%	80.9%	2.5	NS	699	182
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	46.4%	3.8	NS	1,055	199
Male	41.8%	43.5%	1.7	NS	543	101
Female	43.5%	51.9%	8.4	NS	512	98
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	25.9%	17.7	***	2,774	505
Male	8.2%	24.1%	15.9	**	1,438	272
Female	8.2%	27.9%	19.7	***	1,334	233

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	9.3%	1.3	NS	7,260	1,177
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	26.1%	15.7	***	6,098	1,137
Male	10.3%	29.3%	19.0	***	5,277	866
Female	10.7%	14.9%	4.2	NS	814	271
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	70.0%	17.9	***	1,909	548
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	78.6%	12.1	**	4,375	931
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.9%	2.6	NS	4,723	1,129

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.4	1.6	***	2,040	391
Prevalence of households with moderate or severe hunger (HHS)	42.5%	30.5%	-11.9	**	2,428	464
Male and female adults	42.9%	31.3%	-11.6	**	2,275	425
Adult female, no adult male	42.1%	NA	NA	NA	75	24
Adult male, no adult female	30.5%	NA	NA	NA	78	14
Child, no adults	NA	NA	NA	NA	1	2
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.30	$0.24	***	2,413	464
Male and female adults	$1.05	$1.28	$0.24	**	2,259	425
Adult female, no adult male	$1.10	NA	NA	NA	75	24
Adult male, no adult female	$1.95	NA	NA	NA	79	14
Child, no adults	NA	NA	NA	NA	1	2
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	62.5%	-13.4	***	2,413	464
Male and female adults	76.2%	63.2%	-13.0	***	2,259	425
Adult female, no adult male	76.0%	NA	NA	NA	75	24
Adult male, no adult female	42.1%	NA	NA	NA	79	14
Child, no adults	NA	NA	NA	NA	1	2
Mean depth of poverty	35.8	24.3	-11.5	***	2,413	464
Male and female adults	36.1	24.8	-11.3	***	2,259	425
Adult female, no adult male	34.8	NA	NA	NA	75	24
Adult male, no adult female	11.6	NA	NA	NA	79	14
Child, no adults	NA	NA	NA	NA	1	2
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	461
Percentage of households using improved sanitation facilities	10.5%	18.0%	7.5	*	2,439	462
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	13.6%	3.6	NS	2,212	459
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	31.8%	23.1	***	1,797	459
Male	9.4%	32.1%	22.7	***	1,539	347
Female	5.3%	30.9%	25.6	***	256	112
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	30.5%	10.7	*	1,794	459

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	35.6%	15.6	**	1,536	347
Female	18.5%	16.6%	-1.9	NS	256	112
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	63.9%	40.3	***	2,212	459
Male	24.8%	67.5%	42.7	***	1,902	347
Female	17.8%	54.0%	36.1	***	308	112
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	58.4%	31.2	***	2,236	459
Male	28.5%	59.0%	30.5	***	1,923	347
Female	20.7%	56.6%	35.9	***	311	112
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	15.9%	-1.3	NS	1,735	321
Women's Dietary Diversity Score (WDDS)	2.9	4.2	1.4	***	2,162	426
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.7%	-9.1	***	3,105	881
Male	47.6%	37.8%	-9.8	**	1,582	445
Female	46.0%	37.7%	-8.3	**	1,523	436
Prevalence of stunted children under 5 years of age (Total)	57.6%	50.6%	-7.0	**	3,029	873
Male	58.6%	52.6%	-6.0	†	1,543	440
Female	56.5%	48.5%	-8.0	**	1,486	433
Prevalence of wasted children under 5 years of age (Total)	16.7%	12.2%	-4.5	***	3,105	877
Male	18.8%	14.0%	-4.8	**	1,582	441
Female	14.5%	10.5%	-4.1	*	1,523	436
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	17.8%	2.9	NS	4,194	892
Male	16.2%	19.0%	2.8	NS	2,148	454
Female	13.5%	16.6%	3.1	NS	2,044	438
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	76.8%	-0.2	NS	651	150
Male	77.6%	73.1%	-4.4	NS	363	78
Female	76.0%	81.0%	5.1	NS	287	72
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	56.0%	11.9	†	420	88
Male	42.4%	56.3%	13.8	NS	225	33
Female	45.9%	55.8%	9.8	NS	195	55
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	13.8%	8.4	*	1,102	219
Male	4.4%	13.4%	9.0	*	579	123
Female	6.6%	14.3%	7.7	NS	522	96

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	17.0%	8.8	**	2,441	464
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	42.5%	28.9	***	2,236	459
Male	14.4%	43.4%	29.0	***	1,923	347
Female	9.6%	39.8%	30.2	***	311	112
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.5%	5.6	NS	649	223
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	84.8%	8.1	*	1,610	366
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	90.9%	6.0	*	1,840	448

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	5.5	1.9	***	2,133	208
Prevalence of households with moderate or severe hunger (HHS)	25.0%	14.1%	-10.9	**	2,398	228
Male and female adults	25.1%	14.3%	-10.7	*	2,139	199
Adult female, no adult male	33.5%	NA	NA	NA	127	18
Adult male, no adult female	15.4%	NA	NA	NA	129	11
Child, no adults	NA	NA	NA	NA	3	14
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.57	$0.20	*	2,382	228
Male and female adults	$1.35	$1.58	$0.23	*	2,125	199
Adult female, no adult male	$1.39	NA	NA	NA	127	18
Adult male, no adult female	$2.36	NA	NA	NA	128	11
Child, no adults	NA	NA	NA	NA	2	14
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	46.6%	-16.0	**	2,382	228
Male and female adults	63.6%	45.8%	-17.8	**	2,125	199
Adult female, no adult male	57.9%	NA	NA	NA	127	18
Adult male, no adult female	21.3%	NA	NA	NA	128	11
Child, no adults	NA	NA	NA	NA	2	14
Mean depth of poverty	23.3	14.4	-8.8	***	2,382	228
Male and female adults	23.6	14.2	-9.3	***	2,125	199
Adult female, no adult male	26.7	NA	NA	NA	127	18
Adult male, no adult female	5.5	NA	NA	NA	128	11
Child, no adults	NA	NA	NA	NA	2	14
WASH INDICATORS						
Percentage of households using an improved source of drinking water	3.3%	40.3%	NA	NA	2,457	228
Percentage of households using improved sanitation facilities	5.5%	5.8%	0.3	NS	2,453	228
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	27.2%	12.1	**	2,300	223
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	30.8%	27.2	***	1,883	205
Male	3.8%	31.2%	27.3	***	1,660	165
Female	2.0%	29.5%	27.5	**	222	40
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	62.4%	33.5	***	1,880	205

Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)

PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	63.9%	34.1	***	1,657	165
Female	21.8%	56.8%	35.0	***	222	40
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	77.6%	44.0	***	2,071	205
Male	35.1%	82.1%	46.9	***	1,833	165
Female	23.2%	61.1%	37.9	***	237	40
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	62.4%	37.4	***	2,083	205
Male	25.3%	64.8%	39.5	***	1,844	165
Female	22.5%	53.4%	30.9	***	238	40
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	22.6%	2.3	NS	1,621	160
Women's Dietary Diversity Score (WDDS)	3.4	4.7	1.3	***	2,018	202
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	46.1%	-2.8	NS	2,482	376
Male	50.4%	43.4%	-7.0	†	1,242	205
Female	47.3%	49.4%	2.1	NS	1,239	171
Prevalence of stunted children under 5 years of age (Total)	59.5%	61.9%	2.3	NS	2,445	373
Male	61.5%	63.8%	2.3	NS	1,231	205
Female	57.5%	59.5%	2.0	NS	1,214	168
Prevalence of wasted children under 5 years of age (Total)	17.8%	11.6%	-6.2	**	2,482	372
Male	19.6%	13.4%	-6.2	*	1,242	201
Female	15.8%	9.5%	-6.4	*	1,239	171
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	21.3%	7.3	*	3,140	387
Male	15.1%	22.0%	6.9	†	1,584	212
Female	12.5%	20.3%	7.8	†	1,553	175
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	86.1%	5.8	NS	416	84
Male	80.8%	87.5%	6.7	NS	231	49
Female	79.5%	84.2%	4.7	NS	185	35
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	42.5%	-1.8	NS	338	50
Male	44.1%	40.1%	-4.0	NS	163	36
Female	44.5%		0.0	***	175	14
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	28.5%	18.9	**	887	85
Male	10.2%	26.7%	16.4	†	457	45
Female	8.9%	30.5%	21.6	*	430	40

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.6%	-2.0	NS	2,443	228
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	18.0%	9.2	*	2,083	205
Male	8.6%	22.3%	13.8	**	1,844	165
Female	10.0%	1.7%	-8.2	*	238	40
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	70.2%	22.3	**	605	110
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	76.7%	10.3	†	1,483	191
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	80.5%	-1.6	NS	1,642	216

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.4	1.5	***	1,950	438
Prevalence of households with moderate or severe hunger (HHS)	21.8%	28.9%	7.1	†	2,144	485
Male and female adults	21.0%	28.6%	7.6	†	1,923	428
Adult female, no adult male	32.0%	45.2%	13.2	NS	150	33
Adult male, no adult female	12.7%	NA	NA	NA	69	24
Child, no adults	NA	NA	NA	NA	2	6
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.45	-$0.20	*	2,065	485
Male and female adults	$1.63	$1.42	-$0.21	*	1,851	428
Adult female, no adult male	$1.67	$1.58	-$0.09	NS	143	33
Adult male, no adult female	$2.76	NA	NA	NA	70	24
Child, no adults	NA	NA	NA	NA	1	6
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	58.0%	10.7	†	2,065	485
Male and female adults	48.0%	58.7%	10.7	†	1,851	428
Adult female, no adult male	42.9%	56.8%	13.9	NS	143	33
Adult male, no adult female	12.9%	NA	NA	NA	70	24
Child, no adults	NA	NA	NA	NA	1	6
Mean depth of poverty	16.1	21.2	5.1	†	2,065	485
Male and female adults	16.2	21.6	5.4	†	1,851	428
Adult female, no adult male	16.7	17.6	0.9	NS	143	33
Adult male, no adult female	5.6	NA	NA	NA	70	24
Child, no adults	NA	NA	NA	NA	1	6
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	484
Percentage of households using improved sanitation facilities	13.2%	15.7%	2.5	NS	2,417	484
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	29.6%	6.9	†	2,006	481
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	29.7%	23.5	***	1,618	474
Male	6.9%	31.5%	24.6	***	1,363	354
Female	3.2%	23.6%	20.3	***	251	120
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	44.0%	22.4	***	1,608	474

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	48.3%	26.0	***	1,355	354
Female	18.1%	29.0%	10.9	*	249	120
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	84.8%	52.7	***	1,768	474
Male	31.6%	90.7%	59.1	***	1,501	354
Female	33.9%	64.3%	30.4	**	263	120
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	61.9%	27.7	***	1,779	474
Male	33.1%	65.3%	32.2	***	1,510	354
Female	38.2%	50.1%	11.9	NS	265	120
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	17.8%	-5.8	†	1,471	314
Women's Dietary Diversity Score (WDDS)	3.6	4.8	1.2	***	1,870	420
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	40.2%	-4.1	NS	2,262	750
Male	43.6%	42.1%	-1.5	NS	1,153	377
Female	44.9%	38.1%	-6.7	*	1,108	373
Prevalence of stunted children under 5 years of age (Total)	53.8%	51.5%	-2.3	NS	2,214	741
Male	54.5%	53.7%	-0.8	NS	1,133	372
Female	53.2%	49.2%	-4.0	NS	1,081	369
Prevalence of wasted children under 5 years of age (Total)	17.3%	10.6%	-6.7	***	2,262	746
Male	18.4%	11.5%	-6.9	*	1,153	374
Female	16.2%	9.6%	-6.6	**	1,108	372
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	23.1%	8.4	**	3,090	753
Male	14.1%	22.6%	8.6	**	1,562	379
Female	15.4%	23.7%	8.3	†	1,519	374
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	75.5%	-1.1	NS	457	157
Male	73.7%	78.6%	4.9	NS	230	82
Female	79.3%	72.4%	-6.9	NS	227	75
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	55.6%	19.6	*	297	61
Male	34.7%	57.2%	22.5	*	155	32
Female	37.3%		0.0	***	142	29
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	30.3%	21.2	***	785	201
Male	9.5%	28.1%	18.6	**	402	104
Female	8.7%	32.8%	24.1	***	382	97

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.6e. Change from Baseline to Endline for Direct Beneficiaries (OTHER)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	10.9%	4.3	†	2,376	485
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	34.0%	24.3	***	1,779	473
Male	8.8%	37.1%	28.3	***	1,510	354
Female	13.0%	23.3%	10.3	NS	265	119
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	68.3%	27.3	***	655	215
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	79.5%	26.5	***	1,282	374
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	87.8%	14.5	***	1,241	465

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.5	1.1	***	6,123	2,344
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.2%	-6.9	**	6,970	2,654
Male and female adults	29.3%	21.5%	-7.8	**	6,337	2,170
Adult female, no adult male	34.2%	31.3%	-3.0	NS	352	264
Adult male, no adult female	18.0%	11.8%	-6.2	NS	276	204
Child, no adults	NA	NA	NA	NA	5	16
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.36	$0.03	NS	6,860	2,654
Male and female adults	$1.31	$1.35	$0.04	NS	6,235	2,170
Adult female, no adult male	$1.43	$1.25	-$0.18	NS	345	264
Adult male, no adult female	$2.33	$2.08	-$0.25	NS	277	204
Child, no adults	NA	NA	NA	NA	3	16
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	60.5%	-3.2	NS	6,860	2,654
Male and female adults	64.6%	61.0%	-3.6	NS	6,235	2,170
Adult female, no adult male	56.3%	64.9%	8.7	NS	345	264
Adult male, no adult female	24.4%	31.7%	7.3	NS	277	204
Child, no adults	NA	NA	NA	NA	3	16
Mean depth of poverty	25.8	22.3	-3.5	†	6,860	2,654
Male and female adults	26.2	22.2	-3.9	*	6,235	2,170
Adult female, no adult male	24.8	27.9	3.2	NS	345	264
Adult male, no adult female	6.8	7.8	1.0	NS	277	204
Child, no adults	NA	NA	NA	NA	3	16
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	2,642
Percentage of households using improved sanitation facilities	8.6%	8.6%	0.0	NS	7,309	2,653
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	17.1%	1.8	NS	6,518	2,609
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	14.0%	8.4	***	5,298	2,393
Male	6.0%	14.9%	8.9	***	4,562	1,811
Female	3.4%	11.7%	8.3	***	729	582
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	39.2%	14.5	***	5,282	2,402

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	39.6%	14.0	***	4,548	1,817
Female	19.7%	38.4%	18.8	***	727	585
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	61.7%	31.3	***	6,051	2,402
Male	31.4%	67.9%	36.5	***	5,236	1,817
Female	24.3%	46.4%	22.1	***	808	585
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	45.2%	17.6	***	6,098	2,402
Male	27.8%	51.0%	23.1	***	5,277	1,817
Female	26.1%	31.0%	4.9	NS	814	585
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	21.2%	1.3	NS	4,827	1,642
Women's Dietary Diversity Score (WDDS)	3.3	4.0	0.8	***	6,050	2,226
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	41.6%	-5.7	**	7,849	3,718
Male	48.2%	43.6%	-4.5	*	3,977	1,876
Female	46.4%	39.5%	-6.8	**	3,870	1,842
Prevalence of stunted children under 5 years of age (Total)	57.8%	52.4%	-5.4	**	7,688	3,670
Male	59.2%	54.9%	-4.3	†	3,907	1,853
Female	56.3%	49.9%	-6.4	**	3,781	1,817
Prevalence of wasted children under 5 years of age (Total)	17.4%	14.2%	-3.2	**	7,849	3,708
Male	19.1%	17.5%	-1.6	NS	3,977	1,881
Female	15.5%	10.9%	-4.6	**	3,870	1,827
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	27.4%	13.0	***	10,424	3,796
Male	15.3%	30.3%	15.1	***	5,294	1,925
Female	13.5%	24.5%	11.1	***	5,116	1,871
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	73.3%	-5.1	NS	1,524	913
Male	78.4%	73.6%	-4.8	NS	824	490
Female	78.3%	73.0%	-5.4	NS	699	423
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	34.0%	-8.7	*	1,055	386
Male	41.8%	30.9%	-10.9	*	543	191
Female	43.5%	37.3%	-6.2	NS	512	195
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	15.1%	6.9	**	2,774	1,035
Male	8.2%	11.0%	2.8	NS	1,438	510
Female	8.2%	18.8%	10.7	***	1,334	525

Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)

All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	7.8%	-0.2	NS	7,260	2,646
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	21.5%	11.1	***	6,098	2,401
Male	10.3%	25.7%	15.4	***	5,277	1,816
Female	10.7%	11.4%	0.7	NS	814	585
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	61.0%	8.8	*	1,909	1,185
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	78.3%	11.8	***	4,375	1,981
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.0%	1.7	NS	4,723	2,500

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)

LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.2	1.4	***	2,040	514
Prevalence of households with moderate or severe hunger (HHS)	42.5%	19.1%	-23.4	***	2,428	654
Male and female adults	42.9%	19.1%	-23.8	***	2,275	578
Adult female, no adult male	42.1%	NA	NA	NA	75	25
Adult male, no adult female	30.5%	15.3%	-15.2	†	78	51
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.23	$0.17	**	2,413	654
Male and female adults	$1.05	$1.21	$0.16	*	2,259	578
Adult female, no adult male	$1.10	NA	NA	NA	75	25
Adult male, no adult female	$1.95	$1.75	-$0.20	NS	79	51
Child, no adults	NA	NA	NA	NA	3	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	64.3%	-11.6	**	2,413	654
Male and female adults	76.2%	64.9%	-11.3	**	2,259	578
Adult female, no adult male	76.0%	NA	NA	NA	75	25
Adult male, no adult female	42.1%	50.9%	8.8	NS	79	51
Child, no adults	NA	NA	NA	NA	3	
Mean depth of poverty	35.8	28.4	-7.4	**	2,413	654
Male and female adults	36.1	28.6	-7.5	**	2,259	578
Adult female, no adult male	34.8	NA	NA	NA	75	25
Adult male, no adult female	11.6	21.2	9.6	*	79	51
Child, no adults	NA	NA	NA	NA	3	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	650
Percentage of households using improved sanitation facilities	10.5%	22.5%	12.0	***	2,439	654
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	14.8%	4.8	NS	2,212	632
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	19.3%	10.6	**	1,797	609
Male	9.4%	19.6%	10.3	**	1,539	508
Female	5.3%	17.8%	12.5	**	256	101
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	35.5%	15.6	***	1,794	613

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	35.6%	15.6	**	1,536	511
Female	18.5%	34.8%	16.3	*	256	102
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	55.0%	31.4	***	2,212	613
Male	24.8%	56.2%	31.4	***	1,902	511
Female	17.8%	49.5%	31.6	***	308	102
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	55.0%	27.9	***	2,236	613
Male	28.5%	57.8%	29.2	***	1,923	511
Female	20.7%	43.0%	22.3	***	311	102
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.0%	-0.1	NS	1,735	410
Women's Dietary Diversity Score (WDDS)	2.9	3.8	0.9	***	2,162	567
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	36.3%	-10.5	***	3,105	945
Male	47.6%	39.4%	-8.2	*	1,582	490
Female	46.0%	33.1%	-12.9	***	1,523	455
Prevalence of stunted children under 5 years of age (Total)	57.6%	49.9%	-7.7	**	3,029	938
Male	58.6%	53.9%	-4.7	NS	1,543	487
Female	56.5%	45.6%	-10.9	**	1,486	451
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.8%	-4.9	**	3,105	943
Male	18.8%	13.1%	-5.6	**	1,582	492
Female	14.5%	10.5%	-4.1	†	1,523	451
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	18.8%	3.9	NS	4,194	930
Male	16.2%	19.7%	3.5	NS	2,148	488
Female	13.5%	17.8%	4.4	NS	2,044	442
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	70.8%	-6.1	NS	651	172
Male	77.6%	76.3%	-1.3	NS	363	95
Female	76.0%	64.1%	-11.9	NS	287	77
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	50.9%	6.8	NS	420	112
Male	42.4%	44.9%	2.5	NS	225	53
Female	45.9%	56.1%	10.2	NS	195	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.9%	7.5	*	1,102	242
Male	4.4%	13.1%	8.7	†	579	125
Female	6.6%	12.7%	6.1	NS	522	117

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	16.2%	8.0	**	2,441	648
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	35.0%	21.4	***	2,236	613
Male	14.4%	36.0%	21.7	***	1,923	511
Female	9.6%	30.4%	20.7	***	311	102
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.1%	5.2	NS	649	273
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	82.2%	5.5	NS	1,610	533
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	88.0%	3.2	NS	1,840	612

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.4	0.8	***	2,133	1,162
Prevalence of households with moderate or severe hunger (HHS)	25.0%	22.1%	-2.8	NS	2,398	1,265
Male and female adults	25.1%	21.2%	-3.9	NS	2,139	1,010
Adult female, no adult male	33.5%	32.3%	-1.2	NS	127	159
Adult male, no adult female	15.4%	10.3%	-5.0	NS	129	84
Child, no adults	NA	NA	NA	NA	3	12
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.36	-$0.01	NS	2,382	1,265
Male and female adults	$1.35	$1.35	$0.00	NS	2,125	1,010
Adult female, no adult male	$1.39	$1.23	-$0.16	NS	127	159
Adult male, no adult female	$2.36	$2.10	-$0.26	NS	128	84
Child, no adults	NA	NA	NA	NA	2	12
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	60.8%	-1.8	NS	2,382	1,265
Male and female adults	63.6%	61.2%	-2.4	NS	2,125	1,010
Adult female, no adult male	57.9%	66.4%	8.5	NS	127	159
Adult male, no adult female	21.3%	29.9%	8.6	NS	128	84
Child, no adults	NA	NA	NA	NA	2	12
Mean depth of poverty	23.3	22.0	-1.3	NS	2,382	1,265
Male and female adults	23.6	21.8	-1.8	NS	2,125	1,010
Adult female, no adult male	26.7	28.6	1.9	NS	127	159
Adult male, no adult female	5.5	6.4	0.9	NS	128	84
Child, no adults	NA	NA	NA	NA	2	12
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	1,263
Percentage of households using improved sanitation facilities	5.5%	7.3%	1.8	NS	2,453	1,265
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	15.6%	0.6	NS	2,300	1,249
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	13.9%	10.3	***	1,883	1,119
Male	3.8%	15.0%	11.2	***	1,660	799
Female	2.0%	11.4%	9.4	***	222	320
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	39.7%	10.8	**	1,880	1,122

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	40.1%	10.2	*	1,657	801
Female	21.8%	38.9%	17.1	**	222	321
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	62.1%	28.4	***	2,071	1,122
Male	35.1%	69.1%	34.0	***	1,833	801
Female	23.2%	46.0%	22.8	***	237	321
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	43.5%	18.5	***	2,083	1,122
Male	25.3%	49.7%	24.4	***	1,844	801
Female	22.5%	29.4%	6.9	NS	238	321
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	21.6%	1.4	NS	1,621	806
Women's Dietary Diversity Score (WDDS)	3.4	4.0	0.6	***	2,018	1,068
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	42.2%	-6.7	**	2,482	1,829
Male	50.4%	44.1%	-6.3	*	1,242	920
Female	47.3%	40.2%	-7.0	*	1,239	909
Prevalence of stunted children under 5 years of age (Total)	59.5%	52.8%	-6.8	**	2,445	1,806
Male	61.5%	55.0%	-6.5	*	1,231	909
Female	57.5%	50.6%	-6.9	**	1,214	897
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.5%	-3.3	*	2,482	1,831
Male	19.6%	18.1%	-1.5	NS	1,242	927
Female	15.8%	10.9%	-4.9	*	1,239	904
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	28.4%	14.4	***	3,140	1,909
Male	15.1%	31.7%	16.6	***	1,584	959
Female	12.5%	25.2%	12.7	***	1,553	950
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	73.3%	-6.9	†	416	543
Male	80.8%	73.3%	-7.5	†	231	296
Female	79.5%	73.4%	-6.2	NS	185	247
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	32.2%	-12.1	*	338	199
Male	44.1%	28.7%	-15.4	*	163	106
Female	44.5%	36.0%	-8.5	NS	175	93
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	14.6%	5.0	†	887	532
Male	10.2%	10.0%	-0.2	NS	457	260
Female	8.9%	18.9%	9.9	*	430	272

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.8%	-1.9	NS	2,443	1,264
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	20.9%	12.2	***	2,083	1,121
Male	8.6%	25.5%	16.9	***	1,844	800
Female	10.0%	10.5%	0.5	NS	238	321
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	60.1%	12.3	*	605	595
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	78.8%	12.4	***	1,483	930
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	83.1%	1.0	NS	1,642	1,195

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)

SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.1	1.2	***	1,950	668
Prevalence of households with moderate or severe hunger (HHS)	21.8%	25.8%	4.0	NS	2,144	735
Male and female adults	21.0%	27.6%	6.6	†	1,923	582
Adult female, no adult male	32.0%	18.3%	-13.6	†	150	80
Adult male, no adult female	12.7%	19.9%	7.2	NS	69	69
Child, no adults	NA	NA	NA	NA	2	4
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.54	-$0.10	NS	2,065	735
Male and female adults	$1.63	$1.51	-$0.12	NS	1,851	582
Adult female, no adult male	$1.67	$1.54	-$0.13	NS	143	80
Adult male, no adult female	$2.76	$2.19	-$0.57	†	70	69
Child, no adults	NA	NA	NA	NA	1	4
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	53.7%	6.4	NS	2,065	735
Male and female adults	48.0%	55.4%	7.4	NS	1,851	582
Adult female, no adult male	42.9%	46.3%	3.4	NS	143	80
Adult male, no adult female	12.9%	31.8%	19.0	*	70	69
Child, no adults	NA	NA	NA	NA	1	4
Mean depth of poverty	16.1	20.2	4.1	NS	2,065	735
Male and female adults	16.2	20.9	4.6	†	1,851	582
Adult female, no adult male	16.7	18.4	1.7	NS	143	80
Adult male, no adult female	5.6	9.2	3.6	NS	70	69
Child, no adults	NA	NA	NA	NA	1	4
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	729
Percentage of households using improved sanitation facilities	13.2%	11.7%	-1.5	NS	2,417	734
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	34.8%	12.2	**	2,006	728
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	10.8%	4.6	*	1,618	665
Male	6.9%	10.5%	3.6	NS	1,363	504
Female	3.2%	12.1%	8.9	*	251	161
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	37.4%	15.9	***	1,608	667

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	22.3%	38.6%	16.2	**	1,355	505
Female	18.1%	33.6%	15.5	**	249	162
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	63.1%	31.0	***	1,768	667
Male	31.6%	66.9%	35.3	***	1,501	505
Female	33.9%	50.4%	16.5	†	263	162
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	54.2%	20.1	***	1,779	667
Male	33.1%	56.7%	23.6	***	1,510	505
Female	38.2%	45.9%	7.7	NS	265	162
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	19.3%	-4.3	NS	1,471	426
Women's Dietary Diversity Score (WDDS)	3.6	4.4	0.8	***	1,870	591
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.8%	-5.4	*	2,262	944
Male	43.6%	41.1%	-2.5	NS	1,153	466
Female	44.9%	36.7%	-8.1	*	1,108	478
Prevalence of stunted children under 5 years of age (Total)	53.8%	50.3%	-3.5	NS	2,214	926
Male	54.5%	55.5%	1.0	NS	1,133	457
Female	53.2%	45.5%	-7.7	*	1,081	469
Prevalence of wasted children under 5 years of age (Total)	17.3%	12.2%	-5.1	**	2,262	934
Male	18.4%	13.4%	-5.0	†	1,153	462
Female	16.2%	10.9%	-5.2	**	1,108	472
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	21.8%	7.0	**	3,090	957
Male	14.1%	22.4%	8.3	*	1,562	478
Female	15.4%	21.2%	5.8	*	1,519	479
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	74.5%	-2.1	NS	457	198
Male	73.7%	75.9%	2.2	NS	230	99
Female	79.3%	73.0%	-6.3	NS	227	99
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	43.1%	7.1	NS	297	75
Male	34.7%	54.8%	20.1	†	155	32
Female	37.3%	33.6%	-3.7	NS	142	43
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	22.8%	13.7	***	785	261
Male	9.5%	22.2%	12.8	*	402	125
Female	8.7%	23.2%	14.5	***	382	136

Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.7a. Change from Baseline to Endline for Indirect Beneficiaries (ANY BENEFIT)						
SAWKI						
	Indicator Values		**Raw Difference[1]**	**Significance**	**Number of observations**	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	12.8%	6.1	*	2,376	734
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	17.1%	7.3	**	1,779	667
Male	8.8%	19.0%	10.2	***	1,510	505
Female	13.0%	10.6%	-2.4	NS	265	162
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	63.7%	22.8	***	655	317
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	69.7%	16.8	***	1,282	518
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	78.0%	4.7	NS	1,241	693

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.5	1.1	***	6,123	2,874
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.4%	-6.7	**	6,970	3,248
Male and female adults	29.3%	21.9%	-7.4	**	6,337	2,674
Adult female, no adult male	34.2%	31.1%	-3.2	NS	352	312
Adult male, no adult female	18.0%	11.3%	-6.7	NS	276	242
Child, no adults	NA	NA	NA	NA	5	20
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.39	$0.07	NS	6,860	3,248
Male and female adults	$1.31	$1.38	$0.08	NS	6,235	2,674
Adult female, no adult male	$1.43	$1.25	-$0.18	NS	345	312
Adult male, no adult female	$2.33	$2.06	-$0.27	NS	277	242
Child, no adults	NA	NA	NA	NA	3	20
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	59.5%	-4.2	NS	6,860	3,248
Male and female adults	64.6%	59.8%	-4.8	NS	6,235	2,674
Adult female, no adult male	56.3%	65.3%	9.0	NS	345	312
Adult male, no adult female	24.4%	32.0%	7.6	NS	277	242
Child, no adults	NA	NA	NA	NA	3	20
Mean depth of poverty	25.8	21.8	-4.0	*	6,860	3,248
Male and female adults	26.2	21.7	-4.5	*	6,235	2,674
Adult female, no adult male	24.8	27.8	3.1	NS	345	312
Adult male, no adult female	6.8	8.0	1.2	NS	277	242
Child, no adults	NA	NA	NA	NA	3	20
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	3,236
Percentage of households using improved sanitation facilities	8.6%	8.8%	0.2	NS	7,309	3,246
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	18.0%	2.7	NS	6,518	3,191
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	15.9%	10.2	***	5,298	2,943
Male	6.0%	16.4%	10.4	***	4,562	2,219
Female	3.4%	14.5%	11.1	***	729	724
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	39.9%	15.2	***	5,282	2,954

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	25.6%	41.4%	15.9	***	4,548	2,226
Female	19.7%	36.2%	16.6	***	727	728
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	62.8%	32.5	***	6,051	2,954
Male	31.4%	69.7%	38.3	***	5,236	2,226
Female	24.3%	46.1%	21.8	***	808	728
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	46.3%	18.7	***	6,098	2,954
Male	27.8%	52.2%	24.4	***	5,277	2,226
Female	26.1%	32.0%	5.9	NS	814	728
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	21.4%	1.5	NS	4,827	2,028
Women's Dietary Diversity Score (WDDS)	3.3	4.1	0.8	***	6,050	2,730
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	42.3%	-5.0	**	7,849	4,572
Male	48.2%	44.3%	-3.9	†	3,977	2,295
Female	46.4%	40.3%	-6.1	**	3,870	2,277
Prevalence of stunted children under 5 years of age (Total)	57.8%	53.4%	-4.4	**	7,688	4,514
Male	59.2%	55.8%	-3.4	†	3,907	2,269
Female	56.3%	51.0%	-5.3	**	3,781	2,245
Prevalence of wasted children under 5 years of age (Total)	17.4%	14.4%	-2.9	*	7,849	4,565
Male	19.1%	17.3%	-1.8	NS	3,977	2,299
Female	15.5%	11.5%	-4.0	**	3,870	2,266
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	27.4%	13.0	***	10,424	4,672
Male	15.3%	29.7%	14.4	***	5,294	2,357
Female	13.5%	25.2%	11.7	***	5,116	2,315
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	75.4%	-2.9	NS	1,524	1,127
Male	78.4%	75.7%	-2.7	NS	824	595
Female	78.3%	75.2%	-3.1	NS	699	532
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	37.4%	-5.3	NS	1,055	481
Male	41.8%	35.0%	-6.8	NS	543	239
Female	43.5%	40.1%	-3.4	NS	512	242
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	16.2%	8.0	***	2,774	1,257
Male	8.2%	12.6%	4.4	*	1,438	623
Female	8.2%	19.6%	11.4	***	1,334	634

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	8.0%	-0.1	NS	7,260	3,240
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	21.1%	10.7	***	6,098	2,953
Male	10.3%	25.3%	15.0	***	5,277	2,225
Female	10.7%	11.1%	0.4	NS	814	728
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	61.3%	9.2	*	1,909	1,456
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	78.0%	11.4	***	4,375	2,439
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.0%	1.7	NS	4,723	3,068

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	595
Prevalence of households with moderate or severe hunger (HHS)	42.5%	20.5%	-22.0	***	2,428	754
Male and female adults	42.9%	20.6%	-22.3	***	2,275	668
Adult female, no adult male	42.1%	NA	NA	NA	75	29
Adult male, no adult female	30.5%	13.5%	-16.9	*	78	56
Child, no adults	NA	NA	NA	NA	2	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.25	$0.19	**	2,413	754
Male and female adults	$1.05	$1.23	$0.18	**	2,259	668
Adult female, no adult male	$1.10	NA	NA	NA	75	29
Adult male, no adult female	$1.95	$1.77	-$0.18	NS	79	56
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	64.2%	-11.7	**	2,413	754
Male and female adults	76.2%	64.8%	-11.5	**	2,259	668
Adult female, no adult male	76.0%	NA	NA	NA	75	29
Adult male, no adult female	42.1%	52.0%	9.9	NS	79	56
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	35.8	27.8	-8.0	**	2,413	754
Male and female adults	36.1	28.1	-8.0	**	2,259	668
Adult female, no adult male	34.8	NA	NA	NA	75	29
Adult male, no adult female	11.6	21.0	9.4	*	79	56
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	750
Percentage of households using improved sanitation facilities	10.5%	22.0%	11.5	***	2,439	754
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	15.3%	5.3	†	2,212	730
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	20.2%	11.5	***	1,797	706
Male	9.4%	20.6%	11.2	**	1,539	584
Female	5.3%	18.3%	13.0	**	256	122
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	34.6%	14.8	***	1,794	712

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)

LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	34.9%	14.9	**	1,536	588
Female	18.5%	33.6%	15.1	*	256	124
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	54.8%	31.2	***	2,212	712
Male	24.8%	56.1%	31.3	***	1,902	588
Female	17.8%	49.3%	31.5	***	308	124
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	55.0%	27.8	***	2,236	712
Male	28.5%	57.5%	29.0	***	1,923	588
Female	20.7%	44.5%	23.8	***	311	124
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	16.0%	-1.2	NS	1,735	476
Women's Dietary Diversity Score (WDDS)	2.9	3.8	1.0	***	2,162	650
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	37.0%	-9.8	***	3,105	1,090
Male	47.6%	39.6%	-8.0	**	1,582	558
Female	46.0%	34.3%	-11.7	***	1,523	532
Prevalence of stunted children under 5 years of age (Total)	57.6%	50.7%	-6.9	**	3,029	1,082
Male	58.6%	54.9%	-3.7	NS	1,543	555
Female	56.5%	46.3%	-10.2	**	1,486	527
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.6%	-5.1	***	3,105	1,093
Male	18.8%	12.4%	-6.3	***	1,582	561
Female	14.5%	10.8%	-3.7	†	1,523	532
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	19.2%	4.4	NS	4,194	1,079
Male	16.2%	19.3%	3.2	NS	2,148	555
Female	13.5%	19.1%	5.6	†	2,044	524
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	72.2%	-4.7	NS	651	202
Male	77.6%	76.8%	-0.7	NS	363	107
Female	76.0%	67.2%	-8.8	NS	287	95
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	52.3%	8.3	NS	420	126
Male	42.4%	46.7%	4.2	NS	225	55
Female	45.9%	56.8%	10.8	NS	195	71
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.5%	7.0	*	1,102	283
Male	4.4%	13.3%	8.9	*	579	144
Female	6.6%	11.7%	5.0	NS	522	139

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	15.6%	7.4	*	2,441	748
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	34.9%	21.4	***	2,236	712
Male	14.4%	35.8%	21.4	***	1,923	588
Female	9.6%	31.3%	21.6	***	311	124
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	72.1%	6.2	NS	649	318
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	82.6%	5.9	†	1,610	617
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	88.6%	3.8	NS	1,840	705

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)

PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.5	0.9	***	2,133	1,392
Prevalence of households with moderate or severe hunger (HHS)	25.0%	22.0%	-3.0	NS	2,398	1,508
Male and female adults	25.1%	21.2%	-3.9	NS	2,139	1,209
Adult female, no adult male	33.5%	31.9%	-1.6	NS	127	185
Adult male, no adult female	15.4%	9.5%	-5.9	NS	129	100
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.39	$0.02	NS	2,382	1,508
Male and female adults	$1.35	$1.39	$0.04	NS	2,125	1,209
Adult female, no adult male	$1.39	$1.23	-$0.16	NS	127	185
Adult male, no adult female	$2.36	$2.07	-$0.29	NS	128	100
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	59.5%	-3.0	NS	2,382	1,508
Male and female adults	63.6%	59.7%	-3.9	NS	2,125	1,209
Adult female, no adult male	57.9%	66.6%	8.6	NS	127	185
Adult male, no adult female	21.3%	30.4%	9.1	NS	128	100
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	23.3	21.4	-1.9	NS	2,382	1,508
Male and female adults	23.6	21.2	-2.4	NS	2,125	1,209
Adult female, no adult male	26.7	28.4	1.7	NS	127	185
Adult male, no adult female	5.5	6.8	1.3	NS	128	100
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	1,506
Percentage of households using improved sanitation facilities	5.5%	7.4%	1.9	NS	2,453	1,508
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	16.2%	1.2	NS	2,300	1,485
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	15.9%	12.2	***	1,883	1,336
Male	3.8%	16.4%	12.6	***	1,660	958
Female	2.0%	14.6%	12.6	***	222	378
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	40.6%	11.7	**	1,880	1,339

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	29.8%	42.3%	12.5	**	1,657	960
Female	21.8%	36.9%	15.1	**	222	379
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	63.1%	29.4	***	2,071	1,339
Male	35.1%	70.9%	35.8	***	1,833	960
Female	23.2%	45.6%	22.4	***	237	379
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	45.0%	20.0	***	2,083	1,339
Male	25.3%	51.4%	26.1	***	1,844	960
Female	22.5%	30.6%	8.1	NS	238	379
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	22.1%	1.9	NS	1,621	969
Women's Dietary Diversity Score (WDDS)	3.4	4.1	0.7	***	2,018	1,280
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	43.0%	-5.9	*	2,482	2,214
Male	50.4%	44.9%	-5.5	†	1,242	1,119
Female	47.3%	41.0%	-6.2	*	1,239	1,095
Prevalence of stunted children under 5 years of age (Total)	59.5%	53.9%	-5.6	**	2,445	2,190
Male	61.5%	56.0%	-5.5	*	1,231	1,108
Female	57.5%	51.8%	-5.7	*	1,214	1,082
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.8%	-3.0	†	2,482	2,218
Male	19.6%	18.0%	-1.6	NS	1,242	1,126
Female	15.8%	11.6%	-4.3	*	1,239	1,092
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	28.4%	14.4	***	3,140	2,305
Male	15.1%	30.9%	15.8	***	1,584	1,165
Female	12.5%	25.8%	13.3	***	1,553	1,140
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	75.6%	-4.7	NS	416	652
Male	80.8%	75.4%	-5.4	NS	231	350
Female	79.5%	75.8%	-3.8	NS	185	302
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	35.9%	-8.5	NS	338	249
Male	44.1%	33.5%	-10.6	NS	163	137
Female	44.5%	38.7%	-5.8	NS	175	112
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	15.9%	6.3	*	887	627
Male	10.2%	11.8%	1.5	NS	457	307
Female	8.9%	19.8%	10.9	**	430	320

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.9%	-1.7	NS	2,443	1,507
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	20.3%	11.6	***	2,083	1,338
Male	8.6%	24.8%	16.2	***	1,844	959
Female	10.0%	10.2%	0.2	NS	238	379
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	60.4%	12.6	*	605	711
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	78.2%	11.8	***	1,483	1,122
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	83.0%	0.9	NS	1,642	1,429

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.0	1.1	***	1,950	887
Prevalence of households with moderate or severe hunger (HHS)	21.8%	27.7%	5.8	†	2,144	986
Male and female adults	21.0%	29.2%	8.2	*	1,923	797
Adult female, no adult male	32.0%	20.3%	-11.6	†	150	98
Adult male, no adult female	12.7%	23.0%	10.4	NS	69	86
Child, no adults	NA	NA	NA	NA	2	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.51	-$0.13	NS	2,065	986
Male and female adults	$1.63	$1.48	-$0.14	†	1,851	797
Adult female, no adult male	$1.67	$1.52	-$0.15	NS	143	98
Adult male, no adult female	$2.76	$2.22	-$0.54	†	70	86
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	55.6%	8.3	†	2,065	986
Male and female adults	48.0%	57.0%	9.0	*	1,851	797
Adult female, no adult male	42.9%	49.4%	6.4	NS	143	98
Adult male, no adult female	12.9%	31.2%	18.3	*	70	86
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	16.1	20.9	4.8	*	2,065	986
Male and female adults	16.2	21.4	5.2	*	1,851	797
Adult female, no adult male	16.7	20.1	3.5	NS	143	98
Adult male, no adult female	5.6	8.7	3.1	NS	70	86
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	980
Percentage of households using improved sanitation facilities	13.2%	13.9%	0.7	NS	2,417	984
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	36.7%	14.1	***	2,006	976
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	13.0%	6.8	**	1,618	901
Male	6.9%	13.5%	6.6	**	1,363	677
Female	3.2%	11.6%	8.4	**	251	224
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	36.7%	15.1	***	1,608	903

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	22.3%	38.8%	16.5	**	1,355	678
Female	18.1%	29.9%	11.8	*	249	225
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	65.3%	33.1	***	1,768	903
Male	31.6%	69.9%	38.2	***	1,501	678
Female	33.9%	50.1%	16.2	†	263	225
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	52.2%	18.1	***	1,779	903
Male	33.1%	55.2%	22.2	***	1,510	678
Female	38.2%	42.3%	4.1	NS	265	225
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.3%	-5.3	†	1,471	583
Women's Dietary Diversity Score (WDDS)	3.6	4.3	0.7	***	1,870	800
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.6%	-5.7	*	2,262	1,268
Male	43.6%	40.5%	-3.1	NS	1,153	618
Female	44.9%	36.9%	-8.0	**	1,108	650
Prevalence of stunted children under 5 years of age (Total)	53.8%	49.5%	-4.3	NS	2,214	1,242
Male	54.5%	54.0%	-0.5	NS	1,133	606
Female	53.2%	45.5%	-7.7	*	1,081	636
Prevalence of wasted children under 5 years of age (Total)	17.3%	12.3%	-5.0	**	2,262	1,254
Male	18.4%	13.1%	-5.4	*	1,153	612
Female	16.2%	11.6%	-4.6	*	1,108	642
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	22.6%	7.8	***	3,090	1,288
Male	14.1%	23.3%	9.3	**	1,562	637
Female	15.4%	21.8%	6.4	*	1,519	651
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	75.7%	-0.9	NS	457	273
Male	73.7%	79.1%	5.4	NS	230	138
Female	79.3%	72.1%	-7.2	NS	227	135
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	44.7%	8.6	NS	297	106
Male	34.7%	50.3%	15.6	NS	155	47
Female	37.3%	40.2%	2.9	NS	142	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	22.2%	13.1	***	785	347
Male	9.5%	21.9%	12.5	**	402	172
Female	8.7%	22.4%	13.7	***	382	175

Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.7b. Change from Baseline to Endline for Indirect Beneficiaries (FOOD)						
SAWKI						
	Indicator Values		**Raw Difference[1]**	**Significance**	**Number of observations**	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	12.9%	6.3	**	2,376	985
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	19.4%	9.7	***	1,779	903
Male	8.8%	22.1%	13.3	***	1,510	678
Female	13.0%	10.6%	-2.4	NS	265	225
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	63.9%	23.0	***	655	427
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	71.7%	18.8	***	1,282	700
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	79.5%	6.2	NS	1,241	934

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.5	1.1	***	6,123	2,927
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.6%	-6.5	*	6,970	3,299
Male and female adults	29.3%	22.0%	-7.3	**	6,337	2,731
Adult female, no adult male	34.2%	31.4%	-2.9	NS	352	310
Adult male, no adult female	18.0%	12.3%	-5.6	NS	276	238
Child, no adults	NA	NA	NA	NA	5	20
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.37	$0.04	NS	6,860	3,300
Male and female adults	$1.31	$1.35	$0.05	NS	6,235	2,732
Adult female, no adult male	$1.43	$1.25	-$0.18	NS	345	310
Adult male, no adult female	$2.33	$2.10	-$0.23	NS	277	238
Child, no adults	NA	NA	NA	NA	3	20
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	60.0%	-3.7	NS	6,860	3,300
Male and female adults	64.6%	60.4%	-4.2	NS	6,235	2,732
Adult female, no adult male	56.3%	64.7%	8.5	NS	345	310
Adult male, no adult female	24.4%	31.5%	7.1	NS	277	238
Child, no adults	NA	NA	NA	NA	3	20
Mean depth of poverty	25.8	22.3	-3.5	†	6,860	3,300
Male and female adults	26.2	22.3	-3.9	*	6,235	2,732
Adult female, no adult male	24.8	27.7	2.9	NS	345	310
Adult male, no adult female	6.8	8.1	1.3	NS	277	238
Child, no adults	NA	NA	NA	NA	3	20
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	3,285
Percentage of households using improved sanitation facilities	8.6%	8.6%	0.0	NS	7,309	3,297
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	17.7%	2.4	NS	6,518	3,250
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	14.5%	8.8	***	5,298	3,016
Male	6.0%	15.5%	9.5	***	4,562	2,294
Female	3.4%	12.0%	8.6	***	729	722
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	39.0%	14.3	***	5,282	3,026

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	39.7%	14.2	***	4,548	2,301
Female	19.7%	37.3%	17.7	***	727	725
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	62.8%	32.5	***	6,051	3,026
Male	31.4%	69.4%	38.0	***	5,236	2,301
Female	24.3%	46.5%	22.2	***	808	725
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	46.7%	19.1	***	6,098	3,026
Male	27.8%	52.2%	24.4	***	5,277	2,301
Female	26.1%	33.2%	7.0	NS	814	725
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	21.1%	1.3	NS	4,827	2,059
Women's Dietary Diversity Score (WDDS)	3.3	4.1	0.8	***	6,050	2,770
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	41.8%	-5.5	**	7,849	4,670
Male	48.2%	44.1%	-4.1	†	3,977	2,337
Female	46.4%	39.5%	-6.8	**	3,870	2,333
Prevalence of stunted children under 5 years of age (Total)	57.8%	52.9%	-4.8	**	7,688	4,611
Male	59.2%	55.7%	-3.5	†	3,907	2,311
Female	56.3%	50.2%	-6.1	**	3,781	2,300
Prevalence of wasted children under 5 years of age (Total)	17.4%	14.3%	-3.1	**	7,849	4,666
Male	19.1%	17.5%	-1.6	NS	3,977	2,344
Female	15.5%	11.1%	-4.5	**	3,870	2,322
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	27.2%	12.7	***	10,424	4,765
Male	15.3%	30.1%	14.8	***	5,294	2,399
Female	13.5%	24.3%	10.9	***	5,116	2,366
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	75.0%	-3.4	NS	1,524	1,106
Male	78.4%	75.1%	-3.3	NS	824	597
Female	78.3%	74.8%	-3.5	NS	699	509
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	35.5%	-7.1	†	1,055	484
Male	41.8%	32.9%	-9.0	†	543	239
Female	43.5%	38.5%	-5.0	NS	512	245
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	15.4%	7.2	***	2,774	1,286
Male	8.2%	11.6%	3.3	NS	1,438	636
Female	8.2%	18.8%	10.7	***	1,334	650

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	8.0%	-0.1	NS	7,260	3,291
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	21.9%	11.5	***	6,098	3,024
Male	10.3%	26.2%	15.9	***	5,277	2,300
Female	10.7%	11.3%	0.6	NS	814	724
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	60.5%	8.4	*	1,909	1,446
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	78.2%	11.7	***	4,375	2,487
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.2%	1.9	NS	4,723	3,114

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	722
Prevalence of households with moderate or severe hunger (HHS)	42.5%	21.5%	-21.0	***	2,428	897
Male and female adults	42.9%	21.9%	-21.0	***	2,275	801
Adult female, no adult male	42.1%	26.3%	-15.8	NS	75	35
Adult male, no adult female	30.5%	14.3%	-16.1	*	78	60
Child, no adults	NA	NA	NA	NA	2	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.27	$0.21	***	2,413	897
Male and female adults	$1.05	$1.25	$0.20	**	2,259	801
Adult female, no adult male	$1.10	$1.44	$0.34	†	75	35
Adult male, no adult female	$1.95	$1.85	-$0.10	NS	79	60
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	63.8%	-12.0	***	2,413	897
Male and female adults	76.2%	64.4%	-11.8	***	2,259	801
Adult female, no adult male	76.0%	56.4%	-19.5	†	75	35
Adult male, no adult female	42.1%	48.9%	6.9	NS	79	60
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	35.8	27.2	-8.6	***	2,413	897
Male and female adults	36.1	27.5	-8.6	***	2,259	801
Adult female, no adult male	34.8	22.3	-12.5	†	75	35
Adult male, no adult female	11.6	19.8	8.2	†	79	60
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	890
Percentage of households using improved sanitation facilities	10.5%	20.3%	9.8	**	2,439	897
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	13.4%	3.4	NS	2,212	872
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	20.6%	12.0	***	1,797	851
Male	9.4%	20.9%	11.5	***	1,539	703
Female	5.3%	19.6%	14.4	***	256	148
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	34.2%	14.4	***	1,794	856

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	20.0%	33.7%	13.8	***	1,536	707
Female	18.5%	36.1%	17.6	**	256	149
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	54.7%	31.1	***	2,212	856
Male	24.8%	56.5%	31.8	***	1,902	707
Female	17.8%	46.9%	29.1	***	308	149
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	56.5%	29.4	***	2,236	856
Male	28.5%	59.6%	31.1	***	1,923	707
Female	20.7%	43.6%	22.8	***	311	149
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	16.7%	-0.5	NS	1,735	565
Women's Dietary Diversity Score (WDDS)	2.9	3.8	1.0	***	2,162	780
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	36.3%	-10.5	***	3,105	1,340
Male	47.6%	38.8%	-8.8	**	1,582	674
Female	46.0%	33.7%	-12.3	***	1,523	666
Prevalence of stunted children under 5 years of age (Total)	57.6%	50.7%	-6.8	**	3,029	1,329
Male	58.6%	54.6%	-4.0	NS	1,543	671
Female	56.5%	46.8%	-9.7	**	1,486	658
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.2%	-5.5	***	3,105	1,343
Male	18.8%	12.4%	-6.4	***	1,582	678
Female	14.5%	10.1%	-4.4	*	1,523	665
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	18.5%	3.6	NS	4,194	1,328
Male	16.2%	19.8%	3.7	NS	2,148	675
Female	13.5%	17.1%	3.6	NS	2,044	653
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	73.6%	-3.3	NS	651	241
Male	77.6%	77.5%	-0.1	NS	363	132
Female	76.0%	69.0%	-7.0	NS	287	109
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	53.0%	8.9	NS	420	153
Male	42.4%	48.7%	6.2	NS	225	70
Female	45.9%	56.7%	10.7	NS	195	83
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	11.4%	6.0	*	1,102	349
Male	4.4%	11.9%	7.5	*	579	176
Female	6.6%	10.9%	4.3	NS	522	173

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.2%	6.0	*	2,441	890
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	35.2%	21.7	***	2,236	856
Male	14.4%	36.7%	22.3	***	1,923	707
Female	9.6%	29.2%	19.6	***	311	149
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	69.3%	3.4	NS	649	374
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	81.7%	5.0	NS	1,610	731
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	87.1%	2.2	NS	1,840	846

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.5	0.9	***	2,133	1,297
Prevalence of households with moderate or severe hunger (HHS)	25.0%	22.4%	-2.5	NS	2,398	1,410
Male and female adults	25.1%	21.5%	-3.6	NS	2,139	1,130
Adult female, no adult male	33.5%	32.6%	-0.9	NS	127	174
Adult male, no adult female	15.4%	11.2%	-4.2	NS	129	92
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.36	-$0.01	NS	2,382	1,410
Male and female adults	$1.35	$1.35	$0.00	NS	2,125	1,130
Adult female, no adult male	$1.39	$1.23	-$0.16	NS	127	174
Adult male, no adult female	$2.36	$2.10	-$0.26	NS	128	92
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	60.3%	-2.2	NS	2,382	1,410
Male and female adults	63.6%	60.6%	-3.0	NS	2,125	1,130
Adult female, no adult male	57.9%	66.2%	8.3	NS	127	174
Adult male, no adult female	21.3%	30.5%	9.2	NS	128	92
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	23.3	22.2	-1.1	NS	2,382	1,410
Male and female adults	23.6	22.0	-1.6	NS	2,125	1,130
Adult female, no adult male	26.7	28.4	1.7	NS	127	174
Adult male, no adult female	5.5	6.9	1.4	NS	128	92
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	1,408
Percentage of households using improved sanitation facilities	5.5%	7.1%	1.7	NS	2,453	1,410
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	16.0%	1.0	NS	2,300	1,394
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	14.1%	10.5	***	1,883	1,254
Male	3.8%	15.2%	11.4	***	1,660	897
Female	2.0%	11.6%	9.6	***	222	357
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	39.4%	10.5	**	1,880	1,257

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	29.8%	40.4%	10.6	**	1,657	899
Female	21.8%	37.2%	15.4	**	222	358
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	63.3%	29.6	***	2,071	1,257
Male	35.1%	70.9%	35.8	***	1,833	899
Female	23.2%	46.0%	22.8	***	237	358
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	45.0%	20.0	***	2,083	1,257
Male	25.3%	51.1%	25.7	***	1,844	899
Female	22.5%	31.4%	8.9	NS	238	358
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	21.8%	1.6	NS	1,621	910
Women's Dietary Diversity Score (WDDS)	3.4	4.1	0.7	***	2,018	1,195
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	42.6%	-6.3	*	2,482	2,065
Male	50.4%	44.9%	-5.6	†	1,242	1,030
Female	47.3%	40.4%	-6.8	*	1,239	1,035
Prevalence of stunted children under 5 years of age (Total)	59.5%	53.4%	-6.1	**	2,445	2,039
Male	61.5%	55.9%	-5.6	*	1,231	1,017
Female	57.5%	51.0%	-6.5	*	1,214	1,022
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.8%	-3.1	†	2,482	2,069
Male	19.6%	18.4%	-1.2	NS	1,242	1,038
Female	15.8%	11.2%	-4.6	*	1,239	1,031
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	28.6%	14.5	***	3,140	2,150
Male	15.1%	31.8%	16.7	***	1,584	1,074
Female	12.5%	25.4%	12.8	***	1,553	1,076
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	74.9%	-5.3	NS	416	613
Male	80.8%	74.7%	-6.1	NS	231	333
Female	79.5%	75.2%	-4.4	NS	185	280
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	33.1%	-11.2	*	338	232
Male	44.1%	30.1%	-14.0	*	163	125
Female	44.5%	36.6%	-7.9	NS	175	107
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	15.0%	5.4	†	887	590
Male	10.2%	10.4%	0.1	NS	457	286
Female	8.9%	19.1%	10.2	**	430	304

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.7%	-2.0	NS	2,443	1,409
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	21.0%	12.3	***	2,083	1,256
Male	8.6%	25.8%	17.3	***	1,844	898
Female	10.0%	10.1%	0.1	NS	238	358
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	59.6%	11.8	*	605	659
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	78.4%	12.0	***	1,483	1,043
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	83.3%	1.2	NS	1,642	1,333

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.2	1.3	***	1,950	908
Prevalence of households with moderate or severe hunger (HHS)	21.8%	25.4%	3.6	NS	2,144	992
Male and female adults	21.0%	27.1%	6.2	†	1,923	800
Adult female, no adult male	32.0%	18.0%	-14.0	*	150	101
Adult male, no adult female	12.7%	18.4%	5.7	NS	69	86
Child, no adults	NA	NA	NA	NA	2	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.54	-$0.10	NS	2,065	993
Male and female adults	$1.63	$1.51	-$0.11	NS	1,851	801
Adult female, no adult male	$1.67	$1.51	-$0.17	NS	143	101
Adult male, no adult female	$2.76	$2.29	-$0.47	NS	70	86
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	53.2%	6.0	NS	2,065	993
Male and female adults	48.0%	54.7%	6.7	NS	1,851	801
Adult female, no adult male	42.9%	48.3%	5.3	NS	143	101
Adult male, no adult female	12.9%	26.0%	13.1	†	70	86
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	16.1	19.2	3.0	NS	2,065	993
Male and female adults	16.2	19.6	3.3	NS	1,851	801
Adult female, no adult male	16.7	20.1	3.4	NS	143	101
Adult male, no adult female	5.6	7.5	2.0	NS	70	86
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	987
Percentage of households using improved sanitation facilities	13.2%	12.5%	-0.7	NS	2,417	990
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	36.2%	13.6	**	2,006	984
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	12.3%	6.1	**	1,618	911
Male	6.9%	12.6%	5.7	*	1,363	694
Female	3.2%	11.3%	8.1	*	251	217
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	39.6%	18.0	***	1,608	913

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	22.3%	39.5%	17.2	**	1,355	695
Female	18.1%	40.1%	22.0	***	249	218
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	65.3%	33.2	***	1,768	913
Male	31.6%	69.0%	37.4	***	1,501	695
Female	33.9%	52.4%	18.5	*	263	218
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	52.8%	18.7	***	1,779	913
Male	33.1%	54.4%	21.3	***	1,510	695
Female	38.2%	47.2%	9.0	NS	265	218
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.0%	-5.6	*	1,471	584
Women's Dietary Diversity Score (WDDS)	3.6	4.5	0.8	***	1,870	795
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.4%	-5.8	*	2,262	1,265
Male	43.6%	41.4%	-2.2	NS	1,153	633
Female	44.9%	35.6%	-9.3	**	1,108	632
Prevalence of stunted children under 5 years of age (Total)	53.8%	50.0%	-3.9	NS	2,214	1,243
Male	54.5%	54.4%	-0.1	NS	1,133	623
Female	53.2%	45.7%	-7.5	*	1,081	620
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.9%	-5.4	***	2,262	1,254
Male	18.4%	13.4%	-5.0	†	1,153	628
Female	16.2%	10.4%	-5.8	**	1,108	626
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	20.7%	5.9	*	3,090	1,287
Male	14.1%	21.5%	7.4	*	1,562	650
Female	15.4%	19.9%	4.4	†	1,519	637
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	76.5%	0.0	NS	457	252
Male	73.7%	78.6%	4.9	NS	230	132
Female	79.3%	74.3%	-5.0	NS	227	120
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	47.2%	11.1	NS	297	99
Male	34.7%	57.6%	22.9	*	155	44
Female	37.3%	38.2%	0.9	NS	142	55
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	23.1%	14.0	***	785	347
Male	9.5%	23.3%	13.8	**	402	174
Female	8.7%	22.9%	14.2	***	382	173

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7c. Change from Baseline to Endline for Indirect Beneficiaries (NUTRITION)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	14.6%	8.0	***	2,376	992
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	18.7%	9.0	***	1,779	912
Male	8.8%	20.4%	11.6	***	1,510	695
Female	13.0%	12.5%	-0.5	NS	265	217
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	62.4%	21.5	***	655	413
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	73.4%	20.4	***	1,282	713
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	79.3%	6.1	NS	1,241	935

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.6	1.2	***	6,123	3,205
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.1%	-7.0	**	6,970	3,614
Male and female adults	29.3%	21.5%	-7.8	**	6,337	3,020
Adult female, no adult male	34.2%	31.1%	-3.1	NS	352	333
Adult male, no adult female	18.0%	11.5%	-6.5	NS	276	240
Child, no adults	NA	NA	NA	NA	5	21
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.38	$0.06	NS	6,860	3,615
Male and female adults	$1.31	$1.37	$0.06	NS	6,235	3,021
Adult female, no adult male	$1.43	$1.30	-$0.13	NS	345	333
Adult male, no adult female	$2.33	$2.07	-$0.26	NS	277	240
Child, no adults	NA	NA	NA	NA	3	21
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	58.9%	-4.8	NS	6,860	3,615
Male and female adults	64.6%	59.4%	-5.2	†	6,235	3,021
Adult female, no adult male	56.3%	62.3%	6.1	NS	345	333
Adult male, no adult female	24.4%	30.4%	6.0	NS	277	240
Child, no adults	NA	NA	NA	NA	3	21
Mean depth of poverty	25.8	21.9	-4.0	*	6,860	3,615
Male and female adults	26.2	21.9	-4.3	*	6,235	3,021
Adult female, no adult male	24.8	26.5	1.8	NS	345	333
Adult male, no adult female	6.8	7.9	1.1	NS	277	240
Child, no adults	NA	NA	NA	NA	3	21
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	3,599
Percentage of households using improved sanitation facilities	8.6%	9.0%	0.4	NS	7,309	3,613
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	17.3%	2.0	NS	6,518	3,556
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	14.7%	9.1	***	5,298	3,318
Male	6.0%	15.7%	9.7	***	4,562	2,518
Female	3.4%	12.4%	9.0	***	729	800
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	39.6%	14.9	***	5,282	3,327

| | Indicator Values | | Raw Difference[1] | Significance | Number of observations | |
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	40.7%	15.1	***	4,548	2,524
Female	19.7%	36.8%	17.1	***	727	803
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	63.0%	32.7	***	6,051	3,327
Male	31.4%	69.7%	38.3	***	5,236	2,524
Female	24.3%	46.1%	21.8	***	808	803
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	46.7%	19.1	***	6,098	3,327
Male	27.8%	52.3%	24.5	***	5,277	2,524
Female	26.1%	32.4%	6.2	NS	814	803
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	21.1%	1.2	NS	4,827	2,302
Women's Dietary Diversity Score (WDDS)	3.3	4.1	0.8	***	6,050	3,084
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	41.3%	-6.0	***	7,849	5,290
Male	48.2%	43.5%	-4.7	*	3,977	2,661
Female	46.4%	39.2%	-7.2	***	3,870	2,629
Prevalence of stunted children under 5 years of age (Total)	57.8%	52.5%	-5.2	***	7,688	5,230
Male	59.2%	55.6%	-3.6	†	3,907	2,633
Female	56.3%	49.5%	-6.8	***	3,781	2,597
Prevalence of wasted children under 5 years of age (Total)	17.4%	14.1%	-3.2	**	7,849	5,291
Male	19.1%	17.2%	-1.9	NS	3,977	2,669
Female	15.5%	11.1%	-4.4	**	3,870	2,622
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	26.9%	12.5	***	10,424	5,416
Male	15.3%	29.5%	14.3	***	5,294	2,742
Female	13.5%	24.3%	10.9	***	5,116	2,674
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	74.9%	-3.4	NS	1,524	1,251
Male	78.4%	75.8%	-2.6	NS	824	667
Female	78.3%	73.9%	-4.5	NS	699	584
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	37.8%	-4.9	NS	1,055	559
Male	41.8%	35.2%	-6.6	NS	543	274
Female	43.5%	40.7%	-2.8	NS	512	285
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	15.8%	7.6	***	2,774	1,452
Male	8.2%	12.4%	4.2	*	1,438	728
Female	8.2%	19.0%	10.9	***	1,334	724

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)

All Programs Combined

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	7.9%	-0.1	NS	7,260	3,605
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	22.6%	12.2	***	6,098	3,325
Male	10.3%	26.8%	16.5	***	5,277	2,523
Female	10.7%	11.8%	1.2	NS	814	802
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	62.0%	9.9	**	1,909	1,655
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	76.8%	10.3	***	4,375	2,725
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.4%	2.1	NS	4,723	3,429

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.3	1.5	***	2,040	873
Prevalence of households with moderate or severe hunger (HHS)	42.5%	21.5%	-21.0	***	2,428	1,066
Male and female adults	42.9%	21.8%	-21.1	***	2,275	963
Adult female, no adult male	42.1%	25.8%	-16.3	NS	75	38
Adult male, no adult female	30.5%	15.2%	-15.2	*	78	63
Child, no adults	NA	NA	NA	NA	1	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.27	$0.21	***	2,413	1,066
Male and female adults	$1.05	$1.25	$0.20	***	2,259	963
Adult female, no adult male	$1.10	$1.47	$0.38	†	75	38
Adult male, no adult female	$1.95	$1.78	-$0.17	NS	79	63
Child, no adults	NA	NA	NA	NA	1	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	63.9%	-11.9	***	2,413	1,066
Male and female adults	76.2%	64.5%	-11.7	***	2,259	963
Adult female, no adult male	76.0%	49.0%	-26.9	*	75	38
Adult male, no adult female	42.1%	52.0%	9.9	NS	79	63
Child, no adults	NA	NA	NA	NA	1	
Mean depth of poverty	35.8	26.9	-8.9	***	2,413	1,066
Male and female adults	36.1	27.2	-8.9	***	2,259	963
Adult female, no adult male	34.8	20.3	-14.5	*	75	38
Adult male, no adult female	11.6	21.5	9.9	*	79	63
Child, no adults	NA	NA	NA	NA	1	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	1,059
Percentage of households using improved sanitation facilities	10.5%	18.7%	8.2	**	2,439	1,066
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	13.6%	3.6	NS	2,212	1,039
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	20.5%	11.8	***	1,797	1,016
Male	9.4%	20.8%	11.4	***	1,539	833
Female	5.3%	19.4%	14.1	***	256	183
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	35.7%	15.8	***	1,794	1,020

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)

LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	20.0%	36.0%	16.0	***	1,536	836
Female	18.5%	34.2%	15.7	**	256	184
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	55.8%	32.2	***	2,212	1,020
Male	24.8%	58.1%	33.3	***	1,902	836
Female	17.8%	46.3%	28.5	***	308	184
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	57.4%	30.3	***	2,236	1,020
Male	28.5%	60.8%	32.2	***	1,923	836
Female	20.7%	43.9%	23.2	***	311	184
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.4%	0.2	NS	1,735	692
Women's Dietary Diversity Score (WDDS)	2.9	3.8	1.0	***	2,162	945
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	35.6%	-11.2	***	3,105	1,675
Male	47.6%	37.6%	-9.9	***	1,582	857
Female	46.0%	33.5%	-12.5	***	1,523	818
Prevalence of stunted children under 5 years of age (Total)	57.6%	48.8%	-8.7	***	3,029	1,663
Male	58.6%	52.6%	-6.0	*	1,543	853
Female	56.5%	44.9%	-11.6	***	1,486	810
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.0%	-5.7	***	3,105	1,679
Male	18.8%	12.1%	-6.7	***	1,582	861
Female	14.5%	9.9%	-4.6	*	1,523	818
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	18.7%	3.8	†	4,194	1,678
Male	16.2%	19.7%	3.5	NS	2,148	867
Female	13.5%	17.6%	4.2	NS	2,044	811
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	73.4%	-3.5	NS	651	310
Male	77.6%	77.0%	-0.6	NS	363	166
Female	76.0%	69.2%	-6.8	NS	287	144
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	52.0%	8.0	NS	420	191
Male	42.4%	46.7%	4.3	NS	225	89
Female	45.9%	56.9%	10.9	NS	195	102
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.3%	6.9	*	1,102	435
Male	4.4%	13.0%	8.6	*	579	226
Female	6.6%	11.7%	5.1	NS	522	209

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.9%	6.7	**	2,441	1,059
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	36.1%	22.6	***	2,236	1,020
Male	14.4%	37.4%	23.0	***	1,923	836
Female	9.6%	31.1%	21.4	***	311	184
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	70.0%	4.1	NS	649	479
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	80.5%	3.8	NS	1,610	869
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	87.6%	2.7	NS	1,840	1,013

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.5	0.9	***	2,133	1,384
Prevalence of households with moderate or severe hunger (HHS)	25.0%	21.9%	-3.0	NS	2,398	1,507
Male and female adults	25.1%	21.0%	-4.1	NS	2,139	1,219
Adult female, no adult male	33.5%	32.2%	-1.3	NS	127	181
Adult male, no adult female	15.4%	10.3%	-5.1	NS	129	93
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.38	$0.01	NS	2,382	1,507
Male and female adults	$1.35	$1.37	$0.02	NS	2,125	1,219
Adult female, no adult male	$1.39	$1.28	-$0.11	NS	127	181
Adult male, no adult female	$2.36	$2.07	-$0.28	NS	128	93
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	59.1%	-3.4	NS	2,382	1,507
Male and female adults	63.6%	59.5%	-4.0	NS	2,125	1,219
Adult female, no adult male	57.9%	63.7%	5.8	NS	127	181
Adult male, no adult female	21.3%	28.9%	7.6	NS	128	93
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	23.3	21.6	-1.7	NS	2,382	1,507
Male and female adults	23.6	21.5	-2.1	NS	2,125	1,219
Adult female, no adult male	26.7	27.2	0.5	NS	127	181
Adult male, no adult female	5.5	6.6	1.1	NS	128	93
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	1,505
Percentage of households using improved sanitation facilities	5.5%	7.7%	2.3	NS	2,453	1,507
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	15.6%	0.6	NS	2,300	1,488
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	14.4%	10.8	***	1,883	1,350
Male	3.8%	15.4%	11.6	***	1,660	972
Female	2.0%	11.9%	9.9	***	222	378
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	40.0%	11.1	**	1,880	1,353

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	41.3%	11.4	**	1,657	974
Female	21.8%	36.9%	15.1	**	222	379
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	63.5%	29.8	***	2,071	1,353
Male	35.1%	71.1%	35.9	***	1,833	974
Female	23.2%	45.5%	22.3	***	237	379
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	44.8%	19.8	***	2,083	1,353
Male	25.3%	51.0%	25.7	***	1,844	974
Female	22.5%	30.3%	7.9	NS	238	379
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	21.7%	1.5	NS	1,621	978
Women's Dietary Diversity Score (WDDS)	3.4	4.1	0.7	***	2,018	1,282
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	42.2%	-6.7	**	2,482	2,237
Male	50.4%	44.4%	-6.1	*	1,242	1,122
Female	47.3%	40.0%	-7.2	*	1,239	1,115
Prevalence of stunted children under 5 years of age (Total)	59.5%	53.2%	-6.4	**	2,445	2,213
Male	61.5%	56.1%	-5.3	*	1,231	1,110
Female	57.5%	50.2%	-7.3	**	1,214	1,103
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.7%	-3.1	†	2,482	2,246
Male	19.6%	18.1%	-1.5	NS	1,242	1,132
Female	15.8%	11.3%	-4.6	*	1,239	1,114
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	28.3%	14.2	***	3,140	2,332
Male	15.1%	31.3%	16.2	***	1,584	1,170
Female	12.5%	25.3%	12.7	***	1,553	1,162
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	74.9%	-5.3	NS	416	653
Male	80.8%	75.4%	-5.4	NS	231	355
Female	79.5%	74.4%	-5.1	NS	185	298
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	35.7%	-8.6	NS	338	257
Male	44.1%	32.9%	-11.2	†	163	135
Female	44.5%	38.7%	-5.8	NS	175	122
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	15.5%	5.9	*	887	634
Male	10.2%	11.5%	1.2	NS	457	316
Female	8.9%	19.4%	10.5	**	430	318

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.6%	-2.0	NS	2,443	1,506
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	21.6%	12.9	***	2,083	1,352
Male	8.6%	26.4%	17.8	***	1,844	973
Female	10.0%	10.4%	0.5	NS	238	379
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	61.2%	13.4	*	605	722
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	77.0%	10.6	***	1,483	1,117
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	83.5%	1.4	NS	1,642	1,428

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.2	1.3	***	1,950	949
Prevalence of households with moderate or severe hunger (HHS)	21.8%	24.3%	2.5	NS	2,144	1,041
Male and female adults	21.0%	25.6%	4.6	NS	1,923	838
Adult female, no adult male	32.0%	20.3%	-11.6	†	150	114
Adult male, no adult female	12.7%	17.3%	4.6	NS	69	84
Child, no adults	NA	NA	NA	NA	2	5
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.54	-$0.10	NS	2,065	1,042
Male and female adults	$1.63	$1.52	-$0.11	NS	1,851	839
Adult female, no adult male	$1.67	$1.47	-$0.20	NS	143	114
Adult male, no adult female	$2.76	$2.25	-$0.51	NS	70	84
Child, no adults	NA	NA	NA	NA	1	5
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	51.5%	4.3	NS	2,065	1,042
Male and female adults	48.0%	52.6%	4.6	NS	1,851	839
Adult female, no adult male	42.9%	50.5%	7.5	NS	143	114
Adult male, no adult female	12.9%	25.7%	12.8	†	70	84
Child, no adults	NA	NA	NA	NA	1	5
Mean depth of poverty	16.1	19.0	2.9	NS	2,065	1,042
Male and female adults	16.2	19.4	3.1	NS	1,851	839
Adult female, no adult male	16.7	20.7	4.0	NS	143	114
Adult male, no adult female	5.6	7.4	1.8	NS	70	84
Child, no adults	NA	NA	NA	NA	1	5
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	1,035
Percentage of households using improved sanitation facilities	13.2%	12.1%	-1.1	NS	2,417	1,040
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	35.3%	12.7	**	2,006	1,029
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	12.5%	6.3	**	1,618	952
Male	6.9%	12.5%	5.7	*	1,363	713
Female	3.2%	12.5%	9.3	**	251	239
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	39.7%	18.1	***	1,608	954

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	22.3%	40.4%	18.1	***	1,355	714
Female	18.1%	37.5%	19.4	***	249	240
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	65.9%	33.8	***	1,768	954
Male	31.6%	70.0%	38.4	***	1,501	714
Female	33.9%	52.4%	18.5	*	263	240
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	52.8%	18.6	***	1,779	954
Male	33.1%	54.9%	21.8	***	1,510	714
Female	38.2%	45.9%	7.7	NS	265	240
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.2%	-5.4	†	1,471	632
Women's Dietary Diversity Score (WDDS)	3.6	4.5	0.9	***	1,870	857
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	38.2%	-6.0	**	2,262	1,378
Male	43.6%	40.7%	-2.9	NS	1,153	682
Female	44.9%	35.8%	-9.0	**	1,108	696
Prevalence of stunted children under 5 years of age (Total)	53.8%	49.7%	-4.1	†	2,214	1,354
Male	54.5%	53.1%	-1.4	NS	1,133	670
Female	53.2%	46.5%	-6.7	*	1,081	684
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.8%	-5.5	***	2,262	1,366
Male	18.4%	13.0%	-5.4	*	1,153	676
Female	16.2%	10.5%	-5.6	**	1,108	690
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	21.4%	6.6	**	3,090	1,406
Male	14.1%	21.6%	7.6	*	1,562	705
Female	15.4%	21.1%	5.7	*	1,519	701
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	76.2%	-0.4	NS	457	288
Male	73.7%	81.0%	7.4	NS	230	146
Female	79.3%	71.1%	-8.2	NS	227	142
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	47.9%	11.8	NS	297	111
Male	34.7%	54.5%	19.8	*	155	50
Female	37.3%	42.0%	4.7	NS	142	61
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	21.8%	12.7	***	785	383
Male	9.5%	22.1%	12.6	**	402	186
Female	8.7%	21.5%	12.8	***	382	197

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7d. Change from Baseline to Endline for Indirect Beneficiaries (AGRICULTURE)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	13.6%	7.0	**	2,376	1,040
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	18.6%	8.8	***	1,779	953
Male	8.8%	20.4%	11.6	***	1,510	714
Female	13.0%	12.6%	-0.4	NS	265	239
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	63.5%	22.6	***	655	454
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	71.7%	18.7	***	1,282	739
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	79.1%	5.8	NS	1,241	988

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.5	1.1	***	6,123	3,606
Prevalence of households with moderate or severe hunger (HHS)	29.1%	22.4%	-6.7	**	6,970	4,067
Male and female adults	29.3%	21.9%	-7.4	**	6,337	3,440
Adult female, no adult male	34.2%	31.7%	-2.5	NS	352	343
Adult male, no adult female	18.0%	11.0%	-7.0	†	276	262
Child, no adults	NA	NA	NA	NA	5	22
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.33	$1.38	$0.06	NS	6,860	4,068
Male and female adults	$1.31	$1.37	$0.06	NS	6,235	3,441
Adult female, no adult male	$1.43	$1.27	-$0.16	NS	345	343
Adult male, no adult female	$2.33	$2.16	-$0.17	NS	277	262
Child, no adults	NA	NA	NA	NA	3	22
Prevalence of poverty: Percent of people living on less than $1.25/day	63.7%	59.5%	-4.3	NS	6,860	4,068
Male and female adults	64.6%	60.0%	-4.6	NS	6,235	3,441
Adult female, no adult male	56.3%	63.8%	7.6	NS	345	343
Adult male, no adult female	24.4%	27.5%	3.1	NS	277	262
Child, no adults	NA	NA	NA	NA	3	22
Mean depth of poverty	25.8	22.1	-3.7	*	6,860	4,068
Male and female adults	26.2	22.1	-4.0	*	6,235	3,441
Adult female, no adult male	24.8	27.1	2.4	NS	345	343
Adult male, no adult female	6.8	7.3	0.5	NS	277	262
Child, no adults	NA	NA	NA	NA	3	22
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	7,310	4,046
Percentage of households using improved sanitation facilities	8.6%	9.1%	0.6	NS	7,309	4,063
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3%	17.3%	2.0	NS	6,518	4,002
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	5.6%	15.6%	9.9	***	5,298	3,759
Male	6.0%	16.2%	10.2	***	4,562	2,893
Female	3.4%	14.0%	10.6	***	729	866
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7%	38.6%	13.9	***	5,282	3,770

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	25.6%	39.5%	13.9	***	4,548	2,900
Female	19.7%	36.4%	16.7	***	727	870
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3%	63.7%	33.4	***	6,051	3,770
Male	31.4%	70.4%	39.0	***	5,236	2,900
Female	24.3%	46.6%	22.3	***	808	870
Percentage of farmers who used improved storage practices in the past 12 months	27.6%	47.3%	19.7	***	6,098	3,770
Male	27.8%	53.1%	25.2	***	5,277	2,900
Female	26.1%	32.5%	6.3	NS	814	870
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	19.9%	20.8%	0.9	NS	4,827	2,595
Women's Dietary Diversity Score (WDDS)	3.3	4.1	0.8	***	6,050	3,478
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.3%	41.9%	-5.4	**	7,849	5,983
Male	48.2%	43.9%	-4.2	*	3,977	2,994
Female	46.4%	39.9%	-6.4	**	3,870	2,989
Prevalence of stunted children under 5 years of age (Total)	57.8%	53.0%	-4.8	**	7,688	5,916
Male	59.2%	55.9%	-3.3	†	3,907	2,963
Female	56.3%	50.1%	-6.1	**	3,781	2,953
Prevalence of wasted children under 5 years of age (Total)	17.4%	14.2%	-3.2	**	7,849	5,988
Male	19.1%	17.2%	-1.9	NS	3,977	3,007
Female	15.5%	11.2%	-4.3	**	3,870	2,981
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.4%	26.6%	12.2	***	10,424	6,120
Male	15.3%	28.9%	13.6	***	5,294	3,075
Female	13.5%	24.4%	10.9	***	5,116	3,045
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4%	74.5%	-3.9	NS	1,524	1,370
Male	78.4%	75.1%	-3.3	NS	824	723
Female	78.3%	73.9%	-4.5	NS	699	647
Prevalence of exclusive breast-feeding of children under six months of age	42.7%	40.7%	-2.0	NS	1,055	630
Male	41.8%	37.3%	-4.5	NS	543	308
Female	43.5%	44.1%	0.6	NS	512	322
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2%	15.4%	7.2	***	2,774	1,628
Male	8.2%	12.5%	4.3	*	1,438	815
Female	8.2%	18.1%	9.9	***	1,334	813

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
All Programs Combined

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	8.2%	0.1	NS	7,260	4,057
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	10.4%	22.4%	12.0	***	6,098	3,769
Male	10.3%	26.6%	16.3	***	5,277	2,899
Female	10.7%	11.8%	1.1	NS	814	870
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.1%	61.9%	9.7	**	1,909	1,880
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.5%	77.7%	11.2	***	4,375	3,110
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.3%	83.7%	2.4	NS	4,723	3,871

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)

LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.8	4.2	1.4	***	2,040	1,053
Prevalence of households with moderate or severe hunger (HHS)	42.5%	21.9%	-20.6	***	2,428	1,279
Male and female adults	42.9%	22.0%	-20.9	***	2,275	1,169
Adult female, no adult male	42.1%	25.5%	-16.6	NS	75	40
Adult male, no adult female	30.5%	18.9%	-11.6	NS	78	68
Child, no adults	NA	NA	NA	NA	1	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.06	$1.25	$0.19	**	2,413	1,279
Male and female adults	$1.05	$1.23	$0.18	**	2,259	1,169
Adult female, no adult male	$1.10	$1.40	$0.30	NS	75	40
Adult male, no adult female	$1.95	$1.75	-$0.20	NS	79	68
Child, no adults	NA	NA	NA	NA	1	
Prevalence of poverty: Percent of people living on less than $1.25/day	75.8%	66.0%	-9.8	**	2,413	1,279
Male and female adults	76.2%	66.4%	-9.8	**	2,259	1,169
Adult female, no adult male	76.0%	59.4%	-16.6	†	75	40
Adult male, no adult female	42.1%	51.1%	9.0	NS	79	68
Child, no adults	NA	NA	NA	NA	1	
Mean depth of poverty	35.8	28.3	-7.5	**	2,413	1,279
Male and female adults	36.1	28.4	-7.6	**	2,259	1,169
Adult female, no adult male	34.8	25.1	-9.7	NS	75	40
Adult male, no adult female	11.6	22.9	11.3	*	79	68
Child, no adults	NA	NA	NA	NA	1	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,442	1,266
Percentage of households using improved sanitation facilities	10.5%	18.2%	7.7	**	2,439	1,278
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0%	12.2%	2.2	NS	2,212	1,243
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.7%	22.9%	14.2	***	1,797	1,225
Male	9.4%	23.8%	14.4	***	1,539	1,024
Female	5.3%	18.7%	13.4	***	256	201
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8%	34.1%	14.3	***	1,794	1,231

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
Male	20.0%	34.5%	14.5	***	1,536	1,028
Female	18.5%	32.5%	14.1	*	256	203
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6%	56.2%	32.7	***	2,212	1,231
Male	24.8%	58.4%	33.6	***	1,902	1,028
Female	17.8%	46.3%	28.5	***	308	203
Percentage of farmers who used improved storage practices in the past 12 months	27.2%	58.5%	31.3	***	2,236	1,231
Male	28.5%	60.8%	32.2	***	1,923	1,028
Female	20.7%	48.1%	27.4	***	311	203
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.2%	17.5%	0.3	NS	1,735	850
Women's Dietary Diversity Score (WDDS)	2.9	3.9	1.0	***	2,162	1,137
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.8%	36.8%	-10.0	***	3,105	2,052
Male	47.6%	39.2%	-8.4	**	1,582	1,041
Female	46.0%	34.3%	-11.7	***	1,523	1,011
Prevalence of stunted children under 5 years of age (Total)	57.6%	49.9%	-7.7	***	3,029	2,034
Male	58.6%	54.1%	-4.5	NS	1,543	1,035
Female	56.5%	45.5%	-11.0	***	1,486	999
Prevalence of wasted children under 5 years of age (Total)	16.7%	11.3%	-5.4	***	3,105	2,058
Male	18.8%	12.4%	-6.3	***	1,582	1,050
Female	14.5%	10.2%	-4.3	*	1,523	1,008
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9%	18.3%	3.4	†	4,194	2,057
Male	16.2%	18.9%	2.7	NS	2,148	1,049
Female	13.5%	17.6%	4.1	†	2,044	1,008
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9%	69.9%	-7.1	NS	651	368
Male	77.6%	75.0%	-2.6	NS	363	192
Female	76.0%	64.1%	-11.8	†	287	176
Prevalence of exclusive breast-feeding of children under six months of age	44.1%	57.9%	13.8	**	420	237
Male	42.4%	52.7%	10.3	NS	225	117
Female	45.9%	63.1%	17.2	*	195	120
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4%	12.2%	6.8	**	1,102	520
Male	4.4%	13.7%	9.3	**	579	271
Female	6.6%	10.6%	4.0	NS	522	249

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
LAHIA

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.2%	14.0%	5.8	*	2,441	1,271
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	13.5%	35.2%	21.6	***	2,236	1,231
Male	14.4%	36.3%	21.9	***	1,923	1,028
Female	9.6%	30.0%	20.4	***	311	203
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.9%	71.4%	5.6	NS	649	593
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	76.7%	77.2%	0.6	NS	1,610	1,062
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.9%	84.0%	-0.9	NS	1,840	1,217

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.6	4.5	0.9	***	2,133	1,410
Prevalence of households with moderate or severe hunger (HHS)	25.0%	22.3%	-2.7	NS	2,398	1,530
Male and female adults	25.1%	21.4%	-3.6	NS	2,139	1,237
Adult female, no adult male	33.5%	33.2%	-0.3	NS	127	182
Adult male, no adult female	15.4%	9.3%	-6.1	NS	129	97
Child, no adults	NA	NA	NA	NA	3	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.37	$1.38	$0.01	NS	2,382	1,530
Male and female adults	$1.35	$1.37	$0.02	NS	2,125	1,237
Adult female, no adult male	$1.39	$1.24	-$0.15	NS	127	182
Adult male, no adult female	$2.36	$2.17	-$0.18	NS	128	97
Child, no adults	NA	NA	NA	NA	2	
Prevalence of poverty: Percent of people living on less than $1.25/day	62.6%	59.7%	-2.8	NS	2,382	1,530
Male and female adults	63.6%	60.1%	-3.5	NS	2,125	1,237
Adult female, no adult male	57.9%	65.6%	7.7	NS	127	182
Adult male, no adult female	21.3%	25.6%	4.4	NS	128	97
Child, no adults	NA	NA	NA	NA	2	
Mean depth of poverty	23.3	21.8	-1.5	NS	2,382	1,530
Male and female adults	23.6	21.7	-1.9	NS	2,125	1,237
Adult female, no adult male	26.7	28.0	1.3	NS	127	182
Adult male, no adult female	5.5	5.7	0.2	NS	128	97
Child, no adults	NA	NA	NA	NA	2	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,457	1,528
Percentage of households using improved sanitation facilities	5.5%	7.6%	2.2	NS	2,453	1,530
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1%	15.2%	0.1	NS	2,300	1,512
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	3.6%	15.1%	11.5	***	1,883	1,370
Male	3.8%	15.6%	11.8	***	1,660	986
Female	2.0%	13.9%	11.9	***	222	384
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9%	39.2%	10.3	**	1,880	1,373

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	29.8%	40.3%	10.5	**	1,657	988
Female	21.8%	36.5%	14.7	*	222	385
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7%	64.0%	30.3	***	2,071	1,373
Male	35.1%	71.8%	36.7	***	1,833	988
Female	23.2%	45.9%	22.7	***	237	385
Percentage of farmers who used improved storage practices in the past 12 months	25.0%	45.1%	20.1	***	2,083	1,373
Male	25.3%	51.5%	26.1	***	1,844	988
Female	22.5%	30.2%	7.7	NS	238	385
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	20.2%	21.4%	1.2	NS	1,621	988
Women's Dietary Diversity Score (WDDS)	3.4	4.1	0.7	***	2,018	1,305
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	48.9%	43.0%	-5.9	*	2,482	2,278
Male	50.4%	45.1%	-5.4	†	1,242	1,137
Female	47.3%	41.0%	-6.3	*	1,239	1,141
Prevalence of stunted children under 5 years of age (Total)	59.5%	53.6%	-5.9	**	2,445	2,253
Male	61.5%	56.4%	-5.1	*	1,231	1,124
Female	57.5%	51.0%	-6.5	*	1,214	1,129
Prevalence of wasted children under 5 years of age (Total)	17.8%	14.8%	-3.0	†	2,482	2,288
Male	19.6%	18.3%	-1.3	NS	1,242	1,146
Female	15.8%	11.4%	-4.5	*	1,239	1,142
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	28.1%	14.1	***	3,140	2,379
Male	15.1%	30.8%	15.7	***	1,584	1,185
Female	12.5%	25.6%	13.0	***	1,553	1,194
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	74.5%	-5.7	NS	416	661
Male	80.8%	74.6%	-6.2	NS	231	354
Female	79.5%	74.5%	-5.1	NS	185	307
Prevalence of exclusive breast-feeding of children under six months of age	44.3%	38.1%	-6.2	NS	338	257
Male	44.1%	34.6%	-9.5	NS	163	133
Female	44.5%	41.7%	-2.8	NS	175	124
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6%	14.9%	5.3	†	887	661
Male	10.2%	11.3%	1.1	NS	457	326
Female	8.9%	18.3%	9.4	**	430	335

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
PASAM TAI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.6%	6.9%	-1.7	NS	2,443	1,529
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.7%	21.3%	12.6	***	2,083	1,372
Male	8.6%	26.0%	17.4	***	1,844	987
Female	10.0%	10.5%	0.5	NS	238	385
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	47.9%	60.7%	12.8	*	605	739
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.4%	78.0%	11.6	***	1,483	1,134
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.1%	84.0%	1.9	NS	1,642	1,453

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)

SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	**Endline**	**(Endline-Baseline)**	**Level[2]**	**Baseline**	**Endline**
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.5	1.6	***	1,950	1,143
Prevalence of households with moderate or severe hunger (HHS)	21.8%	23.8%	2.0	NS	2,144	1,258
Male and female adults	21.0%	25.3%	4.3	NS	1,923	1,034
Adult female, no adult male	32.0%	18.1%	-13.8	*	150	121
Adult male, no adult female	12.7%	16.0%	3.3	NS	69	97
Child, no adults	NA	NA	NA	NA	2	
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$1.64	$1.58	-$0.07	NS	2,065	1,259
Male and female adults	$1.63	$1.55	-$0.07	NS	1,851	1,035
Adult female, no adult male	$1.67	$1.48	-$0.20	NS	143	121
Adult male, no adult female	$2.76	$2.35	-$0.41	NS	70	97
Child, no adults	NA	NA	NA	NA	1	
Prevalence of poverty: Percent of people living on less than $1.25/day	47.3%	50.3%	3.0	NS	2,065	1,259
Male and female adults	48.0%	51.6%	3.6	NS	1,851	1,035
Adult female, no adult male	42.9%	45.7%	2.8	NS	143	121
Adult male, no adult female	12.9%	23.5%	10.6	NS	70	97
Child, no adults	NA	NA	NA	NA	1	
Mean depth of poverty	16.1	18.0	1.9	NS	2,065	1,259
Male and female adults	16.2	18.4	2.1	NS	1,851	1,035
Adult female, no adult male	16.7	18.8	2.1	NS	143	121
Adult male, no adult female	5.6	6.6	1.0	NS	70	97
Child, no adults	NA	NA	NA	NA	1	
WASH INDICATORS						
Percentage of households using an improved source of drinking water	NA	NA	NA	NA	2,411	1,252
Percentage of households using improved sanitation facilities	13.2%	12.7%	-0.5	NS	2,417	1,255
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6%	38.2%	15.6	***	2,006	1,247
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	12.6%	6.4	**	1,618	1,164
Male	6.9%	12.7%	5.8	**	1,363	883
Female	3.2%	12.5%	9.3	**	251	281
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6%	38.7%	17.1	***	1,608	1,166

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
Male	22.3%	38.9%	16.6	**	1,355	884
Female	18.1%	37.9%	19.8	***	249	282
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1%	68.6%	36.5	***	1,768	1,166
Male	31.6%	72.8%	41.2	***	1,501	884
Female	33.9%	54.1%	20.2	*	263	282
Percentage of farmers who used improved storage practices in the past 12 months	34.1%	53.4%	19.3	***	1,779	1,166
Male	33.1%	56.3%	23.2	***	1,510	884
Female	38.2%	43.8%	5.6	NS	265	282
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.6%	18.6%	-4.9	†	1,471	757
Women's Dietary Diversity Score (WDDS)	3.6	4.6	1.0	***	1,870	1,036
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	44.2%	37.8%	-6.5	**	2,262	1,653
Male	43.6%	39.2%	-4.4	NS	1,153	816
Female	44.9%	36.4%	-8.4	**	1,108	837
Prevalence of stunted children under 5 years of age (Total)	53.8%	50.3%	-3.6	NS	2,214	1,629
Male	54.5%	53.3%	-1.2	NS	1,133	804
Female	53.2%	47.4%	-5.8	*	1,081	825
Prevalence of wasted children under 5 years of age (Total)	17.3%	11.8%	-5.5	***	2,262	1,642
Male	18.4%	12.6%	-5.8	*	1,153	811
Female	16.2%	11.0%	-5.2	**	1,108	831
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.7%	21.3%	6.6	**	3,090	1,684
Male	14.1%	22.2%	8.2	**	1,562	841
Female	15.4%	20.4%	5.0	*	1,519	843
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6%	78.1%	1.5	NS	457	341
Male	73.7%	80.6%	7.0	NS	230	177
Female	79.3%	75.3%	-4.0	NS	227	164
Prevalence of exclusive breast-feeding of children under six months of age	36.1%	47.7%	11.6	NS	297	136
Male	34.7%	50.3%	15.7	†	155	58
Female	37.3%	45.6%	8.3	NS	142	78
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1%	22.9%	13.9	***	785	447
Male	9.5%	22.3%	12.8	**	402	218
Female	8.7%	23.5%	14.8	***	382	229

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.7e. Change from Baseline to Endline for Indirect Beneficiaries (OTHER)
SAWKI

	Indicator Values		Raw Difference[1]	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level[2]	Baseline	Endline
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.6%	12.7%	6.0	**	2,376	1,257
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.7%	18.9%	9.2	***	1,779	1,166
Male	8.8%	21.3%	12.5	***	1,510	884
Female	13.0%	10.8%	-2.2	NS	265	282
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	40.9%	63.7%	22.7	***	655	548
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	52.9%	76.1%	23.1	***	1,282	914
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	73.2%	81.3%	8.0	*	1,241	1,201

[1] Raw change is calculated as endline result minus baseline result.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.8a. Comparison of Baseline Indicator Estimates by Baseline Household Poverty Status
LAHIA

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					On or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.5	2.5	1.0	***	563	1,462
Prevalence of households with moderate or severe hunger (HHS)	34.4%	46.6%	-12.1	***	690	1,716
Male and female adults	35.1%	46.6%	-11.5	**	619	1,634
Adult female, no adult male	31.2%	48.0%	-16.7	ns	24	51
Adult male, no adult female	26.0%	0.4	-13.2	ns	47	31
Child, no adults	N/A	N/A	N/A	N/A	0	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	12.2%	9.9%	2.3	ns	694	1,716
Percentage of households with soap and water at a handwashing station commonly used by family members	12.9%	8.6%	4.3	*	634	1,570
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.1%	8.9%	-0.9	ns	522	1,270
Male	8.7%	9.7%	-0.9	ns	460	1,074
Female	3.8%	5.7%	-1.9	ns	62	194
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	18.8%	20.2%	-1.4	ns	521	1,268
Male	17.8%	20.9%	-3.1	ns	459	1,072
Female	25.4%	16.5%	8.8	ns	62	194
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.8%	23.4%	0.4	ns	634	1,571
Male	24.7%	24.8%	-0.1	ns	559	1,336
Female	18.7%	17.6%	1.2	ns	75	233
Percentage of farmers who used improved storage practices in the past 12 months	30.7%	25.8%	5.0	ns	643	1,586
Male	31.5%	27.3%	4.2	ns	567	1,349
Female	25.9%	19.3%	6.6	ns	76	235
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.6%	16.5%	2.1	ns	453	1,277
Women's Dietary Diversity Score (WDDS)	3.4	2.6	0.8	***	582	1,570
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.6%	47.0%	-0.4	ns	650	2,445
Male	45.4%	48.3%	-3.0	ns	330	1,246
Female	47.8%	45.5%	2.3	ns	320	1,199

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.8a. Comparison of Baseline Indicator Estimates by Baseline Household Poverty Status
LAHIA

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level[3]	Number of observations	
					On or above the poverty line	Below the poverty line
Prevalence of stunted children under 5 years of age (Total)	55.9%	58.1%	-2.2	ns	624	2,395
Male	55.4%	59.5%	-4.0	ns	319	1,218
Female	56.4%	56.6%	-0.2	ns	305	1,177
Prevalence of wasted children under 5 years of age (Total)	16.5%	16.8%	-0.2	ns	650	2,445
Male	17.8%	19.2%	-1.4	ns	330	1,246
Female	15.2%	14.2%	1.1	ns	320	1,199
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	12.1%	15.7%	-3.5	ns	850	3,317
Male	13.3%	16.9%	-3.6	ns	434	1,698
Female	10.9%	14.3%	-3.4	ns	416	1,618
Percentage of children under age 5 with diarrhea treated with ORT (Total)	83.7%	75.8%	7.9	*	107	542
Male	83.0%	77.0%	6.0	ns	59	302
Female	84.6%	74.2%	10.4	ns	48	239
Prevalence of exclusive breast-feeding of children under six months of age	54.4%	40.9%	13.4	ns	99	319
Male	42.5%	42.9%	-0.3	ns	57	167
Female	70.8%	38.9%	31.9	**	42	152
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.0%	4.7%	3.3	ns	235	863
Male	7.1%	3.5%	3.6	ns	132	444
Female	9.0%	6.0%	3.0	ns	103	418
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.3%	8.7%	-1.4	ns	695	1,718
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	12.2%	14.0%	-1.8	ns	643	1,586
Male	12.9%	14.9%	-1.9	ns	567	1,349
Female	7.4%	10.3%	-2.9	ns	76	235
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	68.5%	65.5%	3.0	ns	150	491
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	80.8%	75.3%	5.4	ns	456	1,146
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.5%	84.6%	0.9	ns	503	1,332

[1] On or above the poverty line households are defined as households with a daily per capita consumption expenditure that is on or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.8b. Comparison of Baseline Indicator Estimates by Baseline Household Poverty Status
PASAM TAI

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					On or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	3.4	0.6	***	995	1,094
Prevalence of households with moderate or severe hunger (HHS)	23.7%	27.1%	-3.4	ns	1,128	1,251
Male and female adults	23.7%	27.2%	-3.5	ns	960	1,162
Adult female, no adult male	31.6%	35.5%	-3.9	ns	65	62
Adult male, no adult female	18.5%	2.4%	16.1	**	101	27
Child, no adults	N/A	N/A	N/A	N/A	2	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	6.5%	4.5%	2.0	ns	1,128	1,251
Percentage of households with soap and water at a handwashing station commonly used by family members	16.4%	13.9%	2.6	ns	1,089	1,210
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	2.7%	4.2%	-1.6	ns	861	1,022
Male	2.8%	4.6%	-1.8	ns	768	892
Female	1.9%	2.0%	-0.1	ns	92	130
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	29.4%	28.6%	0.8	ns	860	1,020
Male	30.3%	29.5%	0.7	ns	767	890
Female	20.4%	22.5%	-2.1	ns	92	130
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	34.0%	33.5%	0.5	ns	957	1,114
Male	34.4%	35.7%	-1.3	ns	858	975
Female	30.1%	19.5%	10.6	ns	98	139
Percentage of farmers who used improved storage practices in the past 12 months	25.6%	24.5%	1.1	ns	961	1,122
Male	24.9%	25.6%	-0.7	ns	862	982
Female	31.3%	17.7%	13.7	ns	98	140
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.8%	18.0%	5.9	ns	729	891
Women's Dietary Diversity Score (WDDS)	3.7	3.2	0.5	***	910	1,103
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.7%	50.0%	-3.3	ns	958	1,517
Male	47.6%	51.9%	-4.3	ns	478	761
Female	45.9%	47.9%	-2.0	ns	480	756
Prevalence of stunted children under 5 years of age (Total)	59.6%	59.5%	0.2	ns	946	1,494
Male	61.1%	61.7%	-0.5	ns	477	751

Table 6.8b. Comparison of Baseline Indicator Estimates by Baseline Household Poverty Status

PASAM TAI

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level[3]	Number of observations	
					On or above the poverty line	Below the poverty line
Female	58.2%	57.0%	1.2	ns	469	743
Prevalence of wasted children under 5 years of age (Total)	17.5%	17.7%	-0.2	ns	958	1,517
Male	20.1%	19.3%	0.7	ns	478	761
Female	15.2%	15.9%	-0.7	ns	480	756
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.5%	13.6%	0.9	ns	1,180	1,933
Male	14.8%	15.4%	-0.6	ns	586	987
Female	14.3%	11.6%	2.7	ns	594	946
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	80.2%	-0.1	ns	169	245
Male	82.6%	79.9%	2.7	ns	98	132
Female	77.9%	80.8%	-2.9	ns	71	113
Prevalence of exclusive breast-feeding of children under six months of age	42.9%	45.1%	-2.3	ns	133	204
Male	45.2%	43.8%	1.4	ns	62	100
Female	40.8%	46.4%	-5.6	ns	71	104
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	12.7%	7.9%	4.8	ns	332	552
Male	14.8%	7.8%	7.0	ns	173	283
Female	10.7%	8.0%	2.7	ns	159	269
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	9.9%	-1.9	ns	1,129	1,252
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	7.0%	9.9%	-2.9	ns	961	1,122
Male	6.9%	9.8%	-2.8	ns	862	982
Female	7.8%	11.2%	-3.4	ns	98	140
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.8%	51.4%	1.5	ns	274	307
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.8%	68.2%	-1.4	ns	674	793
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.4%	81.7%	1.7	ns	749	889

[1] On or above the poverty line households are defined as households with a daily per capita consumption expenditure that is on or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.8c. Comparison of Baseline Indicator Estimates by Baseline Household Poverty Status
Sawki

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					On or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.4	3.4	1.1	***	932	820
Prevalence of households with moderate or severe hunger (HHS)	18.5%	28.3%	-9.8	**	1,098	960
Male and female adults	18.1%	26.5%	-8.4	*	956	891
Adult female, no adult male	25.3%	47.7%	-22.4	*	87	55
Adult male, no adult female	11.5%	24.4%	-12.9	ns	55	13
Child, no adults	N/A	N/A	N/A	N/A	0	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	15.5%	9.8%	5.7	*	1,097	958
Percentage of households with soap and water at a handwashing station commonly used by family members	26.6%	17.4%	9.1	*	1,065	923
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	6.1%	0.2	ns	844	766
Male	6.4%	7.4%	-1.0	ns	719	639
Female	4.6%	1.8%	2.8	ns	121	127
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	23.8%	18.6%	5.2	ns	841	759
Male	24.8%	18.8%	6.0	ns	717	633
Female	18.5%	17.8%	0.6	ns	120	126
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	36.0%	27.5%	8.5	ns	919	841
Male	33.2%	29.8%	3.4	ns	786	710
Female	47.9%	19.0%	29.0	**	129	131
Percentage of farmers who used improved storage practices in the past 12 months	37.1%	30.6%	6.5	ns	926	845
Male	34.1%	31.9%	2.2	ns	793	712
Female	50.2%	25.8%	24.4	ns	129	133
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.3%	25.1%	-1.8	ns	697	685
Women's Dietary Diversity Score (WDDS)	4.0	3.2	0.8	***	889	831
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.2%	45.8%	-2.6	ns	985	1,102
Male	42.4%	44.1%	-1.7	ns	473	591
Female	44.0%	47.4%	-3.4	ns	512	511
Prevalence of stunted children under 5 years of age (Total)	52.7%	54.4%	-1.7	ns	968	1,079
Male	52.7%	56.6%	-3.9	ns	466	581

	On or above the poverty line[1]	Below the poverty line[2]	Raw Difference (On or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					On or above the poverty line	Below the poverty line
Female	52.7%	52.3%	0.4	ns	502	498
Prevalence of wasted children under 5 years of age (Total)	16.6%	18.8%	-2.3	ns	985	1,102
Male	19.3%	18.4%	0.9	ns	473	591
Female	14.1%	19.3%	-5.2	ns	512	511
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	16.6%	-2.6	ns	1,313	1,530
Male	14.8%	13.9%	0.9	ns	636	809
Female	13.2%	19.3%	-6.1	ns	674	720
Percentage of children under age 5 with diarrhea treated with ORT (Total)	77.9%	74.7%	3.3	ns	185	249
Male	75.4%	69.5%	5.9	ns	94	124
Female	80.7%	78.8%	1.9	ns	91	125
Prevalence of exclusive breast-feeding of children under six months of age	41.9%	29.4%	12.5	ns	121	153
Male	40.6%	31.9%	8.7	ns	49	94
Female	42.6%	25.9%	16.6	ns	72	59
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.7%	10.1%	-2.4	ns	329	397
Male	8.2%	12.2%	-4.0	ns	166	207
Female	7.2%	8.1%	-0.8	ns	162	190
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.7%	7.6%	0.1	ns	1,103	957
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	8.8%	11.1%	-2.3	ns	926	845
Male	6.9%	11.5%	-4.6	*	793	712
Female	16.2%	9.7%	6.5	ns	129	133
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	51.4%	44.8%	6.6	ns	247	259
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	60.6%	57.6%	3.0	ns	572	565
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.2%	71.0%	6.2	ns	631	590

[1] On or above the poverty line households are defined as households with a daily per capita consumption expenditure that is on or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant, ** p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.9a. Comparison of Endline Indicator Estimates by Endline Household Poverty Status
LAHIA

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					At or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.3	3.5	1.8	***	620	838
Prevalence of households with moderate or severe hunger (HHS)	15.2%	30.6%	-15.5	***	729	1,028
Male and female adults	15.6%	30.5%	-14.9	***	652	955
Adult female, no adult male	20.4%	33.4%	-13.0	ns	27	37
Adult male, no adult female	5.4%	31.5%	-26.0	*	48	35
Child, no adults	N/A	N/A	N/A	N/A	2	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	...	...
Percentage of households using improved sanitation facilities	16.0%	19.7%	-3.7	ns	730	1,034
Percentage of households with soap and water at a handwashing station commonly used by family members	14.6%	10.8%	3.8	*	723	1,002
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	26.4%	24.5%	1.9	ns	712	992
Male	27.1%	25.0%	2.2	ns	592	794
Female	22.8%	22.8%	0.0	ns	120	198
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	39.6%	28.5%	11.1	***	714	996
Male	41.9%	29.4%	12.4	***	593	797
Female	29.3%	25.2%	4.1	ns	121	199
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	61.7%	55.6%	6.2	*	714	996
Male	64.3%	57.6%	6.8	**	593	797
Female	49.7%	48.5%	1.2	ns	121	199
Percentage of farmers who used improved storage practices in the past 12 months	62.0%	55.8%	6.2	ns	714	996
Male	63.6%	57.9%	5.7	ns	593	797
Female	54.6%	48.4%	6.1	ns	121	199
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	14.7%	18.5%	-3.8	*	472	711
Women's Dietary Diversity Score (WDDS)	4.9	3.4	1.5	***	643	937
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	35.4%	38.1%	-2.6	ns	1,015	1,949
Male	37.9%	39.1%	-1.2	ns	517	983
Female	32.8%	36.9%	-4.2	ns	498	966
Prevalence of stunted children under 5 years of age (Total)	48.2%	51.2%	-3.1	ns	1,006	1,932
Male	52.7%	54.3%	-1.6	ns	513	976

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.9a. Comparison of Endline Indicator Estimates by Endline Household Poverty Status
LAHIA

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					At or above the poverty line	Below the poverty line
Female	43.5%	48.1%	-4.6	ns	493	956
Prevalence of wasted children under 5 years of age (Total)	10.8%	12.0%	-1.3	ns	1,014	1,952
Male	11.6%	13.8%	-2.2	ns	517	988
Female	10.0%	10.3%	-0.3	ns	497	964
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	17.1%	18.7%	-1.7	ns	1,042	1,938
Male	16.9%	20.1%	-3.2	ns	532	986
Female	17.2%	17.3%	0.0	ns	510	952
Percentage of children under age 5 with diarrhea treated with ORT (Total)	74.2%	70.5%	3.7	ns	181	344
Male	77.2%	72.7%	4.5	ns	91	183
Female	71.0%	67.9%	3.2	ns	90	161
Prevalence of exclusive breast-feeding of children under six months of age	60.3%	55.2%	5.1	ns	106	222
Male	61.3%	48.9%	12.5	ns	49	103
Female	59.4%	60.9%	-1.6	ns	57	119
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	21.9%	7.9%	13.9	***	259	491
Male	23.7%	8.3%	15.4	**	134	263
Female	19.8%	7.5%	12.3	**	125	228
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	13.9%	15.5%	-1.6	ns	728	1,030
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	35.6%	38.5%	-2.9	ns	714	996
Male	37.1%	39.2%	-2.1	ns	593	797
Female	29.0%	36.2%	-7.2	ns	121	199
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	71.6%	71.2%	0.5	ns	316	498
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	82.4%	77.0%	5.3	*	619	827
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	88.6%	83.8%	4.8	*	699	984

[1] At or above the poverty line households are defined as households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.9b. Comparison of Endline Indicator Estimates by Endline Household Poverty Status
PASAM TAI

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations	
					At or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	5.3	3.9	1.4	***	828	801
Prevalence of households with moderate or severe hunger (HHS)	17.9%	24.5%	-6.6	*	914	856
Male and female adults	17.9%	22.7%	-4.8	*	728	720
Adult female, no adult male	26.1%	35.3%	-9.2	ns	94	107
Adult male, no adult female	8.3%	16.3%	-8.0	ns	82	25
Child, no adults	N/A	N/A	N/A	N/A	10	4
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	9.0%	5.9%	3.1	ns	920	859
Percentage of households with soap and water at a handwashing station commonly used by family members	19.5%	14.4%	5.1	ns	905	850
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	21.4%	13.2%	8.2	**	837	753
Male	21.1%	14.1%	7.0	*	641	521
Female	22.0%	11.3%	10.8	**	196	232
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	46.3%	37.6%	8.7	*	839	754
Male	48.6%	37.6%	10.9	*	642	522
Female	39.9%	37.6%	2.2	ns	197	232
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	71.0%	60.3%	10.7	***	839	754
Male	77.0%	69.0%	8.0	**	642	522
Female	53.7%	42.0%	11.7	*	197	232
Percentage of farmers who used improved storage practices in the past 12 months	51.2%	43.0%	8.3	*	839	754
Male	55.3%	50.5%	4.8	ns	642	522
Female	39.4%	27.0%	12.4	*	197	232
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	24.1%	19.0%	5.1	*	549	609
Women's Dietary Diversity Score (WDDS)	4.7	3.6	1.1	***	748	772
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	45.7%	41.9%	3.8	ns	1,148	1,533
Male	46.5%	43.7%	2.8	ns	577	774
Female	44.9%	40.1%	4.8	ns	571	759
Prevalence of stunted children under 5 years of age (Total)	57.0%	53.7%	3.3	ns	1,131	1,522
Male	59.3%	56.9%	2.4	ns	569	769

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.9b. Comparison of Endline Indicator Estimates by Endline Household Poverty Status
PASAM TAI

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations At or above the poverty line	Below the poverty line
Female	54.7%	50.5%	4.2	ns	562	753
Prevalence of wasted children under 5 years of age (Total)	14.0%	14.6%	-0.6	ns	1,146	1,540
Male	16.8%	18.0%	-1.1	ns	578	778
Female	11.2%	11.3%	-0.1	ns	568	762
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	27.6%	27.0%	0.5	ns	1,200	1,593
Male	30.6%	28.9%	1.7	ns	604	802
Female	24.5%	25.2%	-0.6	ns	596	791
Percentage of children under age 5 with diarrhea treated with ORT (Total)	79.7%	73.4%	6.3	ns	332	424
Male	82.8%	71.7%	11.1	**	177	230
Female	76.0%	75.5%	0.5	ns	155	194
Prevalence of exclusive breast-feeding of children under six months of age	36.2%	40.9%	-4.7	ns	139	172
Male	34.6%	36.6%	-2.0	ns	75	95
Female	38.1%	46.3%	-8.2	ns	64	77
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	23.2%	12.3%	11.0	***	314	436
Male	19.4%	8.8%	10.7	**	158	212
Female	27.2%	15.3%	11.8	**	156	224
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	6.9%	6.6%	0.3	ns	919	859
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	21.5%	20.4%	1.1	ns	839	753
Male	25.1%	26.1%	-1.0	ns	642	521
Female	11.0%	8.4%	2.7	ns	197	232
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	60.5%	64.0%	-3.5	ns	391	462
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.4%	78.3%	-0.9	ns	729	610
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.6%	85.5%	-3.9	*	864	823

[1] At or above the poverty line households are defined as households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.9c. Comparison of Endline Indicator Estimates by Endline Household Poverty Status
Sawki

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations At or above the poverty line	Below the poverty line
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	6.4	4.2	2.2	***	918	672
Prevalence of households with moderate or severe hunger (HHS)	16.9%	35.7%	-18.8	***	1,017	734
Male and female adults	18.1%	35.6%	-17.4	***	821	649
Adult female, no adult male	13.9%	36.3%	-22.4	**	91	63
Adult male, no adult female	10.7%	39.9%	-29.2	*	100	21
Child, no adults	N/A	N/A	N/A	N/A	5	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	13.4%	13.8%	-0.4	ns	1,030	737
Percentage of households with soap and water at a handwashing station commonly used by family members	39.1%	31.8%	7.3	*	1,029	726
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	16.7%	18.3%	-1.7	ns	967	689
Male	16.7%	19.7%	-3.0	ns	738	514
Female	16.8%	14.1%	2.6	ns	229	175
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	37.6%	43.8%	-6.2	ns	968	691
Male	39.5%	44.6%	-5.1	ns	739	515
Female	30.6%	41.2%	-10.7	*	229	176
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	73.5%	73.0%	0.5	ns	968	691
Male	77.9%	78.1%	-0.1	ns	739	515
Female	57.2%	56.6%	0.6	ns	229	176
Percentage of farmers who used improved storage practices in the past 12 months	56.7%	55.0%	1.6	ns	968	691
Male	59.3%	58.5%	0.8	ns	739	515
Female	46.9%	43.8%	3.1	ns	229	176
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	17.7%	19.0%	-1.3	ns	598	480
Women's Dietary Diversity Score (WDDS)	5.4	3.8	1.6	***	831	636
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	36.2%	40.5%	-4.2	ns	1,149	1,276
Male	38.4%	41.7%	-3.3	ns	572	634
Female	34.1%	39.3%	-5.2	ns	577	642
Prevalence of stunted children under 5 years of age (Total)	50.0%	51.3%	-1.3	ns	1,134	1,258
Male	55.1%	52.2%	2.9	ns	562	627

	At or above the poverty line[1]	Below the poverty line[2]	Raw Difference (At or above the poverty line - Below the poverty line)	Significance Level [3]	Number of observations At or above the poverty line	Number of observations Below the poverty line
Female	44.9%	50.5%	-5.6	*	572	631
Prevalence of wasted children under 5 years of age (Total)	10.2%	12.4%	-2.2	ns	1,141	1,269
Male	10.8%	13.6%	-2.8	ns	568	630
Female	9.6%	11.3%	-1.7	ns	573	639
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	22.4%	21.7%	0.7	ns	1,182	1,276
Male	22.4%	22.7%	-0.3	ns	595	638
Female	22.5%	20.6%	1.8	ns	587	638
Percentage of children under age 5 with diarrhea treated with ORT (Total)	81.9%	73.6%	8.3	ns	250	255
Male	84.9%	76.5%	8.4	ns	128	136
Female	78.8%	70.4%	8.4	ns	122	119
Prevalence of exclusive breast-feeding of children under six months of age	41.2%	58.7%	-17.5	*	105	93
Male	35.5%	69.2%	-33.7	**	48	42
Female	45.7%	49.9%	-4.2	ns	57	51
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	34.0%	17.6%	16.4	**	321	335
Male	31.6%	18.5%	13.1	*	151	176
Female	36.3%	16.6%	19.7	***	170	159
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	13.2%	10.8%	2.4	ns	1,033	737
Percent of farmers who used at least one improved variety of micro-nutrient dense foods in the most recent season (Total)	22.3%	24.4%	-2.1	ns	967	691
Male	24.0%	28.3%	-4.3	ns	739	515
Female	16.3%	11.9%	4.4	ns	228	176
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	58.6%	68.5%	-9.9	*	410	346
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	80.1%	72.7%	7.4	*	752	553
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.3%	80.1%	5.2	*	978	705

[1] At or above the poverty line households are defined as households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] Below the poverty line households are defined as households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[3] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.10a. Comparison of Baseline and Endline Indicator Estimates for the Poor[1]
LAHIA

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	2.5	3.5	1.0	***	1,462	838
Prevalence of households with moderate or severe hunger (HHS)	46.6%	30.6%	-15.9	***	1,716	1,028
Male and female adults	46.6%	30.5%	-16.1	***	1,634	955
Adult female, no adult male	48.0%	33.4%	-14.5	ns	51	37
Adult male, no adult female	39.2%	31.5%	-7.7	ns	31	35
Child, no adults	N/A	N/A	N/A	N/A	0	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	9.9%	19.7%	9.8	**	1,716	1,034
Percentage of households with soap and water at a handwashing station commonly used by family members	8.6%	10.8%	2.2	ns	1,570	1,002
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.9%	24.5%	15.6	***	1,270	992
Male	9.7%	25.0%	15.3	***	1,074	794
Female	5.7%	22.8%	17.2	***	194	198
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	20.2%	28.5%	8.2	*	1,268	996
Male	20.9%	29.4%	8.5	*	1,072	797
Female	16.5%	25.2%	8.6	ns	194	199
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.4%	55.6%	32.1	***	1,571	996
Male	24.8%	57.6%	32.8	***	1,336	797
Female	17.6%	48.5%	30.9	***	233	199
Percentage of farmers who used improved storage practices in the past 12 months	25.8%	55.8%	30.1	***	1,586	996
Male	27.3%	57.9%	30.6	***	1,349	797
Female	19.3%	48.4%	29.2	***	235	199
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	16.5%	18.5%	2.0	ns	1,277	711
Women's Dietary Diversity Score (WDDS)	2.6	3.4	71.8	***	1,570	937
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	47.0%	38.1%	-8.9	***	2,445	1,949
Male	48.3%	39.1%	-9.2	***	1,246	983
Female	45.5%	36.9%	-8.6	**	1,199	966
Prevalence of stunted children under 5 years of age (Total)	58.1%	51.2%	-6.9	**	2,395	1,932
Male	59.5%	54.3%	-5.2	*	1,218	976

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.10a. Comparison of Baseline and Endline Indicator Estimates for the Poor[1]
LAHIA

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
Female	56.6%	48.1%	-8.5	**	1,177	956
Prevalence of wasted children under 5 years of age (Total)	16.8%	12.0%	-4.7	***	2,445	1,952
Male	19.2%	13.8%	-5.4	**	1,246	988
Female	14.2%	10.3%	-3.9	*	1,199	964
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	15.7%	18.7%	3.1	ns	3,317	1,938
Male	16.9%	20.1%	3.2	ns	1,698	986
Female	14.3%	17.3%	3.0	ns	1,618	952
Percentage of children under age 5 with diarrhea treated with ORT (Total)	75.8%	70.5%	-5.3	ns	542	344
Male	77.0%	72.7%	-4.3	ns	302	183
Female	74.2%	67.9%	-6.3	ns	239	161
Prevalence of exclusive breast-feeding of children under six months of age	40.9%	55.2%	14.2	*	319	222
Male	42.9%	48.9%	6.0	ns	167	103
Female	38.9%	60.9%	22.0	**	152	119
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	4.7%	7.9%	3.2	ns	863	491
Male	3.5%	8.3%	4.8	*	444	263
Female	6.0%	7.5%	1.5	ns	418	228
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.7%	15.5%	6.8	**	1,718	1,030
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	14.0%	38.5%	24.5	***	1,586	996
Male	14.9%	39.2%	24.3	***	1,349	797
Female	10.3%	36.2%	25.9	***	235	199
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	65.5%	71.6%	6.1	ns	491	498
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	75.3%	77.0%	1.7	ns	1,146	827
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	84.6%	83.8%	-0.8	ns	1,332	984

[1] The poor are defined as households or individuals living in households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[2] NS not significant, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.10b. Comparison of Baseline and Endline Indicator Estimates for the Poor[1]
PASAM-TAI

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	3.9	0.6	***	1,094	801
Prevalence of households with moderate or severe hunger (HHS)	27.1%	24.5%	-2.6	ns	1,251	856
Male and female adults	27.2%	22.7%	-4.5	ns	1,162	720
Adult female, no adult male	35.5%	35.3%	-0.2	ns	62	107
Adult male, no adult female	2.4%	16.3%	13.9	ns	27	25
Child, no adults	N/A	N/A	N/A	N/A	4	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	4.5%	5.9%	1.5	ns	1,251	859
Percentage of households with soap and water at a handwashing station commonly used by family members	13.9%	14.4%	0.5	ns	1,210	850
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	4.2%	13.2%	9.0	***	1,022	753
Male	4.6%	14.1%	9.5	**	892	521
Female	2.0%	11.3%	9.2	**	130	232
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.6%	37.6%	9.1	*	1,020	754
Male	29.5%	37.6%	8.1	ns	890	522
Female	22.5%	37.6%	15.1	ns	130	232
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.5%	60.3%	26.8	***	1,114	754
Male	35.7%	69.0%	33.3	***	975	522
Female	19.5%	42.0%	22.5	***	139	232
Percentage of farmers who used improved storage practices in the past 12 months	24.5%	43.0%	18.4	***	1,122	754
Male	25.6%	50.5%	24.9	***	982	522
Female	17.7%	27.0%	9.4	ns	140	232
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.0%	19.0%	1.0	ns	891	609
Women's Dietary Diversity Score (WDDS)	3.2	3.6	0.4	**	1,103	772
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	50.0%	41.9%	-8.1	***	1,517	1,533
Male	51.9%	43.7%	-8.2	**	761	774
Female	47.9%	40.1%	-7.8	*	756	759
Prevalence of stunted children under 5 years of age (Total)	59.5%	53.7%	-5.8	*	1,494	1,522
Male	61.7%	56.9%	-4.8	ns	751	769

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
Female	57.0%	50.5%	-6.5	ns	743	753
Prevalence of wasted children under 5 years of age (Total)	17.7%	14.6%	-3.1	ns	1,517	1,540
Male	19.3%	18.0%	-1.4	ns	761	778
Female	15.9%	11.3%	-4.6	ns	756	762
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	13.6%	27.0%	13.4	***	1,933	1,593
Male	15.4%	28.9%	13.5	***	987	802
Female	11.6%	25.2%	13.6	***	946	791
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	73.4%	-6.8	ns	245	424
Male	79.9%	71.7%	-8.2	ns	132	230
Female	80.8%	75.5%	-5.3	ns	113	194
Prevalence of exclusive breast-feeding of children under six months of age	45.1%	40.9%	-4.2	ns	204	172
Male	43.8%	36.6%	-7.2	ns	100	95
Female	46.4%	46.3%	-0.1	ns	104	77
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.9%	12.3%	4.4	ns	552	436
Male	7.8%	8.8%	0.9	ns	283	212
Female	8.0%	15.3%	7.3	*	269	224
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	9.9%	6.6%	-3.3	ns	1,252	859
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	9.9%	20.4%	10.4	**	1,122	753
Male	9.8%	26.1%	16.4	***	982	521
Female	11.2%	8.4%	-2.8	ns	140	232
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	51.4%	64.0%	12.6	*	307	462
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	68.2%	78.3%	10.1	**	793	610
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	81.7%	85.5%	3.8	ns	889	823

[1] The poor are defined as households or individuals living in households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[2] NS not significant, ** p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.10c. Comparison of Baseline and Endline Indicator Estimates for the Poor[1]
Sawki

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.4	4.2	0.9	***	820	672
Prevalence of households with moderate or severe hunger (HHS)	28.3%	35.7%	7.4	ns	960	734
Male and female adults	26.5%	35.6%	9.1	*	891	649
Adult female, no adult male	47.7%	36.3%	-11.4	ns	55	63
Adult male, no adult female	24.4%	39.9%	15.5	ns	13	21
Child, no adults	N/A	N/A	N/A	N/A	1	1
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	9.8%	13.8%	4.0	ns	958	737
Percentage of households with soap and water at a handwashing station commonly used by family members	17.4%	31.8%	14.3	***	923	726
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.1%	18.3%	12.2	***	766	689
Male	7.4%	19.7%	12.3	**	639	514
Female	1.8%	14.1%	12.3	***	127	175
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	18.6%	43.8%	25.2	***	759	691
Male	18.8%	44.6%	25.7	***	633	515
Female	17.8%	41.2%	23.4	***	126	176
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	27.5%	73.0%	45.5	***	841	691
Male	29.8%	78.1%	48.3	***	710	515
Female	19.0%	56.6%	37.6	***	131	176
Percentage of farmers who used improved storage practices in the past 12 months	30.6%	55.0%	24.4	***	845	691
Male	31.9%	58.5%	26.6	***	712	515
Female	25.8%	43.8%	18.1	ns	133	176
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	25.1%	19.0%	-6.0	ns	685	480
Women's Dietary Diversity Score (WDDS)	3.2	3.8	0.6	**	831	636
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	45.8%	40.5%	-5.3	*	1,102	1,276
Male	44.1%	41.7%	-2.4	ns	591	634
Female	47.4%	39.3%	-8.0	**	511	642
Prevalence of stunted children under 5 years of age (Total)	54.4%	51.3%	-3.1	ns	1,079	1,258
Male	56.6%	52.2%	-4.4	ns	581	627

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Table 6.10c. Comparison of Baseline and Endline Indicator Estimates for the Poor[1]
Sawki

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Endline
Female	52.3%	50.5%	-1.8	ns	498	631
Prevalence of wasted children under 5 years of age (Total)	18.8%	12.4%	-6.4	***	1,102	1,269
Male	18.4%	13.6%	-4.8	ns	591	630
Female	19.3%	11.3%	-8.0	**	511	639
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	16.6%	21.7%	5.1	*	1,530	1,276
Male	13.9%	22.7%	8.8	**	809	638
Female	19.3%	20.6%	1.3	ns	720	638
Percentage of children under age 5 with diarrhea treated with ORT (Total)	74.7%	73.6%	-1.0	ns	249	255
Male	69.5%	76.5%	7.1	ns	124	136
Female	78.8%	70.4%	-8.4	ns	125	119
Prevalence of exclusive breast-feeding of children under six months of age	29.4%	58.7%	29.3	**	153	93
Male	31.9%	69.2%	37.3	**	94	42
Female	25.9%	49.9%	23.9	*	59	51
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	10.1%	17.6%	7.5	ns	397	335
Male	12.2%	18.5%	6.3	ns	207	176
Female	8.1%	16.6%	8.5	ns	190	159
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.6%	10.8%	3.2	ns	957	737
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	11.1%	24.4%	13.3	***	845	691
Male	11.5%	28.3%	16.8	***	712	515
Female	9.7%	11.9%	2.2	ns	133	176
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	44.8%	68.5%	23.8	**	259	346
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	57.6%	72.7%	15.1	**	565	553
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	71.0%	80.1%	9.1	ns	590	705

[1] The poor are defined as households or individuals living in households with a daily per capita consumption expenditure that is below $1.25 in constant 2010 USD.

[2] NS not significant, ** p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.11a. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line

LAHIA

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.5	5.3	1.8	***	563	620
Prevalence of households with moderate or severe hunger (HHS)	34.4%	15.2%	-19.2	***	690	729
Male and female adults	35.1%	15.6%	-19.6	***	619	652
Adult female, no adult male	31.2%	20.4%	-10.8	ns	24	27
Adult male, no adult female	26.0%	5.4%	-20.6	**	47	48
Child, no adults	N/A	N/A	N/A	N/A	2	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	12.2%	16.0%	3.8	ns	694	730
Percentage of households with soap and water at a handwashing station commonly used by family members	12.9%	14.6%	1.8	ns	634	723
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	8.1%	26.4%	18.3	***	522	712
Male	8.7%	27.1%	18.4	***	460	592
Female	3.8%	22.8%	19.1	***	62	120
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	18.8%	39.6%	20.8	***	521	714
Male	17.8%	41.9%	24.1	***	459	593
Female	25.4%	29.3%	3.9	ns	62	121
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.8%	61.7%	37.9	***	634	714
Male	24.7%	64.3%	39.7	***	559	593
Female	18.7%	49.7%	30.9	***	75	121
Percentage of farmers who used improved storage practices in the past 12 months	30.7%	62.0%	31.3	***	643	714
Male	31.5%	63.6%	32.1	***	567	593
Female	25.9%	54.6%	28.7	***	76	121
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	18.6%	14.7%	-3.9	ns	453	472
Women's Dietary Diversity Score (WDDS)	3.4	4.9	1.4	***	582	643
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.6%	35.4%	-11.2	***	650	1,015
Male	45.4%	37.9%	-7.4	ns	330	517
Female	47.8%	32.8%	-15.0	***	320	498
Prevalence of stunted children under 5 years of age (Total)	55.9%	48.2%	-7.8	**	624	1,006

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Table 6.11a. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line

LAHIA

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Endline
Male	55.4%	52.7%	-2.8	ns	319	513
Female	56.4%	43.5%	-12.9	**	305	493
Prevalence of wasted children under 5 years of age (Total)	16.5%	10.8%	-5.7	*	650	1,014
Male	17.8%	11.6%	-6.2	ns	330	517
Female	15.2%	10.0%	-5.3	ns	320	497
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	12.1%	17.1%	4.9	ns	850	1,042
Male	13.3%	16.9%	3.6	ns	434	532
Female	10.9%	17.2%	6.3	ns	416	510
Percentage of children under age 5 with diarrhea treated with ORT (Total)	83.7%	74.2%	-9.5	ns	107	181
Male	83.0%	77.2%	-5.8	ns	59	91
Female	84.6%	71.0%	-13.6	ns	48	90
Prevalence of exclusive breast-feeding of children under six months of age	54.4%	60.3%	5.9	ns	99	106
Male	42.5%	61.3%	18.8	ns	57	49
Female	70.8%	59.4%	-11.5	ns	42	57
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.0%	21.9%	13.9	***	235	259
Male	7.1%	23.7%	16.6	**	132	134
Female	9.0%	19.8%	10.8	ns	103	125
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.3%	13.9%	6.6	*	695	728
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	12.2%	35.6%	23.5	***	643	714
Male	12.9%	37.1%	24.1	***	567	593
Female	7.4%	29.0%	21.6	***	76	121
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	68.5%	71.2%	2.7	ns	150	316
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	80.8%	82.4%	1.6	ns	456	619
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	85.5%	88.6%	3.1	ns	503	699

[1] This includes households or individuals living in households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.11b. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line
PASAM TAI

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level 2	Number of observations Baseline	Number of observations Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	3.9	5.3	1.3	***	995	828
Prevalence of households with moderate or severe hunger (HHS)	23.7%	17.9%	-5.7	ns	1,128	914
Male and female adults	23.7%	17.9%	-5.8	ns	960	728
Adult female, no adult male	31.6%	26.1%	-5.5	ns	65	94
Adult male, no adult female	18.5%	8.3%	-10.2	ns	101	82
Child, no adults	N/A	N/A	N/A	N/A	2	10
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	6.5%	9.0%	2.5	ns	1,128	920
Percentage of households with soap and water at a handwashing station commonly used by family members	16.4%	19.5%	3.0	ns	1,089	905
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	2.7%	21.4%	18.7	***	861	837
Male	2.8%	21.1%	18.4	***	768	641
Female	1.9%	22.0%	20.1	***	92	196
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	29.4%	46.3%	17.0	***	860	839
Male	30.3%	48.6%	18.3	***	767	642
Female	20.4%	39.9%	19.4	**	92	197
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	34.0%	71.0%	37.1	***	957	839
Male	34.4%	77.0%	42.7	***	858	642
Female	30.1%	53.7%	23.7	*	98	197
Percentage of farmers who used improved storage practices in the past 12 months	25.6%	51.2%	25.6	***	961	839
Male	24.9%	55.3%	30.4	***	862	642
Female	31.3%	39.4%	8.1	ns	98	197
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.8%	24.1%	0.3	ns	729	549
Women's Dietary Diversity Score (WDDS)	3.7	4.7	1.0	***	910	748
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	46.7%	45.7%	-1.0	ns	958	1,148
Male	47.6%	46.5%	-1.1	ns	478	577
Female	45.9%	44.9%	-1.0	ns	480	571
Prevalence of stunted children under 5 years of age (Total)	59.6%	57.0%	-2.7	ns	946	1,131

Table 6.11b. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line
PASAM TAI

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
Male	61.1%	59.3%	-1.8	ns	477	569
Female	58.2%	54.7%	-3.6	ns	469	562
Prevalence of wasted children under 5 years of age (Total)	17.5%	14.0%	-3.5	ns	958	1,146
Male	20.1%	16.8%	-3.2	ns	478	578
Female	15.2%	11.2%	-4.0	ns	480	568
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.5%	27.6%	13.0	***	1,180	1,200
Male	14.8%	30.6%	15.8	***	586	604
Female	14.3%	24.5%	10.2	**	594	596
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2%	79.7%	-0.4	ns	169	332
Male	82.6%	82.8%	0.1	ns	98	177
Female	77.9%	76.0%	-1.9	ns	71	155
Prevalence of exclusive breast-feeding of children under six months of age	42.9%	36.2%	-6.7	ns	133	139
Male	45.2%	34.6%	-10.6	ns	62	75
Female	40.8%	38.1%	-2.7	ns	71	64
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	12.7%	23.2%	10.6	**	332	314
Male	14.8%	19.4%	4.6	ns	173	158
Female	10.7%	27.2%	16.5	**	159	156
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	8.1%	6.9%	-1.2	ns	1,129	919
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	7.0%	21.5%	14.5	***	961	839
Male	6.9%	25.1%	18.2	***	862	642
Female	7.8%	11.0%	3.3	ns	98	197
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	52.8%	60.5%	7.7	ns	274	391
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	66.8%	77.4%	10.6	**	674	729
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	83.4%	81.6%	-1.8	ns	749	864

[1] This includes households or individuals living in households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.11c. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line

Sawki

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations	
					Baseline	Endline
FOOD SECURITY INDICATORS						
Average Household Dietary Diversity Score (HDDS)	4.4	6.4	2.0	***	932	918
Prevalence of households with moderate or severe hunger (HHS)	18.5%	16.9%	-1.6	ns	1,098	1,017
Male and female adults	18.1%	18.1%	0.0	ns	956	821
Adult female, no adult male	25.3%	13.9%	-11.4	ns	87	91
Adult male, no adult female	11.5%	10.7%	-0.8	ns	55	100
Child, no adults	N/A	N/A	N/A	N/.A	5	0
WASH INDICATORS						
Percentage of households using an improved source of drinking water	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of households using improved sanitation facilities	15.5%	13.4%	-2.1	ns	1,097	1,030
Percentage of households with soap and water at a handwashing station commonly used by family members	26.6%	39.1%	12.5	*	1,065	1,029
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	6.3%	16.7%	10.4	***	844	967
Male	6.4%	16.7%	10.2	***	719	738
Female	4.6%	16.8%	12.2	**	121	229
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	23.8%	37.6%	13.7	*	841	968
Male	24.8%	39.5%	14.7	*	717	739
Female	18.5%	30.6%	12.1	*	120	229
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	36.0%	73.5%	37.5	***	919	968
Male	33.2%	77.9%	44.8	***	786	739
Female	47.9%	57.2%	9.3	ns	129	229
Percentage of farmers who used improved storage practices in the past 12 months	37.1%	56.7%	19.6	***	926	968
Male	34.1%	59.3%	25.3	***	793	739
Female	50.2%	46.9%	-3.3	ns	129	229
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight women	23.3%	17.7%	-5.6	ns	697	598
Women's Dietary Diversity Score (WDDS)	4.0	5.4	1.4	***	889	831
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	43.2%	36.2%	-6.9	*	985	1,149
Male	42.4%	38.4%	-4.0	ns	473	572
Female	44.0%	34.1%	-9.8	**	512	577
Prevalence of stunted children under 5 years of age (Total)	52.7%	50.0%	-2.7	ns	968	1,134
Male	52.7%	55.1%	2.4	ns	466	562

Table 6.11c. Comparison of Baseline and Endline Indicator Estimates for Households and Individuals At or Above the Poverty line

Sawki

	Baseline	Endline	Raw Difference (Endline -Baseline)	Significance Level [2]	Number of observations Baseline	Number of observations Endline
Female	52.7%	44.9%	-7.8	*	502	572
Prevalence of wasted children under 5 years of age (Total)	16.6%	10.2%	-6.4	***	985	1,141
Male	19.3%	10.8%	-8.5	**	473	568
Female	14.1%	9.6%	-4.4	ns	512	573
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0%	22.4%	8.5	**	1,313	1,182
Male	14.8%	22.4%	7.6	*	636	595
Female	13.2%	22.5%	9.2	**	674	587
Percentage of children under age 5 with diarrhea treated with ORT (Total)	77.9%	81.9%	4.0	ns	185	250
Male	75.4%	84.9%	9.5	ns	94	128
Female	80.7%	78.8%	-1.8	ns	91	122
Prevalence of exclusive breast-feeding of children under six months of age	41.9%	41.2%	-0.7	ns	121	105
Male	40.6%	35.5%	-5.1	ns	49	48
Female	42.6%	45.7%	3.1	ns	72	57
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.7%	34.0%	26.3	***	329	321
Male	8.2%	31.6%	23.4	***	166	151
Female	7.2%	36.3%	29.0	***	162	170
PROJECT-SPECIFIC INDICATORS						
Percent of respondents who know three of five critical moments for handwashing	7.7%	13.2%	5.4	ns	1,103	1,033
Percent of farmers who used at least one improved variety of macro-nutrient dense foods in the most recent season (Total)	8.8%	22.3%	13.5	***	926	967
Male	6.9%	24.0%	17.1	***	793	739
Female	16.2%	16.3%	0.1	ns	129	228
Percent of births within the last 24 months receiving at least four antenatal care (ANC) visits during pregnancy	51.4%	58.6%	7.2	ns	247	410
Percent of ADULT MALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	60.6%	80.1%	19.5	***	572	752
Percent of ADULT FEMALES that can give at least two reasons why access to health services is important to children under five and for women of child bearing age, including adolescent girls	77.2%	85.3%	8.1	*	631	978

[1] This includes households or individuals living in households with a daily per capita consumption expenditure that is at or above $1.25 in constant 2010 USD.

[2] NS not significant, † p<0.1,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

NOTE: Children's anthropometry and women's underweight indicators at baseline were recalculated using current DHS methodology which resulted in very small changes in the baseline estimates

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Table 6.12a. Comparison of Women's Dietary Diversity Score between Pregnant and Lactating Women and Non-Pregnant and Non-Lactating Women[1]

LAHIA

	Non-Pregnant and Non-Lactating Women	Pregnant and non-Lactating Women (PLWs)	Raw Difference (Non-PLWs - PLWs)	Significance Level [2]	Number of observations	
					Non-PLWs	Non-PLWs
Women's Dietary Diversity Score (WDDS)						
Baseline	2.8	2.9	-0.1	ns	795	1,121
Endline	4.0	4.0	0.0	ns	1,080	500

[1] Pregnant and lactating women are defined as women who reported being pregnant at the time of the survey or women who had a birth in the last 24 months.

[2] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Table 6.12b. Comparison of Women's Dietary Diversity Score between Pregnant and Lactating Women and Non-Pregnant and Non-Lactating Women[1] PASAM TAI					
	Non-Pregnant and Non-Lactating Women	Pregnant and non-Lactating Women (PLWs)	Raw Difference (Non-PLWs - PLWs)	Significance Level [2]	Number of observations
					Non-PLWs	Non-PLWs
Women's Dietary Diversity Score (WDDS)						
Baseline	3.3	3.5	-0.2	*	711	980
Endline	4.2	4.1	0.1	ns	444	1,076

[1] Pregnant and lactating women are defined as women who reported being pregnant at the time of the survey or women who had a birth in the last 24 months.

[2] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs						
Table 6.12c. Comparison of Women's Dietary Diversity Score between Pregnant and Lactating Women and Non-Pregnant and Non-Lactating Women[1]						
Sawki						
	Non-Pregnant and Non-Lactating Women	Pregnant and non-Lactating Women (PLWs)	Raw Difference (Non-PLWs - PLWs)	Significance Level [2]	Number of observations	
					Non-PLWs	Non-PLWs
Women's Dietary Diversity Score (WDDS)						
Baseline	3.7	3.6	0.1	ns	604	805
Endline	4.5	4.8	-0.3	*	461	1,005

[1] Pregnant and lactating women are defined as women who reported being pregnant at the time of the survey or women who had a birth in the last 24 months.

[2] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.13a. Comparison of Baseline and Endline Estimates of Women's Dietary Diversity Score for Pregnant and Lactating Women (PLWs) and Non-PLWs

LAHIA

	Baseline	Endline	Raw Difference (Endline-Baseline)	Significance Level [1]	Number of observations Baseline	Number of observations Endline
Women's Dietary Diversity Score (WDDS)						
PLWs	2.9	4.0	1.0	***	1,121	1,080
Non-PLWs	2.8	4.0	1.2	***	795	500

[1] Pregnant and lactating women (PLWs) are defined as women who reported being pregnant at the time of the survey or who have children under 2.

[2] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.13b. Comparison of Baseline and Endline Estimates of Women's Dietary Diversity Score for Pregnant and Lactating Women (PLWs) and Non-PLWs
PASAM TAI

	Baseline	Endline	Raw Difference (Endline-Baseline)	Significance Level [1]	Number of observations Baseline	Number of observations Endline
Women's Dietary Diversity Score (WDDS)						
PLWs	3.5	4.1	0.6	***	980	1,076
Non-PLWs	3.3	4.2	0.9	***	711	444

[1] Pregnant and lactating women (PLWs) are defined as women who reported being pregnant at the time of the survey or who have children under 2.

[2] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

			Raw Difference	Significance	Number of observations	
	Baseline	Endline	(Endline-Baseline)	Level [1]	Baseline	Endline
Women's Dietary Diversity Score (WDDS)						
PLWs	3.6	4.8	1.1	***	805	1,005
Non-PLWs	3.7	4.5	0.8	**	644	461

Niger FY 2012 FFP Development Food Assistance Programs

Table 6.13c. Comparison of Baseline and Endline Estimates of Women's Dietary Diversity Score for Pregnant and Lactating Women (PLWs) and Non-PLWs

Sawki

[1] Pregnant and lactating women (PLWs) are defined as women who reported being pregnant at the time of the survey or who have children under 2.

[2] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.14a. Comparison of Baseline and Endline Estimates of Children's Malnutrition Indicators for Select Age Groups
LAHIA

	Baseline	Endline	Raw Difference (Endline-Baseline)	Significance Level [1]	Number of observations Baseline	Number of observations Endline
Prevalence of stunting						
Children over 2	66.9%	56.8%	-10.0	***	3,029	2,938
Prevalence of underweight						
Children under 2	45.1%	38.1%	-7.0	**	1,248	1,362
Prevalence of wasting						
Children under 2	24.9%	16.9%	-7.9	***	1,362	1,260

[1] NS not significant, * p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Table 6.14b. Comparison of Baseline and Endline Estimates of Children's Malnutrition Indicators for Select Age Groups

PASAM TAI

	Baseline	Endline	Raw Difference (Endline-Baseline)	Significance Level [1]	Number of observations	
					Baseline	Endline
Prevalence of stunting						
Children over 2	73.0%	59.8%	-13.2	***	1,293	1,504
Prevalence of underweight						
Children under 2	42.4%	44.0%	1.6	ns	1,166	1,161
Prevalence of wasting						
Children under 2	23.2%	20.7%	-2.6	ns	1,166	1,171

[1] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Niger FY 2012 FFP Development Food Assistance Programs
Table 6.14c. Comparison of Baseline and Endline Estimates of Children's Malnutrition Indicators for Select Age Groups
Sawki

	Baseline	Endline	Raw Difference (Endline-Baseline)	Significance Level [1]	Number of observations Baseline	Endline
Prevalence of stunting						
Children over 2	62.6%	54.3%	-8.4	**	1,242	1,448
Prevalence of underweight						
Children under 2	40.6%	38.0%	-2.6	ns	994	952
Prevalence of wasting						
Children under 2	22.9%	15.3%	-7.6	**	994	949

[1] NS not significant,* p<0.05, ** p<0.01, *** p<0.001

NA : Not available

Table 15a. Comparison of Baseline and End-line Household Sanitation and Drinking Water
Niger Development Food Assistance Program - **Combined Project Areas**

	2013 Baseline	2017 Endline	DIFF
Improved, not shared sanitation facility			
Flush to piped sewer system	0.8	0.1	-0.7
Flush to septic tank	1.1	0.2	-0.9
Flush to pit latrine	0.4	0.2	-0.2
Ventilated improved latrine	0.4	1.7	1.3
Pit latrine with slab	5.6	6.8	1.2
Ecosan Latrine	0.1	0.5	0.4
Improved, shared sanitation facility			
Flush to piped sewer system	1.5	0	-1.5
Flush to septic tank	0.5	0.1	-0.4
Flush to pit latrine	0.3	0.1	-0.2
Ventilated improved latrine	0.5	0.8	0.3
Pit latrine with slab	2.9	5	2.1
Ecosan Latrine	0.1	0.1	0.0
Non-improved sanitation facility			
Flush to somewhere else	0.1	0	-0.1
Flush, don't know where	0.0	0	0.0
Pit latrine without slab/Open pit	1.7	9.8	8.1
Bucket toilet	0.0	0.2	0.2
Hanging toilet/hanging latrine	1.5	0.5	-1.0
No facility (open defecation)	82.4	73.9	-8.5
Other	0.0	0	0.0
Improved source of drinking water			
Piped water into dwelling	0.5	0.2	-0.3
Piped water into yard/plot	0.5	0.2	-0.3
Public tap/Standpipe	25.8	20.9	-4.9
Tube well or borehole	16.8	14.8	-2.0
Protected well	5.9	7.6	1.7
Protected spring	0.1	0.2	0.1
Rainwater	0.0	0.1	0.1
Non-improved source of drinking water			
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	0.0	0	0.0
Unprotected spring	1.4	2.4	1.0
Unprotected well	48.6	53.4	4.8
Tanker truck	0.1	0.2	0.1
Cart with small tank	0.1	0	-0.1
Bottled water	0.0	0	0.0
Other	0.2	0	-0.2
Water treatment prior to drinking			
Boil	0.8	0.5	-0.3
Bleach/chlorine added	1.7	2.7	1.0
Strain through a cloth	14.0	31.2	17.2
Water filter (ceramic, sand, composite, etc.)	3.2	11.7	8.5
Solar disinfection	0.2	0	-0.2
Let it stand and settle	2.0	3.2	1.2
Purification with vegetables (grapes, grains, bark, ashes)	0.5	0	-0.5
Other	1.5	2.1	0.6
DK/NR	1.0	0	-1.0
No treatment	76.6	52.2	-24.4
Number of households	7,309	5,318	

Table 15b. Comparison of Baseline and End-line Household Sanitation and Drinking Water
FY 2012 Niger Development Food Assistance Program - **LAHIA**

	2013 Baseline	2017 Endline	DIFF
Improved, not shared sanitation facility			
Flush to piped sewer system	0.5	0.4	-0.1
Flush to septic tank	0.8	0.6	-0.2
Flush to pit latrine	0.4	0.4	0.0
Ventilated improved latrine	0.4	1	0.6
Pit latrine with slab	8.0	12.6	4.6
Ecosan Latrine	0.2	3.3	3.1
Improved, shared sanitation facility			
Flush to piped sewer system	0.2	0.3	0.1
Flush to septic tank	0.3	0.5	0.2
Flush to pit latrine	0.8	0.2	-0.6
Ventilated improved latrine	0.3	0.7	0.4
Pit latrine with slab	3.3	7.1	3.8
Ecosan Latrine	0.0	0	0.0
Non-improved sanitation facility			
Flush to somewhere else	0.2	0.1	-0.1
Flush, don't know where	0.0	0.1	0.1
Pit latrine without slab/Open pit	3.9	6	2.1
Bucket toilet	0.0	0.2	0.2
Hanging toilet/hanging latrine	0.8	2.1	1.3
No facility (open defecation)	79.7	64.4	-15.3
Other	0.0	0	0.0
Improved source of drinking water			
Piped water into dwelling	0.6	0.8	0.2
Piped water into yard/plot	0.4	0.8	0.4
Public tap/Standpipe	35.5	49.0	13.5
Tube well or borehole	14.2	20.6	6.4
Protected well	8.3	9.0	0.7
Protected spring	0.1	0.9	0.8
Rainwater	0.1	0	-0.1
Non-improved source of drinking water			
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	0.0	0	0.0
Unprotected spring	1.0	0.4	-0.6
Unprotected well	39.7	18.2	-21.5
Tanker truck	0.1	0.1	0.0
Cart with small tank	0.1	0	-0.1
Bottled water	0.0	0	0.0
Other	0.1	0	-0.1
Water treatment prior to drinking			
Boil	1.1	1.2	0.1
Bleach/chlorine added	2.5	4	1.5
Strain through a cloth	4.9	10.3	5.4
Water filter (ceramic, sand, composite, etc.)	1.8	2.2	0.4
Solar disinfection	0.4	0.1	-0.3
Let it stand and settle	2.5	4.7	2.2
Purification with vegetables (grapes, grains, bark, ashes)	0.9	0.1	-0.8
Other	1.5	4.5	3.0
DK/NR	0.9	0.1	-0.8
No treatment	85.2	77.3	-7.9
Number of households	2,439	1,767	

Table 15c. Comparison of Baseline and End-line Household Sanitation and Drinking Water
FY 2012 Niger Development Food Assistance Program - **PASAM TAI**

	2013 Baseline	2017 Endline	DIFF
Improved, not shared sanitation facility			
Flush to piped sewer system	0.3	0	-0.3
Flush to septic tank	0.7	0.1	-0.6
Flush to pit latrine	0.3	0.2	-0.1
Ventilated improved latrine	0.4	1.9	1.5
Pit latrine with slab	3.8	5.1	1.3
Ecosan Latrine	0.0	0.1	0.1
Improved, shared sanitation facility			
Flush to piped sewer system	0.8	0	-0.8
Flush to septic tank	0.4	0	-0.4
Flush to pit latrine	0.1	0.2	0.1
Ventilated improved latrine	0.3	0.9	0.6
Pit latrine with slab	2.3	3.9	1.6
Ecosan Latrine	0.0	0.1	0.1
Non-improved sanitation facility			
Flush to somewhere else	0.0	0	0.0
Flush, don't know where	0.0	0	0.0
Pit latrine without slab/Open pit	0.6	11.7	11.1
Bucket toilet	0.0	0.3	0.3
Hanging toilet/hanging latrine	1.4	0.4	-1.0
No facility (open defecation)	88.6	75	-13.6
Other	0.0	0	0.0
Improved source of drinking water			
Piped water into dwelling	0.2	0.1	-0.1
Piped water into yard/plot	0.4	0.1	-0.3
Public tap/Standpipe	16.1	14.8	-1.3
Tube well or borehole	17.8	12.7	-5.1
Protected well	4.5	6.6	2.1
Protected spring	0.0	0.1	0.1
Rainwater	0.0	0.1	0.1
Non-improved source of drinking water			
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	0.0	0	0.0
Unprotected spring	1.7	2.8	1.1
Unprotected well	58.5	62.5	4.0
Tanker truck	0.2	0.2	0.0
Cart with small tank	0.2	0	-0.2
Bottled water	0.0	0	0.0
Other	0.4	0	-0.4
Water treatment prior to drinking			
Boil	0.6	0.5	-0.1
Bleach/chlorine added	1.3	2.8	1.5
Strain through a cloth	20.4	35.1	14.7
Water filter (ceramic, sand, composite, etc.)	4.1	14.3	10.2
Solar disinfection	0.1	0	-0.1
Let it stand and settle	1.7	3.1	1.4
Purification with vegetables (grapes, grains, bark, ashes)	0.0	0	0.0
Other	1.9	1.5	-0.4
DK/NR	1.2	0	-1.2
No treatment	69.9	46.4	-23.5
Number of households	2,453	1,779	

Table 15d. Comparison of Baseline and End-line Household Sanitation and Drinking Water
FY 2012 Niger Development Food Assistance Program - **SAWKI**

	2013 Baseline	2017 Endline	DIFF
Improved, not shared sanitation facility			
Flush to piped sewer system	2.5	0.1	-2.4
Flush to septic tank	2.4	0.3	-2.1
Flush to pit latrine	0.7	0.4	-0.3
Ventilated improved latrine	0.6	0.7	0.1
Pit latrine with slab	6.8	11.9	5.1
Ecosan Latrine	0.2	0.3	0.1
Improved, shared sanitation facility			
Flush to piped sewer system	4.6	0	-4.6
Flush to septic tank	0.8	0	-0.8
Flush to pit latrine	0.1	0.1	0.0
Ventilated improved latrine	1.1	0.2	-0.9
Pit latrine with slab	3.7	9.9	6.2
Ecosan Latrine	0.2	0	-0.2
Non-improved sanitation facility			
Flush to somewhere else	0.3	0.1	-0.2
Flush, don't know where	0.0	0	0.0
Pit latrine without slab/Open pit	1.6	1.1	-0.5
Bucket toilet	0.0	0	0.0
Hanging toilet/hanging latrine	2.4	0.1	-2.3
No facility (open defecation)	71.8	74.8	3.0
Other	0.1	0.1	0.0
Improved source of drinking water			
Piped water into dwelling	1.1	0.0	-1.1
Piped water into yard/plot	1.0	0.2	-0.8
Public tap/Standpipe	35.9	35.3	-0.6
Tube well or borehole	17.4	23.8	6.4
Protected well	6.3	12.7	6.4
Protected spring	0.2	0.2	0.0
Rainwater	0.0	0	0.0
Non-improved source of drinking water			
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	0.0	0	0.0
Unprotected spring	0.9	1.7	0.8
Unprotected well	36.9	26.1	-10.8
Tanker truck	0.1	0	-0.1
Cart with small tank	0.0	0	0.0
Bottled water	0.0	0	0.0
Other	0.2	0	-0.2
Water treatment prior to drinking			
Boil	0.8	0.4	-0.4
Bleach/chlorine added	1.4	1.3	-0.1
Strain through a cloth	10.8	24.3	13.5
Water filter (ceramic, sand, composite, etc.)	3.1	3.3	0.2
Solar disinfection	0.3	0	-0.3
Let it stand and settle	2.4	2.3	-0.1
Purification with vegetables (grapes, grains, bark, ashes)	1.1	0.1	-1.0
Other	0.4	3.5	3.1
DK/NR	0.5	0	-0.5
No treatment	81.2	67	-14.2
Number of households	2,417	1,772	

VII. QUALITATIVE FIELDWORK: COMMUNITY PROFILES SUMMARIES BY PROJECT

Each evaluation team conducted a community profile survey (CPS) in the form of a semi-structured questionnaire, administered by a subject matter expert (SME) from each team. The survey was carried out as a small group of key informant interviews (KIIs) with community elders and leaders upon arrival in each community. Participation generally involved three-to-five village leaders, most often including the village chief. Sessions were conducted on average for 45 – 60 minutes and were designed to provide contextual information on each community to complement the KII and group discussion (GD) field data and to serve as a reference point to cross-check for consistency with information obtained from the field instruments.

The profiles provide key characteristics of each community, including:
- Ethnic composition;
- Demographic features, including patterns of seasonal and long-term migration;
- Agro-ecological features and livelihood strategies, including recent changes;
- Infrastructural features, including distance to schools, health services, and markets;
- Common environmental shocks and stresses and impacts on the population;
- Inventory of DFSA activities and beneficiary selection by sector activity;
- Recent five-year history of external development assistance in each community, including vertical linkages and service provision by government, civil society, bi-/multi-lateral donor, and private sector stakeholders;
- List of community development needs and priorities.

Data summaries for each DFSA are presented below in graph and table format. The most salient findings and observations across the 28 communities sampled in the three DFSA target zones include:

- Village Size – average of 2,370 inhabitants per community, with a range from 906 to 7,000 inhabitants; average community size per DFSA is 2,515 in PASAM-TAI, 2,015 in LAHIA, and 2,506 in Sawki; (Figures 1 – 3)
- Ethnic Composition – overwhelmingly Hausa across the three zones; 84percent in PASAM-TAI, 79 percent in LAHIA, and 97 percent in Sawki; Touareg and Peul (Fulani) equally constitute almost the remaining population, with a very small percentage of Kanuri (Béribéri); (Figures 4 – 6)
- Infrastructure and Services – figures on community infrastructure and services such as electricity, water supply, schools, health clinics, and market access reveal the level of poverty and lack of infrastructural development across the three DFSA target zones; among these (Tables 1 – 3) include:
  o Electricity – only one out of 28 villages has electricity;
  o Water – average number of water sources for domestic use include 5.3 for PASAM-TAI, 3.3 for LAHIA, and 2 for Sawki;
  o Market Access – only three markets exist in the 28 villages; average distance to a market is 9.3 km in PASAM-TAI, 7.4 km in LAHIA, and 6.6 km in Sawki;
  o Paved Roads – average distance to a paved road is 5 km in PASAM-TAI, 11.9 km in LAHIA, and 11.6 km in Sawki;
  o Schools – all 28 villages have one primary school, only three have a secondary school; average distance to a secondary school is 4.8 km in PASAM-TAI, 4.6 km in LAHIA, and 3.4 km in Sawki;
  o Health Clinics – there are 17 clinics, or less than one on average, for the 28 villages; ten of the clinics are found in PASAM-TAI; average distance to a clinic is 1.1 km for PASAM-TAI, 2.6 km for LAHIA, and .9 km for Sawki;

- o Cereal Banks – there are 17 cereal banks, or less than one on average, for the 28 villages;
- o Mid-wives, matrons (birthing assistants) – there is less than one mid-wife and less than one matron on average in the PASAM-TAI and Sawki villages; in LAHIA, there are an average of 2.4 matrons but no mid-wives in the eight-village sample;

- ▪ Migration – Leaders in most of the sampled villages described both seasonal and longer-term migration patterns as common in their villages (Tables 4-6). Most migration involves young men and youth who leave their communities after the rainy season in search of short or long term wage labor opportunities. Lack of household income and food scarcity compels young men to seek menial labor in neighboring countries. They are generally absent 3-6 months and send back or return with remittances at the onset of the rainy season, in time to begin a new cycle of crop production. Migrant destinations mentioned both national and international destinations, and were more diversified in PASAM-TAI, involving 11 countries.[146] The most frequent international destinations mentioned were Nigeria, Libya, and Algeria;
- ▪ Recent Development History – a summary of development activity history in the sampled villages over the past 5 years, as related by village leaders. Responses illustrate diverse engagement of development actors in the sampled communities, typically across all of the technical sectors that are also covered by the DFSAs (Tables 13 -15).

Figure 1: PASAM-TAI: Number of Individuals per Village

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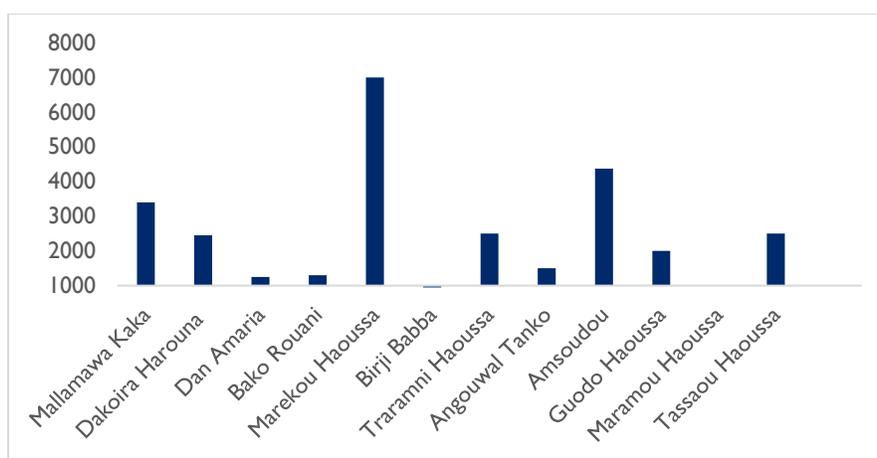
[146] This likely reflect greater probing on this issue in the PASAM-TAI KIIs rather than true differences across the DFSA project areas.

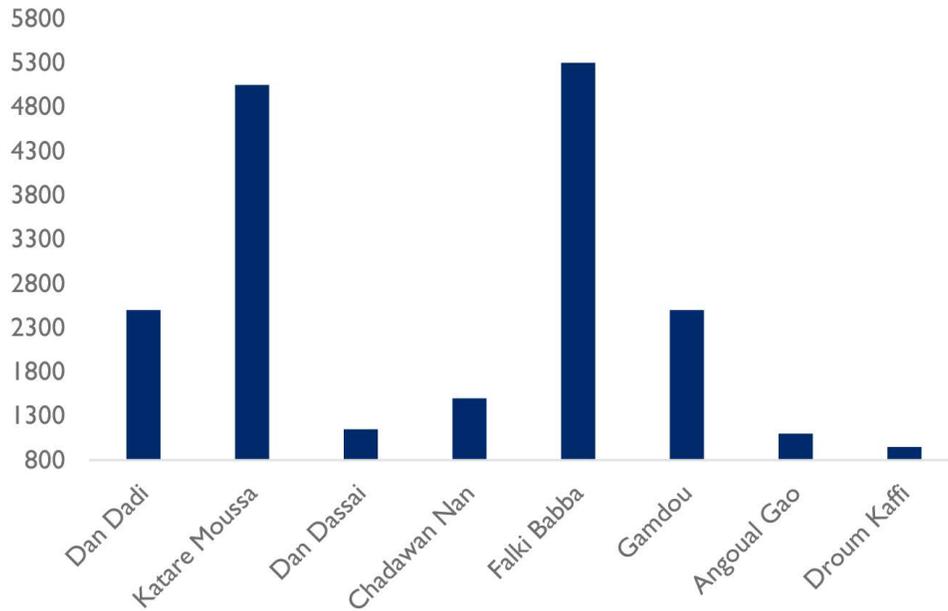# Figure 2: SAWKI: Number of Individuals per Village

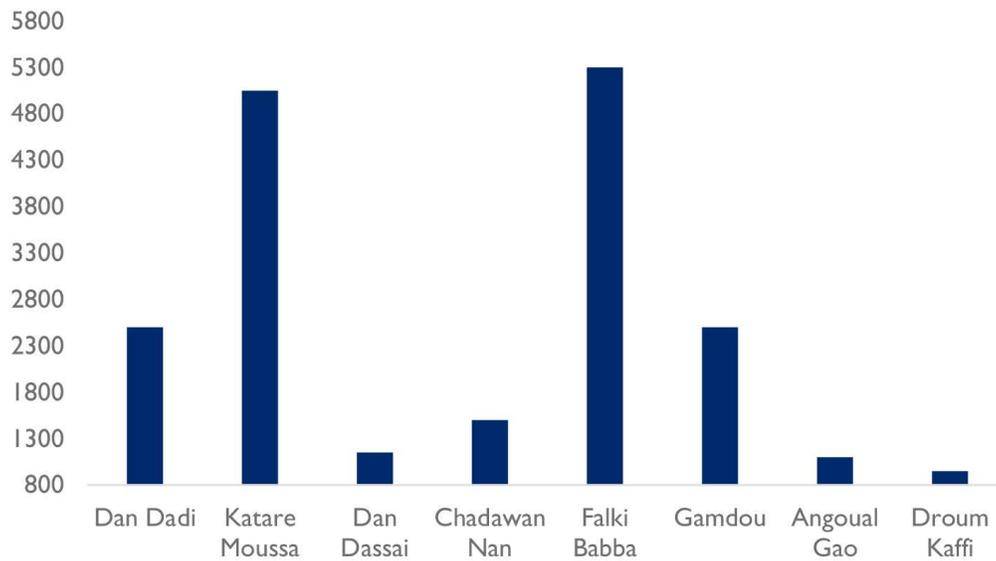# Figure 3: LAHIA: Number of Individuals per Village

Table 1. Infrastructure and Services by Sampled Villages per DFSA Project

Project Name: PASAM-TAI														
Village	Primary School	Secondary School	Distance to Secondary School (Km)	Health Clinic	Distance to Health Clinic (Kms)	Mid-Wife	Health Matron	Cereal Bank	Electricity	Water Supply (type + number)	Mobile Phone Network	Weekly Market	Distance to Weekly Market (Kms)	Distance to Paved Road (Km)
Mallamawa Kaka	x	x		x		x	x	x		Water Tower	x	x		10
Dakoira Harouna	x		6	x			x	x		Water Tower, 3 functionning wells, and 1 not functionning	x		6	0.5
Dan Amaria	x	x		x		x	x			Water Tower, 2 functionning well, 1 borehole	x		7	17
Bako Rouani	x		3	x		x	x		x	Water tower, 4 wells, 1 borehole	x		27	0
Marekou Haoussa	x		5	x			x			2 borehole, 3 wells	x		17	17
Birji Babba	x		8	x		x	x	x		borehole, well	x		8	7
Traramni Haoussa	x		6	x		x	x	x		water tower built by AMA, 2 borehole CRS, 7 wells.	x		5	0
Angouwal Tanko	x		6		3		x			2 borehole, 12 wells	x		6	0
Amsoudou	x		8	x		x				Water Tower (CRS), 2 borehole (govt), 2 wells (govt)	x		11	8
Guodo Haoussa	x		6	x		x				Water Tower (PASEHA), 1 borehole (govt), 2 cemented wells (govt)	x		7	0
Maramou Haoussa	x		5		10		x			2 borehole (OIM), 2 wells and 1 of them is not functioning	x		11	0.5
Tassaou Haoussa	x		5	x		x	x	x		Water Tower, 3 borehole (PRODEX), 1 Well (PRODEX)	x		7	0
Total count	12	2	58	10	13	8	10	5	1	63	12	1	112	60
Average	1.0	0.2	4.8	0.8	1.1	0.7	0.8	0.4	0.1	5.3	1.0	0.1	9.3	5.0

Project Name: LAHIA														
Guidan Magagi Arzitaou (Zakin Koima)	x		5	x	0		x	x		Drinking Water Supply 1 human pump, 1 cemented well	x		11 and 5	0
Taka Lafia (Garin Boe)	x		9		9		x	x		2 human pumps 2 cemented well	x		9	0
Koumboula	x		7		6		x			2 borehole (human pump) 2 cemented pumps	x		8	0
Gawarou Guidan Kane	x		1,5		1,5		x	x		cemented pump 1 human pump	x		1,5	28
Karubuni	x		3		3		x	x		1 human pump 2 cemented well	x		3	35
Guidan Tangnou	x		4,5	x	0		x	x		1 human pump 2 cemented pumps	x		4	4
Dan Matchiawa	x		10	x	0					3 human pumps	x		9	9
Guidan Kiata	x		3		3		x	x		1cimented well 3 human pumps	x		10	19
Total Count	8	0	37	3	21	0	19	6	0	26	8	0	59	95
Average	1	0	4.6	0.4	2.6	0	2.4	0.8	0	3.3	1.0	0	7.4	11.9
Project Name: SAWKI														
Dan Dadi	x	x	0	x	0	x	x	x		Mini AEP/ Borehole/Well	x	x	0	3.5
Katare Moussa	x			x	0		x	x		Borehole/Well			20	19
Dan Dassai	x		12	x	0		x	x		Borehole/Well	x		12	12
Chadawan Nan	x		1.5		1.5		x			Borehole/Well	x	x	0	25
Falki Babba	x		5	x	0	x	x	x		Borehole/Well			5	5
Gamdou	x		2		2		x	x		Borehole/Well	x		12	9
Angoual Gao	x		2.5		2.5		x			Borehole/Well	x		2.5	2.5
Droum Kaffi	x		1		1	x	x	x		Borehole/Well	x		1	17
Total Count	8	1	24	4	7	3	8	6	0	16	6	2	52.5	93
Average	1	0.1	3.4	0.5	0.9	0.4	1	0.8		2	0.8	0.3	6.6	11.625

Table 4. Migration Patterns by Sampled Villages per DFSA Project

Village	Type of Migration	Who Migrates	Reason for migration	Duration of seasonal migration (months)	Duration of long term migration (years)	Period of return for seasonal migration	Period of return for long term migration
Project Name: PASAM- TAI							
Mallamawa Kaka	Seasonal and long term	Young men	Unemployment	8	2 to 3	May	after 2 -3 years
Dakoira Harouna	Seasonal and long term	Young men	Unemployment	4 to 5	5	April - May	after the rainy season
Dan Amaria	Seasonal	Young men, and youn women only seasonal migration	Unemployment	7 to 8	3 to 5	April -May	During the rainy season
Bako Rouani	Seasonal	Young men	Unemployment	3 to 6		April	
Marekou Haoussa	Seasonal	Young men	Unemployment	3 to 5		April - May	
Birji Babba	Seasonal and long term	Young men	Unemployment	5 to 6	2	May- June	After 2 years
Traramni Haoussa	Seasonal	Young men	Unemployment	3 to 6		May- June	
Angouwal Tanko	Seasonal and long term	Young men	Unemployment	1 to 6	3 to 4	May - June	During the rainy season
Amsoudou	Seasonal and long term	Young men	Unemployment	3 to 6	2	May - June	During the rainy season
Guodo Haoussa	Seasonal and long term	Young men	Unemployment	1 to 3	1 to 2	April -May	June- July
Maramou Haoussa	Seasonal	Young men	Unemployment	3 to 5		May - June	
Tassaou Haoussa	Seasonal and long term	Young men	Religious studies, and small business	1 to 6	2 to 4	May- June	May
Project Name: LAHIA							
Guidan Magagi Arzitaou (Zakin Koima)	Seasonal and long term	youth	food insecurity, unemployment, hardship	3 to 6 months	2 to10	anytime	Difficult to tell
Taka Lafia (Garin Boe)	Seasonal	youth	lack of revenu/ capital, insufficient harvest	2 to 5 months		start of rainy season	
Koumboula	Seasonal	youth	Unemployment after harvest	2 to 3 months		start of rainy season	
Gawarou Guidan Kane	Seasonal	youth	insufficiant harvest/ food reserves	1 to 2 months		start of rainy season	
Karubuni	Seasonal and long term	youth	looking for revenue and food	4 to 5 months	2 to3	start of rainy season	after 2 to 3 years
Guidan Tangnou	Seasonal and long term	youth	looking for revenue and food	2to 3 months	1 to2	before the first rain	Difficult to tell

Dan Matchiawa	Seasonal	youth	food unsecurity and lack of capital	2 to 3 months		start of rainy season	
Guidan Kiata	Seasonal and long term	youth	lack of activities after wintering	3 to 4 months	2 to3	start of rainy season	after 3 years
**Project Name: SAWKI**
Dan Dadi	Seasonal	Youth	Lack of activity	5-6 months		Beginning of rainy season	
Katare Moussa	Seasonal and long term	Youth/men/families	Lack of revenue/activity	6-8/3-4/ months	Permanently	Beginning of rainy season	
Dan Dassai	Seasonal	Youth	Food insecurity	2-5 months		Beginning of rainy season	
Chadawan Nan	Seasonal	Youth	Inactivity/ poverty	4-5 months		Beginning of rainy season	
Falki Babba	Seasonal	Youth	Dry season	2-3 months		Beginning of rainy season	
Gamdou	Seasonal	Youth	Inactivity/ poverty	4-5 months		Beginning of rainy season	
Angoual Gao	Seasonal	Youth/men	Inactivity/ poverty	1-3 months		Beginning of rainy season	
Droum Kaffi	Seasonal	Youth	Inactivity	4-5 months		Beginning of rainy season	

Table 13. Development Project Activity in Sampled Villages during 2012-2017.

Project Name: PASAM-TAI		
Village Name	**Donor or Project Name**	**Development Activity**
Mallamawa Kaka	ANPER	Electrification in progress
Dakoira Harouna	NGO Goulbi, NGO Hex, NGO Taimakon Manoma	Hygiene and sanitation, land reclamation, hose connection at school, health unit, paved road
Dan Amaria	Projand PADEL, ACF, UNICEF, PAM	Distribution of food, agriculture, livestock, community development, children care, screening, mosquito net, flour, oil, school stationary, cash for work
Bako Rouani	Projand SABTA, USAID, govt	Food safety, hygiene and latrine, cash distribution
Marekou Haoussa	Save the Children , OIM	Screening, gardening
Birji Babba	FAO, OIM, NGO LAFIA	Providing improved seeds, peanut oil transformation, hand washing and food safety kit.
Traramni Haoussa	Save the Children, OIM, ROUWAMOU, ProDAF, NGO COIKA, NGO DRAT, PASAR,	Adult courses for men and women, bridge school for children between 9 and 12 years, reading club for kids, school stationary, children screening, school latrines, , committee AME, COGES, providing medicine, peanut oil transformation and equipment, gardening, school field, AGR development fund, providing medicine, milk for children, grain mill, pump, cereal bank.
Angouwal Tanko	SNV, UNICEF, HKI, Social Net Safety	Drilling repair, water committee, food safety, wash, ATPC, school stationary, providing medicine, providing medicine, food distribution, cash distribution, raising awareness on early marriage, financial support to buy books.
Amsoudou	UNICEF	Providing cement and iron.
Guodo Haoussa	PASER, PASEHA, project PAC , Save the Children, AFV	Gardening, water tower, financial support, screening, food safety, reproductive health, education of young girls, early marriage, involvement of women in community work.
Maramou Haoussa	OIM , Save the Children	Borehole, soap production, peanut oil transformation, financing and equipment, screening, flour and milk distribution, cash transfer, and animal fattening
Tassaou Haoussa	Save the Children, PRODEX, PMERSA	Distribution of mosquito net, malaria medicine, screening, CPN, wells, shovels, water pipes, gardening, borehole, mill treatment, medicine, clothes and shoes
Project Name: LAHIA		
Guidan Magagi Arzitaou (Zakin Koima)	PASADEM , Niger Government	Promoting the culture of moringa, literacy, culinary demonstration, distribution of improved seeds.
Taka Lafia (Garin Boe)	Government	Free distribution of rice
Koumboula	Govt Niger, Marketing social	Distribution of improved seeds, family planning
Gawarou Guidan Kane	Government	Improved seeds
Karubuni	Government; Coopération Suisse	Improved seeds, education
Guidan Tangnou	Government, SAVE the Children	Improved seeds, school stationary, hand washing, and school latrine
Dan Matchiawa	N/A	N/A
Guidan Kiata	Social safety net	Cash distribution
Project Name: SAWKI		
Dan Dadi	Fuden/World vision/Unicef/PAM	Support to the sanitation center, construction of a cereal bank, education support, and taking care of children suffering from malnutrition.
Katare Moussa	Red Cross/MMD	Selling with moderate prices, medicine support. Construction of a cereal bank for women.

Dan Dassai	Red Cross Regis PAM Fuden Prodaf	Construction of a cereal bank, Construction of an equipment bank, Gardening, goat distribution, spouses school, environmental training, women's literacy, Cash for work gardens for women (gombo, moringa) Health equipment field schools RNA
Chadawan Nan	Regis AG	Literacy, Agriculture
Falki Babba	Goal Niger PPI Ruwanmu ANPIP PRODEX PRODAF	Goat Distribution, health support, field schools, pump and irrigation, seeds and fertilizers,
Gamdou	PRODEX FAO PADESAR UNICEF PAM CARE CISB	Construction of wells, seeds distribution, gardening training, gardening equipment, mosquito net to women and children, goat distribution for women, food distribution to schools, mills, awareness on malnutrition, sanitation and hygiene, solar pump with CISB.
Angoual Gao	REGIS AG Al Oumma	Agriculture training, literacy classes for men and women, niebe crops, WASH
Droum Kaffi	REGIS AG REGIS ER ONG KARKARA CISB	Fields of values (sorghum, poultry,) Bovine for women Nursery training Borehole construction Training in Wash / Agriculture Landscaping and site fencing

VIII. ANONYMIZED LIST OF KEY INFORMANT INTERVIEWS

	Location	Sector	Institution	Position(s)
			LAHIA	
1	Gangara	WASH/MCH	Centre de Santé Intégré (health care center)	Health center staff
2	Maradi	Livelihoods	ASUSU	Staff
3	Guidan Tanko	WASH/MCH	Case de santé (health care center)	Health center staff
4	n/a	Agriculture	SC (Departmental Division of Agriculture)	Staff
5	n/a	Agriculture	SC (Departmental Division of Livestock)	Staff
6	n/a	WASH	SC (Departmental Division on Hydraulics and Sanitation)	Staff
7	Maradi	WASH/MCH	World Vision International	Facilitator
8	Maradi	WASH/MCH	World Vision International	Facilitator
9	Dan Makiaoua	WASH/MCH	Village community	Ombudswoman
			PASAM-TAI	
1	Malamawa	WASH/MCH	CRS	WASH and Nutrition Field Agent
2	Malamawa	WASH/MCH	CRS	Mere modele (model mother)
3	Malamawa	WASH/MCH	SCARP-RU Committee	Secretary General
4	Dakora Harouna	Agriculture	CRS	Chef de zone (zone leader)
5	Dakora Harouna	Agriculture	Village community	Agriculture and conservation expert
6	Dakora Harouna	WASH/MCH	Mere Modele	President
7	Dan Amaria	WASH/MCH	CRS	Nutrition Advocate
8	Dan Amaria	Agriculture	SILC	President of the SILC group
9	Dan Amaria	WASH/MCH	Village community	WASH Officer
10	Bako Raouni	WASH/MCH	Direction Régionale de l'hydraulique	President of management committee
11	Bako Raouni	Agriculture	SILC	Secretary General
12	Bako Raouni	WASH/MCH	Health center	Deputy manager
13	Marekou Haoussa	Agriculture	Village community	Veterinarian Field Agent
14	Marekou Haoussa	Agriculture	Village community	Secretary General
15	Marekou Haoussa	Agriculture	Village community	Producer
16	Birdji Baaba	Agriculture	CRS	Head of Agriculture and Livelihoods
17	Birdji Baaba	Agriculture	Village community	PSP
18	Birdji Baaba	WASH/MCH	Village community	Instructor
19	Tramni Haoussa	Agriculture	SILC	SILC and Value Chains Officer
20	Tramni Haoussa	Agriculture	Village community	Committee Member
21	Tramni Haoussa	WASH/MCH	ATPC	Committee Member
22	Angoual Tanko	Agriculture	CRS	Chef de zone (zone leader)
23	Angoual Tanko	WASH/MCH	CRS	WASH Officer
24	Angoual Tanko	WASH/MCH	Village community	Pere model (Model father)
25	Amsoudou	WASH/MCH	CRS	Literacy Instructor

26	Amsoudou	WASH/MCH	CRS	Head of Nutrition
27	Amsoudou	WASH/MCH	Health center	Nurse
28	Guodo Haoussa	Agriculture	CRS	Chef de zone (zone leader)
29	Guodo Haoussa	WASH/MCH	Village community	Deputy Secretary General
30	Guodo Haoussa	WASH/MCH	Village community	Pere model (Model father)
31	Maramou Haoussa	WASH/MCH	CRS	Couple Educator (COUPLE SMART)
32	Maramou Haoussa	Agriculture	Village community	Secretary
33	Maramou Haoussa	WASH/MCH	Village community	CVD President
34	Tassaou Houssa	Agriculture	City hall	Secretary General
35	Tassaou Houssa	WASH/MCH	Village community	CVD President
36	Mayahi	Gov't	Mayor	Mayor
37	Dan Amarya	Gov't	Government	Departmental Director of Agriculture
38	n/a	Gov't	Semenciere AMATE	General Director
39	n/a	Gov't	Direction Regionale de l'Hydraulique Rurale	Head of the Division
40	n/a	Gov't	CRS	Cluster supervisor
41	n/a	Gov't	Ecole Amis	Head of School Health
42	n/a	Gov't	Communal Government	Mayor
43	n/a	Gov't	CRS	Agriculture Team Leader
44	n/a	Gov't	CRS	Assistant to the Cluster Supervisor
45	n/a	Gov't	Literacy and Informal Education Department	Instructor
46	n/a	Gov't	CRS	Education Officer
47	n/a	Gov't	CRS	Team Leader-Resilience
48	n/a	Gov't	CRS	WASH Team Leader
49	n/a	Gov't	CRS	Deputy Chief of Party
50	n/a	Gov't	ICRISAT	Agronomist
51	n/a	Gov't	NCBA CLUSA	Chief of Party
Sawki				
1	Dan Dadi	Agriculture	CVD	Secretary
2	Dan Dadi	WASH/MCH	WASH Committee	Member
3	Katare Moussa	Agriculture	CVD	President
4	Katare Moussa	WASH/MCH	Comité lumiere sante (health committee)	Volunteer
5	Dan Dassai	WASH/MCH	Officer	Volunteer
6	Dan Dassai	Agriculture	CVD	President
7	Chadawanan	WASH/MCH	Ecole des maris	Member
8	Chadawanan	Agriculture	Care group	Secretary
9	Falki Babba	Agriculture	CVD	President
10	Falki Babba	WASH/MCH	Habbanaye committee	President
11	Gamdou	Agriculture	Market gardening committee	President
12	Gamdou	WASH/MCH	Safe School	Project advocate

13	Angoual Gao	WASH/MCH	WASH Committee	Manager
14	Angoual Gao	Agriculture	Market gardening committee	President
15	Droum Kaffi	Agriculture	Livestock farming	Assistant
16	Droum Kaffi	Agriculture	Breastfeeding committee	Lead mother
17	Droum Kahi	Gov't	AgriService Techinique	Agriculture technical services
18	n/a	Gov't	Communal Government	Mayor
19	n/a	Gov't	Communal Government	Mayor
20	n/a	Gov't	Communal Government	Mayor
21	n/a	Gov't	Communal Government	General Secretary
22	n/a	Gov't	Communal Government	Secretaire Generale
23	n/a	Gov't	Communal Government	Mayor
24	n/a	Gov't	Communal Government	Forestry Officer
25	n/a	Gov't	Communal Government	Agricultural Officer