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Baseline Study for the Title II Development Food Assistance Programs in Niger

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List of Acronyms

ARI	Acute Respiratory Infection
BMI	Body Mass Index
CFA	Communauté Financière d’Afrique
CRS	Catholic Relief Services
CS	Case de Santé
CSI	Centre de Santé Intégré
DFAP	Development Food Aid Program
DHS	Demographic and Health Survey
ENA	Essential Nutrition Actions
FANTA	Food and Nutrition Technical Assistance III
FEWS NET	Famine Early Warning Systems Network
FFP	Office of Food for Peace
FGD	Focus Group Discussion
GoN	Government of Niger
GPS	Global Positioning System
HAZ	Height-for-Age Z-score
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
HKI	Helen Keller International
IDI	In-Depth Interview
INS	Institut National de la Statistique
KI	Key Informant
LAHIA	Livelihoods, Agriculture and Health Interventions in Action
LSMS	Living Standards Measurement Survey
MAD	Minimum Acceptable Diet
NRM	Natural Resource Management
OLS	Ordinary Least Squares
OR	Odds Ratio
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PDB	Potential Direct Beneficiary
PPS	Probability Proportional to Size
PVO	Private Voluntary Organization
RHF	Recommended Home Fluids
SC	Save the Children
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
USD	U.S. Dollar
WASH	Water, Sanitation and Hygiene
WDD	Women’s Dietary Diversity
WFP	World Food Program
WHO	World Health Organization
WV	World Vision

Executive Summary

Overview of the Baseline Study

In Fiscal Year 2012, the U.S. Agency for International Development (USAID) Office of Food for Peace (FFP) awarded funding to private voluntary organizations (PVOs) to implement multi-year Title II development food assistance programs in the most food-insecure regions of Niger. FFP issued three awards: one to Catholic Relief Services' (CRS) Development Food Aid Program (DFAP) in Maradi and Zinder; the second to Save the Children's (SC) Livelihoods, Agriculture and Health Interventions in Action (LAHIA) program in Maradi; and the third to Mercy Corps' Sawki program, also in Maradi and Zinder. The main purpose of these Title II programs is to improve long-term food security in the Zinder and Maradi regions of Niger.

In line with the USAID Evaluation Policy, FFP contracted with ICF International to carry out a baseline study in communities in the Zinder and Maradi regions of Niger where CRS, SC, and Mercy Corps are implementing these programs. This baseline study serves as the first phase of a pre-post evaluation survey cycle. The second phase will include a final survey, to be conducted in five years, when the Title II programs have been completed. The baseline study includes two components: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators and (2) a qualitative component to gather additional data that add context, richness, and depth to understanding the results from the household survey. The results from the baseline study will be used for the following purposes:

1. Establish baseline values of key FFP and program-specific indicators prior to implementation of the Title II programs;
2. Assist the PVOs in establishing target levels for improvements in these indicators over the five-year Title II program cycle;
3. Inform PVOs about the current food security situation so they can refine their program design and implementation strategies and improve efficiency by targeting the areas and subgroups that will benefit most; and
4. Provide FFP baseline indicator values that can be compared across countries through meta-analyses of the indicator results.

The study investigates household food access; sanitation and hygiene; agriculture, household expenditures and assets; and health and nutrition among women and children.

The population-based household survey sample was designed to be statistically representative for the beneficiary communities selected for implementation by each respective PVO in the designated geographic regions of operation. The multistage clustered sampling design yielded a household sample size of 2,400 per program, or 7,200 households overall. Questionnaires and training materials were developed and finalized based on consultations with FFP, the Food and Nutrition Technical Assistance III Project (FANTA), and PVOs. The fieldwork, including training, data collection, and data entry, began in late January 2013 and concluded in August 2013.

The qualitative study component was conducted during the same time frame as the population-based household survey. The qualitative team visited 12 villages and conducted in-depth interviews (IDIs) and focus group discussions (FGDs). The team also conducted formal interviews and informal conversations with key informants (KI) who had insights into health and nutrition as well as livelihood development in the communities where the CRS, SC, and Mercy Corps programs are taking place. Five question guides were used to conduct the IDIs and FGDs. Ultimately, the team conducted six FGDs and 36 IDIs with potential direct beneficiaries and eight IDIs with KIs.

Challenges in the research process include a compressed timeline, difficulty obtaining current household counts at the community level, adequate transportation for the data collection teams, the length and complexity of the survey questionnaire, and concurrent fielding of the qualitative and household surveys.

Key Findings

The baseline study findings cover seven broad areas: (1) characteristics of the population, (2) household hunger and dietary diversity; (3) poverty levels; (4) water, sanitation, and hygiene; (5) agricultural practices; (6) women's health and nutrition; and (7) children's health and nutrition.

Characteristics of the Population

The household survey data show that households in the program areas are large, with high proportions of children under age 5. The average household includes approximately seven household members, although households are larger in the SC program area, with an average of eight members. Children ages 0-59 months are household members in about 80 percent of all households, and children ages 0-23 months are household members in about half of all households. The majority of household heads are male (94 percent), and 88 percent of household heads have no formal education. Almost all households (91 percent) include an adult male and female.

Seasonal labor migration plays a significant role in the lives of people in Niger, primarily as a coping strategy for food insecurity and chronic poverty, and for increasing income. Men migrate internally to larger cities within Niger and externally to neighboring countries. Interviews found internal migration to be seasonal, with the vast majority taking place after the harvest and storage of crops. The most frequently mentioned destinations for external migration include the neighboring countries of Libya, Nigeria, Burkina Faso, and Ivory Coast, normally for a period of one to three years.

Labor migration is likely to continue in Niger as long as chronic food insecurity and poverty persist. Therefore, migration patterns and the ways these patterns impact individuals at the community and household levels are an important factor to consider in designing development programs.

Household Hunger

The household survey was conducted in February to April, during the dry season and just prior to the beginning of the lean season in late April. The Famine and Early Warning Systems Network (FEWS NET) predicted that food supplies during the survey months of February and March would be adequate for most households. But by April/May/June, as is normally the case during the lean season, most households would have exhausted their cereal reserves pushing households to make purchases at the market to meet their food needs.¹

Even though food supplies were predicted to be adequate during the survey months, the survey results show that hunger is still a challenge for many households in the region. Nearly one-third (29 percent) of households suffer from moderate or severe hunger, with a higher prevalence in the SC program area (42 percent) than in the CRS (25 percent) and Mercy Corps (22 percent) program areas. The hunger models indicate that the drivers of household hunger are related to food access and availability, which are further influenced by seasonal conditions and income sources. Qualitative data indicate that, despite the availability of food in markets, lack of income prevents individuals from accessing these foods and that crops produced for household consumption are generally insufficient to meet the needs of the household for the entire year.

Household Dietary Diversity

The overall Household Dietary Diversity Score (HDDS) score of 3.4 indicates poor dietary diversity, with only three to four of the 12 food groups consumed, on average. This is similar to the HDDS score of 3.8

¹ Famine and Early Warning Systems Network (FEWS NET). (2013, February). *Niger food security outlook update*. Retrieved from http://www.fews.net/docs/Publications/NE_FSOU_2013_2_en.pdf

for all of Niger, found in a World Food Program meta-analysis of Food Consumption Indicators.² Almost all households consume foods made from cereal grains such as wheat, maize, rice, sorghum, and/or millet. Less than one-fifth of households consume meat or poultry, and even fewer consume eggs or fish (less than 10 percent). The HDDS as a measure of food access and socioeconomic status indicates that the population in the program areas has limited means to access diverse foods.

The qualitative data suggested a direct relationship between seasons and the types of food produced for consumption and food purchased. The primary food consumed during the dry season is millet. During the rainy season, individuals reported the availability of foraged vegetables from trees and nearby fields, supplemented with millet left over from the previous harvest or purchased at the market.

Poverty

Poverty is a significant challenge in the survey areas. The household survey found that almost two-thirds (64 percent) of the population in the survey areas is currently living in extreme poverty (less than USD \$1.25 per day), which is comparable to the 2007 World Bank estimates of 59.5 percent for Niger as a whole and 63.9 percent in rural areas of Niger.³ Extreme poverty is more prevalent in the SC program areas (76 percent) than in the CRS (63 percent) and Mercy Corps areas (47 percent). Daily per capita expenditures are, on average, USD \$1.33 per day, per person. Daily per capita expenditures are lower in the SC program areas (USD \$1.06) than in the CRS (USD \$1.37) and Mercy Corps areas (USD \$1.64). The mean depth of poverty in the survey areas is 26 percent of the poverty line, with significantly deeper poverty in the SC program areas (36 percent) than the CRS (23 percent) and Mercy Corps areas (16 percent).

Participants in the qualitative study identified very few sources of income. The two income sources mentioned most frequently are agriculture (including the sale of crops, the sale of animals, and casual labor on farms), and remittances.

Water, Sanitation, and Hygiene

Access to improved water sources and proper sanitation are among the biggest challenges in the survey population. Few households reported having access to a protected drinking water source. About one quarter of households reported using a public tap/standpipe, 17 percent reported using a tube well or borehole, and 6 percent reported using a protected well. More than three quarters of households (77 percent) reported that they do nothing to make water safer to drink.

Only 9 percent of households reported using an improved sanitation facility, in most cases consisting of a pit latrine with a slab. This rate is somewhat higher than the rate of 4.3 percent in rural Niger for 2011, reported by the World Health Organization/United Nations Children's Fund (WHO/UNICEF) Joint Monitoring Programme for Water and Sanitation.⁴ Qualitative interviews revealed that open defecation in the bush is common in many communities, even where latrines exist in villages. Although respondents reported using the bushes or common village basic pit latrines, they also reported a lack of cleanliness in the communal latrines, and thus, a preference to avoid them. The majority of individuals without latrines in their homes expressed the desire to have them built in their homes or compounds rather than to use communal latrines or the bush.

Interviewers from the household survey observed the presence of water and soap, detergent, or another cleansing agent at the place for hand washing in only 15 percent of households. However, almost all

² Interagency Workshop Report WFP – FAO, Measures of Food Consumption - Harmonizing Methodologies, Rome, 9 - 10 April 2008. Retrieved from <http://home.wfp.org/stellent/groups/public/documents/ena/wfp196627.pdf>

³ World Bank. (2013). World Development indicators: Poverty rates at national poverty lines, Table 2.7. Retrieved from <http://wdi.worldbank.org/table/2.7>

⁴ WHO/UNICEF. (2013). *Joint Monitoring Programme for water and sanitation* [Data file]. Retrieved from <http://www.wssinfo.org/data-estimates/table/>

respondents (90 percent) correctly identified that washing hands is critical before eating. Few were able to identify any of the other four other critical moments for hand washing.

Poor sanitation practices are associated with increased morbidity and mortality, particularly for diarrheal diseases. Worldwide, it is estimated that improved water sources reduce diarrhea morbidity by 21 percent, improved sanitation reduces diarrhea morbidity by 37.5 percent, and the simple act of washing hands at critical times can reduce the number of diarrhea cases by as much as 35 percent.⁵ Programs might consider further activities that will result in better access to and use of improved drinking water sources and improved sanitation facilities as well as educational activities to emphasize hand washing at critical moments.

Agricultural Practices

The household survey results revealed that farmers in the program areas lack agricultural resources, both financial and technological, to improve their farming practices. Only 6 percent of farmers reported using financial services in the year preceding the survey, and 25 percent of farmers reported practicing at least two value chain activities. The most common value chain activities reported are developing production and sales plans; trading or selling products wholesale, retail, or export; and sorting crops. All three of these activities are practiced by about 10 percent of farmers. A key challenge cited during qualitative research is the lack of financial resources to invest in agriculture techniques and technologies, such as fertilizer, insecticides, and seeds, to increase farmers' yield.

About half of the farmers (46 percent) reported using at least two sustainable crop practices. Use of fertilizer (75 percent) and storage of seeds (40 percent) are the most commonly used sustainable practices. Use of improved storage practices was reported by 26 percent of farmers; these practices including triple bagging, jute bags, and tins.

Most farmers cultivate millet (95 percent), cowpeas (88 percent), and sorghum (84 percent). Additional crops include beans, peanuts, and sesame. About two-thirds of farmers (63 percent) raise livestock, with the most common animals being goats (49 percent), poultry (31 percent), and sheep (30 percent).

Qualitative analysis indicated farmers sell surplus millet and other crops after calculating annual needs. Respondents indicated that livestock and poultry serve as a source of income and savings and that crops produced for household consumption are generally insufficient to meet the needs of the household for the entire year. Typically, households eat food produced only a few months of the year—in some cases, only for one to three months after harvest.

Women's Health and Nutrition

The anthropometry results indicate some nutritional challenges for women ages 15-49 in the program areas. Most appear to be consuming sufficient calories, but dietary diversity scores indicate their diets lack nutritionally diverse foods. While 74 percent of women ages 15-49 in the survey population have a body mass index (BMI) within the normal range, 20 percent are underweight, and 5 percent are moderately to severely underweight. On average, women consume about 3.3 of the nine basic food groups. Grains, roots, and tubers (97 percent) and green leafy vitamin A-rich vegetables (76 percent) are the most frequently consumed food groups. Dietary intake of protein is lacking; only 17 percent of women consume flesh foods, and 6 percent consume other protein-rich foods such as organ meat or eggs.

Over half (52 percent) of mothers of children 0-23 months said they attended four or more antenatal visits; a higher rate than that reported in the 2006 Demographic Health Survey (DHS) of 11.1 percent.⁶ Qualitative study findings suggest that there is an increase in the number of women delivering in health

⁵ World Health Organization. (n.d.). *Facts and figures: Water, sanitation and hygiene links to health*. Retrieved from http://www.who.int/water_sanitation_health/publications/factsfigures04/en/print.html

⁶ Institut National de la Statistique (INS) et Macro International Inc. 2007. *Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2006*. Calverton, Maryland, USA : INS et Macro International Inc.

centers; however, many respondents reported giving birth at home with traditional midwives, despite strict government fines of 5,000 francs and a prohibition against home births. Women predominantly reported using health centers for prenatal, delivery, and postnatal care when health centers are available in their communities; however, women living far from clinics find it difficult to use these services.

Children's Health and Nutrition

The prevalence of underweight and stunted children is relatively high across all three program areas. Lack of appropriate nutrition during childhood may have lifelong negative effects for these children in terms of physical health, mental acuity, and economic productivity. More than half (58 percent) of children under 5 years of age in the survey population show signs of moderate and severe stunting. This rate is comparable to that reported in the last Niger SMART survey, conducted in June-August 2013,⁷ in which stunting was reported in 49-51 percent of children under 5 years of age in Maradi and Zinder. Rates of stunting from the recent 2012 DHS were 54 percent in Maradi and 52 percent in Zinder.⁸

Almost half (46 percent) of children under 5 years of age in the survey population were moderately to severely underweight. Comparable rates of 43 percent in Maradi and 42 percent in Zinder were reported in the 2012 DHS.⁹

The household survey results indicate that almost half (43 percent) of children 0-5 months are exclusively breastfed, but only 8 percent of children 6-23 months are receiving a minimum acceptable diet (MAD). The majority of qualitative respondents discussed predominant breastfeeding for children under six months and also discussed breastfeeding as part of their traditional culture.

The most common illnesses identified during qualitative data collection are malaria and diarrhea, affecting both adults and children. Many respondents in the qualitative study identified malnutrition as the main culprit for many illnesses, reporting that persistent lack of nutritious foods leaves individuals vulnerable to easily contracting diseases. Respondents reported an improvement in the general health of their communities in recent years. However, respondents frequently reported the need for health facilities, community health care workers, and medicine.

The household survey found that 14 percent of all children under age 5 had diarrhea in the two weeks preceding the survey, and 19 percent of this subset had blood in their stools. The 2012 DHS reported a national rate of diarrhea in Niger of 14.1 percent.¹⁰ Caretakers sought advice or treatment for almost two-thirds of the children with diarrhea (64 percent), and more than three-quarters were treated with oral rehydration therapy (ORT). Rates of ORT treatment for children with diarrhea were lower in the 2012 DHS: 45 percent in Maradi and 47 percent in Zinder.

Conclusions

The household survey and qualitative data identify several areas that Title II programs might consider targeting. Dietary diversity for all household members appears to be lacking, particularly for women ages 15-49 and children under 5 years of age. Poor dietary diversity can significantly impact the health of the survey population, as evident in the high rates of stunting and underweight for children under 5 years of age. Poor hygiene practices are another area for programs to target since they are associated with increased morbidity and mortality. Furthermore, recent studies have attributed poor hygiene to increased rates of childhood malnutrition¹¹. Farmers report the need for more financial and technical assistance to

⁷ United Nations Office for the Coordination of Humanitarian Affairs (OCHA). *Bulletin humanitaire, numéro 35 - 04 septembre 2012*. Retrieved from <http://reliefweb.int/report/niger/niger-bulletin-humanitaire-num%C3%A9ro-35-04-septembre-2012>

⁸ MEASURE DHS. (2012). *Niger demographic and health survey, Preliminary report*. Retrieved from <http://www.measuredhs.com/publications/publication-PR28-Preliminary-Reports.cfm>

⁹ Ibid.

¹⁰ Ibid.

¹¹ United Nations Children's Fund (UNICEF). (2013) *Improving Child Nutrition: The achievable imperative for global progress*. Retrieved from: http://www.unicef.org/media/files/nutrition_report_2013.pdf

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improve agricultural practices. High poverty levels, which are likely due to lack of employment opportunities and the inability of farmers to generate income from farming, greatly influence all of these areas.

1. Introduction

In Fiscal Year 2012, the U.S. Agency for International Development (USAID) Office of Food for Peace (FFP) awarded funding to private voluntary organizations (PVOs) to design and implement multi-year Title II development food aid programs in the most food-insecure regions of Niger. The three Title II programs funded for Niger are (1) Livelihoods, Agriculture and Health Interventions in Action (LAHIA), (2) Development Food Aid Program (DFAP), and (3) Sawki. LAHIA is being implemented in the Maradi region by Save the Children (SC) in partnership with World Vision (WV). DFAP is being implemented in Maradi and Zinder by Catholic Relief Services (CRS) in partnership with the International Crop Research Institute for the Semi-Arid Tropics and the Misola Foundation. Sawki is being implemented in Maradi and Zinder by Mercy Corps in partnership with Helen Keller International (HKI) and Africare. The main purpose of these Title II programs is to improve long-term food security in the Zinder and Maradi regions of Niger.

The strategic objectives of the LAHIA program are to improve the nutritional status of young children and pregnant and lactating women, increase vulnerable households' access to food, reduce vulnerability to food security shocks, and improve the status of women. Program activities include, for example, a conditional food ration, an adolescent summit to share ideas, training of peer educators, construction of water points, and organization of annual workshops on disaster preparedness. The program is expected to reach 17,972 direct beneficiary households.

The strategic objectives of the DFAP program are to reduce chronic malnutrition in households with pregnant and lactating women and children under 5 years of age, increase the production and consumption of food in vulnerable households, and improve disaster risk management. Program activities include, for example, facilitation of savings and lending groups, cell phone-based literacy courses, social marketing of latrines, provision of rations to pregnant women and young children, and establishment of local water and sanitation committees. The program is expected to reach 86,700 households.

The strategic objectives of the Sawki program are to reduce chronic malnutrition among pregnant and lactating women and young children and to increase the local availability of and households' access to nutritious food. Program activities include, for example, delivering training to health facility staff, mobilizing local leaders to host discussions on family planning, facilitating discussions for girls, improving producers' access to improved inputs, and hosting contests to fund local water and soil improvement projects.

In line with the USAID Evaluation Policy, FFP contracted with ICF International to carry out a baseline study in a sample of communities where the PVOs will implement these programs (see Annex 10 for the Contract Statement of Work). This baseline study serves as the first phase of a pre-post evaluation survey cycle. The second phase will include a final survey to be conducted in five years, when the Title II programs are completed. The baseline study includes two components: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators; and (2) a qualitative study to gather additional data that add context, richness, and depth to understanding the results from the household survey. The baseline study results will be used for the following purposes:

1. Establish baseline values of key FFP and program-specific indicators prior to implementation of the Title II programs;
2. Assist the PVOs in establishing target levels for improvements in these indicators over the five-year Title II program cycle;
3. Inform PVOs about the current food security situation so they can refine their program design and implementation strategies and improve efficiency by targeting the areas and subgroups that will benefit most; and
4. Provide FFP baseline indicator values that can be compared across countries through meta-analyses of the indicator results.

FFP defines food security as “all people at all times hav[ing] both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life,” and it depends on four main factors: availability of food, access to food, utilization of food, and stability. Availability of food refers to the physical presence of food in the region, whether in markets, on farms, or through food aid. Access to food refers to the ability of households to procure a sufficient quality and quantity of food. Utilization of food refers to the ability of individuals to properly absorb and select nutritious food. Stability in this context is the capacity to sustain acceptable nutrition over time.

The 2013 Baseline Study of Title II development food assistance programs in Niger was designed to provide information on all four aspects of food security. The study investigates household food access, sanitation and hygiene, agriculture, household expenditures and assets, and dietary diversity and anthropometry among women and children.

This report begins with an overview of the methods for the population-based household survey and the qualitative study, followed by a summary of the food security situation in the region. The findings from the household survey are then presented for all FFP and program-specific indicators. The qualitative study results are integrated with these findings to provide further context and understanding. The report closes with key findings and conclusions.

2. Methodology

2.1 Methods for Population-based Household Survey

A. Study Design and Objectives

The primary objective of the population-based household survey is to assess the status of key FFP and program indicators prior to program implementation. The baseline measurements will be used to calculate change in these indicators (and to undertake a statistical test of differences in the indicators) at completion of the five-year Title II cycle, when the same survey will be conducted again in the program areas. This pre-post design will enable the measurement of change in indicators between the baseline and final evaluation, but will not allow statements about attribution or causation to be made.

B. Sample Design

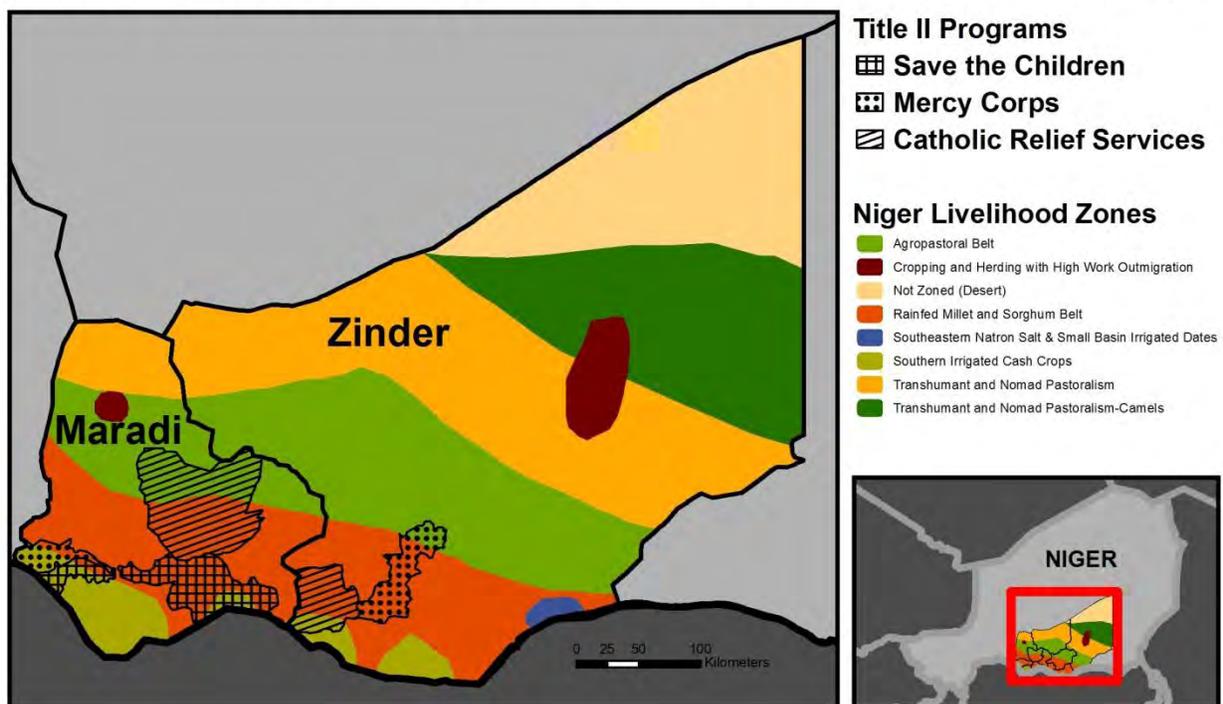
The sample allocations for each program were based on adequately powering a test of differences in the prevalence of stunting because stunting is a key measure for food insecurity. The sample size derived using the stunting indicator provides enough households to measure target change levels for all other indicators except the exclusive breastfeeding indicator for children ages 0-5 months and the minimum acceptable diet (MAD) indicator for children ages 6-23 months. The following criteria were used for deriving sample sizes for each Title II program:

- design effect (DEFF) of 2;
- confidence level of 95 percent;
- power level of 80 percent;
- expected change in stunting, over the life of the program, of 6 percentage points;
- use of the Stukel/Deitchler Inflation and Deflation Factors (see Appendix A of the FANTA Sampling Guide¹²) to determine the number of households (with children ages 0-59 months); and
- inflation of the sample size of households by 10 percent to account for household non-response.

Based on these criteria, the optimum sampling allocation was determined to be 80 communities, with 30 households per community for each program. The household sample size was 2,400 per program, or 7,200 households overall. A more detailed description of the sampling methodology can be found in the Sampling Plan for Baseline Studies of Title II development food assistance programs (see Annex 1).

¹² FANTA III. (2012). *Sampling guide (1999) and addendum (2012)*. Retrieved from <http://www.fantaproject.org/monitoring-and-evaluation/sampling>

Figure 2.1 Selected Program Areas for the Title II Baseline Survey



The sampling frame for each program was constructed from the set of communities selected by the PVOs for the implementation of their programs. The PVOs provided their community lists, which were matched to census-level household and population information in order to assign a measure of size for each community. Census-level household counts for communities in Niger were obtained from the 2001 census conducted by the Institut National de la Statistique (INS). Since the census was conducted in 2001, some of the communities in the lists provided by the PVOs could not be matched to the census file. For these communities, household counts were provided by each of the PVOs.

The sample selection of 7,200 households was done in two stages: first, sampling of geographic clusters (or communities), and second, sampling of households within the communities. The first-stage sample of 80 communities for each program was selected using the sampling frame and an approximation to the PPS (probability proportional to size) sampling method. Table 2.1 provides the total program and sampled community and household counts for each program

Sampled communities were allocated proportional to the size of the region for Mercy Corps and CRS (SC worked in only one region). Replacement communities were selected and used in instances where a community refused to participate. Replacements were made based on matching the region and sampling size stratum.

The second-stage selection of households was completed when the field teams entered each community. Prior to the second-stage sampling, the selected communities were canvassed on the ground in order to

- validate and/or update the household counts for each community;
- determine the appropriate sampling interval needed to obtain 30 households, using updated household counts;
- assess the density and placement of households within the community; and
- determine whether the community was large enough to divide into segments.

Table 2.1 Sampled Communities and Households for Each Title II Program

Region	Total communities in program	Total households in program	Total communities sampled	Total households sampled
SC LAHIA				
Maradi	207	27,880	80	2,400
CRS DFAP				
Maradi	227	70,278	27	810
Zinder	670	135,441	53	1,590
Total	897	205,719	80	2,400
Mercy Corps Sawki				
Maradi	26	4,072	26	780
Zinder	54	10,038	54	1,620
Total	80	14,110	80	2,400

A systematic sampling approach was used to select households. This method entailed (1) randomly choosing a starting point between 1 and n (the sampling interval), with the household labeling 1, 2, ... n commencing at one end of the cluster; (2) conducting an interview in the first household represented by the random starting point; and (3) choosing every nth household from the previous one thereafter for an interview (where n is the sampling interval and equals the total number of households in the cluster, divided by 30), until the entire cluster has been covered. The field team supervisor was trained on how to implement the systematic sampling method before entering the field. Global positioning system (GPS) units were used to capture the longitude and latitude at the center of each community. Households in which no survey was conducted due to absence or refusals after three attempts were not replaced; therefore, the target of 30 households per cluster was not always achieved. The total number of households with completed interviews for each program is provided in the Findings, Section 4.1.

A third stage of sampling was done at the individual level to select one woman in households where multiple women were eligible to be interviewed. For Module E, all women of reproductive age (15 to 49) were eligible. A Kish grid was used to randomly select the woman to be interviewed. Caretakers were interviewed about all children under the age of five in the household for the children's module. For the farmer's module, the primary farmer (the first farmer identified on the roster, who was usually the head of household) was first interviewed. When the farmer being interviewed did not have decision-making responsibility over an area in the questionnaire (for example, raising animals), a second farmer was interviewed who could provide answers for that part of the module.

C. Questionnaire

The household survey questionnaire (see Annexes 2a and 2b) was developed through a series of consultations with FFP, the Food and Nutrition Technical Assistance III Project (FANTA), and the PVOs before, during, and after the in-country workshop in December 2012. During the workshop, ICF and the PVOs shared information about the baseline study and Title II programs and worked on finalizing the survey questionnaire.

A preliminary questionnaire was developed prior to the workshop, based on the selected FFP indicators and the guidelines described in the *FFP Standard Indicators Handbook*.¹³ Definitions for sustainable agricultural practices, value chain activities, and improved storage practices were confirmed with the PVOs during the workshop, along with definitions for the program-specific indicators to be included in the questionnaire. Other questions that required adaptation to the local country context, such as foods and types of sanitation facilities, were also defined in consultation with the PVOs, USAID representatives in Niger, FFP, and FANTA.

¹³ USAID. (2011). *FFP standard indicators handbook (baseline-final indicators)*. Retrieved from http://pdf.usaid.gov/pdf_docs/pnadz580.pdf

The questionnaire consists of separate modules covering the following topics:

- Module A: Household identification and informed consent
- Module B: Household roster
- Module C: Household food diversity and hunger
- Module D: Children's nutrition and health
- Module E: Women's nutrition and health
- Module F: Household sanitation practices
- Module G: Agricultural practices
- Module H: Household consumption
- Module I1: Antenatal care
- Module I2: Access to health services
- Anthropometry

Questions for Modules A through G were adapted using questions from the *FFP Standard Indicators Handbook* and the Demographic and Health Survey (DHS) questionnaire.¹⁴ Questions for Module H were adapted from the Niger Enquête Nationale sur les Conditions de Vie des Ménages et l'Agriculture de 2011 (ECVM/A-2011).¹⁵ Questions for Modules I1 and I2 were provided to ICF by the PVOs after discussions during the initial workshop.

D. Field Procedures

- a. Training, Piloting, and Pretesting

For training and fielding purposes, ICF developed three separate training manuals based on FFP and DHS guidelines:

1. **Supervisor Manual** – includes a number of topics required to effectively prepare supervisors and field editors for fieldwork, such as introduction and objectives of the study, survey organization, team leader roles and responsibilities, rules and regulations, ethics, fieldwork preparations, and quality control requirements/procedures.
2. **Interviewer Manual** – includes guidelines for implementation of the survey and fieldwork procedures, including interviewing techniques and procedures for completing the questionnaires. This manual also includes detailed explanations and instructions for each question.
3. **Anthropometry Manual** – includes procedures adapted from the DHS biomarker manual for all of its surveys worldwide. The procedures in the DHS biomarker manual were adapted from *How to Weigh and Measure Children*¹⁶ and approved by FFP for use in this survey.

The baseline household survey training was conducted in Niamey from January 28 to February 19, 2013. Training sessions consisted of three components: interviewer training, supervisor training, and anthropometry training. The sessions were led interchangeably (based on area of expertise and experience) by ICF subcontractor AC Nielsen's field coordinators and by ICF field managers and survey experts.

The **interviewer training** was held from January 28 to February 4, 2013. It included all data collectors involved in the study (supervisors, interviewers, back-checkers, and anthropometrists). The training covered the roles and responsibilities of all involved in the study, rules, behaviors and ethics, sampling, and respondent selection. It also included a detailed review of the household questionnaire, question by question, with group practices and mock interviews/role-playing. During the interviewer training,

¹⁴ MEASURE DHS. *DHS model questionnaire: Phase 6 (2008-2013) (English, French)*. Retrieved from <http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm>

¹⁵ Enquête Nationale sur les Conditions de Vie des Ménages et l'Agriculture de 2011. Retrieved from http://siteresources.worldbank.org/INTLSMS/Resources/3358986-1233781970982/5800988-1355942716831/ECVMA_Manuel_Enqueteur_P1_V10-eng.pdf

¹⁶ Shorr, I. J. (1986; modified in 1998). *How to weigh and measure children*. New York: United Nations.

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participants with the strongest technical and leadership skills were selected to be supervisors or back-checkers.

The **anthropometry training** was conducted on February 4-9, 2013. The six-day training session included a review of anthropometry procedures at the training facility, followed by implementation and standardization of procedures at the SOS Children's Village in Niamey. Eighteen female health professionals were trained as anthropometrists by ICF anthropometry expert Roseval Supreme, assisted by his Nigerien counterpart from the National Statistical Office. Along with the anthropometrists, all supervisors and back-checkers were trained to serve as assistants in the field.

The **supervisor training** was held in Niamey on February 11-13, 2013. The training session included supervisor roles and responsibilities, rules, behaviors and ethics, household and respondent selection, use of the field control sheet, sampling, maps and segmentation, and GPS data collection. The training also included a review of the methodology for callbacks and field editing.

Due to a few management issues, fieldwork was delayed by a few days. For this reason, a refresher training with the full data collection team was held on February 18-19 to review the study methodology and the questionnaire.

During the anthropometry training, a group of five interviewers piloted the questionnaire in one community in Maradi. The purpose of piloting was to test the soundness of the questionnaire and to identify potential problem areas, such as skip patterns, wording, sequence of questions, clarity of the questionnaires in terms of both coding and instructions to interviewers, and whether any of the questions were particularly difficult or sensitive. After piloting was completed, a debriefing session was held with the supervisors to discuss and address difficulties or problems with the interviews. Based on the pilot results, ICF revised the questionnaire and forwarded it to USAID for final approval before the start of interviewer training.

Following the interviewer and anthropometry trainings, pre-tests were conducted on February 22 and 23, 2013, with each of the 18 field teams in five communities in the regions of Maradi and Zinder. The purpose of the pre-tests was to observe all interview team members to ensure preparedness, appropriate contact strategy, familiarity with the questionnaires outside the classroom, and an understanding of the household sampling process. A debriefing session was held with coordinators, supervisors, interviewers, and anthropometrists to discuss their pre-testing experiences and to identify and address problems with preparedness, field procedures, or contact strategy.

b. Fieldwork

The Title II data collection team members in Niger included two research managers, two regional coordinators (one assigned to each region: Maradi and Zinder), 18 supervisors, 18 back-checkers, 72 interviewers, and 18 anthropometrists. There were 18 field teams, with each team consisting of one supervisor, one back-checker, four interviewers, and one anthropometrist. In each team, the supervisor and back-checker conducted field editing of the questionnaire. The baseline survey was conducted in Hausa.

Three ICF field managers and an anthropometry expert rotated and oversaw the training and fieldwork in Niger. Throughout fieldwork, a minimum of two ICF managers were in-country at the same time to coordinate and supervise activities. Collectively they visited all interview teams to observe the interviews; to identify and correct mistakes, especially at the beginning of fieldwork; and to provide feedback and guidance for improvement.

Fieldwork in Niger lasted approximately 33 days (starting February 26 and ending March 30). All 18 teams completed an average of 200 interviews per day (the actual number of completed interviews per day varied from about 150 to 400). To ensure that sampling was carried out with the most updated household counts, field supervisors were required to confirm/recount the number of households in each community before conducting the interviews. The updated household numbers were reported to the ICF Lead Survey Specialist to determine the random starting point and sample intervals.

For quality control purposes, supervisors were required to keep fieldwork control sheets to record contact with households and GPS data for each community. These sheets were used to record the number of attempts to reach each household, number of households and individuals interviewed within each household, and reasons for non-response in households where interviews were not obtained. In cases where household members were not at home, interviewers were required to revisit a household three times before the household could be considered as a non-respondent household.

Supervisors were required to review all completed questionnaires daily and to observe all their interviewers frequently. In addition, all teams were asked to conduct frequent (daily, if possible) debriefing sessions to review the questionnaire and to discuss difficulties and common errors. Back-checkers played a role of support to the supervisors. They were required to conduct spot checks of at least 15 percent of all interviews and to verify information in at least 15 percent of the interviews.

At a minimum, supervisors and back-checkers were required to verify the fact that the interview took place, the approximate duration of the interview, the information on the household roster, the proper administration of the various sections of the questionnaires, and interviewers' general adherence to professional standards. In addition, they conducted field editing to review every completed questionnaire on the same day of data collection. Questionnaire editing was done to check for adequate completion of all fields, missing data, and legibility of open-ended items. Interviewers were required to make corrections or return for re-interview if necessary.

Additional editing was performed in the central office in Niamey, once the questionnaires were completed in the field sites of Maradi and Zinder. After the completion of fieldwork, additional days were allocated for return visits to households with incomplete questionnaires or missing data. Revisits occurred April 14-17, 2013.

c. Data Entry and Processing

When all survey forms for a community were cleared through the field quality control procedures, the forms were packaged and forwarded to the central data entry office in Niamey. The forms were entered by a team of trained data entry personnel, who used proprietary software developed by AC Nielsen, customized to fit the survey form.

There were two technicians that rotated and a manager (who was the regional coordinator for Zinder during data collection). There were two data entry teams of key punchers, with ten key punchers in each team. One shift worked from 8 a.m. to 4 p.m., and the second one worked from 4 p.m. to midnight.

ICF worked with the data entry teams to ensure that the data entry program was thoroughly tested and matched the survey form. ICF went through multiple reviews of the data entry program to ensure that only valid data ranges were allowed for each question and that the program included checks for questionnaire logic (e.g., skips and filters) and flagged any data inconsistencies. ICF developed a common SPSS database structure, which was forwarded to the in-country data processing team and was used for delivering all data to ICF.

ICF conducted a quality control review of the raw data and converted SPSS data files after 100 survey forms were entered to ensure that the data were complete and accurate and to determine whether there were any problems with data conversion or the database structure. Appropriate feedback was provided, and changes to the data entry software or SPSS database were incorporated as needed.

For the final dataset, data cleaning took place locally, in-country, based on ICF's review of the final dataset. Checks were conducted for the following: community matching to sampled communities; household roster consistency with individuals interviewed for each module; duplicate records; data completeness (e.g., variables, labels, and missing data); data validity (e.g., frequency distribution anomalies and out-of-range values); and data consistency (e.g., correspondence between the number of interviews at each level and skip patterns). Any identified data inconsistencies were forwarded to the data teams for review and correction. Final data review and preparation for analysis took place at ICF after receipt of the cleaned dataset.

E. Data Analysis

a. Sampling Weights

Sample weights were computed for each indicator corresponding to a unique sampling scheme. The sampling weight consists of the inverse of the product of the probabilities of selection from each of the stages of sampling (cluster selection; household selection; and, when relevant, individual selection). For Niger, separate weights were derived for the following:

- Households (used for indicators derived from Modules C, F, H, I1, I2)
- Children (Module D)
- Women 15-49 years (Module E)
- Farmers (Module G)

Weights were adjusted to compensate for household and individual non-response, as appropriate. Different sampling weights were calculated for separate analyses of each implementing partner area and for the Title II program area as a whole.

b. Indicator Definitions and Tabulations

FFP indicators were calculated using tabulation methods as currently documented in the FFP Standard Indicators Handbook. Table A3.1 in Annex 3 presents the specific definition and disaggregation for each indicator. Child stunting and underweight indicators are derived using the World Health Organization (WHO) Child Growth Standards and associated software. Consumption aggregates—to compute prevalence of poverty, mean depth of poverty, and per capita expenditure indicators—follow the World Bank’s Living Standards Measurement Survey (LSMS) methodology (see Annex 4 for more detail).

The four FFP agricultural indicators were developed based on input from the PVOs, FANTA, and FFP. Agricultural activities, value chain activities, and storage practices were defined based on those activities and practices used and promoted by the PVOs. Table A3.2 of Annex 3 provides operational definitions of each indicator.

Program-specific indicators were selected and defined based on the objectives of the programs designed by the PVOs. These indicators were discussed during the December workshop and were finalized based on input from FFP, FANTA, and the PVOs. Table A3.3 of Annex 3 provides the selected program-specific indicators and their definitions.

Results for all indicators are weighted to represent the full target population and tabulated for the combined program areas and for each Title II program separately. Point estimates and variance estimation are derived using Taylor series expansion and take into account the design effect associated with the complex sampling design; 95 percent confidence intervals are provided for all FFP indicators at the country level and for each Title II program separately. A tabular summary of all indicators with confidence intervals for both program areas combined and separately is provided in Annex 7.

c. Handling of Missing Data and “Don’t Know” Responses

Missing data points were excluded from both the denominator and the numerator for calculation of all FFP and program-specific indicators. Coders recoded “Don’t Know” responses to the null value and included them in the denominator. For example, for the household dietary diversity component, “Yes,” “No,” and “Don’t Know” responses were included in the denominator, but only “Yes” responses were counted in the numerator. The number of “Don’t Know” responses was small (e.g., in the case of the Household Dietary Diversity Score [HDDS] indicator, the maximum number of “Don’t Know” responses for any food group was four, which is equivalent to less than 0.1 percent of the total sample).

For anthropometry indicators, the WHO software flagged biologically implausible cases according to WHO criteria,¹⁷ and only those children with valid weight and height scores were included in the analysis for the stunting and underweight indicators. Implausible cases were excluded from the analysis, but were left in the dataset.

d. Descriptive cross-tabulations

Further descriptive analyses were conducted to provide additional context and present the subcomponents underlying some key indicators. These descriptive analyses include the following:

- Characteristics of households: household size, household headship, education level of head of household, gendered household type, percentage of households with children under 5 years of age and with a child 6-23 months;
- Food groups consumed for Household Dietary Diversity and Women's Dietary Diversity;
- Sanitation practices: drinking water sources, treatment of drinking water, and toilet facilities;
- Prevalence of stunted and underweight children under 5 years of age, by age group;
- Breastfeeding status for children under 2 years, by age group;
- Components of a minimum acceptable diet (MAD) for children 6-23 months;
- Percentage of women 15-49 years old by Body Mass Index (BMI) and height groupings;
- Percentage of farmers by value chain activity performed in the past 12 months;
- Percentage of farmers by sustainable agricultural practice used in the past 12 months; and
- Percentage of farmers by storage practice used in the past 12 months.

e. Multivariate Models

Multivariate analyses were performed to deepen PVOs' understanding of the causes of (a) food insecurity and (b) malnutrition. These analyses were adjusted to take the design effect into account and were conducted separately for each program and overall. Multivariate analyses were limited to two critical indicators:

- Household Hunger Scale (HHS)—moderate or severe hunger as a critical food insecurity indicator
- Prevalence of stunted children under 5 years of age—height-for-age Z-score (HAZ) as a critical malnutrition indicator

For household hunger (a binary indicator), a logistic regression approach was used. For the HAZ (a continuous indicator), an ordinary least squares (OLS) regression approach was used.

For each of these outcomes, independent variables were identified separately. The variables were selected based on the availability of variables from the survey data and their theoretical relevance as predictors; this relevance was established by reviewing previous models and discussions with the PVOs, FFP, and FANTA. Independent variables included in each model are presented in sections 4.2.A.1 and 4.5.A.1, with the results for the full models presented in Annex 8. It is worth noting that these models are exploratory rather than causal, and that the possibility of unobserved variable bias cannot be ruled out.

2.2 Methods for Qualitative Study

A. Study Design and Objectives

The overarching objective of the qualitative component of the baseline study is to elucidate and contextualize the findings from the population-based household survey. Specifically, the qualitative component aims to uncover patterns in decision-making and access to health care and food/beverages at the family and villages levels, and to help researchers understand the “how” and “why” of food

¹⁷ WHO Multicentre Growth Reference Study Group. (2006). *WHO child growth standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development*. Geneva: World Health Organization.

utilization and consumption, as well as the access and uptake of health care. For example, the household survey provides information about foods and beverages the household uses, consumes, or produces; and health care the household accesses, uses, or consumes. Qualitative data provide insight into who makes the decisions regarding food/beverage usage, consumption, and production, as well as decisions regarding health care use and/or consumption, what the decision-making process is, and how other factors (such as demographic characteristics, culture, or socio-historical context) may affect the decision-making process.

To supplement the household survey findings, ICF aimed to meet seven intermediate analytic goals:

1. Describe access to and use of food and beverages at the household and village levels, especially access and use for women and children under 5 years of age.
2. Describe the decision-making process used for food and beverage consumption at the household and village levels, especially as it affects women and children under 5 years of age.
3. Describe patterns in the health care needs of households and villages, and the access to and type of care available to household and village members, emphasizing the needs of women and children under 5 years of age.
4. Describe how decisions are made regarding health care at the household and village levels, especially for women and children under 5 years of age.
5. Describe patterns in agricultural development and processes at the household and village levels for farming for subsistence and income generation.
6. Describe the living conditions and economic practices of potential program participants.
7. Describe any cultural, political, environmental, or other social contexts that may influence decision making and access to food and health care.

In order to meet these objectives, the qualitative research team, composed of a researcher from ICF International and a recruiter, an interviewer, and an interpreter provided by ICF's local subcontractor, undertook a field study of a sample of villages where CRS, Mercy Corps, and SC Title II programs are being implemented. The fieldwork process began with a meeting with the PVOs to discuss the interview guides and sample communities. Once the itinerary and interviews guides were finalized, the team visited 12 villages (four for each PVO) to conduct in-depth interviews (IDIs) and focus group discussions (FGDs) with a sample of potential direct beneficiaries (PDB) as described below.

ICF set a number of priorities in the development of the question guides. The first priority of the ICF qualitative team was to meet the objective of the qualitative research: to help understand findings from the baseline survey. The team did this by ensuring that the topic areas covered in the qualitative question guides mirror those found in the quantitative instruments.

The second priority was to merge the objectives of the qualitative component (to pinpoint decision-making processes, identify roles and responsibilities, and understand socio-cultural context that may influence survey responses and measure) with the topics covered in the quantitative survey. For example, in questions regarding food access and utilization, the qualitative instruments go beyond the quantitative instruments in that they ask how decisions are made, who makes the decisions, and what influences choices.

B. Study Sample

For the qualitative study component, the sampling strategy was purposive. That is, communities and individuals were targeted based on a set of criteria in order to meet the overall objective of the qualitative component. Three main criteria were used to select the sample: category of individual, geographic region, and population size (to denote access to services).

Selection of Communities

Although the populations are relatively homogenous in the two regions of Maradi and Zinder, they can be quite different in some specific geographical characteristics, which ultimately affect the agricultural activities and nutrition of the populations. Given this factor, ICF visited both regions and six (four in

Maradi and two in Zinder) of the 11 districts to ensure that the most obvious variations between program implementation areas were covered.

CRS is implementing its programs in one district of Maradi (Mayahi) and one in Zinder (Kantche); both of these districts were selected in the qualitative sample. Mercy Corps is implementing its programs in three districts in Maradi (Dakoro, Tessaoua, and Madarounfa) and in four districts in Zinder (Tanout, Mirriah, Goure, and Magaria); one district was selected in each region. SC's programs cover two districts in Maradi (Guidan Roumdji and Aguié); both were selected in the qualitative sample.

Once ICF narrowed the geographic location by districts, the villages were then selected using the size of the village based on the number of households. During the quantitative data collection, the team noted that the larger villages have more economic activities, often because of their proximity to a regional market or sometimes a main road. These economic activities could lead to some variations in access to food, health care, and other services between the larger villages and those with smaller populations. Table 1 in Annex 5 shows the program, regions, district, village names, number of households, IDIs conducted, and whether focus groups or pilot interviews were conducted for each community visited.

Selection of Respondents

The population-based household survey focused on four primary respondent groups: the head of household or responsible adult, women ages 15-49, primary caregiver or mother of children ages 0 to 5, and farmers. These groups were also the primary focus of the qualitative data collection to participate in the interviews and focus groups as PDBs. PDBs are individuals who may be selected to participate in the program once the programs are rolled out. In this study, the qualitative team worked with the following six categories of respondents who were PDBs:

- **Male head of household:** A man who self-identifies or is identified by another household member as head of household and has decision-making authority. This individual may or may not have children, may or may not have a single or multiple spouses, and may or may not participate in farming activities. The preference is to speak with individuals who have children under 5 years of age in the household, though this is not a requirement.
- **Female head of household or lead female in household:** A woman who self-identifies or is identified by another household member as a lead female figure in a household and has some decision-making authority. The individual may or may not have children, may or may not live with her husband or a male head of household, and may or may not participate in farming activities. The preference is to speak with individuals who have children under 5 years of age in the household, though this is not a requirement.
- **Male farmer:** Using the standard FFP definition of farmer¹⁸ established in the baseline survey, a male who undertakes and has decision-making authority over farming activities either on his own property or on someone else's (community plot). The type of farming the individual undertakes is open. He may participate in the care of animals, preparation of fields, tending to and harvesting crops, or the processing of food stuffs. He may participate in farming either for subsistence or income generation, or both.

¹⁸ FFP definition of a farmer: Farmers include (1) herders and fishers and are 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/OR (2) 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., nontimber forest products, wild fisheries). These farmers may engage in processing and marketing food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps.

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- Female farmer: Using the definition of farmer indicated above, a female who undertakes and has decision-making authority over farming activities on her own property or someone else's (community plot). The type of farming the individual undertakes is open. She may participate in the care of animals, preparation of fields, tending to and harvesting crops, or the processing of food stuffs. She may participate in farming either for subsistence or for income generation, or both.
- Male caregiver or father: A male in the household who either cares for children in the household or is a father of children under 5 years of age. He should have knowledge of the child's feeding and eating patterns and health care needs and consumption. This individual may or may not be a head of household and may or may not farm. It is not important or relevant for this individual to be a farmer.
- Female caregiver or mother: A female in the household who either cares for children in the household or who is a mother of children under 5 years of age. She should have knowledge of the child's feeding and eating patterns and health care needs and consumption. This person may or may not have a spouse living in the household. It is not important or relevant for this individual to be a farmer.

Key informant (KI) is an additional category identified for IDIs. KIs are individuals who, due to their position, have important information regarding either the communities in which the Title II programs will be implemented or the programs themselves. KIs were divided into three categories:

- Representatives from the PVOs and their partners
- Community or district health and/or nutrition experts
- Community or district livelihood and/or agricultural development experts

C. Instruments

Prior experience in conducting the qualitative interviews demonstrated that community members were able to answer not only specialized questions for their topic area, but also questions in all topic areas, because their roles and responsibilities at the household level often crossed over. For example, a male head of household often is also a farmer, or a female household lead is also a mother. Therefore, rather than having a different question guide for various categories of respondents, the number of question guides was reduced to the following:

- IDI Guide for PDBs
- FGD Guide for PDBs
- IDI Guide for PVO Representatives
- IDI Guide for Livelihood and Agricultural Development Experts
- IDI Guide for Health and Nutrition Experts

The English and French versions of these question guides are included in Annexes 6a and 6b, respectively.

ICF set a number of priorities in the development of the question guides. The main priority was to meet the primary objective of the qualitative research—that is, to help understand findings from the baseline survey. The team did this by ensuring that the topic areas covered in the qualitative question guides mirror those found in the quantitative instruments. The topic areas include the following:

- Food access and utilization
- Nutritional status of women and children
 - Prenatal care
 - Breastfeeding
- Health status and access to health care
 - Diarrhea and oral rehydration
- Water, sanitation, and hygiene

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- Agriculture and livelihood
 - Agricultural production
- Poverty measurement
- Socio-cultural community context
- Program implementation, strategies, and goals

The second priority was to merge the objectives of the qualitative component (to pinpoint decision-making processes, identify roles and responsibilities, and understand socio-cultural contexts that might influence survey responses and measures) with the topics covered in the quantitative survey. For example, in questions about food access and utilization, the qualitative instruments go beyond the quantitative instruments in that they ask how decisions are made, who makes the decisions, and what influences choices. In addition, from discussion with the PVOs and experiences during the quantitative data collection, some topics areas were identified and further developed in the interview guide through additional questions and/or probes to help researchers understand the quantitative findings.

Once the ICF qualitative team created a core set of questions that could be asked of study participants, a third objective was to tailor the instruments to the various respondent groups and the type of data collection. First, questions were targeted to the specific type of respondent, specifically for KI interviews, such that a health and nutrition expert answers a greater number of questions about health and nutrition activities than an agricultural development expert.

All PDBs were given the same interviews, but conversely, caregivers were probed more on questions that emphasize child health and nutrition as well as maternal health, while farmers were not. ICF ensured that a single guide was used for both male and female participants in the same category so as not to operate under the assumption that only men can answer some types of questions while only women can answer others.

D. Data Collection

Field data collection occurred June 15-28 in the following 12 communities (six districts) of the two regions where programs are being implemented:

- Maradi
 - Guidan Roundji – Guidan Sori
 - Guidan Roundji – Tounkourma
 - Aguié – Naki Karfi
 - Aguié – Chakpé
 - Mayahi – Jan Toudou
 - Mayahi – Zongo Yardi
 - Dakoro – Dan Goubli
 - Dakoro – Magajin Kori
- Zinder
 - Kantché – Bandawa
 - Kantché – Douaché
 - Mirriah – Diney Haoussa
 - Mirriah – Fotoro Bougage

Ultimately, a total of six FGDs and 36 IDIs with PDBs, and nine IDIs with KIs, were conducted. PBD interviews were conducted in Hausa (the local language) by two field interviewers. The interviews were overseen by a qualitative researcher from ICF, with the assistance of an interpreter. As described above, one guide was used for the IDIs and another for the FGDs with PDBs. Each IDI with PDBs lasted approximately 1½ hours (with a couple of interviews lasting more than 2 hours), and each FGD with PDBs lasted between 1½ and 2 hours. IDIs with KIs occurred both within the districts, in Niamey, and (when necessary) over the telephone. On average, the IDIs and informal conversations with KIs lasted between one and two hours. All of the IDIs and FGDs were digitally recorded. A researcher also took

field notes during the interviews and FGDs to accompany the transcripts from the recordings. See Annex 5, Table 2, for a breakdown of the number of IDIs and FGDs by village.

E. Data Preparation, Coding, and Analysis

Prior to the completion of the data collection, the local subcontractor began transcribing and translating the IDIs and FGDs that had been digitally recorded. ICF conducted periodic quality assurance checks to ensure that the transcripts aligned with observations of the interviews. Because many of the interviews and focus group discussions were conducted outdoors, some sections of several recordings were difficult to discern. For the few portions of the interviews that were inaudible, analysts relied on field notes taken during interviews and FGDs to supplement analysis.

The ICF researcher continually shared completed transcripts with the coding and analysis team in Washington, DC so they could start the coding process as early as possible. Therefore, a codebook was developed before transcription was fully completed. The data were coded using ATLAS.ti. Coding reliability checks were undertaken at the front end of coding by having two coders code the same transcript simultaneously and then re-code until consensus on coding was reached. When coding was completed, the lead coder reviewed the coding to ensure consistency.

To provide an understanding of the quantitative indices created from the results of the household survey, the qualitative data gathered and coded were analyzed using both content and domain analyses. Content analysis was used to identify themes or trends in responses, both within and across respondent groups and so that the findings from the household survey could be triangulated with the findings from the qualitative data collection. For example, content analysis was undertaken to identify which foods individuals consumed and whether those identified through the qualitative component of the study aligned with those from the quantitative component. Domain analysis was used to examine the possible relationship between responses and the socio-cultural context of the communities in which the program was being implemented. Drawing from the previous example, domain analyses were undertaken to understand the context in which choices about food consumption were made and the possible influence that particular contextual factors may have on the decision-making process. In this report, the intent is to assess the qualitative trends in relationship to the quantitative survey findings, and to better understand the quantitative indicators through an examination of context. Specifically, the qualitative analysis examines the following issues: the sources, access to, and availability of foods and beverages and the decision-making process surrounding consumption; income sources and savings practices as well as decision making and drivers of how money is used and/or saved; practices around water collection, treatment, and use; decision making and drivers of hand washing and latrine use; agricultural development; livelihoods; and health and nutrition.

2.3 Study Limitations and Issues Encountered

Limitations and issues encountered during the Baseline Study of Title II development food assistance programs in Niger are summarized below.

Compressed timeline for fielding the surveys

Baselines are critical to the overall Title II program evaluation cycle and must measure key attributes of the target population prior to the start of program implementation. This requirement resulted in considerable pressure to field the baseline data collection as soon as possible so as not to delay the start of program implementation. Within a very limited time frame, the ICF research team developed the technical approach to the baseline study and created survey instruments, procedural manuals, and field guides. Because it was the first time FFP contracted with an outside firm to conduct an independent baseline study of Title II programs, many elements of the project had to be developed for the first time. Future FFP-managed baseline and endline surveys will benefit from the preparative work accomplished during this early stage.

The compressed timeline also proved to be challenging in the recovery from customs of survey materials that were shipped from the United States, adding considerable pressure to the in-country field team.

Qualitative study designed concurrently with population-based household survey

Due to the short timeline for the overall study, it was not possible to undertake the qualitative study after the analysis of the household survey data was completed. There were consequences in not having the results from the household survey. First, the qualitative research team was unable to draw from the household survey findings to inform the study design. Second, so as not to miss particular topic areas, the qualitative team covered a broad range of topics but could have covered fewer topics in greater depth had the household survey results been available. Third, the qualitative team emphasized data collection at the household level with single individuals rather than at the KI level so that data could be triangulated with data collected by the household survey teams. The number of communities visited and interviews conducted was limited, which constrained researchers' ability to identify contextual differences across communities. While in most cases the data collected are useful in exemplifying the findings from the household survey, further qualitative information could have helped to explain specific household survey results.

Outdated household counts and maps

The quantitative research team did not originally plan to conduct a household listing exercise in sampled communities. However, a listing exercise was necessary because census counts were outdated. The need for verification of household counts led to complications, in terms of time and costs.

Transportation constraints

A major issue encountered early on, during training, was transportation constraints. Although the subcontractor had initially planned for data collection teams to use public transportation and moto-taxi to travel from one community to another, it quickly became clear that, due to long distances, high temperatures, and the high volume of survey materials, it would be impossible to ensure the minimum comfort and security necessary for team members to complete quality work. Arrangements were quickly made to hire drivers of four-wheel drive vehicles to accommodate the travel needs of the data collection team.

Length and complexity of the questionnaire

The length and complexity of the questionnaire made interviews difficult. The average time to complete an interview was between 2 and 2½ hours. Respondents often were tired toward the end of the interview and needed extra coaxing to finish the interview. Interviewers often needed to explain survey questions verbally. In addition, the survey required responses from multiple household members, which added to the time required to complete the questionnaire because interviewers often needed to wait or return to households later to interview appropriate respondents.

Questionnaire form

Through the pilot exercise, it was found that the staples used to keep the questionnaire pages together did not provide proper hold. Many questionnaires had semi-detached or altogether missing pages. The coordination team corrected the issue before the start of fieldwork by binding the questionnaires in booklet form. This was an unexpected additional expense that ought to be included in future budgets.

Confusion over eligibility criteria for children

On the household roster, eligible children are defined as "any child under 6 years of age." However, the definition of children eligible for the children's module is "those under 5 years of age." Although the inclusion of children under 6 as eligible on the roster is intentional, so as not to miss any children that might actually be less than 5, this difference in definition between the roster and the children's module created confusion for many of the field staff and interviewers. The difference between the roster

requirements and the children's module verification of age under 5 years was continually explained and reinforced throughout the trainings and fieldwork.

Data entry

Many issues arose throughout the data entry process. Initially, data entry was held up due to problems negotiating acceptable payment terms between the subcontractor and the data entry staff. Errors in the data entry program were identified early in the process, leading to a second delay while the program was being corrected. Communication between ICF and the local programmer was difficult, and instructions for cleaning the data were not always followed. The management of the data entry process by the subcontractor was problematic and resulted in significant delays in getting the data entered and cleaned properly.

Seasonality of data collection

The household survey was conducted in the months of February to April, during the dry season and just prior to the start of the lean season in late April. The household survey was intentionally conducted towards the start of the lean season, so as to measure indicators during the most vulnerable period for the beneficiary population. Although this is not a limitation, it will be important to ensure that endline data collection activities are also conducted during the same time period because seasonal fluctuations influence indicators that measure food access, hunger, and dietary diversity.

Tight timeframe for analysis and reporting

The tight timeframe from finalized data collection to final reporting limited the data analysis to development and calculation of the indicators with some supporting bivariate analyses to better understand the components of the indicators. The timeframe did not allow time to develop and construct multivariate models to further explore relationships between the indicators and additional factors that might influence the indicator results. There were also rich qualitative data that could not be further analyzed and included in the report.

3. Overview of the Food Security Situation in Niger

Niger is one of the world's least developed nations. Less than one-third of Nigerien adults are literate, and more than three-fourths of the population lives on less than USD \$2 per day.¹⁹ Food crises are common in the region, and much of the population suffers from chronic malnutrition.²⁰ The Zinder and Maradi regions are populated by the Hausa people predominately and also by the agro-pastoral Kanuri and the pastoral Peulh, Touareg, and Toubou.²¹ These regions have a long history of shocks, high poverty levels, and high levels of stunting and wasting.²²

Agriculture is central to the Nigerien economy. Nationally, agriculture involves more than 80 percent of the population and is primarily subsistence based, focusing mainly on millet and sorghum, and nearly two-thirds of the incomes of agricultural households come from livestock.²³ Zinder and Maradi produce 40 percent of the country's millet.²⁴ Zinder, as a whole, is generally a surplus producer of millet and cowpeas and is an important commercial zone due to its geographic and cultural relationship to

¹⁹ International Fund for Agricultural Development. (n.d.). *Rural poverty in Niger*. Rural Poverty Portal. Retrieved from <http://www.ruralpovertyportal.org/country/home/tags/niger>

²⁰ Hoddinott, J., Sandstrom, S., & Upton, J. (2013). *Impact evaluation of cash and food transfers in Zinder, Niger: Analytical report (Draft)*. World Food Programme: Washington, DC. Retrieved from <http://documents.wfp.org/stellent/groups/public/documents/resources/wfp257676.pdf>

²¹ Hoddinott, Sandstrom, & Upton. (2013).

²² USAID. (2011). *USAID Office of Food for Peace: Niger: Bellmon estimation*. Washington, DC: USAID. Retrieved from <http://www.usaidbest.org/docs/NigerBellmon2011.pdf>

²³ USAID. (2011).

²⁴ Hoddinott, Sandstrom, & Upton. (2013).

Nigeria.²⁵ However, the rural poor are net consumers of food staples. Many rural families depend on low-yield, small-scale agriculture with insufficient productivity to meet the needs of their households.

In addition, annual productivity is highly variable. Given that the vast majority of the region's agriculture is rain fed, crop production is highly dependent on the year's rainfall.²⁶ There are other significant challenges to productivity. Technical support for farmers and access to improved inputs are limited, and most farmers use traditional tools and practices.²⁷ Pests and crop diseases also reduce productivity. Normally, the leanest period for Nigerien farmers begins in June, although food shortages often start sooner.²⁸ The lean period coincides with the rainy season and runs through September or October.²⁹

The majority of Nigeriens live near or below the poverty line, which significantly limits the population's ability to access nutritious food. Incomes are insufficient for the poor to purchase food despite its availability. Particularly in years with low rainfall, much of the annual harvest is consumed or sold to buy other foods before the end of the lean season, resulting in both insufficient availability for household feeding and a lack of capital for the purchasing of inputs for the following year. Because Niger is landlocked, food prices vary significantly with currency fluctuations. Some rural Nigeriens are also limited in their ability to physically access markets due to their remote locations and poor road conditions.³⁰ Insecurity due to political issues also limits access to markets on occasion.

Food utilization is poor in Niger due to unsuitable food choices and feeding patterns and poor health and sanitation practices. Less than a quarter of children under six months of age are exclusively breastfed,³¹ and introduction of complementary foods is generally inadequate.³² Young children have particularly low levels of diversity in their diets. Food utilization is limited by food absorption, in part due to poor sanitation practices. Few rural Nigeriens have access to clean water.³³ The majority of rural Nigeriens practice open defecation, and diarrheal diseases are common.³⁴ There are very low levels of access to health care.³⁵ An additional challenge is the very high rate of child marriage, among the highest in the world, with one out of three girls marrying by age 15.³⁶

Environmental issues also threaten food security in Niger. The region has long suffered from periodic droughts, but the frequency of low production years appears to be increasing.³⁷ Increasing droughts are significantly reducing agricultural production, particularly bean production.³⁸ Sources for irrigation are limited and appear to be decreasing.³⁹ Other environmental threats include overgrazing, deforestation, and soil erosion, compounded by high population growth rates, which place increasing pressure on

²⁵ Ibid.

²⁶ Moussa Na Abou, M., & Diop, C. (2010). *Climate change adaption and food insecurity in Maradi District – Niger*. Paper presented at the International Conference: Climate, Sustainability and Development in Semi-Arid Regions. Retrieved from http://www.africa-adapt.net/media/resources/784/ICID%20Paper_MOUSSA%20NA%20ABOU%20Mamouda.pdf

²⁷ USAID. (2011).

²⁸ International Federation of Red Cross and Red Crescent Societies. (2010). *Niger: Food insecurity*. Retrieved from <http://www.ifrc.org/docs/appeals/10/MDRNE005do.pdf>

²⁹ USAID. (2011).

³⁰ Ibid.

³¹ Coen, B. (2010). *A campaign to promote exclusive breastfeeding makes strides in rural Niger*. UNICEF: Gidan Nawa, Niger. Retrieved from http://www.unicef.org/infobycountry/niger_55454.html

³² FEWS NET. (2006). *Understanding nutrition data and the causes of malnutrition in Niger*. USAID: Washington, DC. Retrieved from <http://www.fews.net/docs/Publications/1001044.pdf>

³³ Ibid.

³⁴ Mebrahtu, S. (2012). *In the Niger, a community-led sanitation programme transforms lives*. UNICEF: Maradi, Niger. Retrieved from http://www.unicef.org/infobycountry/niger_66754.html

³⁵ FEWS NET. (2006).

³⁶ Mebrahtu. (2012).

³⁷ Mamadou, A., & Salaou, A. (2013). *Women's land rights in a changing climate: A case study from Maradi, Niger*. Dublin: Mary Robinson Foundation Climate Justice. Retrieved from <http://www.mrfcj.org/pdf/case-studies/2013-04-16-Niger.pdf>

³⁸ Mamadou & Salaou. (2013).

³⁹ Moussa Na Abou & Diop. (2010).

limited natural resources.⁴⁰ Exploitation of natural resources, such as the gathering and selling of straw and wood, is a coping mechanism in lean times.⁴¹

4. Findings

In this section of the report, the findings of the baseline study are presented based on five content categories: (1) characteristics of the population, (2) household indicators, (3) agricultural indicators, (4) women's health and nutrition, and (5) children's health and nutrition. Results for FFP and program-specific indicators are included in each section, along with relevant results from the qualitative study. A tabular summary of all FFP and program-specific indicators and their confidence intervals for each PVO and for the aggregate Title II program area are provided in the tables in Annex 7, along with results for statistical tests of differences for each indicator between the programs.

4.1 Characteristics of the Study Population

This section of the report provides an overarching picture of the SC, CRS, and Mercy Corps program areas. Demographic characteristics are presented from the household survey, and results from the qualitative study are provided with respect to migration and the role of gender in the region.

A total of 7,337 household interviews were completed across the Zinder and Maradi regions: 2,442 in the SC program areas, 2,461 in the CRS program areas, and 2,434 in the Mercy Corps program areas. Table 4.1a provides estimates of the populations represented in the survey area for specific population subgroups both overall and for each program area separately.

Table 4.1b shows the characteristics of these households. The average household includes 7.2 household members, although households are significantly larger in the SC program areas (8.1 members). Children ages 0-59 months are present in close to 79 percent of all households. Children ages 0-23 months are present in about 54 percent of households and children under 6 months are present in 16 percent of households. The majority of household heads are male (94 percent) and have no formal education (88 percent). Most households include an adult male and female (91 percent).

⁴⁰ Mamadou & Salaou. (2013).

⁴¹ FEWS NET. (n.d.). *Cadre de la sécurité alimentaire: Principaux groupes de population*. Retrieved from <http://www.fews.net/ml/en/info/Pages/fmwkfactors.aspx?gb=ne&l=en&fmwk=pop>

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**Table 4.1a. Total Population in the Title II Survey Area by Program Area
[Niger, 2013]**

	Total	SC	CRS	MERCY
Total population	1,046,583	311,946	505,462	229,176
Female	511,842	152,252	248,156	111,434
Male	533,728	159,529	257,037	117,162
Total households (HH)	145,482	38,383	73,557	33,543
Male and female adults	7,671	1,147	3,450	3,075
Female adults only	5,715	1,120	3,622	973
Male adults only	131,677	36,115	66,236	29,326
Child no adults	419	0	249	170
Women of reproductive age (15-49 years)	179,630	57,793	84,425	37,411
Children 0-59 months	245,049	77,418	116,289	51,343
Males 0-59 months	122,431	39,854	57,941	24,635
Females 0-59 months	118,722	37,539	55,652	25,532
Children 0-5 months	29,925	8,075	15,633	6,218
Males 0-5 months	12,605	4,268	6,107	2,230
Females 0-5 months	13,487	3,799	6,830	2,857
Children 6-23 months	81,973	25,766	39,504	16,703
Males 6-23 months	41,316	13,279	20,104	7,933
Female 6-23 months	40,630	12,469	19,400	8,761

Source: USAID Title II survey in Niger (2013), weighted population estimates

**Table 4.1b. Household Characteristics by Program Area
Household characteristics by PVO [Niger, 2013]**

	Total	SC	CRS	MERCY
Average household size *	7.2	8.1	6.9	6.8
Percent of households with children 0-59 months ¹ *	79.2	82.9	77.6	78.5
Percent of households with a child 0-23 months ¹ *	54.0	58.9	53.3	50.1
Percent of households with a child 0-5 months ²	15.5	17.2	15.2	14.4
Household headship (% male) *	93.9	96.0	94.7	89.5
Education level of head of household				
No formal education	88.1	87.0	90.8	83.4
Pre-primary	0.7	0.8	0.4	1.2
Primary	7.5	8.4	5.8	10.2
Lower Secondary *	3.0	3.4	2.3	4.3
Upper Secondary	0.6	0.4	0.6	0.6
Higher	0.2	0.1	0.2	0.3
Gendered household type				
Adult Female no Adult Male *	5.3	3.0	4.7	9.2
Adult Male no Adult Female *	3.9	2.9	4.9	2.9
Male and Female Adults *	90.5	94.1	90.0	87.4
Child No Adults *	0.3	-	0.3	0.5
Number of households (Total)	7,337	2,442	2,461	2,434
Number of households (Adult Female no Adult Male)	370	75	129	166
Number of households (Adult Male no Adult Female)	286	79	130	77
Number of households (Male and Female Adults)	6,651	2,288	2,189	2,174
Number of households (Child No Adults)	30	0	13	17

* Significant difference at $p < .05$ (Reference category = MERCY).

¹ Includes children with data missing for the child module.

² Does not include children with data missing for the child module.

A. Migration: Sources of Income and Coping Strategy

Seasonal labor migration plays a significant role in the lives of people in Niger. Primarily a strategy for coping with food insecurity, labor migration is a means to alleviate chronic poverty and to increase opportunities for income.⁴² The decision to migrate is tied to several factors; including a community's and/or a household's crop failure, lack of food, and limited income to meet household expenses.

Migration Pattern and Gender

Labor migrants are predominately men, leaving women behind with the responsibility of managing the household and caring for children.

Men migrate internally to larger cities within Niger and externally to neighboring countries. For internal labor migrants, the most cited destinations include Agadez, Maradi, Diffa, and Tchadoua. In interviews, KIs and respondents describe internal migration as seasonal, with the vast majority of migrants migrating after the harvesting and storage of crops.⁴³ The most frequently mentioned destinations for external migration include Libya, Nigeria, Burkina Faso, and Ivory Coast. The countries mentioned correspond with World Bank's Migration and Remittances Factbook, which lists Nigeria, Cote d'Ivoire, Benin, Chad, Burkina Faso, Togo, Mali, France, Guinea, and the United States as the top destination countries for migrants from Niger.⁴⁴ Agricultural work and manual labor are the primary forms of employment for migrants. A KI described this pattern and reasons for migration as follows:

There is migration in general, normally between November and early May, which is basically the off-farm season after the harvest. There is nothing to do in the communities, and men migrate to large cities or countries in Nigeria, Burkina Faso, to undertake some casual labour to get money and come back during the farming season. Migration is part and parcel of the way of life of the people.

This KI highlights the fact that migration is a common occurrence across communities in Maradi and Zinder. From the qualitative analysis, the primary motivation for migration is economic. Therefore, individuals are pulled to migrate internally to larger towns or urban centers as well as externally to neighbouring countries to find paid employment. The International Organization for Migration found that the prolonged economic crisis of the 1980s and 1990s, endemic poverty, geoclimatic harshness, recurrent food crises, strong annual demographic growth, and the creation of ECOWAS (as a space for the free movement of persons and goods) are all factors that push Nigeriens to migrate to other countries with the hope of improving their living conditions and those of their families.⁴⁵

According to the qualitative data, respondents utilize the money earned from seasonal migrant work to provide necessary funds to purchase food and cover household expenditures. Further, a female farmer from Magajin Kori explained that the main reason people migrate is "to cope with the shortage. Generally crops are not sufficient, so the strong bodied leave the old and children [the] little product they harvested."

Respondents also mentioned the migration of women for labor, though in smaller numbers than men. A study on migration in West Africa found that women migrants are increasingly drawn to both the formal and informal wage labor market as a survival strategy to augment meager family income.⁴⁶ The

⁴²See Article 2(b) of International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, Adopted by General Assembly resolution 45/158 of 18 December 1990. Retrieved from <http://www2.ohchr.org/english/bodies/cmw/cmw.htm>

⁴³ For a definition of seasonal migrant workers, see International Organization for Migration (IOM). (2004). *Glossary on migration*. Retrieved from http://publications.iom.int/bookstore/free/IML_1_EN.pdf

⁴⁴ Ratha, D., Mohapatra, S., & Silwal, A. (2011) *The Migration and Remittance Factbook*. World Bank: Washington, D.C. Retrieved from <http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1199807908806/Niger.pdf>

⁴⁵ International Organization for Migration (IOM). (2009). *Migration au Niger: Profil National 2009*. IOM: Geneva Retrieved from http://www.iomdakar.org/profiles/sites/default/files/Niger_Profile_2009.pdf

⁴⁶ Adepoju, A. (2005). *Migration in West Africa*. A paper prepared for the Poly Analysis and Research Programme of the Global Commission on International Migration. Human Resource Development Center: Lagos, Nigeria. Retrieved from http://iom.ch/jahia/webdav/site/myjahiasite/shared/shared/mainsite/policy_and_research/gcim/rs/RS8.pdf

qualitative analysis found that women who migrate for labor fall into the following categories: widows, single mothers, and women whose husbands have migrated externally and have not sent any money—often for many years. Typically, women migrate internally to larger cities, where they usually work performing tasks such as washing clothes, providing agricultural labor, and winnowing. Forms of payment for their labor include cash payment or a portion of crops, which they in turn use to feed their households or resell to earn money for the purchases of other needed goods.

In some cases, women migrate along with their husbands, leaving their children with family elders. When asked why both parents migrate, one individual from Magajin Kori stated, “It is [for] the purpose of saving the little they have harvested for next season. So in order to not leave the woman alone and therefore she consumes the little to which I refer.”

Impact of Migration at the Household and Community Levels

The overall perception of migration is largely positive, with the potential to bring positive changes to households and communities. Although the remittance from Nigerien emigrants is modest, these money transfers represent significant financial resources injected into Niger’s economy.⁴⁷ The migration of men has the potential to make a salient impact on the household income. The following exchange with a female farmer in Tounkourma highlights the reasons why her husband migrated and the impact it has on her household:

Interviewer: Why did he migrate?

Respondent: Due to the problem of food. We have children but not enough food to feed them.

Interviewer: Has his trip had an impact on your life?

Respondent: Now the difference is that, he sends us sometimes 20,000 francs to buy food. But when he is here, he and we all suffer with hunger. Sometimes we lack even food to prepare. When he is there, he can do anything to get money. That is the difference.

As a regular seasonal male migrant from Tounkourma explained, labor migration does not always satisfy all the needs of a household: “After the rainy season, we migrate to continue to take care of their need, but we still have problems.” Moreover, a number of individuals have indicated that men’s migration places added stress on the household, in particular women, who must bear the sole burden of caring for the household. The following focus group discussion with women in Tounkourma illustrates this point:

They can [leave] without sending any money for us during six months, so it is the duty of the woman to feed the household at all cost.... It is the role of the woman to feed all the family; she must look for money by any means because the husband is not around.

The migration of males to neighboring countries places a burden on the household, as they typically migrate for several years. In these instances, women find themselves in vulnerable situations for extended periods of time.

For the community, respondents in the qualitative study indicate both positive and negative impacts of migration. Describing a positive contribution of migration toward the community, a female farmer from Bandawa stated, “If a migrant comes back from exodus, he gives some presents to all those who come to wish him welcome. This is the advantage for the village.” On the other hand, a female caregiver in Tounkourma shared her view that the community is not benefiting from migration:

Me, I think that we should not even migrate, because it doesn’t bring anything to the community. People have been going many times, but still the same. And also once you are out, you don’t know the situation of your family.... The community does not gain anything. We gain hardly what to feed them.

⁴⁷ International Organization for Migration (IOM). (2009). *Migration au Niger: Profil National 2009*. IOM: Geneva Retrieved from http://www.iomdakar.org/profiles/sites/default/files/Niger_Profile_2009.pdf

Another example that points to the negative impact of migration is the lack of people to undertake community-level projects. A KI explained that migration has a negative impact because “we use volunteers who are young people, in whom we invest a lot of time in training. During the off season, they migrate, and we don’t have enough volunteers.”

B. Role of Gender

Gender roles and responsibilities, expressed at the household and community levels, are clearly defined and reflect the lived experience of everyday life in Niger. While there are households that vary from the norm, the general socio-cultural fabric in Maradi and Zinder is entwined with specific gender roles. As in many traditional African societies, men are the heads of households and primary decision makers on all matters related to the household. This includes decisions about food consumption and utilization, health care, economic activity, and children’s education. The wife, or the eldest wife in polygamous households, assumes responsibility as primary decision-maker only when the husband is away from home.

Prescribed gender roles by division of labor within the household and livelihood activity are sharply defined in the majority of Sahelian communities. From the qualitative data gathered, it is evident that men typically engage in agriculture and young men in animal husbandry, while adult women engage in the sale of food products, and young women are responsible for collecting wood for fuel. However, it is also common, particularly in Maradi, for women to have small allotments of land for household consumption. With regard to animal rearing, women were generally found to be responsible for rearing small animals such as goats, while men reared larger animals such as cows and bulls. Within the household, women are solely responsible for rearing children and preparing food, with female youths and children assisting in food preparation (including pounding grains) and with both female and male youths assisting in the collection of wood and water. The main responsibility for bringing food into the household falls on men as heads of households.

As discussed in the following sections, a few variations were found that differed from the outlined gender roles and responsibilities. In some, where female participants reported working on family farms alongside their husbands. In other cases, respondents indicated that widows or women with absent husbands had have the full responsibility for providing food to feed their households, which leads them to engage in agricultural activities—and to , as well as sell food products in addition to rearing children and preparing food.

4.2 Household Indicators

In this section, household survey data and qualitative data are examined to describe the consumption practices in the survey population. The section begins with an examination of the HHS, followed by a discussion, drawing on the qualitative data, of food and beverage access and availability. Also discussed are the predictors of household hunger and the HDDS. Qualitative data then highlight some of the drivers of and decision making around food and beverage selection and consumption.

A. Household Hunger Scale (HHS)

Household hunger was measured using the HHS, a perception-based food deprivation scale. The scale consists of three components measuring inadequate household food access, with each component split into an occurrence question (whether an episode of food deprivation occurred at all in the past four weeks) and a frequency of occurrence question (how many times the episode had occurred in the past four weeks). The responses to the questions are coded and summed into a numerical score (with a minimum possible score of 0 and a maximum possible score of 6) representing one of three levels of hunger: (1) *Little to no hunger* (HHS score = 0 to 1); (2) *Moderate hunger* (HHS score = 2 to 3); and (3) *Severe hunger* (HHS score = 4 to 6).

The results for the HHS are shown in Table 4.2a. Overall, 29 percent of households suffer from moderate or severe hunger; with a higher prevalence in the SC program area (42 percent) than in the CRS (25 percent) and Mercy Corps (22 percent) program areas. The HHS is based on perceptions of

hunger in the past four weeks and thus is sensitive to the season in which the survey is conducted. In the case of the Niger household survey, data were collected during the lean season, between February and March.

Table 4.2a. Food for Peace Indicators - Household Hunger Score (HHS)

Household-level FFP indicators by program area [Niger, 2013]

	Total	SC	GRS	MERCY
Household Hunger Scale (All Households)				
Prevalence of households with moderate hunger*	24.5	34.4	21.2	19.7
Prevalence of households with severe hunger*	4.6	8.1	3.8	2.1
Prevalence of households with moderate or severe hunger*	29.1	42.5	25.0	21.8
Adult Female no Adult Male	34.2	42.1	33.5	32.0
Adult Male no Adult Female*	18.0	30.5	15.4	12.7
Male and Female Adults*	29.3	42.9	25.1	21.0
Child No Adults	19.6	-	6.0	60.3
Number of responding households(All households)	6,970	2,428	2,398	2,144
Number responding hhlds (Adult Female no Adult Male)	352	75	127	150
Number responding hhlds (Adult Male no Adult Female)	276	78	129	69
Number responding hhlds (Male and Female Adults)	6,337	2,275	2,139	1,923
Number responding hhlds (Child No Adults)	5	0	3	2

* Difference between program areas is statistically significant at $p < .05$.

a. Predictors of Household Hunger

The logistic regression models for moderate or severe household hunger (hereafter, “household hunger”) are shown in Table A8.1 of Annex 8. The overall model showed that program differences are significant, so the predictors are presented separately for each program rather than overall. The three models show a low explanatory power, with a pseudo R^2 ranging from 0.08 to 0.12, indicating that the independent variables in the model explain between 8 and 12 percent of the variance in household hunger.

Independent variables in the model include the following:

- Household composition: Number of prime-aged adults (15-49 years old), number of elder dependents (50 years or older), and number of young dependents (ages 0-14)
- Demographic characteristics of the head of household: Sex, age, and education level
- Socioeconomic status: Household poverty and food consumption
- Household agricultural status: Raised crops in the last 12 months, number of farmers in the household, used at least two sustainable livestock practices, used at least two sustainable crop practices, used at least one sustainable natural resource management (NRM) practice, practiced value chain activities, used improved storage practices
- Region

In the logistic regression framework, the significance of individual predictors is based on odds ratios (ORs), which indicate the extent to which the likelihood of an outcome increases for each unit increase in the predictor variable. For example, if owning livestock decreases the likelihood of household hunger from 70 percent to 60 percent, this would be equivalent to an OR of $(60/40)/(70/30) = 0.64$. ORs are always positive numbers, with an OR of 1 indicating no change in the odds of an event, values between 0 and 1 indicating a decrease in the odds, and values greater than 1 indicating an increase in the odds. In a multiple logistic regression model, the OR indicates the increase or decrease in the likelihood of an outcome for a unit increase in the predictor, with all other predictors in the model held constant.

Significant predictors for the SC household hunger model include the following:

- Food consumption: Each additional log of Communauté Financière d'Afrique (CFA) spent in food per capita during the last week decreases the odds of household hunger by a ratio of 0.38. Using untransformed food consumption, the change in odds for every additional CFA would be $OR = 0.99$.
- Sustainable livestock practices: Households that practice sustainable livestock practices have greater odds of suffering from household hunger ($OR = 3.12$). Post hoc analyses did not identify any specific livestock practice as a significant predictor of household hunger.
- Improved storage practices: Households that use improved storage practices have lower odds of suffering from household hunger ($OR = 0.60$).
- Number of farmers in the household: Each additional farmer in the household decreases the odds of household hunger by a ratio of 0.75.

Deriving recommendations from any cross-sectional multivariate model must rest on the assumption that the model is causal. If this is the case, the data would indicate that decreasing poverty and increasing the use of improved storage practices would have the greatest impact on household hunger among the variables included in the model. The data also indicate that those administering household hunger reduction activities in the SC program areas may want to consider prioritizing households with fewer farmers, as these are the households most likely to suffer from household hunger.

A surprising result concerns the negative effect of sustainable livestock practices. The current model cannot determine whether this association is causal, and in the absence of an alternative explanation, this result is viewed as likely to be spurious and has thus been disregarded.

Significant predictors for the CRS household hunger model include the following:

- Number of young dependents: Each additional child (0 to 14 years) living in the household increases the odds of household hunger by a ratio of 1.08.
- Sex of the head of household: Having a female head of household increases the odds of household hunger by 1.96.
- Education level of head of household: Having a head of household with a primary-level education or higher reduces the odds of hunger by 0.48.
- Agricultural land: Having access to and control over a plot of agricultural land increases the odds of household hunger by 2.21.
- Value chain activities: Households that practice any of the value chain activities promoted by the program have lower odds of suffering from household hunger ($OR = 0.48$). Post hoc analyses identified sorting crops ($OR = 0.37$) and developing production and sales plans ($OR = 0.42$) as the best predictors of reduced household hunger.
- Number of farmers in the household: Each additional farmer in the household decreases the odds of household hunger by a ratio of 0.70.
- Region: Households in the CRS areas of Maradi have increased odds of household hunger compared to those in Zinder ($OR = 2.3$).

In summary, the model indicates that increasing the practice of value chain activities would have the greatest impact on household hunger among the variables included in the model, particularly sorting crops and developing production and sales plans. To the extent that education is considered within the scope of program activities, increasing the education level of heads of household could also be a tool for reducing household hunger. If increasing education is not within the scope of program activities, this result can be used as a segmentation variable, so that households with uneducated heads of household are prioritized for program activities. The data also indicate that those administering household hunger reduction activities in the CRS program areas may want to consider prioritizing households in the Maradi region and households with fewer farmers, more young dependents, and female heads of household, as these are the households most likely to suffer from household hunger.

As in the SC model, there are some surprising results regarding the negative effect of having access to agricultural land. It is possible that this variable identifies households that are primarily agricultural as opposed to those with alternative livelihoods, which may be more food secure. The survey did not collect information about economic activities, so this hypothesis cannot be tested; therefore, this result is considered to be spurious or due to omitted variable bias.

Significant predictors for the Mercy Corps household hunger model include the following:

- Sex of the head of household: Having a female head of household increases the odds of household hunger by 2.32.
- Sustainable livestock practices: Households that practice sustainable livestock practices have greater odds of suffering from household hunger (OR = 2.23). Post hoc analyses identified vaccination of poultry (OR = 1.70) as the only significant predictor of household hunger.

The model suggests that those administering household hunger reduction activities in the CRS program areas may want to consider prioritizing households with female heads of household, as these are the households most likely to suffer from household hunger. As in the SC model, there is no testable hypothesis to explain the negative effect of sustainable livestock practices, particularly vaccination of poultry.

b. Food/Beverage Access and Availability

Access to and availability of food are chief determinants of hunger. The populations of Zinder and Maradi are largely agriculturalists, producing the vast majority of food for subsistence on household farmland, supplemented by foraged foods. As further discussed in the sections below, millet and sorghum are the main sources of food produced for household consumption at the household level. Peanuts, groundnuts, beans, and in some cases maize are produced specifically for sale. When in surplus, millet is also sold in markets. These products are generally produced for sale as a means to earn income for household expenditures; to purchase clothing and medicine; to pay taxes; to fulfill responsibilities during religious and/or traditional holidays; and on occasion to purchase other types of food and items not grown, such as rice, macaroni, couscous, firewood for cooking, and drinking water.

Some vegetables, such as potatoes, peppers, and tomatoes, are also grown for household consumption. However, the majority of vegetables consumed are foraged from trees and fields in the vicinity. When asked what type of vegetables are foraged, one respondent stated, “There are the leaves of trees which serve us as vegetables [such as]...ridi [sesame leaves], rama [sorrel], tafassa.” Most households do not have the means to purchase nutritious foods such as meats, fruits, and various vegetables, and only purchase them occasionally. In Bandawa, women in a focus group acknowledged that nutritious foods are important, especially for women and children. However, most of these foods are not available in their community. A focus group discussion with women from Bandawa illustrates this point:

Interviewer: Do women and children have a dietary food that is particularly nutritious?

Respondent 1: The most nutritious foods are carrot, oranges, milk, banana, fish, meat, peanut, and pumpkin.

Respondent 2: We shouldn't lose sight that we don't have these kinds of food here. Apart from the breast milk, children have the same regime as other members of the household.

The majority of respondents indicated that crops produced for household consumption are generally insufficient to meet the needs of the household for the entire year. Typically, households are able to eat food produced only for a few months out of the year, in some cases only for one to three months after harvest.

Seasonal conditions and income sources are important factors that influence access to and availability of food. The qualitative data suggest a direct relationship between seasons and the types of food produced for consumption and the types of food purchased. The primary food consumed during the dry season is millet. During the rainy season, individuals reported the availability of foraged vegetables from trees and nearby fields, supplemented with millet left over from the previous harvest or purchased

at the market. The rainy season is also the lean season, the time between harvests, when many households have empty food stores and households endure long periods of hunger. “Now we are at the rainy season. Our need is to get enough food, because if you are hungry you can’t do anything,” states a female head of household from Bandawa.

Moreover, income sources, or the lack thereof, also play a role in access to food. In Daouche, for instance, some individuals reported the availability of food in markets, but the lack of income, hence money, is what prevents individuals from accessing these foods.

Three types of coping strategies are utilized by individuals and households that experience food insecurity. First is a food-specific strategy, mainly to reduce food consumption to once or twice a day. Respondents mentioned giving priority to feeding children when only one meal is possible for a given day. Quite a few respondents mentioned eating once a day or every other day, and most often eating only millet-based porridge mixed with water or foraged vegetables. An interviewer asked about eating habits in a typical day:

Interviewer: It means it is only in the night you are cooking?

Respondent: Yes, it is only in the night we are cooking dinner. If it remains we keep until morning to take breakfast. In the evening we prepare foura and wait till the next dinner.

As a second strategy, respondents mentioned selling small animals such as goats or other small goods produced, such as beans. With money from these sales, individuals then purchase millet and other foods needed for their households. The following exchange with a man from Dan Goulbi illustrates this point:

Interviewer: From where is the food you eat?

Respondent: From the farm. After the harvest, we eat half, we sell the rest. There are some moments when even if you are hungry, there is nothing to eat; especially now that life is expensive.

Interviewer: You do not have means to buy the cereals, or you simply cannot get them in the village?

Respondent: Sometimes we do not have the means and we sell an animal for our needs. These last two years we did not have a good harvest and we are obliged to buy cereals.

Interviewer: When the food is not enough to whom do you start giving first?

Respondent: We give to the youngest first.

The third coping strategy involves the search for income sources, such as working as hired labor on someone else’s farm or casual labor. The biggest trend, however, is labor migration during the dry season, immediately following end of harvest.

B. Household Dietary Diversity Score (HDDS)

The HDDS is based on the number of different food groups consumed by the head of household or any other household members in the past 24 hours. The set of 12 food groups is derived from the U.N. Food and Agricultural Organization. The HDDS ranges from 0 to 12, with lower numbers indicating less dietary diversity. Although the HDDS gives an indication of food groups consumed in the household, the HDDS should not be interpreted as a nutrition indicator reflecting diet quality, but rather as an indicator of food access. Thus it serves as a proxy for socioeconomic status.

The results for the HDDS are shown in Table 4.2b and Figure 4.2. The overall HDDS score of 3.4 indicates poor dietary diversity, with only three to four of the 12 food groups consumed in each household, on average. Dietary diversity is lowest in the SC program area (HDDS=2.8) compared to the CRS program area (HDDS=3.6), and the Mercy Corps program area (HDDS=3.9).

Table 4.2b. Food for Peace Indicators - Household Dietary Diversity Score (HDDS)

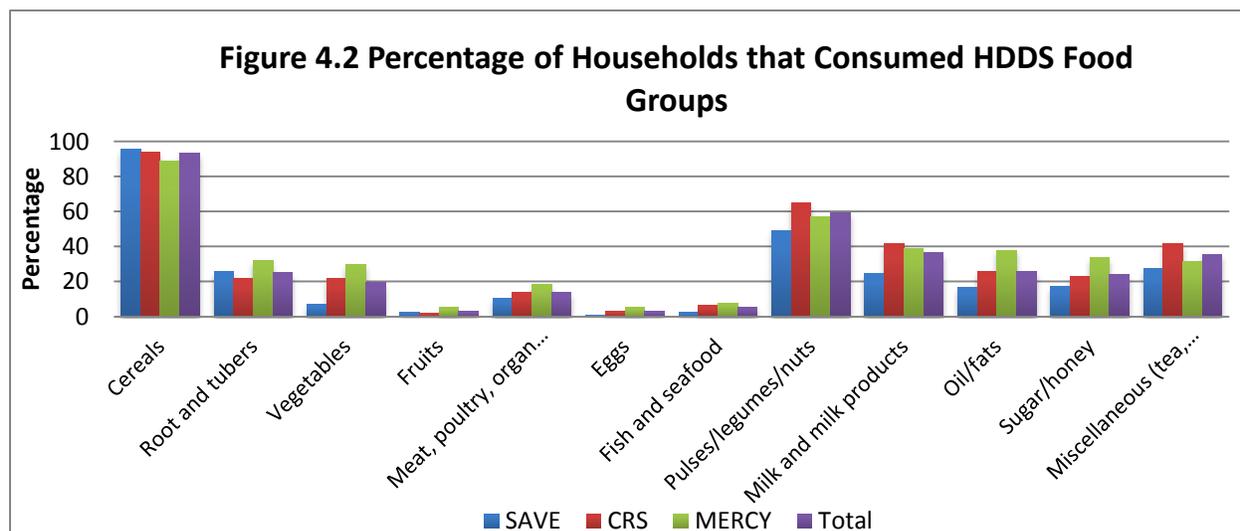
Household-level FFP indicators by program area [Niger, 2013]

	Total	SC	CRS	MERCY
Household Dietary Diversity				
Average Household Dietary Diversity Score*	3.4	2.8	3.6	3.9
Number of responding households	6,123	2,040	2,133	1,950

* Difference between program areas is statistically significant at $p < .05$.

Note: Includes households that did not identify the reporting period ("yesterday") as an unusual day.

As shown in Figure 4.2, about 90 to 95 percent of households consumed foods made from cereal grains such as wheat, maize, rice, sorghum, and/or millet. Pulses, legumes, or nuts were the second most commonly eaten food group, followed by milk and other milk products.



a. Drivers of Food and Beverage Selection and Consumption

Similar to the household survey, the qualitative data also indicate a low level of dietary diversity in both Zinder and Maradi regions. The vast majority of participants in both regions indicated millet as the primary type of food consumed in various forms of preparation: millet pap (lalame), millet mixed with milk (boule), millet mixed with water (foura or tuwo), and so forth. Other foods less frequently consumed include sorghum, cassava flour, and occasionally vegetables, niébé (black-eyed peas), milk, meat, fish, eggs, peanuts, rice, macaroni, and couscous. The majority of participants reported that everyone in the household ate the same foods, including children and women. Men and women reportedly ate the same types of food and in the same quantity. In some cases, when there was sufficient means, respondents indicated that vegetables, fruits, beans, milk, eggs, and meat were purchased in markets for children and women.

With regard to beverages, water is by far the most frequently reported beverage consumed by all members of the household. Individuals living in large communities have access to fruit juices; however, the majority indicated that juices and other nonalcoholic beverages are bought only on special occasions, or not at all. As for alcoholic beverages, all respondents but one stated that no one in their household or village consumes alcohol. Only one individual mentioned that some people in Jan Toudou drink beer at a local tavern. Additionally, two other individuals from Magajin Kori stated that alcohol

consumption occurred in the past, but in recent years no one in their community has consumed alcohol. However, one KI reported that, although not common, some alcohol consumption in the form of beer occurs. As strict followers of Islam, the majority of participants found this question to be particularly sensitive.

b. Decision Makers around Food Consumption and Preparation

There was an even split between men and women regarding decision making around food preparation and consumption. About half of the respondents indicated that the heads of households make the daily decision on what type of food is prepared and consumed, while others reported that women are the primary decision makers. The main reason for the split relates to who is responsible for finding food and bringing it into the household. When the sole responsibility for finding food falls on the man or head of household, then he alone decides on what is consumed that day. A smaller number indicated either the wife or husband make the decisions. In all instances, the main driver of decision making about food consumption is availability.

With regard to responsibility for food preparation, across all communities, women were identified as being responsible for preparing food for the household. Co-wives, daughters-in-law, and children assist in the preparation. Children also assist in collecting firewood for food preparation.

C. Household Poverty Levels

In this section, poverty indicators generated from the household survey data are presented, followed by data gathered through the qualitative study regarding sources of income; the sufficiency of that income; and roles, responsibilities and decision making in income generation.

Poverty indicators are based on household expenditures, which are used as a proxy for income. Income in most developing countries and rural areas is difficult to measure, and expenditure data are typically less prone to recall error and more smoothly distributed over time than income data.

The three FFP poverty indicators are (1) percentage of people living on less than USD \$1.25/day per capita, (2) daily per capita expenditures, and (3) mean depth of poverty. See Annex 4 for definitions of these indicators and the methodology used to compute them. The results for these indicators are provided in Table 4.2c.

A total of 63.7 percent of the population in the survey areas is currently living in extreme poverty (less than USD \$1.25 per day). Extreme poverty is more prevalent in the SC program areas (76 percent) than in the CRS (63 percent) and Mercy Corps areas (47 percent).

Daily per capita expenditures are, on average, USD \$1.33 per day, per person. Daily per capita expenditures are lower in the SC program areas (USD \$1.06) than in the CRS (USD \$1.37) and Mercy Corps areas (USD \$1.64). Categories of expenditures and the seasonality of major spending are discussed below, in the “Income Sufficiency, Savings, and Spending” section.

Finally, the mean depth of poverty is defined as the average of the differences between total daily per capita consumption for the poor and the poverty line, expressed as a proportion of the poverty line. The mean depth of poverty in the survey areas is 26 percent of the poverty line, with significantly deeper poverty in the SC program areas (36 percent) than in the CRS (23 percent) and Mercy Corps areas (16 percent). This indicator is useful in understanding the average daily per capita amount that would have to be transferred to the poor to end poverty in the survey area. It is the sum over all individuals of the shortfall of their real private consumption per adult equivalent from the poverty line, divided by the poverty line. One way to interpret the mean depth of poverty is that it gives the per capita cost to end poverty, as a percentage of the poverty line, if money could be targeted perfectly. Thus, with a mean depth of poverty of 26 percent, it would cost 26 percent of the poverty line per person in the program area in order to end poverty through selective transfers.

The results of these household poverty indicators are consistent with the results for the HDDS indicator, a proxy measure for food access and socioeconomic status: households in SC program areas

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consistently show greater levels of poverty and lower household dietary diversity than households in the other program areas.

Table 4.2c. Food for Peace Indicators - Poverty

Household-level FFP indicators by program area [Niger, 2013]

	Total	SC	CRS	MERCY
Poverty (Household Members)				
Percent of people living on less than \$1.25/day *	63.7	75.8	62.6	47.3
Adult Female no Adult Male *	56.3	76.0	57.9	42.9
Adult Male no Adult Female *	24.4	42.1	21.3	12.9
Male and Female Adults *	64.6	76.2	63.6	48.0
Child No Adults	35.2	-	0.0	100.0
Daily per capita expenditures ¹ *	1.33	1.06	1.37	1.64
Adult Female no Adult Male *	1.43	1.10	1.39	1.67
Adult Male no Adult Female *	2.33	1.95	2.36	2.76
Male and Female Adults *	1.31	1.05	1.35	1.63
Child No Adults	2.7	-	3.5	1.3
Mean depth of poverty ² *	25.8	35.8	23.3	16.1
Adult Female no Adult Male *	24.8	34.8	26.7	16.7
Adult Male no Adult Female	6.8	11.6	5.5	5.6
Male and Female Adults *	26.2	36.1	23.6	16.2
Child No Adults	2.7	-	0.0	7.6
Number of household members (All households)	49,656	19,592	15,844	14,220
Number hhld members (Adult Female no Adult Male)	1,543	403	524	616
Number hhld members (Adult Male no Adult Female)	784	232	354	198
Number hhld members (Male and Female Adults)	47,321	18,957	14,962	13,402
Number hhld members (Child No Adults)	8	0	4	4

¹ Expressed in constant 2010 USD.

² Expressed as percent of poverty line.

* Difference between program areas is statistically significant at $p < .05$.

a. Income Sources

As is to be expected, given the extreme levels of poverty shown in the quantitative data, participants in the qualitative study identified very few sources of income. The two income sources mentioned most frequently are agriculture (including the sale of crops, the sale of animals, and casual labor on farms) and income sent from family members who had migrated. A KI from CRS summarized income generation in the region as follows:

Agriculture is the primary source of income; people produce their crops and sell. The second source of income may be labor. If you take a household in general, number one is agriculture, either livestock or crops. If you look at gender, women will go in for a little commerce and they transform agriculture into consumable products and add value and sell. Men basically go into labor; they migrate or look for casual labor.

Agricultural work on one's own farm can be difficult. As a male farmer from Zongo Yardi explained, "With hungry stomachs, it is not easy to do modern farming. We just want to look for food and work on other people's farms for 500 or 700 francs." Casual labor on farms includes work such as digging peanuts, winnowing, carrying fertilizer or sand, and fixing someone's collapsed well. Animals are sold on an as-needed basis when it is necessary for the family to generate income to buy food. Cows are usually the property of men, and smaller animals such as goats, sheep, and poultry are usually the

property of women. Data from the qualitative interviews indicate that the person who receives money from the sale of an animal is the one who has cared for that animal and who owns that animal. For example, a female farmer in Nafi Karfi stated that she is in charge of rearing the animals, because she is the one who benefits from the sales. However, an agricultural expert from CRS commented that there are times when a husband will ask the woman for “his share” of what she gained from the sale of the animal. The data indicate that animals are more likely to be sold to buy food than to be eaten by their owners. Several respondents reported having had small flocks of animals, but the flocks were slowly depleted until there were few or none left to sell.

Non-agricultural casual labor was not mentioned frequently in the qualitative study; occasional mentioned were collecting grass to resell; making bean cakes; cutting and selling firewood; and reselling items such as fruits, vegetables, manioc flour, or millet cakes.

Migration is seasonal, with migrants leaving at the end of the harvest during the dry season and returning for the rainy season. As previously discussed, Nigeriens migrate within the country to city centers such as Agadez and Maradi, and outside the country to Ivory Coast, Burkina Faso, Nigeria, and Libya. The money earned on migration can make the difference between life and death. A male farmer from Tounkourma commented, “The only option is to go on exile and leave the little food for the household to feed on. We have to work and find some 2,000 or 3,000 francs to send home or we may die of hunger.”

Younger, able-bodied males make up the majority of those who migrate, leaving their wives and children at home. This can be problematic, as many men have multiple wives, each with their own children who are counting on them to send money back to the village to enable them to buy food for the household. However, several women who were interviewed also mentioned having migrated; at times women accompany their husbands so as not to use up the little they have harvested for the next season. Both men and women who migrate look for work such as farm labor.

b. Income Sufficiency, Savings, and Spending

Whether individuals consider their income to be “sufficient” is a matter of perspective. While some respondents to the qualitative study described having enough money to satisfy their primary needs much of the time, they also openly discussed an inability to save for emergencies, and lacked funds to buy nourishing food. Instead, many respondents told of settling for food that would simply “fill the belly,” even though they know the food they eat does not have the nutrients necessary to promote health. Although health providers have educated the population on the types of foods women and children need in order to be healthy during pregnancy and childhood, such food is simply unattainable for many in the study, due to insufficiency of available income.

Lack of disposable income also affects the ability to invest in agricultural technology that would increase yields and reduce the need to purchase food rather than grow it. Respondents repeatedly mentioned that they would like to use fertilizer, but they cannot afford to buy it. Likewise, savings are not common. A male caregiver in Chapké explained in simple terms that he does not save money because “there is no money.” Other respondents commented that they do not save because all their money is spent to meet their basic needs, and even then they do not have enough.

The minority who did save some funds are usually women who participate in tontine (sometimes called “adashe”), an arrangement in which the women pool and share money. A woman from Magajin explains the scheme as follows:

In the village life, you help yourself before getting help from others. We each bring 50 francs per week. By this we can store a lot. When someone has to travel, she can borrow the amount she wants. When you are returning it back you should add something.

The tontines mentioned are limited to female participants only. In the words of a man from Naki Karfi, this is “because one [man] could spend it all alone.”

Although food makes up the largest household expense, participants in the qualitative study named several major sources of spending outside of food acquisition: household needs such as firewood and batteries; payments to workers on their farms; and religious and cultural events such as naming ceremonies, marriages, and religious festivals and feasts. The season in which a family spends the most money appears to depend in part on the family's original financial status. Some spend more during the rainy season because they have to pay people to work on their farms and to harvest. Others spend more during the dry season, when they have to buy food. Many feasts and festivals also occur during the dry season.

Many respondents said that they forage for the firewood they use to cook and explained that if they did not forage for the wood it would cost between 350 and 500 francs daily. Batteries for two flashlights can cost 100 to 150 francs per week.

Respondents frequently mentioned needing to buy new sets of clothes for family members during festivals such as the day of Tabaski, Eid al-Fitr, Eid el Kabir, Mouloud, or Ramadan, even if money is short. One participant stated that one is "required" to do this, noting,

You do not have choice, and you have to go even if it is with someone for money to buy clothes for the children. For example your neighbor bought new clothes to her child and your child has not, even your conscience will judge you. This is what makes us even to sell millet.

Expenses for the festivals can be very high. For example, a respondent from Guidan Sori said her family spends approximately 40,000 francs on the day of Tabaski.

c. Decision Making

Information from the qualitative research on who makes financial decisions in the family is conflicting, and appears to differ between families. It seems to vary, in part, depending on who has earned the money and who is on-site when the money needs to be spent. For example, if the head of household has migrated, the women are responsible for making decisions related to finances. In other homes, the head of household appears to be the sole decision maker. In general, respondents explained that it is the male head of household who is responsible for feeding the family, and the income from women's small businesses can be spent however they see fit or can be used to feed the family if necessary. Several male respondents acknowledged that they make these decisions in conjunction with their wife or wives. For example, a man from Zongo Yardi explained that he makes financial decisions with the consent of his wife and children, because he feels the family is stronger with the support of everyone.

D. Household Sanitation Practices

Household water, sanitation, and hygiene (WASH) practices were assessed based on two standard FFP indicators: (1) percentage of households using improved sanitation facilities, and (2) percentage of households with a cleansing agent and water available at a hand washing station. The results for these indicators are presented in Table 4.2d.

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Table 4.2d. Food for Peace Indicators - Water, Sanitation and Hygiene (WASH)				
Household-level FFP indicators by program area [Niger, 2013]				
	Total	SC	CRS	MERCY
WASH (All Households)				
Percentage using improved sanitation facilities*	8.6	10.5	5.5	13.2
Percentage with cleansing agent and water available at handwashing station*	15.3	10.0	15.1	22.6
Percentage who know 3 of 5 critical moments for handwashing ¹	8.1	8.2	8.6	6.6
Percentage who know all critical moments for handwashing ¹	2.0	1.9	2.9	0.4
After defecation	16.3	14.6	15.7	19.4
After cleaning a child	12.7	10.7	14.6	10.6
Before cooking	7.3	8.7	7.3	5.8
Before feeding child	7.1	7.0	7.9	5.3
Before eating*	89.5	94.1	90.7	81.4
Number of responding households	7,309	2,439	2,453	2,417
* Difference between program areas is statistically significant at $p < .05$.				
¹ Critical moments for handwashing include (1) after defecation, (2) after cleaning a child, (3) before preparing food, (4) before feeding a child, and (5) before eating.				

a. Water Source

Few households reported having access to a protected drinking water source. About one quarter of household reported using a public tap/standpipe and 17 percent reported using a tube well or borehole and 6 percent reported using a protected well. Over one-third of households (77 percent) reported that they do nothing to make water safer to drink; 14 percent reported they strain it through a cloth before drinking, and 3 percent use some type of water filter (ceramic, sand, composite, etc.). The proportion of households not treating water is higher in the SC (85 percent) and Mercy Corps (81 percent) program areas than in the CRS areas (70 percent). The source and treatment of drinking water have implications on household health and nutrition outcomes, arguably as a result of decreased rates of diarrheal disease or parasitic infections. For example, the predictors of child stunting presented in section 4.5 indicate that having a protected drinking water source may be associated with lower stunting rates.

Similar to the quantitative findings, respondents in the qualitative study reported using wells, boreholes, and a public tap as primary sources for water. While boreholes and wells are primarily used for animals and farming, individuals utilize public taps and wells for human consumption. Respondents reported that there is at least one source of water within a two-mile radius. While some villages have a well for farming purposes, in addition to a public tap, some villages only have a well that is used for both human consumption and farming. Additionally, individuals reported the availability of water for a low cost of about 10 to 30 francs per gallon for communities that have boreholes and public taps.

As in the survey results, most respondents in the qualitative study reported drinking water without any treatment. A small number of respondents reported treating well water by filtering it with a clean cloth before drinking. In a small number of cases, respondents reported boiling water or utilizing aqua tabs. Respondents living in communities with only a well as the primary source of water reported that water is not often treated, particularly in households lacking the means to acquire aqua tabs. As one individual from Tounkourma stated, “We have one well, which is usually dry.... People come around the well to fetch water, which is dirty.” When asked if the well water is first treated prior to consumption, the

responded said, “We drink it straight; we [don’t] do anything. We heard about some ways of making water drinkable but by lack of means we can’t afford this ingredient such as aqua tab.”

The primary modes of transporting water mentioned in the qualitative interviews are chariot/wagons, by hand, or on heads with large plastic jugs or canisters. Because most of the wells are deep, the use of animals is required to pull buckets of water to the surface. The biggest problem noted in the transportation of water is the arduousness of retrieving water from wells, long lines, the time it takes to retrieve and carry water, and to some extent the potential safety risk of pulling water by hand from a well. Respondents indicated that retrieving water from wells is best accomplished with the use of animals pulling buckets of water to the surface. Individuals without animals retrieve well water either by hand, pulling on heavy ropes or by waiting for other individuals with animals to assist them in retrieving water.

The times reported for collecting and transporting water vary, depending on the source or type of water and the type of transportation. Individuals reported the collection of water from public taps to be least arduous and time consuming, taking anywhere from a few minutes to 10 minutes. Well water collection and transportation, however, can take anywhere from 30 minutes to several hours, depending on whether individuals have the use of animals to pull water from wells, and chariots to transport the water back to their homes. In all cases, individuals reported collecting water at least two times per day and up to four times a day if individuals have access to chariots or wagons.

b. Sanitation Facilities

A small proportion of households (9 percent) in the program area use an improved sanitation facility.⁴⁸ In most cases the improved facility consists of a pit latrine with a slab. Use of improved sanitation facilities is higher in the Mercy Corps area (13 percent) and in the SC areas (11 percent) than in the CRS areas (6 percent).

Qualitative interviews noted that open defecation in the bush is common among many communities, such as Chapke, Fotoro Bougage, Zongo Yardi, Bandawa, Diney Haoussa, and Magajin Kori. This was noted even in cases where latrines exist in villages.

Respondents in the qualitative study reported a lack of toilets or latrines in their homes, with the exception of Daouche and Dan Goulbi, where most households have them in their homes. Generally, individuals use the bushes or common village latrines with basic pit latrines. While most individuals with communal latrines stated the advantages of having latrines in their village, safety concerns and the preference for the bush were raised. In describing reasons for open defecation in many areas, a KI stated,

People are increasingly getting discouraged about the use of communal latrines, because no one takes care of it...people don’t trust the slabs, because they are quite deep and the slabs put on them are segment[ed]. They don’t trust whether it holds so they fear to climb it.

Safety concerns were raised, particularly for children, with respondents generally preferring that children use the bush rather than the communal latrines. Individuals have also reported a lack of cleanliness in the communal latrines, and therefore prefer not to use them, or if possible, to have the latrines remodelled with cement flooring. The majority of individuals without latrines in their homes expressed the desire to have them built in their homes or compounds, rather than using communal latrines or the bush.

The desire for improved latrines was also noted for households with latrines in their own homes or compounds. The most frequently sought improvements are cement for floors and/or walls, modern toilets and not pit latrines, and electricity (for safety reasons).

⁴⁸ A sanitation facility is defined as “improved” if it is not shared with other households, and the facility is improved. Improved facilities include flush toilets to a piped sewer system, septic tanks or pit latrines, ventilated improved latrines, pit latrines with a slab, and Ecosan latrines.

c. Hand Washing Practices

Interviewers from the household survey observed the presence of water and soap, detergent, or another cleansing agent at the place for hand washing in only 15 percent of households. Availability of water and a cleansing agent is higher in the Mercy Corps area (23 percent) than in the CRS areas (15 percent) and the SC areas (10 percent). When asked about the most important times to wash their hands, only 8 percent of respondents to the household survey named three of five critical moments for hand washing, with few differences among program areas. A majority of respondents (90 percent) correctly identified that washing their hands is critical before eating. Most also identified non-critical moments, such as after eating (86 percent) and before praying (62 percent). However, few respondents identified critical moments for hand washing such as after defecation (16 percent), after cleaning a child (13 percent), before preparing food (7 percent), and before feeding a child (7 percent).

Consistent with the survey findings, the vast majority of respondents in the qualitative study reported washing their hands before eating a meal and each time before prayers. Only a small number of individuals reported washing hands after toilet use or defecation. Most respondents also indicated washing hands once they return home from farm work. When asked what they use for washing, most respondents indicated using only water, while a few indicated using soap when they have access to it.

4.3 Agricultural Indicators

A farmer is defined in this survey as a person who has access to and decision-making power over a plot of agricultural land or livestock. Agriculture and agricultural production are key features of both the household survey and the qualitative components of the baseline study. This section presents the results of the agricultural indicators from the household survey and the qualitative data regarding the types of agricultural practices used; roles, responsibilities and decision making in agriculture; and agriculture as a livelihood.

The agricultural component of the household survey was completed by 6,096 farmers; 2,236 in the SC program area, 2,082 in the CRS program area, and 1,778 in the Mercy Corps program area.⁴⁹ Of these farmers, 87 percent are male and 13 percent are female. The majority of farmers (96 percent) reported growing crops. The agricultural module focused on five target crops, including millet, sorghum, irrigated corn, non-irrigated corn, and cowpeas. A majority of farmers grow millet (95 percent), cowpeas (88 percent) and sorghum (84 percent). The majority of farmers also reported raising animals (63 percent), with the most common animals being goats (49 percent), poultry (31 percent) and sheep (30 percent). The qualitative data highlight that these smaller animals are kept mostly by women, with the larger animals (such as cows or donkeys) kept by men.

The household survey data were used to calculate agricultural indicators for financial services, value chain activities, and use of agricultural and storage practices. The results for these agricultural indicators are presented in Table 4.3a.

⁴⁹ Only one farmer was interviewed per household. The difference between the total number of household interviews and the farmer interviews is explained by households that did not have a farmer or households where a farmer could not be interviewed.

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Table 4.3a. Food for Peace Indicators - Agriculture
Agricultural indicators by program area [Niger, 2013]

	Total	SC	CRS	MERCY
Percentage using financial services (past 12 months) ^{1 *}	5.6	8.7	3.6	6.3
Male farmers *	6.0	9.4	3.8	6.9
Female farmers	3.4	5.3	2.0	3.2
Percentage practicing value chain activities (past 12 months) ^{2 *}	24.7	19.8	28.9	21.6
Male farmers *	25.6	20.0	29.8	22.3
Female farmers	19.7	18.5	21.8	18.1
Percentage using three sustainable agricultural practices (past 12 months) *	30.3	23.6	33.7	32.1
Male farmers *	31.4	24.8	35.1	31.6
Female farmers *	24.3	17.8	23.2	33.9
Percentage using two sustainable agricultural (crop) practices (past 12 months) ³	45.6	42.7	47.4	45.2
Percentage using two sustainable agricultural (livestock) practices (past 12 months) ^{4 *}	5.8	0.7	7.9	8.1
Percentage using two sustainable agricultural (NRM) practices (past 12 months) ^{5 *}	0.7	0.2	0.3	2.3
Percentage using improved storage practices (past 12 months) ^{6 *}	27.6	27.2	25.0	34.1
Male farmers	27.8	28.5	25.3	33.1
Female farmers *	26.1	20.7	22.5	38.2
Number of responding farmers	6,096	2,236	2,082	1,778
Male farmers	5,281	1,924	1,844	1,513
Female farmers	815	312	238	265

¹ Financial services include savings, credit, and insurance.

² Value chain activities include sorting crops, ranking crops, wholesale transport, trading or selling products for wholesale, retail or export, participating in an association or informal co-op, calculation of cost of production for the market, keeping production records, and developing production and sales plans.

³ Sustainable agricultural practices for crops include use of improved seeds, storage of seeds and use of fertilizer for all program areas; and management of fruit trees and household garden production for CRS and Mercy Corps.

⁴ Sustainable livestock practices include using improved outdoor livestock facilities and preventive services for ruminants (deworming, vaccination, hoof removal, vitamin supplementation) for all program areas; and vaccination of poultry for CRS and Mercy Corps.

⁵ Sustainable NRM practices include agro-forestry or cultivation of fruit trees, management of natural regeneration, and production of plants for all program areas; and reforestation, reforestation of watersheds, and management of forest plantations for CRS and Mercy Corps.

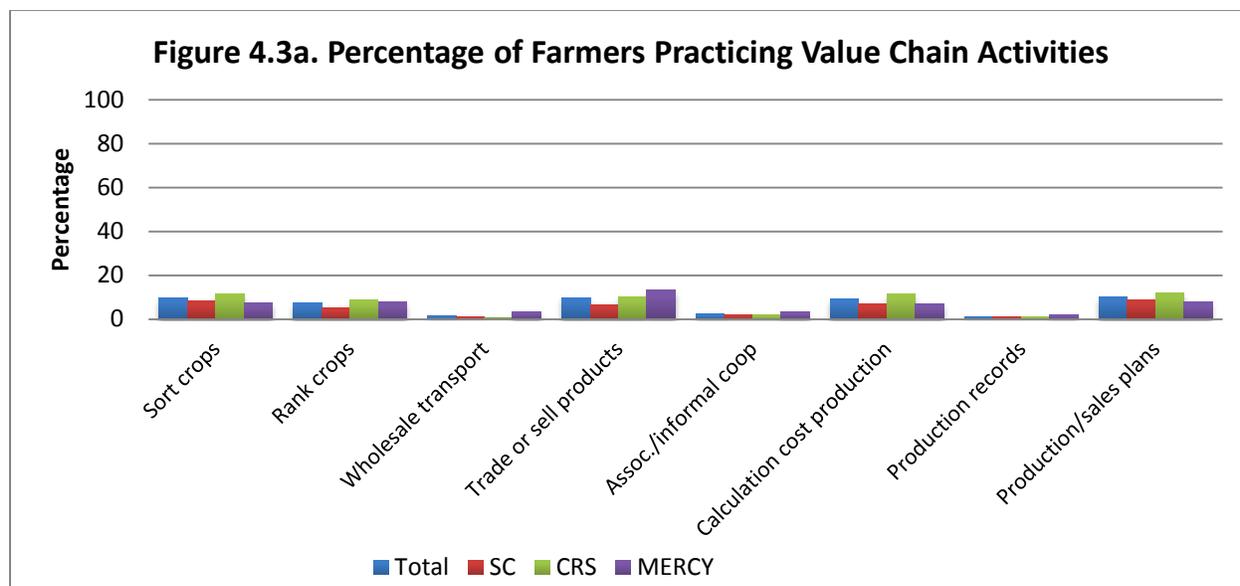
⁶ Improved storage practices include triple bagging, jute bags, barrels, tins, jugs, and common warehousing.

* Difference between program areas is statistically significant at $p < .05$.

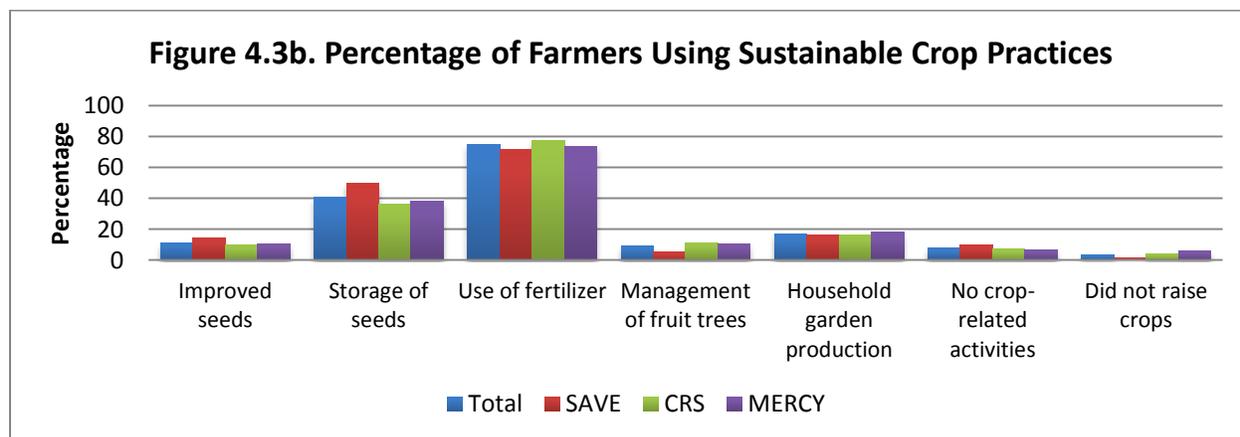
About 6 percent of farmers accessed financial services in the past 12 months—savings, credit, or insurance, with insurance being the least common service, used by less than 2 percent of farmers.

The value chain activities considered in the study include sorting crops; ranking crops; wholesale transport; trading or selling products for wholesale, retail or export; participating in an association or informal co-op; calculation of cost of production for the market; keeping production records; and developing production and sales plans. Overall, 25 percent of farmers reported practicing at least two of these value chain activities. More farmers in the CRS program area practice at least two of the activities

(29 percent) than farmers in the Mercy Corps program area (22 percent) and the SC program area (20 percent).⁵⁰ The most common value chain activities reported are: developing business plans for production and sales; trading or selling products for wholesale, retail, or export; and sorting crops. All three activities are practiced by about 10 percent of farmers.



Sustainable agricultural practices were categorized as (1) crop practices, (2) livestock practices, or (3) NRM practices. Overall, 46 percent of farmers reported using at least two sustainable crop practices. Use of fertilizer (75 percent) and storage of seeds (40 percent) are the most commonly reported sustainable practices. About 6 percent reported using at least two sustainable livestock practices, with the most common activity being use of preventive services for ruminants, including deworming, vaccination, hoof removal, or vitamin supplementation (40 percent). Only 1 percent of farmers reported using at least two sustainable NRM practices (see Table A9.4 in Annex 9). Reforestation and agroforestry or cultivation of fruit trees are the two activities mentioned most often, both including about 1 percent of farmers.



Use of improved storage practices was reported by 28 percent of farmers, typically including triple bagging, jute bags, or tins. Use of improved storage practices is more common for cowpeas than for the other target crops.

⁵⁰ Agricultural indicators are computed differently for the SC program area, so they are not directly comparable to the agricultural indicators for the CRS and Mercy Corps program areas.

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The survey asked about the use of improved varieties of macronutrient-dense foods in the most recent season. Improved varieties refer to seed varieties of millet, sorghum, and cowpeas recommended by research institutions in the last five years. As Table 4.3b shows, 10 percent of all farmers use such varieties, with a greater prevalence in the SC program area (14 percent) than in the CRS program area (9 percent) or the Mercy Corps program area (10 percent).

<u>Table 4.3b. Program-specific Indicators - Agricultural Practices</u>				
Program-specific indicators by PVO [Niger, 2013]				
	Total	SC	CRS	MERCY
Agricultural Practices (Farmers)				
Percent of farmers that used at least one improved variety of macronutrient dense foods in the most recent season *	10.4	13.5	8.7	9.7
Male farmers *	10.3	14.4	8.6	8.8
Female farmers *	10.7	9.6	10.0	13.0
Number of responding farmers	6,098	2,236	2,083	1,779
Male farmers	5,281	1,923	1,844	1,510
Female farmers	808	308	237	263
* Difference between program areas is statistically significant at $p < .05$.				

The lead for the qualitative fieldwork noted that although there are no noticeable differences in agricultural practices between districts or regions in the six districts visited for the qualitative study in Maradi and Zinder, there do appear to be differences based on a community's existing access to services. Where services such as a roads, water pumps, and schools beyond the primary level are available, it is also more likely that the community would have better agricultural practices, such as cereal banks, community land, and organized savings systems. She observed that when researchers spoke to people in those communities with access to services, respondents appeared to be aware of more options and possibilities, and looked for more services to improve their situation. In contrast, in communities without services or access to roads or higher education, respondents were more likely to simply state that they have nothing, with no clear idea of what exactly they need or how to make things better.

A. Types of Agricultural Development

Many, if not most, respondent households in the qualitative study grow millet. This is in line with the results of the survey, which show that 95 percent of farmers grow this crop. The bulk of the harvested millet is kept for household consumption, with the rest taken to the market for sale.

The additional and common crops that are grown include beans, peanuts, sesame, and, in very rare instances, some leaves or vegetables. In terms of animal farming, many households reported having animals such as cows, goats, or donkeys, and in rare cases, horses.

In terms of agricultural techniques, many respondents indicated that they know of new agricultural techniques such as machines, fertilizers, and improved seeds to plant during the dry season. Frequently they have heard about these techniques from agricultural campaigns or workshops that had taken place in their communities. Although all stated they want to apply the aforementioned methods to their farming, they cited limited resources to purchase the necessary tools as the primary barrier. In one community, however, the respondents reported actually planting dry-season crops.

The vast majority of respondents reported that for at least the past two years, the crops they were able to harvest have not lasted more than two to four months, with nothing left over for sale. Respondents

blamed the poor harvest on the lack of rain and the presence of insects and worms that ravage the crops. An agricultural expert confirmed this:

Interviewer: What is the biggest challenge of the agricultural development?

Respondent: Above all, it is how to bring the farmers to use the improved seed in order to increase the production; another one is how to eradicate the locusts and insects which destroy the farms; all these are big challenges for the farmer. We also have the processing of the production and the marketing.

B. Roles, Responsibilities, and Decision Making in Agriculture and Pastoral Work

All members of the household are at least somewhat involved in agricultural activities. In some cases male respondents reported that women usually do not do any farming work because farming is a man's duty. In general, however, respondents indicated that both men and women typically do the same work on the farm. The only exception mentioned was activities related to land preparation, which is very hard manual labor. Respondents noted that female land owners can sometimes hire young men to work on the land when necessary if they can afford it.

In addition to the family plot that is managed by the head of household (generally a man), women frequently have their own smaller plots of land. The revenues from those plots are for their own personal use. These plots usually come from an inheritance or are given to the women by their husbands. All decisions regarding the women's plots are made by the women themselves. The exchange below with a male farmer in Douaché illustrates this agricultural practice:

Interviewer: Do your wives have farms?

Respondent: I have given a farm to each to sow millet, beans, and sorghum in order to meet their needs. They work by themselves.

Any income that a woman makes from her plot or from other small businesses is for her own needs. However, women usually participate substantively and willingly in contributing to the household expenses when her resources are needed. A male farmer in Fotoro Bougaye explained how this works in his household:

Interviewer: Does your wife have a farm?

Respondent: Yes.

Interviewer: What does she do with her farm produce?

Respondent: She gives family members or lends me some sometimes. She can also decide to sell it freely.

In terms of animal rearing, the most common practice is that men are owners of large livestock (i.e., cows, bulls, and horses) while women are mostly owners of smaller animals, such as goats, sheep, and chickens.

C. Agriculture as a Livelihood

In rural Niger, households typically farm for subsistence first and for income only when there are enough crops left to sell. The main crops are millet, sorghum, niébé (black-eyed peas) and other crops that are in most instances solely destined for sale, such as peanuts and maize. As discussed earlier, respondents reported that the past two harvests have not provided enough for consumption and even less for sale. The following exchange with a female caregiver in Dan Goulbi illustrates this point:

Interviewer: Do you sell a part of your products, or is it all meant for consumption?

Respondent: We don't sell our products. It's been two years since our products don't suffice for us. How then can we sell them?

In addition to the land, the majority of households also own livestock. The large animals are mostly used for labor, such as ploughing or fetching water. They are also used as a savings mechanism. When a farmer has enough money, he or she purchases an animal, and when he or she needs money, resells it.

When the household needs additional money, it sells the younger animals and even the adults when there is nothing else. As reported by a female farmer in Naki Karfi, “We sell them to organize a ceremony or to buy food.”

Crop failure is common if rains are insufficient or if pests attack the crops. Population growth also adds a layer of complexity, as each section of land is now needed to grow food for an increasing number of people. A KI commented as follows:

Interviewer: In terms of availability, what are the reasons of lack of food at particular times of the year?

Respondent: There are several reasons. One is the inability to manage the harvest, which is one major cost. Another thing is losing what they produce. In most instances, there is a dynamic of population growth. If you look at Matameye, it is small and there is rapid population growth, but land size remains the same. So households and families are increasingly getting smaller land spaces, and the practices used in production are still very basic. The increase of the household demand results in the household not producing enough for consumption. It is linked to production and management.

Despite the past difficulties in farming, respondents did not report having any kind of insurance for their agricultural products. In addition, most respondents reported not saving any money because they just do not have enough.

4.4 Women’s Health and Nutritional Status

Prior to discussing women’s health and nutrition and the decision-making processes surrounding reproductive and antenatal care, it is important to first contextualize women’s health within the overall health situation of the communities visited and access to and utilization of health care facilities.

A. General Health Issues in the Community

The majority of respondents reported an improvement in the general health of their communities in recent years. However, the need for health facilities, community health care workers, and medicines was frequently reported by respondents. When asked to list illnesses that affect their communities, an overwhelming majority of people across all regions reported malaria and diarrhea to be the most common illnesses affecting both adults and children. Other illnesses described were colds and fevers, particularly during the rainy season; eye and ear infections; hemorrhoids; tooth pain; stomach ulcers; heart disease; paralysis; fistula; skin disease; and chicken pox. A discussion of malnutrition as the main cause for many illnesses also came up frequently, as persistent lack of nutritious foods leaves individuals vulnerable to easily contracting diseases.

Malaria continues to be a chronic disease, particularly during the rainy season, attacking both animals and humans. While several respondents reported using mosquito nets to prevent malaria, many individuals indicated a need for mosquito nets. As discussed below, in the section on children’s health, malaria is the most common illness affecting young children. In addition to the lack of mosquito nets, several individuals discussed the difficulty of accessing health care and/or the problem of not having medicine for malaria available in their community. “If it is the malaria, we must go to Tchadoua to seek for medicine, and it is very far. Sometime before we reach there, the child died.” This statement was made by a man in Tounkourma. Individuals who reported not using or not owning mosquito nets reside in Fotoro Bougaye, Chapke, Magajin Kori, and Diney Haoussa. One man from Dan Goulbi reported that “sometimes” health agents distributed mosquito nets in the community; however, he also stated that children continue to contract malaria, illustrating that perhaps the distribution of mosquito nets did not reach all households within this community.

B. Access and Use of Health Care Services

Health care services available to individuals include Centre de Santé Intégré (CSI), Case de Santé (CS), and traditional midwives or birth attendants who are not trained medical health professionals. A CSI, or Integrated Health Center, is typically a small clinic with a physician or a physician’s assistant, a nurse,

and a midwife. A CS is a health post that typically provides early diagnoses and treatment by a nurse. While some communities have one of the health centers, some communities have neither, and residents are therefore forced to travel to the nearest community to access health care.

The use of Marabouts and traditional medicine for many ailments was reported by a few respondents. In Diney Haoussa, one female head of household shared how she seeks out the help of a Marabout at the first sign of a high fever before seeking medicine from health facilities. Children, for the most part, are almost always taken to health centers, regardless of whether the health facility is located in the community.

Nearly all respondents have positive reactions toward health centers, expressing gratitude and trust for health care workers. When asked why they trust the health care workers, a one man from Dan Goulbi stated,

Because they take care of us 100 percent. In our time when there were no CSI, we suffered much; there [was] an epidemic of measles that killed 73 children and also meningitis. Nowadays, thanks to the methods of prevention, there is a great improvement of health conditions.

Yet, concerns about the lack of medicine, difficulty in accessing medical facilities, and the lack of health care workers were frequently expressed by many respondents in several communities. In fact, health care reinforcements are one of the most often cited needs of communities in IDIs and FGDs. Several respondents in Tounkourma, Magajin Kori, Chapke, Daouche, and Fotoro Bougage indicated the need for health care facilities. Individuals in Naki Karfi and Jan Toudou discussed the need for both clinics and medicines; individuals in Bandawa described the need for clinics and health care workers; and those in Diney Haoussa indicated the need for more health care agents as well as medicines: “There is nothing in the health center. All the medicines are finished.”

C. Women’s Health and Nutrition

The women’s module of the household survey was administered to one woman between the ages of 15 and 49 in each household. A total of 6,050 eligible women were interviewed; 2,162 in the SC program area; 2,018 in the CRS program area; and 1,870 in the Mercy Corps program area. Anthropometry measurements were taken for all women except those who were pregnant or had given birth within the previous two months. The average age of all women ages 15-49 was 28.6 years, and the average age of pregnant or postpartum women was 26.8 years. Valid anthropometry measurements were taken for 4,926 women. The results for the two FFP indicators, prevalence of underweight women and women’s dietary diversity, are presented in Table 4.4a.

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Table 4.4a. Food for Peace Indicators - Women's Nutritional Status and Dietary Diversity

Women-level FFP indicators by program area [Niger, 2013]

	Total	SC	CRS	MERCY
Average age of women (15-49 years)	28.6	28.4	28.6	29.1
Average age of pregnant or post-partum women (15-49 years)	26.8	26.6	26.6	27.9
Number of pregnant or post-partum women (15-49 years)	1,050	382	351	317
Prevalence of underweight women ¹ *	19.8	17.1	20.3	23.3
Number of eligible women (15-49 years) with valid measurements	4,926	1,789	1,635	1,502
Women's Dietary Diversity Score *	3.3	2.9	3.4	3.6
Number of responding women (15-49 years)	6,050	2,162	2,018	1,870

¹ Excludes pregnant and postpartum (birth in the preceding 2 months) women.

* Difference between program areas is statistically significant at $p < .05$.

The nutritional status of women was assessed with two anthropometric indicators: BMI and height. To derive these indices, height and weight measurements were taken for women ages 15-49 who were not pregnant. Short stature reflects poor socioeconomic conditions and inadequate nutrition during childhood and adolescence. A woman is considered to be at risk if her height is below 145 cm. Only 1.2 percent of the women in the survey population were below 145 cm.

BMI, expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2), was used to measure the prevalence of underweight women. A BMI below 18.5 indicates underweight or acute malnutrition, and a BMI of 25.0 or above indicates overweight or obesity. A BMI below 17 indicates moderate and severe malnutrition and is associated with increased mortality. The majority (74 percent) of women in the survey population have a BMI within the normal range (18.5-24.9); 20 percent are underweight (BMI < 18.5), and 5 percent are in the moderately to severely underweight range (BMI < 17.0). Results for height and BMI measurements are provided in Table A9.7 of Annex 9.

The Women's Dietary Diversity (WDD) score is computed based on nine critical food groups. This validated indicator aims to measure the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women of reproductive age (15-49 years). The indicator is tabulated by averaging the number of food groups consumed (of the nine food groups) across all women. The survey results indicate that women consume, on average, 3.3 of the nine basic food groups, with a lower average in the SC program areas (WDD = 2.9) than in the CRS program area (WDD = 3.4) or the Mercy Corps program area (WDD = 3.6). Grains, roots, and tubers (97 percent) and green leafy vitamin A-rich vegetables (76 percent) are the most frequently consumed food groups, while organ meat (4 percent) and eggs (2 percent) are the basic food groups that women consume least often.

Additional data were collected during the household survey to explore health care awareness and antenatal care practices. The results for these indicators are provided in Table 4.4b.

Women who had a birth within the last 24 months were asked about antenatal care for all children 0-24 months of age. Overall, 52 percent of all children 0-24 months had received four or more antenatal visits during their mother's pregnancy. The proportion is higher for children in the SC program area (66 percent) than in the CRS program area (48 percent) or the Mercy Corps program area (41 percent).

Finally, female and male responsible adults in each household were asked about the importance of health care for children under 5 years of age and for women of child-bearing age, including adolescent girls. Overall, 82 percent of households have a responsible adult who considers health care important or very important for children under 5 years of age and for women of child-bearing age, and these households identified two specific reasons for each group. The proportion is higher for households in the SC program area (88 percent) than in the CRS program area (83 percent) or the Mercy Corps program area (72 percent).

	Total	SC	CRS	MERCY
Health Care Awareness				
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 *	81.9	87.7	82.8	72.2
Number of responding households	6,132	2,205	2,036	1,891
Antenatal Care (Children 0-24 months)				
Percentage receiving at least 4 antenatal care visits during pregnancy *	52.1	65.9	47.9	40.9
Number of children 0-24 months	1,909	649	605	655

* Difference between program areas is statistically significant at $p < .05$.

D. Decision Making Around Antenatal Care and Delivery

Although there are some cases where women make decisions about when to seek medical attention for themselves or their children, the majority of respondents indicated that male heads of households are the primary decision makers, and their decision-making power includes the issue of where women give birth. The following exchange with a KI in health and nutrition is one example:

Interviewer: I wanted to ask who in the families make the decision of going to health centers.

Respondent: Mostly, the husbands have the final word. Even if everyone says the child or woman has to be evacuated, if the husband opposes, then there will be difficulties. Most husbands refuse because they see the expenses instead of lives to be saved.

There is an increase in the number of women delivering in health centers; however, many respondents reported giving birth at home with traditional midwives, despite strict government fines of 5,000 francs and a prohibition against home births. Qualitative study findings suggest that women frequently visit health centers for prenatal, delivery, and postnatal care when health centers are available in their communities. All respondents who delivered in health centers reported benefiting from postnatal care and information regarding proper breastfeeding practices, children's nutrition and feeding practices, and immunizations.

However, the use of health centers varied among pregnant women living in communities where clinics are nonexistent. As reported by a female farmer from Magajin Kori, a great hindrance to seeking care is often the distance from the nearest health facility, and for some, the cost of transportation:

Our problem is the lack of health care centers. They must do eight hours of driving or spend 3,000 francs to go to Sabon Machi, and who has this sum? Here, there is no maternity, so no prenatal care. Overall, two out of 20 women have access to prenatal care. Women do not have access to nutritious food for the baby to thrive. Finally, when he is born, he is already suffering from the disease.

Several individuals from Magajin Kori (SC program area) stated that women in the community rarely go to health centers to deliver their children, and go only when there are postnatal complications.

4.5 Children's Health and Nutritional Status

A. Stunting and Underweight

Anthropometric indicators for young children under 5 years of age provide outcome measures of nutritional status. Both height (length) and weight measurements are taken using standardized procedures. These measurements were compared with the 2006 WHO Child Growth Standards based on an international sample of ethnically, culturally, and genetically diverse healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential. The use of the 2006 WHO Child Growth Standards is based on the finding that well-nourished children of all population groups for which data exist follow very similar growth patterns before puberty.

Weight-for-age takes into account both chronic and acute malnutrition and is often used to monitor nutritional status on a longitudinal basis. Children who are less than two standard deviations (SDs) below the median of the WHO Standards population in terms of weight-for-age are considered underweight.

The height-for-age index provides an indicator of linear growth retardation (stunting) among children. Children who are less than two SDs below the median of the WHO Standards population in terms of height-for-age may be considered short for their age ("stunted") or chronically malnourished. Severe linear growth retardation ("stunting") reflects the outcome of a failure to receive adequate nutrition over a number of years and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection.

Valid age, height, and weight measurements were obtained for a total of 7,688 children ages 0-59 months; 3,029 in the SC program area; 2,445 in the CRS program area; and 2,214 in the Mercy Corps program area. These measurements were used to calculate two indicators:

- Prevalence of underweight children 0-59 months (weight-for-age)
- Prevalence of stunted children 0-59 months (height-for-age)

The results for the anthropometric indicators are provided in Table 4.5a.

A total of 46 percent of children under 5 years of age in the survey population show signs of being moderately or severely underweight (less than two SDs below the median). As shown in Figure 4.5a, the proportion of underweight children is lowest among children less than six months old (19 percent) and highest among those 24-35 months old (56 percent). Male children are slightly more likely to be underweight than female children (47 percent versus 45 percent).

A total of 58 percent of children under 5 years of age in the survey population show signs of moderate and severe stunting (less than two SDs below the median). The prevalence of stunting is higher in male children (59 percent) than in female children (56 percent). As shown in Figure 4.5b, the prevalence of stunting increases as the age of the child increases, with the highest prevalence of chronic malnutrition found in children ages 24-35 months (74 percent) and the lowest prevalence in children under six months of age (23 percent).

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Table 4.5a. Food for Peace Indicators - Children's Nutritional Status
Child-level FFP indicators by program area and sex [Niger, 2013]

	Total	SC	CRS	MERCY
Children's Nutritional Status (Children 0-59 months)				
Prevalence of underweight children				
Male *	47.4	46.2	50.1	42.6
Female	45.0	44.6	46.1	43.3
Total *	46.2	45.4	48.1	42.9
Prevalence of stunted children				
Male *	59.2	58.6	61.5	54.5
Female	56.3	56.5	57.5	53.2
Total *	57.8	57.6	59.5	53.8
Number of children (0-59 months)				
Male	3,907	1,543	1,231	1,133
Female	3,781	1,486	1,214	1,081
Total	7,688	3,029	2,445	2,214

* Difference between program areas is statistically significant at $p < .05$.

Figure 4.5a. Prevalence of Underweight Children Ages 0-59 Months by Age Group (months)

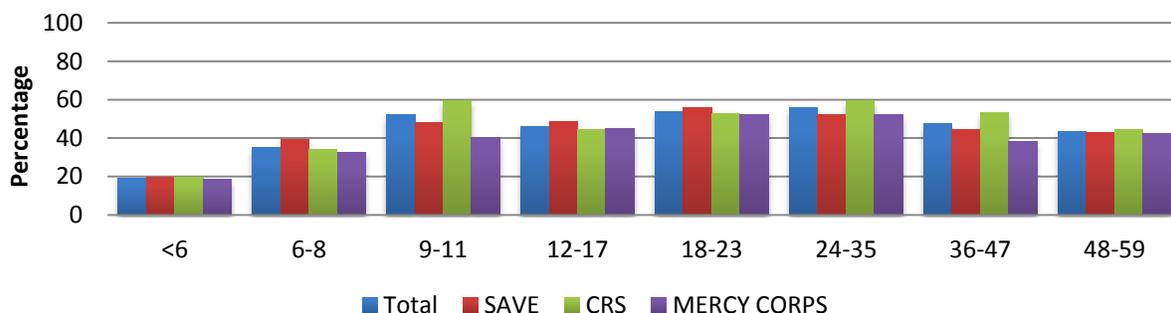
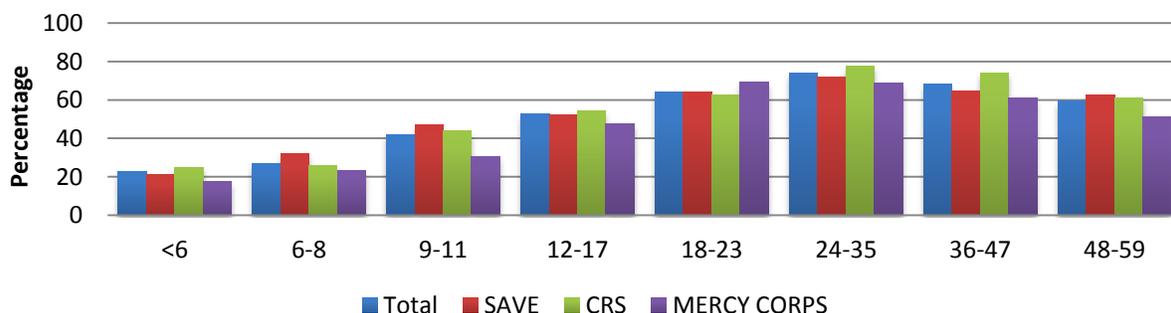


Figure 4.5b. Prevalence of Stunted Children Ages 0-59 Months by Age Group (months)



a. Predictors of Stunting

The OLS regression models for HAZ scores of children under 5 years of age are shown in Table A8.4 of Annex 8. HAZ is a continuous variable indicating the distance, in SDs, between the child's height and the median height for children of the same sex and age in the reference population used for the WHO anthropometry standards. Children are considered "moderately and severely stunted" when they are two SDs below the WHO standard height-for-age. Thus, even though "stunting" is a categorical variable and HAZ is a continuous variable, the two are related, so that when HAZ scores increase, stunting rates decrease.

The overall model showed that program differences are significant, so predictors are presented separately for each program rather than overall. All models show a relatively low explanatory power, with the SC model showing the lowest fit at $R^2 = .11$, followed by CRS ($R^2 = .17$) and Mercy Corps ($R^2 = .19$), indicating that the independent variables in the models explain between 11 and 19 percent of the variance in HAZ.

Table A8.4 also shows the β coefficients for each individual predictor. In a multiple OLS regression model, the β coefficient indicates the change in the outcome for a unit increase in the predictor, with all other predictors in the model held constant.

Independent variables in the model include the following:

- Demographic characteristics of the child: Sex, age, age squared, a sex-by-age interaction term, and diarrhea status in the last two weeks
- Household composition: Number of prime-aged adults (15-49 years old), number of elder dependents (50 or older), number of young dependents (5-14 years), number of children (0-4 years)
- Demographic characteristics of the head of household: Sex, age
- Education level of primary caretaker
- Socioeconomic status: Household hunger, household poverty, and food consumption
- Household water and sanitation: Improved source of drinking water; water treatment prior to drinking; improved, not shared sanitation facility; and cleansing agent and water available at hand washing station
- Household agricultural status: Raised crops in the last 12 months, number of farmers in the household, used at least two sustainable livestock practices, used at least two sustainable crop practices, used at least one sustainable NRM practice, practiced value chain activities, used improved storage practices
- Region

Significant predictors for the SC HAZ model include the following:

- Age: Each additional month of age is associated with a decline of 0.09 in HAZ, indicating that the delay in growth accumulates as the child gets older. As the significant and positive "age in months squared" term indicates, this decline in HAZ is faster during the first months of life. A visual inspection of the age by HAZ scatterplot shows that delay in growth decelerates after 26 months of age.
- Child diarrhea: Child diarrhea in the last two weeks was associated with a decrease in HAZ of 0.24.
- Use of sustainable NRM practices is associated with an increase in HAZ of 1.98: Post hoc analyses identified management of natural regeneration ($\beta=.68$, $p=.01$) and reforestation of watersheds ($\beta=1.51$, $p=.04$) as significant predictors of HAZ.

If this model is causal, the data would indicate that decreasing child diarrhea and increasing the use of NRM practices, particularly management of natural regeneration, may help to improve HAZ outcomes. The model also indicates that administrators of activities in the SC program areas may want to consider prioritizing children in the first 26 months of life, as that seems to be the period when stunting increases faster.

For the CRS program areas, significant predictors of HAZ included the following:

- Age: Each additional month of age is associated with a decline of 0.12 in HAZ, indicating that the delay in growth accumulates as the child gets older. As the significant and positive “age in months squared” term indicates, this decline in HAZ is faster during the first months of life. A visual inspection of the age by HAZ scatterplot shows that delay in growth decelerates after 26 months of age.
- Household drinking water: Having a protected source of drinking water⁵¹ is associated with an increase in HAZ of 0.72. A post hoc examination of the main drinking water sources did not identify a specific source of drinking water as responsible for this result.

The results of the model suggest that increased access to protected sources of drinking water contributes to reduced child stunting. By prioritizing children in the first 26 months of life, a greater benefit will be achieved.

For the Mercy Corps program areas, significant predictors of HAZ include the following:

- Age: Each additional month of age is associated with a decline of 0.12 in HAZ, indicating that the delay in growth accumulates as the child gets older. As the significant and positive “age in months squared” term indicates, this decline in HAZ is faster during the first months of life. A visual inspection of the age by HAZ scatterplot shows that delay in growth decelerates after 26 months of age.
- Household hunger: The average HAZ of children in households that suffer from moderate or severe hunger is 0.26 lower than the average HAZ of children in food-secure households.
- Agricultural land: Having access to and control over a plot of agricultural land is associated with a decrease of 0.32 in HAZ.
- Livestock: Raising livestock is associated with a decrease of 0.25 in HAZ.
- Storage practices: Using improved storage practices is associated with an increase of 0.23 in HAZ.

The results of the model suggest that reducing household hunger and improving storage practices would contribute to reduced child stunting. By prioritizing children in the first 26 months of life, a greater benefit will be achieved.

There are some surprising results regarding the negative effect of having access to agricultural land or raising livestock. It is possible that these variables identify households that are primarily agricultural as opposed to those with alternative livelihoods, which may be more food secure. The survey did not collect information about economic activities, so this hypothesis cannot be tested; this result is therefore considered spurious or due to omitted variable bias.

b. Childhood Malnutrition

Malnutrition was found to be common in many communities visited. According to interviews with KIs, women and children are the most vulnerable. The majority of individuals reported knowledge and awareness of nutritional foods for children and pregnant women through visits to health care centers and through national nutrition campaigns. However, respondents also cited the inability to afford

⁵¹ Protected sources include piped water into a dwelling, plot, or yard; public tap/standpipe; tube well/borehole; protected well; protected spring; and rainwater collection.

nutritious foods as the main factor prohibiting families from consuming nutritious-rich foods. Yet, one KI stated that access to certain types of foods is not the sole driver of malnutrition; several factors play a part in childhood malnutrition:

[Malnutrition] is much more an issue of the area and a behavioural issue, not access. The second thing is, we talk about access and availability, but this comes at some peak times. The other important thing is the status and the roles of women in those societies. A pregnant woman who doesn't have enough rights to make decisions as to what and when she consumes, and so on, is likely to have a child that is stranded at birth, and so the child grows through that process of malnourishment.

Female participants, in particular, understand the link between maternal nutrition, childhood malnutrition, and childhood illnesses. "If a mother is hungry as she breastfeeds, her baby is hungry and more easily falls sick," reports a woman from Magajin Kori.

With regard to behavioral factors driving childhood malnutrition, another KI (a health expert) said food taboos for children exist in many communities in Niger, contributing to chronic malnutrition in children. "There are some among the food taboos, socio-cultural factors concerning feeding. For example, girls are not given eggs." However, when asked whether traditions or customs existed around food consumption in their communities, an overwhelming number of individuals denied the existence of any traditions within their households or in the community. Only one female respondent, a caregiver from Dan Goulbi, reported the existence and continued practice of a cultural tradition that forbade girls from eating eggs.

B. Diarrhea and ORT

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. Caretakers were asked whether any of their children under age 5 had diarrhea at any time during the two-week period preceding the survey. If the child had diarrhea, the caretaker was asked about feeding practices during the diarrheal episode, whether advice or treatment was sought, and whether ORT was given to the child. The types of ORT provided include increased fluids, oral rehydration salts (ORS), or government-recommended homemade fluids. The caretaker was also asked whether there was blood in the child's stools. Diarrhea with blood in the stools needs to be treated differently from diarrhea, which is not accompanied by blood in the stools.

The results for the two FFP indicators—the percentage of children with diarrhea in the past two weeks and the percentage of children with diarrhea treated with ORT—are provided in Table 4.5b. Overall, 14 percent of all children under age 5 had diarrhea in the two weeks preceding the survey. Of the children with diarrhea, caretakers reported that 19 percent had blood in their stools. There were no differences for the prevalence of diarrhea between the program areas.

Caretakers sought advice or treatment for 64 percent of the children with diarrhea. In most cases, advice or treatment for these children was sought from an Integrated Health Center ("Centre de Santé Intégré," 54 percent); the second most common source of treatment was the Government Health Center ("Case de Santé Gouvernementale," 36 percent). All other sources of advice or treatment were mentioned for less than 5 percent of the children with diarrhea for whom treatment was sought.

Of the children with diarrhea, 78 percent were treated with ORT. No differences were found in the prevalence of ORT between the program areas. ORT treatment of ORS was used for 48 percent of children with diarrhea, government-recommended homemade fluids were used for 22 percent of children, and increased fluids were provided for 39 percent of children.

Table 4.5b. Food for Peace Indicators - Children's Diarrhea and ORT

Child-level FFP indicators by program area and sex [Niger, 2013]

	Total	SC	CRS	MERCY
Children's Diarrhea and ORT (Children 0-59 months)				
Percentage of children who had diarrhea in the last two weeks				
Male	15.3	16.2	15.2	14.1
Female	13.5	13.5	12.6	15.5
Total	14.4	14.9	13.9	14.8
Number of children (0-59 months)				
Male	5,278	2,140	1,579	1,559
Female	5,097	2,039	1,545	1,513
Total	10,375	4,179	3,124	3,072
Percentage of children with diarrhea treated with ORT ¹				
Male	78.4	77.6	80.8	73.7
Female	78.3	76.0	79.5	79.3
Total	78.3	76.9	80.2	76.6
Number of children (0-59 months) with diarrhea				
Male	824	363	231	230
Female	698	287	184	227
Total	1,522	650	415	457

¹ Includes oral rehydration salts (ORS), government-recommended home fluids (RHF), or increased fluids.

* Difference between PVO program areas is statistically significant at $p < .05$.

C. Childhood Illnesses

The childhood illnesses most reported by individuals in the qualitative study include malaria, diarrhea, and chickenpox. The most reported illness is malaria, occurring most often during the rainy season. High fever during the rainy season, mostly likely attributed to malaria, was also reported as one of the main reasons for seeking health care. When asked about preventive measures, a number of respondents reported using mosquito nets for children as well as for women who give birth in health centers.

Diarrhea is the second most reported childhood illness in the qualitative study. Findings from the household survey indicate that about 14 percent of children had diarrhea in the past two weeks. Diney Haoussa and Fotoro Bougage in Zinder are two communities with reports of diarrhea among children and are communities where open defecation is common practice. As mentioned in the section on sanitation and hygiene, only a small number of respondents in the qualitative study reported washing hands after using the toilet.

The majority of respondents reported taking their children to health centers, particularly for severe forms of diarrhea and for the other illnesses listed above. Moreover, respondents reported vaccinations against several major diseases, including chickenpox, through visits to health centers or administration by community health care workers. A few individuals reported a decrease in the number of chickenpox cases among children in recent years.

D. Minimum Acceptable Diet (MAD)

Adequate nutrition during the period from birth to two years of age is critical for a child's optimal growth, health, and development. This period is one marked for growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infection (ARI). Adequate nutrition requires a minimum dietary diversity. This minimum dietary diversity is measured in terms of seven key food groups. In addition to dietary diversity, feeding frequency (i.e., the number

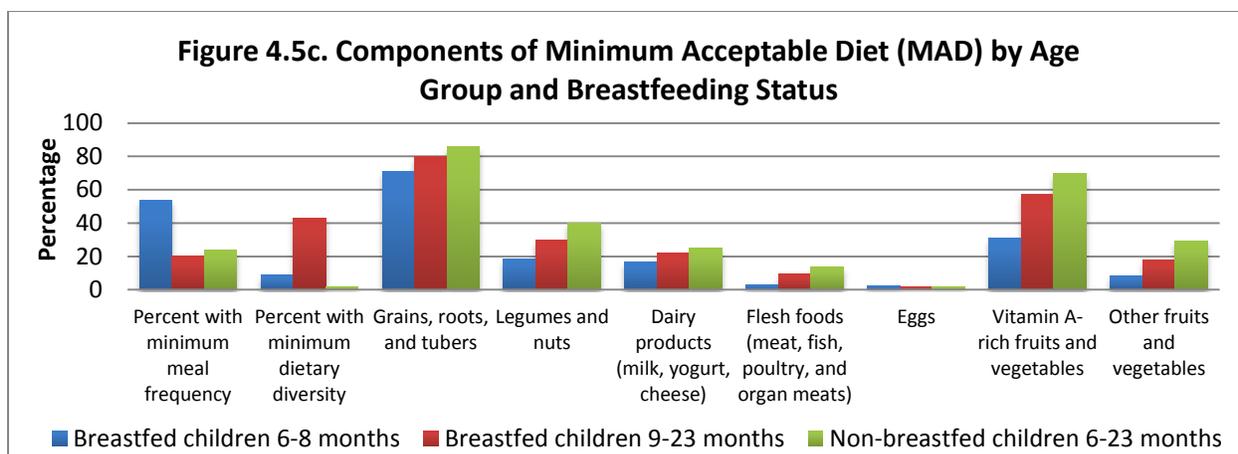
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of times the child is fed) and consumption of breast milk (or other types of milk or milk products) need to be considered. All three dimensions are aggregated in the MAD indicator. This indicator measures the percentage of children 6-23 months of age who receive a MAD, apart from breast milk. The MAD indicator measures both minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for his or her age group and breastfeeding status, the child is considered to be receiving a MAD.

Results for the MAD indicator are shown in Table 4.5c. Valid data were obtained from a total of 2,774 children ages 6-23 months; with 1,102 in the SC program area; 887 in the CRS program area; and 785 in the Mercy Corps program area. Overall, only 8.2 percent of these children are receiving a MAD. No differences were found by gender or program area at the total level, but prevalence of MAD is lower for male children in the SC program area (4 percent) than in the CRS program area (10 percent) or the Mercy Corps program area (9 percent).

Table 4.5c. Food for Peace Indicators - Children's Minimum Acceptable Diet (MAD)				
Child-level FFP indicators by program area and sex [Niger, 2013]				
	Total	SC	CRS	MERCY
Minimum Acceptable Diet (Children 6-23 months)				
Prevalence receiving a minimum acceptable diet				
Male *	8.2	4.4	10.2	9.5
Female	8.2	6.6	8.9	8.7
Total	8.2	5.4	9.6	9.1
Number of children (6-23 months)				
Male	1,439	579	457	403
Female	1,335	523	430	382
Total	2,774	1,102	887	785
* Difference between program areas is statistically significant at $p < .05$.				

As shown in Figure 4.5b, determinants of the MAD indicator vary by age. Among breastfed children six to eight months of age, 53 percent receive the minimum meal frequency of two or more meals, but only 9 percent have the minimum dietary diversity. Consumption of eggs (2 percent), flesh foods (3 percent), and other fruits and vegetables (8 percent) is particularly low for this group. Among breastfed children nine to 23 months of age, only 20 percent receive the minimum meal frequency of three meals, although the percentage receiving the minimum dietary diversity is higher (43 percent). Among non-breastfed children six to 23 months of age, both the percentage with the minimum meal frequency of four meals plus two servings of milk (24 percent) and the percentage with the minimum dietary diversity (2 percent) are low. Consumption of eggs (2 percent) and flesh foods (14 percent) is particularly low for this group.



E. Breastfeeding

An important factor in predicting the future health of children is breastfeeding. Research indicates a strong link between breastfeeding and the development of a child's immune system.⁵² UNICEF and WHO recommend that children be exclusively breastfed (no other liquid or solid food or plain water) during the first six months of life and that children be given solid/semisolid complementary food in addition to continued breastfeeding beginning when the child is six months old and continuing to two years and beyond. Introducing breast milk substitutes to infants before six months of age can contribute to limiting breastfeeding, which has implications for a child's health and development. Substitutes, such as formula, other kinds of milk, and porridge, are often watered down and provide too few calories. Lack of appropriate complementary feeding may lead to malnutrition, frequent illnesses, and possibly death.

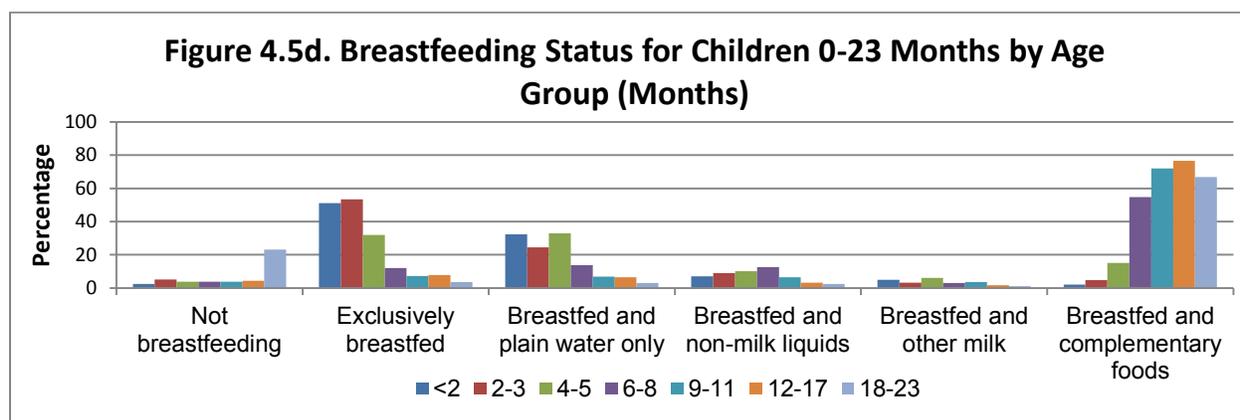
There were a total of 1,055 children under six months of age with valid data in the survey households. Overall, 43 percent of these children are exclusively breastfed, as shown in Table 4.5d. There are no differences between program areas or between male and female children. The prevalence of exclusive breastfeeding is highest in the two- to three-month range (54 percent) and gradually decreases with each age group thereafter. About 23 percent of children in the 18- to 23-month age range are no longer breastfeeding. At six to eight months, 55 percent of children are breastfeeding with the addition of complementary foods, with the proportion increasing with age to a maximum of 77 percent among children in the 12- to 17-month range.

Table 4.5d. Food for Peace Indicators - Exclusive Breastfeeding
Child-level FFP indicators by program area and sex [Niger, 2013]

	Total	SC	CRS	MERCY
Exclusive Breastfeeding (Children 0-5 months)				
Prevalence of exclusive breast-feeding				
Male	41.8	42.4	44.1	34.7
Female	43.5	45.9	44.5	37.3
Total	42.7	44.1	44.3	36.1
Number of children (0-5 months)				
Male	543	225	163	155
Female	512	195	175	142
Total	1,055	420	338	297

* Difference between program areas is statistically significant at $p < .05$.

⁵² Slade, H.B., & Schwartz, S.A. (1987). Mucosal immunity: The immunology of breast milk. *J Allergy Clin Immunol*, 80 (3, Pt 1)



Nearly all respondents in the qualitative study reported breastfeeding children as part of their traditional culture. Only a handful reported not breastfeeding due to a mother’s illness or inability to produce milk. The majority of respondents in the qualitative study reported predominantly breastfeeding children until seven to eight months of age, with foods first introduced between four and six months of age. The kinds of food first introduced are usually millet mixed with water, boule (millet mixed with milk), foura, baby cereal, and cow milk for toddlers. Overall, the study found that children are typically breastfed until 18 to 24 months. Male infants are typically breastfed until the age of one year and eight months, whereas female infants are breastfed until they reached the age of one year and 10 months. When asked the reason for the different lengths of breastfeeding, the vast majority cited cultural tradition.

A massive government campaign was undertaken in an effort to promote breastfeeding over any other method. Additionally, both women and men reported learning from health care workers about the benefits of breastfeeding immediately after the birth of a child, rather than waiting the customary two to four days after birth before breastfeeding. In some communities, people still think that a mother’s first milk, or colostrum, is bad or “too heavy” for infants. As a result, newborns are typically fed goat milk by spoon during this waiting period. In explaining the change from the old custom, a woman from Chapke shared the following:

[Breastfeeding] occurs immediately after the child is born, not like before that [when] a newborn is given goat milk or something like that. [N]owadays we only wash the breast with soap and put it in the mouth of the baby and she or he starts sucking by itself, and [un]til after six months or seven, then we start giving the baby normal food to eat.

There is a clear indication that women are moving away from the old breastfeeding practices; nearly twice as many respondents in the qualitative study indicated practicing the advice learned at health care centers, as compared with those continuing the custom of waiting two to three days before breastfeeding newborns.

Moreover, this change is directly linked to health care access for pregnant women. “Now that we deliver at the clinic, we do it [breastfeed] the right way.” Women who give birth in health centers are more likely to receive better breastfeeding practices from doctors and health care workers. Additionally, women who have access to regular prenatal care throughout their pregnancy are more likely to practice medical advice on breastfeeding, as trust is built between expectant mothers and health care workers. As one woman states, children of her community today are benefiting from the better breastfeeding practices mothers learned in health centers. “Those [children] of the new generation had the opportunity because their mother gave birth to them in the maternity where the midwives give them good advice.”

5. Conclusions

Data for the Baseline Study of Title II development food assistance programs in Niger were collected from February to April of 2013 in approximately 7,200 households in the regions of Maradi and Zinder. The household survey collected data for FFP and program indicators with regard to household hunger and food access; sanitation and hygiene; agriculture, household expenditures and assets; and dietary diversity and anthropometry among women and children. The qualitative surveys collected additional data through interviews and focus groups with potential beneficiaries and KIs.

In line with the overall objective of the baseline study, key findings and conclusions with respect to the FFP and program-specific indicators are described below. Results from the regression models are provided but should be interpreted cautiously due to the low explanatory value of the independent variables in the models. Additional analysis of data is possible, and the household survey data files are available for in-depth analyses to further inform program design and monitoring.

5.1 Household Hunger

The household survey results indicate that approximately one-third (29 percent) of households suffer from moderate or severe hunger, with a higher prevalence in the SC program area (42 percent) than in the CRS (25 percent) and Mercy Corps (22 percent) program areas. The regression models indicate that the drivers of household hunger are related to food access and availability, which are further influenced by seasonal conditions and income sources. The qualitative data indicate that although additional foods are available at the market, lack of income prevents individuals from accessing these foods.

5.2 Household Dietary Diversity

The overall HDDS score of 3.4 indicates poor dietary diversity, with only three to four of the 12 food groups consumed, on average. Dietary diversity is lowest in the SC program area (HDDS=2.8), compared to the CRS program area (HDDS=3.6) and the Mercy Corps program area (HDDS=3.9). The HDDS score in the program areas is slightly lower than the HDDS score of 3.8 for the entire country of Niger, as reported in a World Food Program meta-analysis of Food Consumption Indicators.⁵³

Almost all households consume foods made from cereal grains such as wheat, maize, rice, sorghum, and/or millet. Less than one-fifth of households consume meat or poultry, and even fewer consume eggs or seafood (less than 10 percent). The qualitative data suggest a direct relationship between seasons and the types of food produced for consumption and the types of food purchased. The primary food consumed during the dry season is millet. During the rainy season, individuals reported the availability of foraged vegetables from trees and nearby fields, supplemented with millet left over from the previous harvest or purchased at the market. Almost all qualitative interview participants indicated millet as the primary type of food consumed in various forms.

5.3 Poverty

Poverty is a significant challenge in the survey areas. The household survey found that almost two-thirds (64 percent) of the population in the survey areas is currently living in extreme poverty (less than USD \$1.25 per day), which is comparable to the 2007 World Bank estimates of 59.5 percent for Niger as a whole and 63.9 percent in rural areas of Niger.⁵⁴ Extreme poverty is more prevalent in the SC program areas (76 percent) than in the CRS (63 percent) and Mercy Corps areas (47 percent). Daily per capita expenditures are, on average, USD \$1.33 per day, per person. Daily per capita expenditures are lower in the SC program areas (USD \$1.06) than in the CRS (USD \$1.37) and Mercy Corps areas (USD \$1.64). The mean depth of poverty in the survey areas is 26 percent of the poverty line, with significantly deeper poverty in the SC program areas (36 percent) than the CRS (23 percent) and Mercy Corps areas (16 percent).

⁵³ Interagency Workshop Report WFP – FAO, (2008).

⁵⁴ World Bank. (2013).

Participants in the qualitative study identified very few sources of income. The two income sources mentioned most frequently are agriculture (including the sale of crops, the sale of animals, and casual labor on farms), and remittances. Few respondents in the focus groups and interviews are able to meet all household needs based on their sources of income, and even fewer are able to save for emergencies. Lack of income also limits the ability to invest in agricultural technology for increasing yields, thereby increasing the need to purchase food rather than grow it. Respondents repeatedly mentioned that they would like to use fertilizer, but they cannot afford to buy it. As a coping strategy, many respondents forage for firewood and supplemental food during the rainy season.

5.3 Water, Sanitation, and Hygiene

Access to improved water sources and proper sanitation are among the biggest challenges in Niger. Few households reported having access to a protected drinking water source. About one-quarter of households reported using a public tap/standpipe, 17 percent reported using a tube well or borehole, and 6 percent reported using a protected well. More than three-quarters of households (77 percent) reported that they do nothing to make water safer to drink.

Only 9 percent of households reported using an improved sanitation facility, in most cases consisting of a pit latrine with a slab. This rate is somewhat higher than the rate of 4.3 percent in rural Niger for 2011, reported by the WHO/UNICEF Joint Monitoring Programme for Water and Sanitation.⁵⁵ Use of improved sanitation facilities was higher in the Mercy Corps (13 percent) and SC areas (11 percent) than in the CRS areas (6 percent).

Qualitative interviews noted that open defecation in the bush is common in many communities, even where latrines exist in villages. Many other individuals use the bush or common village basic pit latrines. Respondents also reported a lack of cleanliness in the communal latrines, and thus a preference to avoid them. The majority of individuals without latrines in their homes expressed the desire to have them built in their homes or compounds, rather than to use communal latrines or the bush.

Interviewers for the household survey observed the presence of water and soap, detergent, or another cleansing agent at the place for hand washing in only 15 percent of households. Availability of water and a cleansing agent was higher in the Mercy Corps area (23 percent) than in the CRS (15 percent) and SC (10 percent) areas. When asked about the most important times to wash their hands, only 8 percent of respondents to the household survey were able to name three of five critical moments for hand washing. A majority of respondents (90 percent) correctly identified that washing hands is critical before eating; however, few respondents identified the four other critical moments for hand washing: after defecation, after cleaning a child, before preparing food, and before feeding a child.

Programs might consider further activities that will result in better access to and use of improved drinking water sources and improved sanitation facilities as well as educational activities to emphasize hand washing at critical moments.

5.4 Agriculture

The overwhelming majority of farmers (96 percent) in the household survey reported growing crops. Almost all farmers grow millet (95 percent), cowpeas (88 percent), and sorghum (84 percent). About two-thirds of farmers (63 percent) raise livestock, with the most common animals being goats (49 percent), poultry (31 percent) and sheep (30 percent).

Overall, 25 percent of farmers reported practicing at least two value chain activities. The most common value chain activities reported are developing business plans for production and sales; trading or selling products wholesale, retail, or export; and sorting crops. All three of these activities are practiced by about 10 percent of farmers. More farmers in the CRS program area practice at least two of the activities (29 percent) than farmers in the Mercy Corps program area (22 percent) and the SC program

⁵⁵ WHO/UNICEF. (2013).

area (20 percent).⁵⁶ According to the survey results, only 6 percent of farmers reported using financial services in the year preceding the survey, with insurance being the least common service. A key challenge to agriculture cited during qualitative research is the lack of financial resources to invest in agriculture techniques and technologies, such as fertilizer, insecticides, and seeds, to increase farmers' yields.

Almost half of the farmers surveyed (46 percent) reported using at least two sustainable crop practices. Use of fertilizer and storage of seeds are the most commonly reported sustainable practices. Use of improved storage practices was reported by more than one-quarter of the farmers, typically including triple bagging, jute bags, or tins. The qualitative research revealed that respondents know of new agricultural techniques such as machineries, improved seeds, and fertilizers; however, they frequently do not have access to the necessary agricultural tools for improved farming.

Programs might consider delivery of trainings focused on the use of sustainable agricultural practices, value chain activities, and improved storage techniques. Better access to financial services and encouragement of farming groups or associations might also help to improve agricultural production.

5.5 Women's Health and Nutrition

While the majority (74 percent) of women ages 15-49 years in the survey population have a BMI within the normal range, 20 percent are underweight, and 5 percent are moderately to severely underweight. On average, women consume 3.3 of the nine basic food groups, with a lower average in the SC program area (WDD = 2.9) than in the CRS program area (WDD = 3.4) or the Mercy Corps program area (WDD = 3.6). Grains, roots, and tubers (97 percent) and green leafy vitamin A-rich vegetables (76 percent) are the most frequently consumed food groups, while organ meat and eggs are consumed least often.

The most common illnesses identified during qualitative data collection are malaria and diarrhea, affecting both adults and children. A discussion of malnutrition as the main cause for many illnesses also came up frequently, as persistent lack of nutritious foods left individuals vulnerable to easily contracting diseases. The majority of respondents reported an improvement in the general health of their communities in recent years. However, the need for health facilities, community health care workers, and medicine were frequently reported by respondents. In fact, health care reinforcements are one of the most often cited needs of communities in interviews and focus groups.

Overall, 52 percent of mothers of children 0-23 months reported attending four or more antenatal visits. The proportion is higher in the SC program area (66 percent) than in the CRS program area (48 percent) or the Mercy Corps program area (41 percent). Overall, 82 percent of households have a responsible adult who considers health care important or very important for children under 5 years of age and for women of child-bearing age, and respondents identified two specific reasons for each group. The proportion is higher in the SC program area (88 percent) than in the CRS program area (83 percent) or the Mercy Corps program area (72 percent).

Future interventions might include additional training and education for women on healthy and nutritious eating behaviors (including diversifying their diets) and continued education on the importance of antenatal visits.

5.6 Children's Health and Nutrition

The prevalence of underweight and stunted children is high across all three program areas. Lack of appropriate nutrition during childhood will have lifelong negative effects for these children in terms of physical health, mental acuity, and economic productivity.

More than half (58 percent) of children under 5 years of age in the survey population show signs of moderate and severe stunting. This rate is comparable to that reported in the last Niger SMART survey,

⁵⁶ Agricultural indicators are computed differently for the SC program area, so they are not directly comparable to the agricultural indicators for the CRS and Mercy Corps program areas.

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January 24, 2014

conducted June-August 2013,⁵⁷ in which 49-51 percent of children under 5 years of age in Maradi and Zinder were reported to be stunted. Rates of stunting from the recent 2012 DHS are 54 percent in Maradi and 52 percent in Zinder.⁵⁸

Almost half (46 percent) of children under 5 years of age in the survey population were found to be moderately to severely underweight. Comparable rates of 43 percent in Maradi and 42 percent in Zinder were reported in the 2012 DHS.⁵⁹

Only 8 percent of children 6-23 months are receiving a MAD. There are no differences by program area at the total level, but prevalence of MAD is lower for males in the SC program area than in the CRS program area or the Mercy Corps program area.

Almost half (43 percent) of children 0-5 months are exclusively breastfed, according to household survey data. There are no differences in breastfeeding rates between program areas. Nearly all respondents in the qualitative study reported breastfeeding children as part of their traditional culture. The majority of respondents reported predominantly breastfeeding children until seven to eight months of age and mentioned that solid foods are introduced between four and six months of age. Only a handful reported not breastfeeding due to a mother's illness or inability to produce milk.

The household survey found that 14 percent of all children under age 5 had diarrhea in the two weeks preceding the survey, and 19 percent of this subset had blood in their stools. The 2012 DHS reported a national rate of diarrhea in Niger of 14.1 percent.⁶⁰ No differences were found in the prevalence of diarrhea between the three program areas. Caretakers reported seeking advice or treatment for almost two-thirds of the children with diarrhea (64 percent), and more than three-quarters were treated with ORT. Rates of ORT among children with diarrhea were lower in the 2012 DHS: 45 percent in Maradi and 47 percent in Zinder. A study of health care seeking behaviors for diarrhea in children under age 5, conducted in the Maradi region in 2009, found that 70.4 percent of caretakers that reported an episode of diarrhea also reported seeking care at a health facility.⁶¹

The childhood illnesses most reported by interviewees in the qualitative study include malaria, diarrhea, and chickenpox. Respondents cited the inability to afford nutritious foods as the main reason families do not consume such foods, despite knowledge about basic nutritional needs.

⁵⁷ OCHA. (2012, September).

⁵⁸ MEASURE DHS. (2012).

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Page, A., Hustache, S., LuQuero, F. J., Djibo, A., Manzo, M. L., & Grais, R. F. (2011). Health care seeking behavior for diarrhea in children under 5 in rural Niger: Results of a cross-sectional survey. *BMC Public Health*, 11(389). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121637/>

Annexes

**Annex I:
Sampling Plan for
Title II Baseline
Surveys**

Annex 1

Sampling Plan for Studies of Title II Development Assistance Programs in Guatemala, Niger and Uganda

Background

In accordance with the evaluation policy of the U.S. Agency for International Development (USAID), Food for Peace (FFP) has contracted with ICF International to conduct a baseline study in Guatemala, Niger, and Uganda for new Title II program awards (July 2012) in these countries. The quantitative component of the baseline survey will be standardized across the participating countries to permit comparative analysis and will collect data for 20 FFP indicators as described in the USAID FFP *Standard Indicator Handbook*. These indicators are related to food access; children's nutritional status and feeding practices; women's nutritional status and dietary diversity; water, sanitation, and hygiene; agricultural practices; and measurements of poverty. In addition to the required FFP indicators, the quantitative survey will also include a small set of program-specific indicators identified by the Title II implementing partners as key measures for their individual programs. The survey design for the quantitative baseline survey will be described in detail in the following document. Most of the details of the survey design were decided upon at a joint meeting with the ICF International in October, 2012. See Appendix A for the minutes of that meeting.

Survey Research Design

These baseline surveys will serve as the first phase of a pre-post survey cycle with the second phase being conducted at the end of the five-year Title II program. Thus, the primary objective of the baseline surveys will be to assess the status of the FFP and program indicators prior to program implementation. The baseline measurements will then be used to calculate change in these indicators (and to undertake a statistical test of differences in the indicators) at completion of the five-year Title II cycle when the same survey will be conducted again in the program areas. This pre-post design will allow the measurement of change in indicators between the baseline and final evaluation; but will not allow statements about attribution or causation to be made.

The baseline surveys will be designed as population-based surveys in the villages/communities selected by the Title II implementing partners in the designated geographic regions of operation. Thus, the sampling frame for each country will only include villages/communities in the geographic regions where the Title II partners are implementing their programs, and will exclude villages/communities where programs are not active. From this frame, a representative sample of villages/communities will be drawn for each Title II partner within each country. Within each sampled community, a representative sample of households and individuals (that includes both beneficiaries and non-beneficiaries) will then be drawn.

Sampling Frame

The sampling frames for each country will be constructed from lists of communities/villages provided by the Title II partners and complemented with census-level household and population

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information in order to assign a measure of size to each selected community. The last available census level information for the geographic regions in each country at the lowest enumeration level will be used. Since the most current census data available in all of these countries is ten or more years old, it is expected that household and population counts will have changed and that newly formed communities will not be represented. ICF will work with the Title II partners to add missing communities and match census-level data with their implementation communities in order to obtain the most up-to-date size information. Appendix B provides summary counts of the implementation communities for each country and program.

Sample Design

Given the availability of size measures for each selected community, cluster sampling with a method that approximates PPS (probability proportional to size) will be used to select communities for each Title II program (two in Guatemala, two in Uganda, and three in Niger). The sample size for each program will be determined based on the selection of one FFP indicator. At the sampling meeting held with FANTA in October 2012, it was agreed that stunting will be used as the primary indicator for deriving sample size estimates since it is a key measure for food insecurity and will provide enough households to measure desired change levels for most other indicators. Additionally, some criteria for sample size calculations were adjusted from ICF's original proposal based on feedback from FANTA. Assumptions for updated sample size calculations for each Title II program are as follows:

- design effect of 2,
- confidence level of 95%,
- power level of 80%,
- expected change in stunting over the life of the program of 6 percentage points,
- use of the Stukel/Deitchler Inflation and Deflation Factors to determine the appropriate number of households (with children aged 0-59 months) to select, as described in the FANTA Sampling Guide Addendum, and
- inflation of the sample size of households by 10% to account for anticipated household nonresponse;

The formula used for deriving sample size is based on a statistical test of the difference of proportions (or prevalence) for an indicator (e.g., from baseline to final evaluation), controlling for inferential error as described in Appendix 1 of the Addendum to FANTA Sampling Guide (March 2012). The table below provides the target sample sizes for each Title II partner program in each country using currently available estimates for the prevalence of stunting and household size in each country. Use of the above assumptions and the revised formula did not significantly alter the sample size calculations provided in ICF's original proposal and, therefore, have no significant cost implications.

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	Target population for Stunting	Estimated proportion of Population (A)*	Average Household size (B)*	Individuals per HH (A*B/100)	Estimated Prevalence of Stunting*	Detectable Change P2-P1	Individual Sample Size Needed	Household Sample Size Needed	Households with 10% Non-response
Guatemala	Children 0-59 months	16.0	5.2	0.8	0.48	0.06	1,694	2,695	2,965
Uganda	Children 0-59 months	19.2	5.0	1.0	0.38	0.06	1,557	2,208	2,429
Niger	Children 0-59 months	20.0	6.1	1.2	0.47	0.06	1,686	1,981	2,377

*Source for Guatemala: 1995 DHS; Niger & Uganda: 2006 DHS

Note: For Niger, nonresponse rate was assumed to be 20%

Based on the target sample sizes calculated above, ICF will sample 75 clusters with 40 households per cluster for each Title II program in Guatemala (2 programs), and 80 clusters with 30 households per cluster for each Title II program in Uganda (2 programs) and Niger (3 programs); resulting in an overall household sample size of 6,000 in Guatemala, 4,800 in Uganda, and 7,200 in Niger.

Treatment of small villages/communities on the frame

At the October 2012 meeting, two options were identified for handling communities on the sampling frame that are smaller (as defined by the number of households in the community) than the projected sample take of households per community at the second stage of sampling. These options are:

1. Eliminating such communities from the frame before sampling, provided the total of such eliminated communities constitutes a very small proportion of all households on the frame (2%-3%); or
2. Combining small communities together on the frame before sampling. It was noted that this second approach could lead to logistical issues related to travel between the combined communities (given their potential non-contiguity), should a combined pair be selected in the sample.

After assessment of the communities with less than the required number of households in each of the community lists provided by the Title II partners, it was decided to adopt the first option since these communities constituted a very small percentage (<2%) of the overall number of households for each program area.

First stage cluster sampling of villages/communities

Although surveys typically use PPS sampling (with replacement) at the first stage of sampling, the drawback of this method is that there is an inherent chance of selecting the same community twice. Therefore, an alternative method that essentially approximates PPS sampling will be used instead. For this method, communities on the frame are ordered in decreasing size (relative to the number of households within), and then separate strata are formed for large, medium, and small communities (for example). The precise number of strata that are formed depends on the

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overall number of communities to be sampled and the number of communities on the sampling frame. Finally, an identical number of communities are randomly selected within each size stratum using systematic sampling. This method has the advantage of ensuring that large, medium, and small communities are selected in the sample. Furthermore, this method minimizes the possibility of selecting the same community twice. See Appendix C for an illustrative description of the method.

An additional consideration for the first stage of sampling is to ensure that some sampled communities fall within each of the departments and/or districts in which each program operates. In order to ensure representation in each of the specific geographic departments/districts, the “universe” of communities will first be stratified by department/district and a fraction of the total communities per Title II partner will be proportionately allocated to each department/district for sampling. Then the “universe” of communities within each department/district stratum will be ordered by decreasing household size to form “size strata”, in accordance with the method described in the paragraph above.

See Appendix D for further details of the first stage sampling methods used for each Title II program in each country.

Treatment of large villages/communities: potential segmentation of communities

ICF will work with their subcontractors to develop boundary maps for each cluster using GIS coordinates provided by the Title II partners or the Census files. Prior to the second stage sampling of households, the selected communities will either be canvassed on the ground OR Google earth maps will be produced (using GIS boundary coordinates) in order to assess the density and placement of households within the community; and to identify barriers that might prevent free access to households (such as rivers, mountains, impassable roads, etc.). After assessment of each cluster, decisions regarding segmentation of larger clusters will be made. For those clusters where segmentation is needed (i.e., in very large clusters where an enumeration would be difficult to undertake by one interviewer), interviewers will be dispersed among the segments and random starting points will be selected within each segment. Note that if segmentation is deemed necessary, sampling will take place in *all* segments. Note also that if a cluster is segmented into three parts (for example), 10 households per segment will be selected at the second stage of sampling to ensure that a total of 30 households are selected across the entire cluster as originally envisaged (for Uganda and Niger).

Second stage sampling of households

The selection of households will be done in the field using a systematic sampling method. This method entails: 1) randomly choosing a starting point between 1 and n (the sampling interval) where the household labeling 1, 2, ..., n commences at one end of the cluster; 2) conducting an interview in the first household represented by the random starting point; and 3) choosing every

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n^{th} household from the previous one thereafter for an interview (where n is the sampling interval and equals the total number of households in the cluster divided by 30 or 40), until the entire cluster has been covered and the target number of interviews has been obtained. Specific instructions on implementing the systematic sampling will be provided to supervisors during training and in the field procedures manual.

Third stage of sampling: Multiple households within dwellings and/or polygamous households

The standard DHS definition of a household will be used: “a person or group of people who live together and share meals (“eating from the same pot”). The DHS Interviewer manual provides several definitions and examples for different types of living arrangements. For men with more than one wife (polygamous situations), the norm is to count him where he spends most of his time. So if he has three wives, but “eats from the pot” of one of the wives most often, then he would be listed as being a usual resident in her household in order to avoid duplicate counting. However, if the man is considered to be the primary farmer in all three households and the household in which he is listed is not selected for sampling (although one of the other two households is selected), then it will be preferable to interview him as the respondent for the information related to the agricultural indicators

Another common living arrangement in the Karamoja region is the so-called “big girls”. These are young women, linked to a man, who has not yet paid the dowry. These women may have children, but their work is still related to the father’s household. The “husband” is only a visitor. These women live in individual huts belonging to the father’s compound. For the Title II surveys, these women will be considered part of their father’s household as long as they are “eating from the same pot”; otherwise they will be considered as a separate, distinct household.

If there is more than one household (family) living in a dwelling, but all members of the dwelling eat from the same pot, then all members will be treated as one household and all members will be listed on the same household roster, for the purposes of sampling. However, if related households live in distinct huts in a compound dwelling (such as a manyatta in Uganda), then one household will be randomly selected from amongst them. Note that this case implies an additional stage of sampling with an associated additional sampling weight.

Fourth stage of sampling: Selection of individuals within households

The quantitative survey is broken into several modules with different individuals eligible to be interviewed, depending on the target groups relevant to the various FFP indicators. This means that, depending on the composition of a sampled household, it may or may not contain children aged 0-6 months (relevant to exclusive breastfeeding indicator), children aged 0-23 months (relevant to minimum acceptable diet indicator), children aged 0-59 months (relevant to the diarrhea, oral rehydration therapy, stunting and underweight indicators), women of reproductive age (relevant to woman’s dietary diversity and BMI indicators), farmers (relevant to agricultural

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indicators), or heads of households/responsible adults (relevant to the household dietary diversity scale and expenditures indicators).

The household roster will be completed at the beginning of the interview, thus identifying all members of the selected household. Based on discussions during the baseline planning workshops held in each country with ICF, FANTA, FFP, and the Title II partners, the protocol for selection of individuals within households is defined as follows:

- For the modules requiring data about the household, the head of household or any responsible adult will be interviewed.
- For the children’s module, the mother or caretaker of the children under age 5 will be interviewed. Data and anthropometry measures will be collected for *all* eligible children and thus *no* additional sampling weight will be needed in this case.
- For the woman’s module, one woman between the ages of 15-49 will be selected. If there are multiple women eligible to be interviewed within a sampled household, a Kish grid will be used to select only one and the associated sampling weight will be computed. Note that if a pregnant or lactating woman is selected, her anthropometric measurements will be collected, although her measurement will not contribute to the estimation of the BMI indicator.
- For the agricultural module, farmers within the household who have ownership or decision-making power over all plots of land and/or livestock that are part of the “farm” will be interviewed. If in a particular household, this implies one farmer then only that farmer will be interviewed. If, however, one farmer makes decisions about the crop management practices and another farmer makes decisions about the livestock management, then each farmer will be interviewed for their respective decision-making areas. *It was also* agreed that if the primary farmer has migrated for an extended period to work outside of the household, the spouse and/or another responsible adult farmer that can answer the agricultural questions will be interviewed. For the agricultural module, since the “farm” (including the plots of land, livestock, etc) is the sampling unit and the farmer(s) are respondents in relation to the farm, there is no random selection implied and thus no additional sampling weight required.

Sampling Weights

Sample weights will be computed and used in the final data analyses. This will involve computing an overall sampling weight consisting of the product of the weights from each of the stages of sampling, as well as an adjustment to compensate for household non-response at the second and third stages of sampling. Separate sampling weights will be derived for each program area and for each target population, i.e. households, women, children and farmers.

APPENDIX A
NOTES FROM OCTOBER 10, 2012 MEETING ON SURVEY DESIGN

Summary Notes for Meeting on Survey Design for the Baseline Studies for Title II Programs in Guatemala, Uganda and Niger (written and sent by Dianna Stukel from FANTA)

Date: Wednesday, October 10, 2012, 11 am-5 pm

In Attendance: ICF International (Don Ellison, Matt Holtman, Benita O'Colmain, Suteera Nagavajara, Owen Calvert); FANTA (Megan Deitchler, Pam Velez-Vega, Diana Stukel)

Apologies: Alexandra Riboul (FFP)

Agenda Items for Discussion and Summary of Decisions Made:

1. Meaning of "Population-Based" Survey

- It was agreed that for the purposes of title II, the sample frame would include all villages/communities in which the PVOs were implementing their programs, and would exclude those in which programs were not active. From this frame, a representative sample of households and individuals (that would include both beneficiaries and non-beneficiaries alike) would be randomly drawn.

2. Choice of Indicator to drive sample size

- FANTA distributed a hand-out (see attachment) with a table that reworked some of the sample size calculations given by ICF (Table 1 in their original proposal), based on a few revised assumptions (different detectable change, different inflation factor, different household response rate). Regardless, in both the original ICF table and the reworked table, the indicator related to stunting seemed to give rise to a sample size that was both adequate and feasible (and both versions of the table gave identical sample sizes of roughly 3,000 households). Therefore, it was decided that stunting should drive the sample size calculation and that the overall sample size should be roughly 3,000 households (per PVO in each country). Given this, it could be expected that this would yield roughly 2,700 responding households (per PVO in each country), and after screening, roughly 1,700 children (per PVO in each country) under the age of 5 years old (relevant for the stunting and underweight indicators).

3. Choice of formula to drive sample size calculation

- FANTA mentioned that a somewhat different formula was used to calculate the sample size in the revised table based on a test of differences for proportions – from that which was given in the original FANTA Sampling Guide. In FANTA's opinion, the new formula is preferable to the one in the Sampling Guide because it more aptly characterizes the test of hypothesis that should be undertaken. Regardless, the original sample size formula and the new one render results that differ only negligibly (less than 5 units), and therefore, it was noted that there are no cost implications to using the new formula. Diana mentioned that she would send ICF the new formula (that would also appear in the future updated FANTA Sampling Guide) and ICF agreed to use the new formula in all future calculations.

4. Choice of inflator to determine number of households to sample to ensure the required sample size of individuals (if indicator to drive sample size is based on individual)

- FANTA noted that in their original proposal, ICF had used the sample size inflator indicated in the original FANTA Sampling Guide (1997) – but that instead they should

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use the updated sample size inflator given in the recently published Addendum (2012) to the FANTA Sampling Guide. ICF agreed with this.

5. Choice of non-response inflation factor and field strategy for non-response follow-up
 - FANTA suggested that the assumed 5% non-response rate in Table 1 of the ICF proposal might be somewhat of an underestimate of what is truly required, and that 10% might be a more realistic non-response rate to expect at the household level. ICF noted that their value of 5% was based on the assumption of a short questionnaire that would not invoke much household non-response. ICF agreed to revisit this issue later.

6. Source and content for frame of clusters
 - ICF noted that it would not be difficult for them to obtain Census information to build a frame of communities for Uganda and Niger. However, they noted that Guatemala would present more of a challenge. ICF asked if it might be possible to contact FTF (through FFP) to enquire after the source of the frame for FEEDBACK.
 - It was noted that ICF would put together draft frames for each country, based on the broad geographic areas in which the PVOs proposed to work - and that the PVOs should then indicate in which of the communities on the draft frames they intend to implement their programs. ICF could then eliminate the communities where PVOs do not intend to implement programs from the draft frame, and use this refinement to form their final frame from which to draw communities randomly.
 - ICF wondered if it would be possible to obtain from the PVOs detailed maps of the geographic areas in which they intend to work.
 - ICF mentioned that they may need assistance with regards to community names on the sampling frame. They noted that, in their experience, often the same community could have more than one name. ICF hoped that the PVOs could help them arrive at a common set of names for the communities on the frame that both parties could adhere to.

7. Stratification – by PVO and potentially by other levels
 - It was agreed that in each country, separate strata would be formed for each PVO, and that estimates would be produced by stratum/program as well as at the overall cross-program level within each country.
 - FANTA mentioned that sometimes, PVOs implement the MCHN component of their programs in a subset of the communities where the agricultural component is implemented. Given that the intention is to spread the baseline sample across the entire geographic area where PVOs implement their programs, this could lead to results on indicators relating to MCHN showing diluted results, given that some of the sample could fall in the non-MCHN implementation zones. This was simply noted as a potential issue and but that no action need be taken other than indicating this in the analytical reporting.
 - FANTA introduced the idea that there could be further stratification by other geographies (and a potential further refinement of sample allocation of communities to those strata). However, later in the meeting, it was agreed that in light of the discussion in 8 a), it might be best to put this idea to one side, as the alternative methodology discussed in 8 a) already invokes further stratification.

APPENDIX A
NOTES FROM OCTOBER 10, 2012 MEETING ON SURVEY DESIGN

8. First stage sampling

a) PPS/WR of clusters or alternative method

- FANTA introduced the issue that traditional PPS sampling *with replacement* has the disadvantage that the same communities have the potential to be selected twice in the sample. FANTA distributed a handout and discussed a possible alternative to traditional PPS WR (see attachment). For this alternative strategy, the communities on the frame are ordered in decreasing size, and then a number of separate strata are formed for large, medium and small communities. Finally, communities are randomly selected with each stratum using systematic sampling. This alternative method has the advantages of i) it being very unlikely that the same community is selected twice and ii) ensuring that some large, some medium-sized and some small communities are selected in the sample. ICF said they would review the methodology and come back at a later date with a final decision. (Note: ICF ultimately decided to adopt this methodology.)

b) Treatment of small villages/communities

- FANTA asked ICF how they intended to treat communities on the sampling frame that are smaller (as defined by the number of households in the community) than the projected sample take of households per community at the second stage of sampling. Several options were discussed including:
 - i) eliminating such communities from the frame before sampling, provided the total of such eliminated communities would only constitute a very small proportion of all communities on the frame (2%-3%); or
 - ii) combining such small communities together on the frame before sampling. It was noted that the second approach could lead to logistical issues related to travel between the combined communities (given their potential non-contiguity), should a combined pair be selected in the sample.

ICF agreed to revisit this issue after the frame was constructed.

c) Issue of segmentation of large villages/communities

- ICF mentioned that the DHS typically uses segmentation of large communities and that they also intend to do so for the Title II baseline surveys. The variant of segmentation that ICF uses divides large communities into smaller segments, and then different teams cover the divided pieces. No sub-sampling is typically undertaken.

d) Potential shadow sample of replacement village/communities

- It was mutually agreed that the discussion of this topic should be relegated to the workshops to take place in each country, given that the PVOs would be in a better position to give advice regarding communities that might be potentially problematic for interviewing – because of security, access, or other reasons.

9. Second stage sampling – systematic with listing or alternative methods

APPENDIX A
NOTES FROM OCTOBER 10, 2012 MEETING ON SURVEY DESIGN

- ICF agreed that they would adopt a second stage sampling scheme involving canvassing of the selected communities followed by the random selection of households using systematic sampling. ICF explained that they typically establish the boundaries of a selected community using GPS. They then obtain a rough count of the community by canvassing. Two teams are typically used per community, where each team consists of 5 enumerators/supervisors. ICF confirmed that alternate non-probability-based methods, such as Random Walk, would not be employed for the Title II baseline surveys.

10. Treatment of multiple households within dwellings and/or polygamous households

- It was mutually agreed that the discussion of this topic should be relegated to the workshops to take place in each country, as each country has its own specific context that needs to be considered.

11. Selection of individuals within households

- ICF agreed that they would interview all eligible individuals belonging to the target groups relevant to the various indicators for which data is to be collected within each sampled household. This means that, depending on the composition of a sampled household, it may or may not contain children aged 0-6 months (relevant to EBF indicator), children aged 0-23 months (relevant to MAD indicator), children aged 0-59 months (relevant to stunting and underweight indicators), women of reproductive age (relevant to WDDS and BMI indicators), farmers (relevant to agricultural indicators), etc. It was agreed that, when a selected household contains individuals falling in any of the target groups, all individuals in the target group relevant to the indicators for which data is to be collected will be interviewed.

12. Sampling weighting

- ICF agreed that they would compute and use sample weights in the final data analyses. This will involve computing an overall sampling weight consisting of the product of the weights from each of the stages of sampling, as well as a final adjustment to compensate for household non-response.

APPENDIX B
SUMMARY OF COMMUNITY LISTS USED FOR SAMPLING FRAMES

Guatemala

1. CRS SEGAMIL Program
 - 259 communities in 2 departments, 8 municipalities
 - 117 of these were new communities not on census list
 - all communities have size measure (number of households); CRS provided size measures for new communities
 - 33 communities with fewer than 40 households (1.9% of all households)
2. SAVE PAISANO Program
 - 198 communities in 3 departments, 13 municipalities
 - 28 of these were new communities not on census list
 - all communities have size measure (number of households); SAVE provided size measures for new communities
 - 27 communities with fewer than 40 households (1.2% of all households)

Uganda

1. Mercy Corps SUSTAIN Program
 - a. 762 villages in 3 districts
 - b. Size measures available for 722 villages, 548 matched to census list, 174 provided by Mercy Corps from World Food Program
 - c. Size measures missing for 40 villages
 - d. 61 of the 722 villages with size measures with fewer than 30 households (1% of all households with size measures)
2. ACDI/VOCA RWANU Program
 - a. 402 villages in 4 districts
 - b. Size measures available for 266 villages matched to census files, missing for 136 new villages
 - c. 8 of the 266 matched villages with fewer than 30 households (0.6% of all households with size measures)

Niger

1. SAVE LAHIA Program
 - a. 207 villages in 1 department, 5 communes
 - b. 55 of these are new villages not on census list
 - c. All villages have size measures (SAVE provided updated household and population counts for all 207 villages)
 - d. No communities with fewer than 30 households (smallest is 39)

APPENDIX B
SUMMARY OF COMMUNITY LISTS USED FOR SAMPLING FRAMES

2. CRS PASAM TAI
 - a. Provided CRS with list of 1,824 villages in selected departments and communes, based on census files
 - b. 777 villages on census list were confirmed by CRS for program area, 422 were identified as maybes, the remaining 625 were not included in program area
 - c. CRS provided a second list with household and population counts for 897 selected villages
 - d. Of the 897 villages provided on second list, 149 of them had fewer than 30 households (0.2% of all households)
3. Mercy Corps SAWKI Program
 - a. Mercy Corps sent list of 81 villages (80 after one duplicate was removed) in 2 departments, 7 communes
 - b. 75 villages matched to census files representing 107 enumeration areas
 - c. Size measures missing for 5 villages
 - d. Of the 107 enumeration areas with household counts, 6 had fewer than 30 households (1% of all households with size measures)

APPENDIX C

ILLUSTRATIVE EXAMPLE OF MODIFIED PPS SAMPLING METHOD

Scenario: Want to select 30 villages at first stage of sampling, and 30 HH per village at second stage of sampling. Typically use PPS with Replacement (WR) at first stage and systematic sampling at second stage. Assume the frame has 60,000 HH overall

1) Alternative Method to Traditional PPS With Replacement

- Order all villages on frame in decreasing order of size (# households per village)
- Divide villages into arbitrary number of strata (say, 6), **each of roughly equal size**
- Stratum 1 has a small number of large villages and stratum 6 has a large number of small villages.
- E.g.,
 - o Stratum 1 has 10 villages each with roughly 1,000 households each (**10,000 HH overall**)
 - o Stratum 2.....
 - o Stratum 6 has 100 villages each with roughly 100 households each (**10,000 HH overall**)
- Then
 - o Stratum 1 – Select 5 villages from ordered list using systematic sampling; Select 30 HH per selected village using systematic sampling
 - o Stratum 2....
 - o Stratum 6 – Select 5 villages from ordered list using systematic sampling; Select 30 HH per selected village using systematic sampling
- What is the combined probability of selection from the combined stages?
 - o Stratum 1: $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (5/10) * (30/1,000) = \mathbf{15/1,000}$
 - o Stratum 2:
 - o Stratum 6: $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (5/100) * (30/100) = \mathbf{15/1,000}$
- Overall probability of selection is approximately same for each stratum: 15/1,000!!!

2) Traditional PPS WR Sampling

- No stratification, simply select 30 village with PPS WR at first stage, followed by 30 HH per selected village using systematic sampling at second stage
 - o For a village from Stratum 1,
 $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (30 * 1,000 / 60,000) * (30 / 1,000) = \mathbf{15/1,000}$
 - o For a village from Stratum 2,....
 - o For a village from Stratum 6,
 $\text{Pr(overall)} = \text{Pr(stage one)} * \text{Pr(stage two)} = (30 * 100 / 60,000) * (30 / 100) = \mathbf{15/1,000}$

Overall Advantages of Alternative Method

- Approximately same overall probabilities using alternative method as with PPS WR followed by systematic sampling
- Closer to PPS without replacement sampling (PPS WOR) in that much less likely to select the same village twice (Key advantage)
- Very easy to implement since essentially systematic sampling at first stage

APPENDIX D
SUMMARY OF FIRST-STAGE SAMPLING METHODS FOR EACH TITLE II PROGRAM

Guatemala

Aim: Select 75 communities for each Title II program (SEGAMIL and PAISANO)

1. Remove communities with fewer than 40 households from the sampling frame.
2. Proportionately allocate the 75 communities to be sampled for each program to the departments where each program operates (two departments for CRS/SEGAMIL; three departments for SAVE/PAISANO); use total number of households in each department to determine the allocation.
3. Order the communities within each department/stratum by decreasing household size.
4. Examine the distribution of number of households for the communities within each department/stratum to determine appropriate cut-off points for the “size” strata to be used at the first stage of sampling (stratified systematic sampling)

Uganda

Aim: Select 80 villages for each Title II program (SUSTAIN and RWANU)

1. Remove villages with fewer than 30 households from the sampling frame.
2. Proportionately allocate the 80 villages to be sampled for each program to the districts where each program operates (three districts for Mercy Corps/SUSTAIN; four districts for ACDI/VOCA/RWANU); use total number of households in each district to determine the allocation.
3. For villages with size measures, select villages using the same sampling procedure described for Guatemala above in steps 3 and 4.
4. For villages without size measures, use stratified (by district) systematic sampling.
5. To determine the number of villages (from amongst the total of 80 for each program) to sample for each group (those with size measures and those without) at steps 3 and 4, calculate the proportion of total villages for each group and then multiply this number times 80. For example, 177 villages out of 207 have size measures for the SUSTAIN program which represents 86% of the 207 villages. So, 68 villages (0.86 times 80) will be sampled from this group, and the remaining 12 villages will be sampled from the group without size measures.
6. Sampled villages with unknown numbers of households may or may not meet the criteria for 30 or more households. Village sizes for these villages will be determined in the field. Any sampled villages found to have fewer than 30 households (after verification from the field), will be replaced with villages from the same group of villages (those without size measures). The sampling weight will be adjusted to remove these villages since they would not have been included had the number of households been known at the time of sampling.

Niger

APPENDIX D
SUMMARY OF FIRST-STAGE SAMPLING METHODS FOR EACH TITLE II PROGRAM

Aim: Select 80 villages for each Title II program (LAHIA, PASAM-TAI and SAWKI)

- Remove villages with fewer than 30 households from the sampling frame.
- For CRS and SAVE programs, use the same sampling method described for Guatemala above in steps 2 and 3 (and noting that there is 1 department for SAVE and 2 for CRS).
- For Mercy Corps, select all villages since there are only 80 villages on the village list provided by Mercy Corps and 80 are required to be sampled. Of the 80 villages on the list provided by Mercy Corps, 75 are represented by 102 enumeration areas on the Niger census files and 5 villages did not match to the census file. To meet the criteria for selecting the 80 enumeration areas to be surveyed, the following selections are made:
 - a. 9 villages are represented by 2 enumeration areas each. One enumeration area is randomly selected for each of these 9 villages, giving a total of 9 enumeration areas sampled out of 18. First stage sampling probability is 0.50.
 - b. 3 villages are represented by 3 enumeration areas each. One enumeration area is randomly selected for each of these 3 villages, giving a total of 3 enumeration areas sampled out of 9. First stage sampling probability is 0.33.
 - c. 2 villages are represented by 5 enumeration areas each. Two enumeration areas are randomly selected for each of these two villages, giving a total of 4 enumeration areas sampled out of 10. First stage sampling probability is 0.40.
 - d. Of the 65 remaining enumerations areas representing 65 villages, 59 villages with 30 or more households are selected (6 villages with less than 30 households are not sampled). First stage sampling probability is 1.0.
 - e. All 5 villages that did not match to census files are selected. First stage sampling probability is 1.0.

**Annex 2a:
Household Survey
Questionnaire in
French**

CONSENTEMENT ECLAIRE

CONSENTEMENT INDIQUÉ : IL EST IMPORTANT DE PRÉSENTER L'ENQUÊTE AU MÉNAGE ET D'OBTENIR LE CONSENTEMENT DE TOUS LES RÉPONDANTS SUSCEPTIBLES DE PARTICIPER. SI UN RÉPONDANT POTENTIEL (EX. UN DÉCIDEUR FÉMININ) N'EST PAS PRÉSENT AU DEBUT DE L'ENQUÊTE N'OUBLIEZ PAS DE REVENIR SUR CETTE PAGE ET D'OBTENIR SON CONSENTEMENT AVANT DE L'INTERVIEWER.

BONJOUR. AS-SALAMU ALAYKUM. JE M'APPELLE _____, JE TRAVAILLE CHEZ ICF/NIELSEN. NOUS MENONS UNE ENQUÊTE POUR EN APPRENDRE D'AVANTAGE SUR L'AGRICULTURE, LA SÉCURITÉ ALIMENTAIRE, LA CONSOMMATION ALIMENTAIRE, LA NUTRITION ET LE BIEN-ÊTRE DES MÉNAGES AU NIGER. VOTRE MÉNAGE A ÉTÉ SÉLECTIONNÉ POUR L'ENQUÊTE. J'AIMERAI VOUS POSER QUELQUES QUESTIONS SUR VOTRE MÉNAGE. CES QUESTIONS PRENNENT GÉNÉRALEMENT ENVIRON 1 A 2 HEURES. NOUS POUVONS REVENIR DEMAIN SI VOUS N'AVEZ PAS ASSEZ DE TEMPS POUR PARCOURIR TOUTES LES QUESTIONS AUJOURD'HUI. TOUTES LES RÉPONSES QUE VOUS DONNEZ RESTERONT CONFIDENTIELLES ET NE SERONT PAS PARTAGÉES AVEC D'AUTRES QUE LES MEMBRES DE NOTRE ÉQUIPE D'ENQUÊTE. VOTRE IDENTITÉ NE SERA PAS DÉVOILÉE DANS L'ENQUÊTE. VOUS N'ÊTES PAS OBLIGÉ DE PARTICIPER, MAIS NOUS ESPÉRONS QUE VOUS ACCEPTEREZ DE RÉPONDRE AUX QUESTIONS ÉTANT DONNÉ QUE VOTRE OPINION EST IMPORTANTE. SI JE VOUS POSE UNE QUESTION À LAQUELLE VOUS NE VOULEZ PAS RÉPONDRE, FAITES-MOI SAVOIR ET JE VAIS PASSER À LA QUESTION SUIVANTE OU VOUS POUVEZ INTERROMPRE L'INTERVIEW À TOUT MOMENT. AU CAS OÙ VOUS AVEZ BESOIN D'EN SAVOIR PLUS AU SUJET DE L'ENQUÊTE, VOUS POUVEZ CONTACTER LA PERSONNE INDIQUÉE SUR CETTE CARTE.

REMETTRE LA CARTE AVEC LES COORDONNÉES

Avez-vous des questions au sujet de l'enquête ou concernant votre participation ?

**POSER LES QUESTIONS SUIVANTES SUR CONSENTEMENT À TOUS LES RÉPONDANTS ÉVENTUELS.
COCHER ET SIGNER LA CASE DE CONSENTEMENT CI-DESSOUS SELON LE CAS.**

- 1 Qui est le principal décideur adulte (18 ans ou plus) dans le ménage ? _____
[NOM], acceptez-vous de participer à l'enquête ?
LE RÉPONDANT ACCEPTE _____ LE RÉPONDANT N'ACCEPTE PAS _____
- 2 Y a-t-il mères ou des personnes qui s'occupent des enfants de moins de six ans avec qui je n'ai pas encore parlé?
Acceptez-vous de participer à cette étude et faire peser et mesurer vos enfants qui seraient éligibles?
NOM: _____ LE RÉPONDANT ACCEPTE _____ LE RÉPONDANT N'ACCEPTE PAS _____
NOM: _____ LE RÉPONDANT ACCEPTE _____ LE RÉPONDANT N'ACCEPTE PAS _____
NOM: _____ LE RÉPONDANT ACCEPTE _____ LE RÉPONDANT N'ACCEPTE PAS _____
PAS D'ENFANTS MOINS DE 6 ANS _____

LES AUTRES MEMBRES SUPPLÉMENTAIRES ÉLIGIBLES DU MÉNAGE

		LE RÉPONDANT ACCEPTE	LE RÉPONDANT N'ACCEPTE PAS
3	NOM _____ Acceptez-vous de participer à l'enquête ?	_____	_____
4	NOM _____ Acceptez-vous de participer à l'enquête ?	_____	_____
5	NOM _____ Acceptez-vous de participer à l'enquête ?	_____	_____

**Ma signature affirme que j'ai lu la déclaration de consentement verbal au(x) répondant(s),
et j'ai répondu à toutes les questions posées au sujet de l'enquête. Le répondant a consenti à l'entrevue.**

NOM ET CODE DE L'ENQUÊTEUR _____

--	--

SIGNATURE ET DATE _____

--	--	--	--	--	--	--	--	--	--

Module B. Liste du ménage											HEURE DE DEBUT		HEURE		MINUTE					
NUM. DE LA LIGNE	RÉSIDENTS HABITUELS DU MÉNAGE	RELATION AVEC LE CHEF DU MÉNAGE	SEXE	ÂGE	ELIGIBILITE						Si 15 ans ou plus	Si âgé de 0 à 17 ans				Si 5 ans ou plus		Si âgé de 5 à 24 ans		
					MODULE(S)		PRINCIPAL DISPENSATEUR DE SOINS	MODULE(S)				ETAT MATRIMONIAL	SURVIE ET RESIDENCE DES PARENTS BIOLOGIQUES				SCOLARISATION		SCOLARISATION RECENTE	
					C, H1	D		E, I,1	F, H2-H6	G			13	14	15	16	17	18	19	20
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	<p>Veillez me donner le nom et le sexe de toute personne qui vit ici, en commençant par le chef du ménage. Pour nos besoins de ce jour, les membres d'un ménage sont les adultes ou les enfants qui vivent ensemble et mangent dans le "même plat." Il faut inclure toute personne qui a vécu dans votre maison pendant 6 des 12 derniers mois, mais il ne comprend pas les personnes qui vivent ici, mais mangent séparément.</p> <p>APRÈS FAIRE LA LISTE DES NOMS, RELATIONS ET SEXES POUR CHAQUE PERSONNE, POSEZ LES QUESTIONS 2A À 2C CI-DESSOUS POUR VOUS ASSURER QUE LA LISTE EST COMPLÈTE. ALORS POSER LES QUESTIONS APPROPRIÉES DANS LES COLONNES 20.05 À CHAQUE PERSONNE.</p>	<p>Relation avec le chef du ménage</p> <p>VOIR CODES CI-DESSOUS</p>	<p>(NOM) est de sexe masculin ou féminin ?</p>	<p>Quel âge a [NOM] ?</p> <p>SI ≥95 METTRE '95'</p> <p>'98' = NSP SEULEMENT</p> <p>SI ≥50 AN</p> <p>'00' SI < 1 AN</p>	<p>[NOM] était-il/elle responsable de la préparation du repas hier?</p>	<p>L'ENFANT A-T-IL/ELLE MOINS DE 8 ANS</p>	<p>Qui est le dispensateur principal de soins de [NOM]?</p> <p>VOIR LA DÉFINITION CI-DESSOUS (*).</p> <p>ENREGISTREZ LE NUMERO DE LIGNE DU DISPENSATEUR PRINCIPAL DE SOINS</p>	<p>CETTE FEMME EST-ELLE AGÉE DE 15-49 ANS?</p>	<p>CETTE PERSONNE EST-IL/ELLE LE CHEF DU MÉNAGE, OU L'ADULTE RESPONSABLE QUAND LE CHEF DU MÉNAGE EST ABSENT?</p>	<p>Cette personne est-elle un agriculteur ?</p> <p>VOIR LA DÉFINITION CI-DESSOUS (**).</p>	<p>Quel est l'état matrimonial actuel de (NOM) ?</p> <p>1 = MARIÉS OU CO-HABITANTS</p> <p>2 = DIVORCÉS/ SÉPARÉS</p> <p>3 = VEUVUE</p> <p>4 = CELIBATAIRES QUI N'ONT JAMAIS VÉCUS ENSEMBLE</p>	<p>La mère de (NOM) est-elle vivante?</p>	<p>Est-ce que la mère de (NOM) vit dans le ménage?</p> <p>SI OUI, QUEL ET SON NOM? ENREGISTRE NUMERO DE LIGNE DE SA MERE</p> <p>SI NON, ENREGISTRE Z'00'</p>	<p>Le père biologique de (NOM) est-il vivant?</p>	<p>Est-ce que la Père de (NOM) vit dans le ménage?</p> <p>SI OUI, QUEL ET SON NOM? ENREGISTRE NUMERO DE LIGNE DE SON PERE</p> <p>SI NON, ENREGISTRE Z'00'</p>	<p>Est ce que [NOM] a jamais fréquenté l'école?</p>	<p>Quel est le niveau scolaire le plus élevé que [NOM] a atteint ?</p> <p>VOIR CODES CI-DESSOUS</p> <p>Quel est la classe la plus élevée que [NOM] a complété a ce niveau ?</p>	<p>Est ce que [NOM] a fréquenté l'école pendant l'année scolaire 2012-2013 ?</p>	<p>Pendant cette année scolaire, dans quel niveau scolaire et classe était [NOM]?</p> <p>VOIR CODES CI-DESSOUS</p>	
01			M F 1 2	ANS 1 2	O N 1 2	O N 1 2		O N 1 2	O N 1 2	O N 1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
02			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
03			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
04			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
05			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
06			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
07			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
08			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
09			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	
10			1 2	1 2	1 2	1 2		1 2	1 2	1 2		O N NSP 1 2 8 ALLER à 14		O N NSP 1 2 8 ALLER à 16		O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE 1 2	

CODES POUR Q3: RELATION AVEC LE CHEF DU MÉNAGE

- 01 CHEF DU MÉNAGE
- 02 ÉPOUX(SE)
- 03 FILS/FILLE
- 04 GENDRE/BELLE-FILLE
- 05 PETIT-FILS/FILLE
- 06 PARENTS
- 07 BEAUX-PARENT
- 08 FRERES/SOEURS
- 09 AUTRE FAMILLE
- 10 ENFANT ADOPTÉ
- 11 PAS PARENTÉ
- 98 NE SAIT PAS

DÉFINITIONS :

* Le principal dispensateur de soins est la personne la mieux informée sur l'alimentation de l'enfant. Il s'agit généralement, mais pas toujours, de la mère de l'enfant.

** Les agriculteurs, y compris les éleveurs et les pêcheurs, sont : 1) des hommes et des femmes qui ont accès à une parcelle de terre (même si elle est très petite) sur lesquels ils/elles prennent des décisions sur ce qui va être cultivé, comment elle sera cultivée, et comment gérer la récolte, et / ou 2) des hommes et des femmes qui ont des animaux et / ou des produits de l'aquaculture sur lesquels ils/elles ont un pouvoir de décision. Les agriculteurs produisent des denrées alimentaires, des aliments et des fibres, ces «aliments» comprennent les cultures agronomiques (cultures à grande échelle, comme les céréales), les cultures horticoles (légumes, fruits, noix, baies et herbes), des animaux et des produits de l'aquaculture, ainsi que des produits naturels (par exemple, les produits forestiers non ligneux, la pêche sauvage). Ces agriculteurs peuvent s'engager dans la transformation et la commercialisation des aliments et des fibres et peuvent résider dans les communautés sédentaires, les communautés pastorales mobiles ou des camps de réfugiés / personnes déplacées. Un membre adulte de la famille qui fait le travail agricole, mais n'a pas le pouvoir de décision sur la parcelle ou les animaux ne peut être considérée comme un «agriculteur». Par exemple, une femme qui travaille sur les terres de son mari qui ne contrôle pas sa propre parcelle ne peut être interrogée.

NUM. DE LA LIGNE	RÉSIDENTS HABITUELS DU MÉNAGE	RELATION AVEC LE CHEF DU MÉNAGE	SEXE	ÂGE	Si moins de 6 ans						Si 15 ans ou plus			Si âgé de 0 à 17 ans				Si 5 ans ou plus		Si âgé de 5 à 24 ans	
					ELIGIBILITE						ETAT MATRIMONIAL	SURVIE ET RESIDENCE DES PARENTS BIOLOGIQUES				SCOLARISATION		SCOLARISATION RECENTE			
					MODULE(S)		PRINCIPAL DISPENSATEUR DE SOINS	MODULE(S)				13	14	15	16	17	18	19	20		
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		
	Veuillez me donner le nom et le sexe de toute personne qui vit ici, en commençant par le chef du ménage. Pour nos besoins de ce jour, les membres d'un ménage sont les adultes ou les enfants qui vivent ensemble et mangent dans le "même plat." Il faut inclure toute personne qui a vécu dans votre maison pendant 6 des 12 derniers mois, mais il ne comprend pas les personnes qui vivent ici, mais mangent séparément. APRÈS FAIRE LA LISTE DES NOMS, RELATIONS ET SEXES POUR CHAQUE PERSONNE, POSEZ LES QUESTIONS 2A À 2C CI-DESSOUS POUR VOUS ASSURER QUE LA LISTE EST COMPLÈTE. ALORS POSER LES QUESTIONS APPROPRIÉES DANS LES COLONNES 20.05 À CHAQUE PERSONNE.	Relation avec le chef du ménage VOIR CODES CI-DESSOUS	(NOM) est de sexe masculin ou féminin ?	Quel âge a [NOM] ? SI ≥95 METTRE '95' '98' = NSP SEULEMENT SI ≥50 AN '00' SI < 1 AN	[NOM] était-il/elle responsable de la préparation du repas hier?	L'ENFANT A-T-IL/ELLE MOINS DE 6 ANS	Qui est le dispensateur principal de soins de [NOM] ? VOIR LA DÉFINITION CI-DESSOUS (*). ENREGISTREZ LE NUMERO DE LIGNE DU DISPENSATEUR PRINCIPAL DE SOINS	CETTE FEMME EST-ELLE AGÉE DE 15-49 ANS ?	CETTE PERSONNE EST-IL/ELLE LE CHEF DU MÉNAGE, OU L'ADULTE RESPONSABLE QUAND LE CHEF DU MÉNAGE EST ABSENT ?	Cette personne est-elle un agriculteur ? VOIR LA DÉFINITION CI-DESSOUS (**).	Quel est l'état matrimonial actuel de (NOM) ? 1 = MARIÉS OU CO-HABITANTS 2 = DIVORCÉS/ SÉPARÉS 3 = VEUVE 4 = CELIBATAIRES QUI N'ONT JAMAIS VÉCUS ENSEMBLE	La mère de (NOM) est-elle vivante ?	Est-ce que la mère de (NOM) vit dans le ménage ? SI OUI, QUEL ET SON NOM? ENREGISTRE NUMERO DE LIGNE DE SA MERE SI NON, ENREGISTRE Z'00'	Le père biologique de (NOM) est-il vivant ?	Est-ce que la Père de (NOM) vit dans le ménage ? SI OUI, QUEL ET SON NOM? ENREGISTRE NUMERO DE LIGNE DE SON PERE SI NON, ENREGISTRE Z'00'	Est ce que [NOM] a jamais fréquenté l'école ?	Quel est le niveau scolaire le plus élevé que [NOM] a atteint ? VOIR CODES CI-DESSOUS Quel est la classe la plus élevée que [NOM] a complété a ce niveau ?	Est ce que [NOM] a fréquenté l'école scolaire et classe était [NOM] ?	Pendant cette année scolaire, dans quel niveau scolaire et classe était [NOM] ? VOIR CODES CI-DESSOUS		
11		<input type="checkbox"/>	M F 1 2	ANS <input type="checkbox"/>	O N 1 2	O N 1 2	<input type="checkbox"/>	O N 1 2	O N 1 2	O N 1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
12		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
13		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
14		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
15		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
16		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
17		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		
18		<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 14	<input type="checkbox"/>	O N NSP 1 2 8 ALLER à 16	<input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>	O N 1 2 LIGNE SUIVANT	NIVEAU CLASSE <input type="checkbox"/>		

CODES POUR Q3: RELATION AVEC LE CHEF DU MÉNAGE

01 CHEF DU MÉNAGE
02 ÉPOUX(SE)
03 ENFANT
04 GENDRE/BELLE-FILLE
05 PETIT-FILS/FILLE
06 PARENTS/GRAND-PARENTS
07 BELLE-SŒUR/BEAU-FRÈRE
08 FRÈRES/SŒURS
09 AUTRE FAMILLE
10 ENFANT ADOPTÉ
11 PAS PARENTÉ
98 NE SAIT PAS

CODES POUR Qs. 18 ET 20: SCOLARISATION

NIVEAU	1 = Préscolaire	2 = Primaire	3 = Secondaire 1er degré	4 = Secondaire 2nd degré	5 = Enseignement supérieur
CLASSE	00- moins d'1 an 01- petite 02- moyenne 03- grande	00- moins d'1 an 01- CI 02- CP 03- CE1 04- CE2 05- CM1 06- CM2	00- moins d'1 an 01- 6ème 02- 5ème 03- 4ème 04- 3ème	00- moins d'1 an 01- seconde 02- première 03- terminale 04- enseignement professionnel I 05- enseignement professionnel II 06- enseignement professionnel III	00- moins d'1 an 01- 1ère année 02- 2ème année 03- Master I 04- Master II 05- Doctorat

2A) Juste pour être sûr que j'ai une liste complète: y at-il d'autres personnes comme les petits enfants ou des nourrissons que nous n'avons pas mentionnés? OUI → RAJOUTER AU TABLEAU NON

2B) Y at-il d'autres personnes qui pourraient ne pas être membres de votre famille, comme domestiques, locataires ou des amis qui vivent habituellement ici? OUI → RAJOUTER AU TABLEAU NON

2C) Est-ce que quelqu'un d'autre vit ici, même si il/elle n'est pas à la maison? OUI → RAJOUTER AU TABLEAU NON

INCLURE LES ENFANTS A L'ÉCOLE OU MEMBRES DU MÉNAGE AU TRAVAIL OU QUI ONT MIGRÉ.

HEURE DE LA FIN DU MODULE
HEURE

MINUTE

Module F. Eau, hygiène et installations sanitaires

NO.	QUESTIONS ET FILTRES	CATEGORIES DE CODAGE	SAUT
INSTALLATIONS SANITAIRES			
F11	Quel type de toilettes les membres de votre ménage utilisent-ils d'habitude?	CHASSE D'EAU/CHASSE MANUELLE CONNECTÉE À UN SYSTÈME D'ÉGOUT 11 À UNE FOSSE SEPTIQUE 12 À UNE FOSSE D'AISANCES 13 À QUELQUE CHOSE D'AUTRE 14 NE SAIT PAS OÙ 15 FOSSE D'AISANCES FOSSES D'AISANCES AMÉLIORÉE AUTO-AÉRÉE 21 FOSSES D'AISANCES AVEC DALLE 22 FOSSES D'AISANCES SANS DALLE/ TROU OUVERT 23 TOILETTES À COMPOSTAGE 31 SEAU/TINETTE 41 TOILETTES/LATRINES SUSPENDUES 51 PAS DE TOILETTES/NATURE 61 AUTRES _____ 96 <div style="text-align: right; margin-right: 50px;">PRECISER</div>	→ F14
F12	Partagez-vous vos toilettes avec d'autres ménages?	OUI 1 NON 2	→ F14
F13	Combien de ménages utilisent ces toilettes?	MOINS DE 10 MENAGES <input style="width: 30px; height: 20px;" type="text"/> 10 OU PLUS 95 NE SAIT PAS 98	
LAVAGE DES MAINS			
F14	S'il vous plait montrez-moi où les membres de votre ménage se lavent le plus souvent les mains.	OBSERVATIONS 1 PAS D'OBSERVATIONS, ... PAS DANS MENAGE/COUR/PARCELLE 2 PAS D' OBSERVATIONS, PAS AUTORISE A VOIR 3 PAS D'OBSERVATIONS POUR AUTRE RAISON 4 <div style="text-align: right; margin-right: 50px;">PASSER À F17</div>	←
F15	PARTIE RESERVÉE AUX OBSERVATIONS OBSERVER LA PRÉSENCE DE L'EAU A L'ENDROIT INDIQUE POUR LE LAVAGE DES MAINS.	IL Y A DE L'EAU 1 IL N' Y A PAS D'EAU 2	
F16	PARTIE RESERVÉE AUX OBSERVATIONS OBSERVER LA PRÉSENCE DU SAVON, DETERGENT, OR AUTRE PRODUIT NETTOYANT. DEMANDER ÉGALEMENT SI LE SAVON/ PRODUIT NETTOYANT SE GARDE DANS UNE AUTRE PIECE DE LA MAISON.	SAVON OU DETERGENT (SOLIDE, LIQUIDE, POUDRE, PATE) 1 CENDRE, BOUE, SABLE 2 AUCUN 3	
F17	Quelles sont les importantes occasions pour laver les mains ? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	AVANT DE MANGER A APRÈS AVOIR MANGÉ B AVANT DE PRIER C AVANT D'ALLAITER OU DE NOURRIR UN ENFANT D AVANT LA CUISSON OU LA PREPARATION DES ALIMENTS E APRÈS L'UTILISATION DES TOILETTES / LATRINES F APRES AVOIR NETTOYE OU CHANGE LES COUCHES D'UN ENFANT QUI A DÉFÉQUÉ G QUAND MES MAINS SONT SALES H APRES AVOIR NETTOYÉ LES TOILETTES OU LE POT I AUTRES (PRECISER) _____ X NE SAIT PAS Z	
F18	HEURE DE LA FIN DU MODULE	HEURE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MINUTE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	PASSER AU MODULE G

Module G. AGRICULTURE

I. INFORMATION SUR LE RÉPONDANT

G00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HEURE	[] []	MIN	[] []
G01	NOM DE L'AGRICULTEUR [POSER À LA PERSONNE IDENTIFIÉE COMME UN AGRICULTEUR (COLONNE 11 DANS LA LISTE DU MÉNAGE)]				
G02	NUMÉRO DE LA LIGNE SUR LA LISTE DU MÉNAGE (COLONNE 1)	NUMERO DE LIGNE	[] []		
G03	NUMÉRO DU MÉNAGE ET DE LA ZONE D'ENQUETE	MÉNAGE	[] []	ZE	[] [] []

II. PRODUCTION AGRICOLE ET ADOPTION DE PRATIQUES AMELIOREES

G04	<p>Avez-vous accès à une parcelle de terre (ne serait-ce qu'une infime portion) sur laquelle vous décidez de ce que vous cultivez et comment se fait la gestion de récoltes ?</p> <p>VÉRIFIER QUE LE RÉPONDANT COMPREND QU'AVOIR "ACCÈS" ET FAIRE "DÉCISIONS" SUR UNE PARCELLE DE TERRAIN N'EXIGE PAS PROPRIÉTÉ LEGALE DE LA TERRE. UNE PERSONNE PEUT AVOIR ACCÈS ET PRENDRE DES DÉCISIONS SUR UNE PARCELLE DE TERRAIN (PAR EXEMPLE UN PETIT POTAGER), MÊME SI IL / ELLE-N'EST PAS LÉGALEMENT PROPRIÉTAIRE DU TERRAIN.</p> <p>S'IL Y A JOINT POUVOIR DE DÉCISION SUR UNE SEULE PARCELLE (OU UN ENSEMBLE D'ANIMAUX), UN SEUL AGRICULTEUR DOIT ÊTRE INTERROGÉ POUR CHAQUE PARCELLE DE TERRAIN (OU ENSEMBLE D'ANIMAUX). L'ENQUÊTEUR DOIT IDENTIFIER LES CRITÈRES POUR SÉLECTIONNER UN SEUL AGRICULTEUR POUR RÉPONDRE QUAND IL Y A POUVOIR JOINT DE DÉCISION SUR UNE SEULE PARCELLE (OU ENSEMBLE D'ANIMAUX).</p>	OUI..... 1 NON 2	
G05	Possédez-vous des animaux ou des produits d'aquaculture sur lesquels vous décidez de comment en gérer la production?	OUI..... 1 NON 2	
G06	VERIFIEZ LES REPONSES AUX QUESTIONS G4 ET G5.	SI "OUI" A G04 → G07 SI "NON" A G04 ET "OUI" A G05 → G39 SI "NON" A G04 ET "NON" A G05 → G70	
G07	Avez-vous cultivé du mil pendant la dernière campagne agricole?	OUI..... 1 NON 2	→ G09
G08A	Quel type de semences avez-vous utilisé pour cultiver le mil?	TRADITIONNELLES..... 1 AMÉLIORÉES / CERTIFIÉES..... 2 TRADITIONNELLES ET AMÉLIORÉES / CERTIFIÉES..... 3 NE SAIT PAS 8	
G08B	C'est vous qui avez décidé sur la semence à utiliser?	OUI..... 1 NON 2	→ G09
G08C	Combien de tias de semences de mil avez-vous utilisés par hectare?	MOINS DE 3..... 1 EGAL A 3..... 2 PLUS DE 3..... 3	
G08D	Avez-vous conservé le mil?	OUI..... 1 NON 2	→ G09
G08E	Quelles sont les principales méthodes que vous avez utilisées pour conserver cette culture? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	TRIPLE EN SACHAGE..... A SAC EN JUTE..... B GRENIER..... C EPIS (ENTREPOSE SUR DES ARBRES)..... D EN TONNEAU..... E EN BIDON..... F EN JARRE..... G MAGASIN COMUN (WARRANTAGE)..... H AUTRES..... X (PRÉCISER)	
G09	Avez-vous cultivé du sorgho pendant la dernière campagne agricole?	OUI..... 1 NON 2	→ G10
G09A	Quel type de semences avez-vous utilisé pour cultiver le sorgho?	TRADITIONNELLES..... 1 AMÉLIORÉES / CERTIFIÉES..... 2 TRADITIONNELLES ET AMÉLIORÉES / CERTIFIÉES..... 3 NE SAIT PAS 8	
G09B	C'est vous qui avez décidé sur la semence à utiliser?	OUI..... 1 NON 2	→ G10

Module G. AGRICULTURE

INFORMATION SUR LE RÉPONDANT		
G09C	Combien de tias de semences de sorgho avez-vous utilisé par hectare?	MOINS DE 7..... 1 EGAL A 7..... 2 PLUS DE 7..... 3
G09D	Avez-vous conservé le sorgho?	OUI..... 1 NON 2 → G10
G09E	Quelles sont les principales méthodes que vous avez utilisées pour conserver cette culture? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	TRIPLE EN SACHAGE..... A SAC EN JUTE..... B GRENIER..... C EPIS/GOUSSES (ENTREPOSE SUR DES ARBRES)..... D EN TONNEAU..... E EN BIDON..... F EN JARRE..... G MAGASIN COMUN (WARRANTAGE)..... H AUTRES..... X (PRÉCISER)
G10	Avez-vous cultivé du <u>maïs irrigué</u> pendant la dernière saison sèche?	OUI..... 1 NON 2 → G11
G10A	Quel type de semences avez-vous utilisé pour cultiver le maïs irrigué?	TRADITIONNELLES..... 1 AMÉLIORÉES / CERTIFIÉES..... 2 TRADITIONNELLES ET AMÉLIORÉES / CERTIFIÉES..... 3 NE SAIT PAS 8
G10B	C'est vous qui avez décidé sur la semence à utiliser?	OUI..... 1 NON 2 → G11
G10C	Combien de tias de semences de maïs avez-vous utilisé par hectare?	MOINS DE 7..... 1 EGAL A 7..... 2 PLUS DE 7..... 3
G10D	Avez-vous conservé le <u>maïs</u> ?	OUI..... 1 NON 2 → G11
G10E	Quelles sont les principales méthodes que vous avez utilisées pour conserver cette culture? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	TRIPLE EN SACHAGE..... A SAC EN JUTE..... B GRENIER..... C EPIS/GOUSSES (ENTREPOSE SUR DES ARBRES)..... D EN TONNEAU..... E EN BIDON..... F EN JARRE..... G MAGASIN COMUN (WARRANTAGE)..... H AUTRES..... X (PRÉCISER)
G11	Avez-vous cultivé du <u>maïs non-irrigué</u> pendant la dernière campagne agricole?	OUI..... 1 NON 2 → G12
G11A	Quel type de semences avez-vous utilisé pour cultiver le maïs?	TRADITIONNELLES..... 1 AMÉLIORÉES / CERTIFIÉES..... 2 TRADITIONNELLES ET AMÉLIORÉES / CERTIFIÉES..... 3 NE SAIT PAS 8
G11B	C'est vous qui avez décidé sur la semence à utiliser?	OUI..... 1 NON 2 → G12
G11C	Combien de tias de semences de maïs avez-vous utilisé par hectare?	MOINS DE 7..... 1 EGAL A 7..... 2 PLUS DE 7..... 3
G11D	Avez-vous conservé le maïs?	OUI..... 1 NON 2 → G12
G11E	Quelles sont les principales méthodes que vous avez utilisées pour conserver cette culture? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	TRIPLE EN SACHAGE..... A SAC EN JUTE..... B GRENIER..... C EPIS/GOUSSES (ENTREPOSE SUR DES ARBRES)..... D EN TONNEAU..... E EN BIDON..... F EN JARRE..... G MAGASIN COMUN (WARRANTAGE)..... H AUTRES..... X (PRÉCISER)

Module G. AGRICULTURE

I. INFORMATION SUR LE RÉPONDANT		
G12	Avez-vous cultivé du niébé lors de la campagne agricole?	OUI..... 1 NON 2 → G14
G12A	Quel type de semences avez-vous utilisé pour cultiver le niébé?	TRADITIONNELLES..... 1 AMÉLIORÉES / CERTIFIÉES..... 2 TRADITIONNELLES ET AMÉLIORÉES / CERTIFIÉES..... 3 NE SAIT PAS 8
G12B	C'est vous qui avez décidé sur la semence à utiliser?	OUI..... 1 NON 2 → G14
G12C	Combien de tias de semences de niébé avez-vous utilisé par hectare?	MOINS DE 7..... 1 EGAL A 7..... 2 PLUS DE 7..... 3
G12D	Avez-vous conservé le niébé?	OUI..... 1 NON 2 → G13A
G12E	Quelles sont les principales méthodes que vous avez utilisées pour conserver cette culture? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	TRIPLE EN SACHAGE..... A SAC EN JUTE..... B GRENIER..... C EPIS/GOUSSES (ENTREPOSE SUR DES ARBRES)..... D EN TONNEAU..... E EN BIDON..... F EN JARRE..... G MAGASIN COMUN (WARRANTAGE)..... H AUTRES..... X (PRÉCISER)
G13A	VERIFIER G07 SI OUI, CONTINUEZ. SI NON, PASSEZ A G13B Est-ce que vous semez le mil et le niébé sur la même parcelle?	OUI..... 1 NON 2
G13B	VERIFIER G09 SI OUI, CONTINUEZ. SI NON, PASSEZ A G14 Est-ce que vous semez le sorgho et le niébé sur la même parcelle?	OUI..... 1 NON 2
G14	Dans votre maison, avez-vous produit des herbes (feuilles vertes) pour la consommation familiale au cours des 12 derniers mois?	OUI..... 1 NON 2 → G16
G15	Quels types d'herbes (feuilles vertes) avez-vous produit à la maison pour la consommation familiale au cours des 12 derniers mois? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	ALAYEHU/AMARANTH/TCHAPATA..... A YODO..... B MOLOHIYA..... C MORINGA (ZOGALA)..... D PIMENT..... E OKRA (GOMBO)..... F TABAC..... G KAH AMARIA (CLOU DE GIROFFLE)..... H OSEILLES..... I MENTHE..... J PERSIL..... K AUTRES..... X (PRÉCISER)
G16	Dans votre maison, avez-vous produit des herbes (feuilles vertes) pour la vente au cours des 12 derniers mois?	OUI..... 1 NON 2 → G18
G17	Quels types d'herbes (condiments, feuilles vertes) avez-vous produit à la maison pour la vente au cours des 12 derniers mois? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	HENNA..... A ALAYEHU/AMARANTH/TCHAPATA..... B YODO..... C MOLOHIYA..... D MORINGA (ZOGALA)..... E PIMENT..... F TABAC..... G KAH AMARIA (CLOU DE GIROFFLE)..... H OSEILLES..... I MENTHE..... J PERSIL..... K AUTRES..... X (PRÉCISER)
G18	Dans votre maison, avez-vous produit des légumes (de maraichages) pour la consommation familiale au cours des 12 derniers mois?	OUI..... 1 NON 2 → G20

Module G. AGRICULTURE

I. INFORMATION SUR LE RÉPONDANT			
G19	<p>Quels types de légumes avez-vous cultivés dans les 12 derniers mois?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>POIVRONS..... A</p> <p>LAITUE..... B</p> <p>CHOU..... C</p> <p>CAROTTE..... D</p> <p>BETTERAVE..... E</p> <p>OIGNON..... F</p> <p>AIL..... G</p> <p>COURGES..... H</p> <p>COURGETTES..... I</p> <p>TOMATE..... J</p> <p>CALABASIE..... K</p> <p>AUBERGINES..... L</p> <p>CONCOMBRE..... M</p> <p>ÉPINARDS..... N</p> <p>OGNION VERT..... O</p> <p>POIREAUX..... P</p> <p>HARICOTS VERTS..... Q</p> <p>CÉLERI..... R</p> <p>POMME DE TERRE..... S</p> <p>PATATE DOUCE..... T</p> <p>OKRA (GOMBO)..... U</p> <p>AUTRES..... X</p> <p align="right">(PRÉCISER)</p>	
III. PRATIQUES AMÉLIORÉES			
G20	<p>Comment conservez-vous vos semences?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>TRIPLE EN SACHAGE..... A</p> <p>SAC EN JUTE..... B</p> <p>GRENIER..... C</p> <p>EPIS (ENTREPOSE SUR DES ARBRES)..... D</p> <p>EN TONNEAU..... E</p> <p>EN BIDON..... F</p> <p>EN JARRE..... G</p> <p>MAGASIN COMUN (WARRANTAGE)..... H</p> <p>AUTRES..... X</p> <p align="right">(PRÉCISER)</p>	
G29	<p>Est-ce que vous fertilisez vos cultures ?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G31
G30	<p>Quelles sont les pratiques de fertilisation que vous avez utilisées pour vos cultures au cours des 12 derniers mois?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>COMPOSTE..... A</p> <p>FERTILISATION CHIMIQUE..... B</p> <p>MICRO-DOSE..... C</p> <p>ENGRAIS VERT..... D</p> <p>FUMIER ANIMAL..... E</p> <p>GESTION INTEGREE DE LA FERTILITE DU SOL..... F</p> <p>AUTRES..... X</p> <p align="right">(PRÉCISER)</p>	
G31	<p>Avez-vous des arbres fruitiers et arbres de grande valeur dans votre parcelle?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G34
G32	<p>Est-ce que vous mettez en œuvre des pratiques pour protéger vos arbres fruitiers et arbres de grande valeur et pour les rendre plus productifs?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G34
G33	<p>Quelles sont les pratiques que vous utilisez pour protéger vos arbres fruitiers et arbres de grande valeur?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>ECHALAGE..... A</p> <p>NETTOYAGE..... B</p> <p>FUMURE..... C</p> <p>DESSOUCHAGE..... D</p> <p>GREFFAGE..... E</p> <p>RENOUVELLEMENT DE PLANTATION..... F</p> <p>AUTRES..... X</p> <p align="right">(PRÉCISER)</p>	
G34	<p>Avez-vous eu des problèmes avec vos cultures au cours des 12 derniers mois?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G36

Module G. AGRICULTURE

I. INFORMATION SUR LE RÉPONDANT			
G35	<p>Quels sont les problèmes ou les difficultés que vous avez eues avec vos cultures?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>MALADIES..... A</p> <p>PESTES..... B</p> <p>FEU DE BROUSSE..... C</p> <p>DISPONIBILITE DES PARTICIPANTS D</p> <p>ACCES-AUX PARTICIPANTS..... E</p> <p>MANQUE DE TRAVAIL..... F</p> <p>PEU DE PLUIE, SECHERESSE..... G</p> <p>TROP DE PLUIE..... H</p> <p>MANQUE DE SEMENCES DE QUALITÉ..... I</p> <p>PERTES APRÈS RÉCOLTE..... J</p> <p>ENNEMIS DES CULTURES..... K</p> <p>MANQUE DE TERRAIN..... L</p> <p>L'INFERTILITE DES SOLS..... M</p> <p>AUGMENTATION DES FRAIS DE LOCATION..... N</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p>	
G36	<p>Avez-vous utilisé des produits chimiques sur vos cultures?</p>	<p>OUI..... 1</p> <p>NON 2</p>	
G37	<p>Quelles sont les autres pratiques que vous avez utilisées pour lutter contre les maladies et les ennemis des cultures?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>PRATIQUES CULTURELLES..... A</p> <p>TRAITEMENT MÉCANIQUE..... B</p> <p>EXTRAITS NATURELS..... C</p> <p>TRAITEMENT THERMIQUE..... D</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>	
G38A	<p>Avez-vous participé à la production d'arbres forestiers?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G39
G38B	<p>Comment produisez-vous les plants d'arbres pour le reboisement ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>PÉPINIÈRE PARTICULIÈRE..... A</p> <p>PÉPINIÈRE COMMUNAUTAIRE..... B</p> <p>PÉPINIÈRE COMMERCIALE C</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>	
G38C	<p>Quelles sont les pratiques que vous utilisez pour la gestion des forêts?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>AGROFORESTERIE..... A</p> <p>RÉGÉNÉRATION NATURELLE DES FORÊTS..... B</p> <p>REBOISEMENT (NOUVELLES PLANTATIONS)..... C</p> <p>AMÉNAGEMENT DES BASSINS VERSANTS..... D</p> <p>GESTION DES PLANTATIONS FORESTIÈRES..... E</p> <p align="center">(FORÊTS ÉTABLIES)</p> <p>PÉPINIÈRES (PRODUCTION DE PLANTS FORESTIERS) G</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>	
G39	<p>Pratiquez-vous actuellement de l'élevage ?</p>	<p>OUI..... 1</p> <p>NON 2</p>	→ G49
G40	<p>Quels sont les animaux que vous élevez?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>VOLAILLE..... A</p> <p>CHAMEAUX..... B</p> <p>LAPINS..... C</p> <p>ANES..... D</p> <p>CHEVAUX..... E</p> <p>MOUTONS..... F</p> <p>CHÈVRES..... G</p> <p>POISSONS..... H</p> <p>ABEILLES..... I</p> <p>VACHES..... J</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p>	

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G4 INFORMATION SUR LE RÉPONDANT																	
<p>Parmi les animaux que vous élevez, lesquels sont gardés à l'extérieur?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>VOLAILLE..... A</p> <p>CHAMEAUX..... B</p> <p>LAPINS..... C</p> <p>ANES..... D</p> <p>CHEVAUX..... E</p> <p>MOUTONS..... F</p> <p>CHÈVRES..... G</p> <p>POISSONS..... H</p> <p>ABEILLES..... I</p> <p>VACHES..... J</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>																
<p>G41A Est-ce que l'installation pour les animaux dispose de:</p> <p>UN TOIT?</p> <p>DES MURS?</p> <p>UN ABREUVOIR?</p> <p>UN MANGEOIRE?</p>	<table border="0"> <tr> <td></td> <td align="right">OUI</td> <td align="right">NON</td> </tr> <tr> <td>TOIT.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MURS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>ABREUVOIR.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MANGEOIRE.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		OUI	NON	TOIT.....	1	2	MURS.....	1	2	ABREUVOIR.....	1	2	MANGEOIRE.....	1	2	
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<p>G42 VOIR LA QUESTION 40 POUR VÉRIFIER QUE LA PERSONNE ÉLÈVE DES VOLAILLES. SI "OUI" DEMANDER:</p> <p>Avez-vous vacciné vos volailles ?</p>	<p>OUI..... 1</p> <p>NON 2</p>																
<p>G42A VOIR LA QUESTION 40 POUR VÉRIFIER QUE LA PERSONNE ÉLÈVE DES RUMINANTS (MOUTONS, CHÈVRES, VACHES, CHAMEAUX). SI "OUI" DEMANDER:</p> <p>Quels sont les services prophylactiques que vous utilisez pour les ruminants?</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES. [PLUSIEURS RÉPONSES POSSIBLE]</p>	<p>DÉPARASITAGE..... A</p> <p>SUPPLÉMENTS VITAMINIQUES..... B</p> <p>VACCINATION..... C</p> <p>COUPE DE SABOT..... B</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>																
<p>G43 Qui fournit vos services prophylactiques?</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. [PLUSIEURS RÉPONSES POSSIBLE]</p> <p>NE LISEZ PAS LES RÉPONSES.</p>	<p>PARAVÉTÉRIKAIRE AUXILLIAIRE (PVA)..... A</p> <p>SOI-MÊME..... B</p> <p>VÉTÉRIKAIRES PRIVÉS..... C</p> <p>GOUVERNEMENT..... D</p> <p>ONG..... E</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>																
<p>G44 Quels sont les produits que vous obtenez de vos activités d'élevage ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>VIANDE OU POISSON..... A</p> <p>OEUFS B</p> <p>LAIT DE CHÈVRE..... C</p> <p>LAIT DE VACHE..... D</p> <p>PEAU..... E</p> <p>CORNE..... F</p> <p>BEURRE..... G</p> <p>ALEVIN (PRODUIT DE LA PÊCHE)..... H</p> <p>MIEL..... I</p> <p>FUMIER..... J</p> <p>SANG..... K</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>	<p align="right">→ G47</p>															
<p>G45 Quels sont les produits que vous consommez de vos activités d'élevage ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.</p>	<p>VIANDE OU POISSON..... A</p> <p>OEUFS B</p> <p>LAIT DE CHÈVRE..... C</p> <p>LAIT DE VACHE..... D</p> <p>PEAU..... E</p> <p>BEURRE..... F</p> <p>MIEL..... G</p> <p>AUTRES..... X</p> <p align="center">(PRÉCISER)</p> <p>AUCUN..... Y</p>																

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VI. MARKETING FORMEL																																
G46	<p>Quels sont les produits que vous vendez de vos activités d'élevage ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT.</p> <p>NE LISEZ PAS LES RÉPONSES.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>VIANDE OU POISSON.....</td><td style="text-align: right;">A</td></tr> <tr><td>OEUFS</td><td style="text-align: right;">B</td></tr> <tr><td>LAIT DE CHÈVRE.....</td><td style="text-align: right;">C</td></tr> <tr><td>LAIT DE VACHE.....</td><td style="text-align: right;">D</td></tr> <tr><td>PEAU.....</td><td style="text-align: right;">E</td></tr> <tr><td>CORNE.....</td><td style="text-align: right;">F</td></tr> <tr><td>BEURRE.....</td><td style="text-align: right;">G</td></tr> <tr><td>ALEVIN (PRODUIT DE LA PÊCHE).....</td><td style="text-align: right;">H</td></tr> <tr><td>MIEL.....</td><td style="text-align: right;">I</td></tr> <tr><td>FUMIER.....</td><td style="text-align: right;">J</td></tr> <tr><td>SANG.....</td><td style="text-align: right;">K</td></tr> <tr><td>AUTRES.....</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: right;">(PRÉCISER)</td><td></td></tr> <tr><td>AUCUN.....</td><td style="text-align: right;">Y</td></tr> </table>	VIANDE OU POISSON.....	A	OEUFS	B	LAIT DE CHÈVRE.....	C	LAIT DE VACHE.....	D	PEAU.....	E	CORNE.....	F	BEURRE.....	G	ALEVIN (PRODUIT DE LA PÊCHE).....	H	MIEL.....	I	FUMIER.....	J	SANG.....	K	AUTRES.....	X	(PRÉCISER)		AUCUN.....	Y		
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G48	<p>Quels problèmes avez-vous eu avec votre élevage ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT.</p> <p>NE LISEZ PAS LES RÉPONSES.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>MANQUE D'ARGENT.....</td><td style="text-align: right;">A</td></tr> <tr><td>MANQUE D'EAU.....</td><td style="text-align: right;">B</td></tr> <tr><td>MANQUE DE NOURRITURE.....</td><td style="text-align: right;">C</td></tr> <tr><td>VOLS.....</td><td style="text-align: right;">D</td></tr> <tr><td>PAS ASSEZ DE PLACE.....</td><td style="text-align: right;">E</td></tr> <tr><td>MAUVAIS TEMPS.....</td><td style="text-align: right;">F</td></tr> <tr><td>PREDATEURS NATURELS.....</td><td style="text-align: right;">G</td></tr> <tr><td>PARASITES.....</td><td style="text-align: right;">H</td></tr> <tr><td>AUTRES.....</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: right;">(PRÉCISER)</td><td></td></tr> </table>	MANQUE D'ARGENT.....	A	MANQUE D'EAU.....	B	MANQUE DE NOURRITURE.....	C	VOLS.....	D	PAS ASSEZ DE PLACE.....	E	MAUVAIS TEMPS.....	F	PREDATEURS NATURELS.....	G	PARASITES.....	H	AUTRES.....	X	(PRÉCISER)											
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VI. MARKETING FORMEL																																
G49	<p>Qu'est-ce que vous faites avec ce que vous produisez?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>CONSOMMATION.....</td><td style="text-align: right;">1</td></tr> <tr><td>VENTE.....</td><td style="text-align: right;">2</td></tr> <tr><td>LES DEUX.....</td><td style="text-align: right;">3</td></tr> </table> <p style="text-align: right;">→ G64</p>	CONSOMMATION.....	1	VENTE.....	2	LES DEUX.....	3																								
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G50	<p>Quels types de produits vendez-vous ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>NE LISEZ PAS LES RÉPONSES, MAIS SONDEZ POUR SAVOIR SUR QUEL TYPE D'ENTREPRISE LE RÉPONDANT FAIT RÉFÉRENCE.</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>AGRICULTURE.....</td><td style="text-align: right;">A</td></tr> <tr><td>BÉTAIL.....</td><td style="text-align: right;">B</td></tr> <tr><td>ARTISANAT.....</td><td style="text-align: right;">C</td></tr> <tr><td>PRODUITS FORESTIERS (BOIS, RAISINS, HERBES).....</td><td style="text-align: right;">D</td></tr> <tr><td>AGROINDUSTRIE.....</td><td style="text-align: right;">E</td></tr> <tr><td>TEXTILES.....</td><td style="text-align: right;">F</td></tr> <tr><td>AUTRES.....</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: right;">(PRÉCISER)</td><td></td></tr> </table>	AGRICULTURE.....	A	BÉTAIL.....	B	ARTISANAT.....	C	PRODUITS FORESTIERS (BOIS, RAISINS, HERBES).....	D	AGROINDUSTRIE.....	E	TEXTILES.....	F	AUTRES.....	X	(PRÉCISER)															
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VII. ACTIVITES DE CHÂÎNE DE VALEUR																																
G51	<p>Avant de vendre vos produits, faites-vous quelque transformation aux produits?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>OUI.....</td><td style="text-align: right;">1</td></tr> <tr><td>NON</td><td style="text-align: right;">2</td></tr> </table> <p style="text-align: right;">→ G52A</p>	OUI.....	1	NON	2																										
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G51A	<p>Si oui, quel genre de transformation que faites-vous ?</p> <p>[PLUSIEURS RÉPONSES POSSIBLE]</p> <p>NE LISEZ PAS LES RÉPONSES, MAIS SONDEZ POUR SAVOIR SUR QUEL TYPE D'ENTREPRISE LE RÉPONDANT FAIT RÉFÉRENCE.</p> <p>ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>SECHAGE.....</td><td style="text-align: right;">A</td></tr> <tr><td>FUMAGE.....</td><td style="text-align: right;">B</td></tr> <tr><td>FARINAGE.....</td><td style="text-align: right;">C</td></tr> <tr><td>CONFITURE.....</td><td style="text-align: right;">D</td></tr> <tr><td>FRITURE.....</td><td style="text-align: right;">E</td></tr> <tr><td>EXTRACTION D'HUILE.....</td><td style="text-align: right;">F</td></tr> <tr><td>SALAGE.....</td><td style="text-align: right;">G</td></tr> <tr><td>FERMENTATION (FROMAGE, LAIT, ETC.).....</td><td style="text-align: right;">H</td></tr> <tr><td>FILAGE.....</td><td style="text-align: right;">I</td></tr> <tr><td>PATE ALIMENTAIRE (TALIA, BEROUA, ETC.).....</td><td style="text-align: right;">J</td></tr> <tr><td>TANNAGE.....</td><td style="text-align: right;">K</td></tr> <tr><td>CONFISERIE.....</td><td style="text-align: right;">L</td></tr> <tr><td>MOULAGE.....</td><td style="text-align: right;">M</td></tr> <tr><td>AUTRES.....</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: right;">(PRÉCISER)</td><td></td></tr> </table>	SECHAGE.....	A	FUMAGE.....	B	FARINAGE.....	C	CONFITURE.....	D	FRITURE.....	E	EXTRACTION D'HUILE.....	F	SALAGE.....	G	FERMENTATION (FROMAGE, LAIT, ETC.).....	H	FILAGE.....	I	PATE ALIMENTAIRE (TALIA, BEROUA, ETC.).....	J	TANNAGE.....	K	CONFISERIE.....	L	MOULAGE.....	M	AUTRES.....	X	(PRÉCISER)	
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G52A	<p>Avant de vendre vos produits, est-ce que vous les triez?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>OUI.....</td><td style="text-align: right;">1</td></tr> <tr><td>NON</td><td style="text-align: right;">2</td></tr> </table>	OUI.....	1	NON	2																										
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VI. INFORMATION SUR LE RÉPONDANT

G52B	Avant de vendre vos produits, est-ce que vous les classez?	OUI..... 1 NON 2	
G52C	Avant de vendre vos produits, est-ce que vous les transportez en gros?	OUI..... 1 NON 2	
G53	Avez-vous échangé ou vendu vos produits en gros, au détail ou à l'exportation?	OUI..... 1 NON 2	
G54	Participez-vous à une association, une coopérative informelle de producteurs?	OUI..... 1 NON 2	→ G55A
G54A	Si oui, quelles sont les activités que vous faites avec cette association ou coopérative concernant vos produits? [PLUSIEURS RÉPONSES POSSIBLE] NE LISEZ PAS LES RÉPONSES, MAIS SONDEZ POUR SAVOIR SUR QUEL TYPE D'ENTREPRISE LE RÉPONDANT FAIT RÉFÉRENCE. ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT.	ACHAT JOINT DES INTRANTS..... A..... TRANSPORT..... B..... TRI..... C..... CLASSEMENT..... D..... TRAITEMENT / TRANSFORMATION..... E..... TRADING / MARKETING..... F..... AUTRES..... X..... <u>(PRÉCISER)</u>	

VIII. PRATIQUES COMMERCIALES

G55A	Estimez-vous les dépenses de votre entreprise?	OUI..... 1 NON 2	
G55B	Estimez-vous les bénéfices de votre entreprise?	OUI..... 1 NON 2	
G55C	Avez-vous un cahier dans lequel vous enregistrez les estimations de votre entreprise ?	OUI..... 1 NON 2	
G56	Avez-vous reçu une assistance fournie par un organisme de prêts?	OUI..... 1 NON 2	→ G58
G57	Quelles sont les organisations qui ont offert des prêts pour votre entreprise? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	BANQUES..... A..... COOPÉRATIVES / ASSOCIATIONS..... B..... GROUPES D'AUTO-ÉPARGNE (TONTINES)..... C..... AUTRES..... X..... <u>(PRÉCISER)</u>	
G58	Avez-vous le soutien d'une institution ou groupe d'épargne?	OUI..... 1 NON 2	→ G60
G59	Quelles sont les organisations où vous faites de l'épargne? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	BANQUES..... A..... COOPÉRATIVES / ASSOCIATIONS..... B..... GROUPES D'AUTO-ÉPARGNE (TONTINES)..... C..... AUTRES..... X..... <u>(PRÉCISER)</u>	
G60	Avez-vous eu des problèmes qui ont affecté votre entreprise?	OUI..... 1 NON 2	→ G62
G61	Quels sont les types de problèmes que votre entreprise a eu? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	MANQUE DE MARCHÉS PHYSIQUES..... A..... MANQUE D'OPPORTUNITÉS MARCHES / ACHETEURS..... B..... MANQUE D'ARGENT (CAPITAL)..... C..... ANALPHABÉTISME..... D..... IMPÔT (IMPOT)..... E..... MANQUE DE COMPTABILITÉ/CONTRÔLE REGISTRE..... F..... MANQUE D'INFORMATION SUR LE MARCHÉ..... G..... MANQUE D'AIDE..... H..... MANQUE DE MATIÈRES PREMIÈRES..... J..... MANQUE D'ORGANISATION DE PRODUCTEURS..... J..... AUTRES..... X..... <u>(PRÉCISER)</u>	
G62	Avez-vous un plan pour la production et les ventes?	OUI..... 1 NON 2	

Module G. AGRICULTURE

IX. INFORMATION, ÉDUCATION ET COMMUNICATION CONCERNANT LA PRODUCTION			
G63	INFORMATION SUR LE RÉPONDANT Ou vendez-vous vos produits? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	MARCHÉ LOCAL..... A MARCHÉ HEBDOMADAIRE..... B MARCHÉS GRANDS..... C INTERMÉDIAIRE / COLLECTEUR..... D MARCHÉ D'EXPORTATION..... E AUTRES..... X (PRÉCISER)	
G64	Avez-vous reçu des conseils (services d'extension) sur les questions agricoles au cours de la dernière saison?	OUI..... 1 NON 2 → G67	
G65	Quels conseils (services d'extension) sur l'agriculture ou sur la production avez-vous reçu au cours de la dernière saison? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	COMMENT AMÉLIORER LA PRODUCTION AGRICOLE..... A (VIVRIERES ET MARAICHAGES) COMMENT FAIRE LE MARKETING..... B COMMENT AMÉLIORER L'ENTREPRISE..... C COMMENT GAGNER PLUS D'ARGENT..... D PRINCIPES DE LA COOPÉRATIVE..... E COMMENT AMÉLIORER L'ELEVAGE DE BOVINS/BÉTAIL F AUTRES..... X (PRÉCISER)	
G66	Au cours de la saison dernière, qui vous a fourni des conseils (services d'extension) à propos de l'agriculture ou la production? [PLUSIEURS RÉPONSES POSSIBLE] ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR LE RÉPONDANT. NE LISEZ PAS LES RÉPONSES.	GOUVERNEMENT-TECHNIQUES SERVICES DE L'ETAT A ASSOCIATION B APV (AUXILLIARE PARAVETERINAIRE / BRIGADIER)..... C TÉLÉPHONE MOBILE..... D STRUCTURE A BASE COMMUNAUTAIRE..... E ORGANISMES D'APPUI PRODUCTION (COMME ONG)..... F ORGANISMES D'APPUI MARKETING G PARENTS..... H VOISINS..... I SUR LA RADIO..... J SUR LES JOURNAUX..... K SUR LA TÉLÉVISION..... L DES HAUT-PARLEURS..... M AUTRES..... X (PRÉCISER)	
X. SERVICES FINANCIERS			
G67	Avez-vous reçu du crédit agricole, en espèces ou en nature, dans les [12 DERNIERS MOIS]?	OUI..... 1 NON..... 2 NE SAIT PAS 8	
G68	Avez-vous épargné de l'argent (gardé de l'argent pour l'utiliser plus tard) dans les [12 DERNIERS MOIS]?	OUI..... 1 NON..... 2 NE SAIT PAS 8	
G69	Certains agriculteurs assurent leurs productions agricoles contre des circonstances telles que les vents violents, les inondations et les parasites. Avez-vous obtenu une assurance agricole dans les [12 DERNIERS MOIS]?	OUI..... 1 NON..... 2 NE SAIT PAS 8	
G70	HEURE DE LA FIN DU MODULE	HEURE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MINUT E <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	PASSER AU MODULE C

Module C. Accès aux aliments (SDAM et HHS)

NO.	QUESTIONS ET FILTRES	CATEGORIES DE CODAGE	SAUT
C00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HEURE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
C01	NUMÉRO DU MÉNAGE ET ZONE D'ENQUÊTE	MÉNAGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Z.E. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
C01A	NUMÉRO DE LA LIGNE SUR LA LISTE DU MÉNAGE (COLONNE 6) DE LA PERSONNE RESPONSABLE DE LA PRÉPARATION DU REPAS LA NUIT PRÉCÉDANT L'ENQUÊTE OU UN ADULTE RESPONSABLE QUI A MANGÉ DANS LE MÉNAGE LA JOURNÉE PRÉCÉDENTE <small>COUNTY AND SUBCOUNTY NAME</small>	NUMÉRO DE LA LIGNE ... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
QUESTIONS SDAM			
C02	La journée d'hier était-elle une journée inhabituelle ou spéciale (Baptême, mariage, funérailles, etc.) pendant laquelle la plupart des membres était absents du ménage?	OUI 1 NON 2	→ C16
C03	Maintenant, je voudrais vous poser des questions sur les types d'aliments que vous ou quelqu'un d'autre dans votre ménage a mangé hier dans la journée et dans la nuit.	OUI NON NSP	
C04	Pain, biscuits, galettes, beignets, couscous, du riz, pâtes alimentaires, bouillie, céréales ou autres aliments à base de maïs, riz, fonio, blé (bulgur, doumé), sorgho, mil ?	..... 1 2 8	
C05	Pommes de terre, igname, manioc, tarot (mankani), patate douce, miritchi, garin roggo, tout autre aliment à base des racines ou des tubercules ?	..... 1 2 8	
C06	Des légumes ?	..... 1 2 8	
C07	Des fruits ?	..... 1 2 8	
C08	Du bœuf, du porc, de l'agneau, de la chèvre, du lapin, des abats de gibier, du poulet, du canard, ou d'autres oiseaux, du foie, des reins, du cœur, ou autre viande ?	..... 1 2 8	
C09	Des œufs ?	..... 1 2 8	
C10	Du poisson frais ou séché ou des crustacés ?	..... 1 2 8	
C11	Des aliments à base de fèves, de pois, de lentilles ou de noix, comme le niébé, l'arachide, vouandzou, yadia, gonda, doum, doliques, dan-wari, néré/soumbala ?	..... 1 2 8	
C12	Du fromage, du yaourt, du lait ou d'autres produits laitiers ?	..... 1 2 8	
C13	Des aliments à base d'huile, de la graisse ou du beurre ?	..... 1 2 8	
C14	Du sucre ou du miel ?	..... 1 2 8	
C15	Tout autres aliments, tels que les condiments, le café ou le thé ?	..... 1 2 8	
QUESTIONS SDAM/HHS			
C16	Pendant les derniers 30 derniers jours [4 SEMAINES] est-il arrivé qu'il manque de nourriture de toute nature dans votre maison faute de ressources pour trouver à manger ?	OUI 1 NON 2	→ C18
C17	Vous avez eu une telle situation combien de fois pendant les 30 derniers jours [4 SEMAINES] ?	TRÈS RAREMENT (1-2 FOIS) ... 1 PARFOIS (3-10 FOIS) ... 2 SOUVENT (PLUS DE 10) ... 3	
C18	Pendant les derniers 30 derniers jours [4 SEMAINES] avez vous (ou tout autre membre de votre ménage) dormi affamé parce qu'il n'y avait pas assez de nourriture ?	OUI 1 NON 2	→ C20
C19	Vous avez eu une telle situation combien de fois pendant les 30 derniers jours [4 SEMAINES] ?	TRÈS RAREMENT (1-2 FOIS) ... 1 PARFOIS (3-10 FOIS) ... 2 SOUVENT (PLUS DE 10) ... 3	
C20	Pendant les 30 derniers jours [4 SEMAINES] avez vous ou un autre membre de votre ménage passé une journée et toute une nuit sans rien manger du tout parce qu'il n'y avait pas assez de nourriture ?	OUI 1 NON 2	→ C22
C21	Vous avez eu une telle situation combien de fois pendant les 30 derniers derniers jours [4 SEMAINES] ?	TRÈS RAREMENT (1-2 FOIS) ... 1 PARFOIS (3-10 FOIS) ... 2 SOUVENT (PLUS DE 10) ... 3	
C22	HEURE DE LA FIN DU MODULE HEURE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	→ PASSER AU MODULE D1	

Module D. L'état nutritionnel et les pratiques alimentaires des enfants

NO.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HEURE <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
D01	IDENTIFICATION DU MÉNAGE NUMÉRO DU MÉNAGE NUMÉRO DE LA ZONE D'ENQUÊTE	MÉNAGE <input type="text"/> <input type="text"/> ZE... <input type="text"/> <input type="text"/> <input type="text"/>	MÉNAGE <input type="text"/> <input type="text"/> ZE... <input type="text"/> <input type="text"/> <input type="text"/>	MÉNAGE <input type="text"/> <input type="text"/> ZE... <input type="text"/> <input type="text"/> <input type="text"/>
D02	CODE D'IDENTIFICATION DE DISPENSATEUR DE SOINS DANS LA LISTE DU MÉNAGE	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>
D03	CODE D'IDENTIFICATION DE L'ENFANT DANS LA LISTE DU MÉNAGE	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>
D04	Quel est le sexe de [NOM DE L'ENFANT] ?	MASCULIN 1 FEMININ 2	MASCULIN 1 FEMININ 2	MASCULIN 1 FEMININ 2
D05	Je voudrais vous poser quelques questions sur [NOM DE L'ENFANT]. Est-ce que [NOM DE L'ENFANT] possède une carte de santé / vaccination avec la date de naissance inscrite ? SI LA CARTE DE SANTÉ / VACCINATION EST PRÉSENTÉE ET LE RÉPONDANT CONFIRME QUE LES INFORMATIONS SONT CORRECTES, RELEVEZ LA DATE COMME INDIQUÉE SUR LA CARTE.	JOUR <input type="text"/> <input type="text"/> MOIS ... <input type="text"/> <input type="text"/> ANNÉE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	JOUR <input type="text"/> <input type="text"/> MOIS ... <input type="text"/> <input type="text"/> ANNÉE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	JOUR <input type="text"/> <input type="text"/> MOIS ... <input type="text"/> <input type="text"/> ANNÉE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D06	Quel âge a eu [NOM DE L'ENFANT] lors de son dernier anniversaire? AGE EN ANNÉES COMPLÉTÉES	ANNÉE <input type="text"/> <input type="text"/>	ANNÉE <input type="text"/> <input type="text"/>	ANNÉE <input type="text"/> <input type="text"/>
D07	Combien de mois a [NOM DE L'ENFANT]? (VOIR TABLES DE CONVERSION) ENREGISTRER L'AGE DE L'ENFANT EN MOIS	MOIS ... <input type="text"/> <input type="text"/>	MOIS ... <input type="text"/> <input type="text"/>	MOIS ... <input type="text"/> <input type="text"/>
D08	VÉRIFIER LA COHÉRENCE DE D05, D06, ET D07 A) L'ANNÉE ENREGISTRÉE DANS D05 EST CONFORME A L'AGE ENREGISTRÉ DANS D06? B) L'ANNÉE ET LE MOIS DE NAISSANCE ENREGISTRÉS DANS D05 SONT CONFORME A L'AGE ENREGISTRÉ DANS D07? SI LES RÉPONSES A OU B SONT "NON" RÉSOUDRE TOUTES INCOHÉRENCES. SI LA DATE DE NAISSANCE A ÉTÉ ENRÉGISSTRÉE DE LA CARTE DE SANTÉ, UTILISER CETTE DATE COMME LA BONNE SOURCE.			

TABLES DE CONVERSION - DE DATE DE NAISSANCE À L'ÂGE EN MOIS

Date de Naissance - 2	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	1	2	3
Fév.	0	1	2
Mar.	--	0	1
Avr.	--	--	0
Mai	--	--	--
Juin	--	--	--
Juil	--	--	--
Août.	--	--	--
Sept.	--	--	--
Oct.	--	--	--
Nov.	--	--	--
Déc.	--	--	--

Date de Naissance - 2	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	13	14	15
Fév.	12	13	14
Mar.	11	12	13
Avr.	10	11	12
Mai	9	10	11
Juin	8	9	10
Juil	7	8	9
Août.	6	7	8
Sept.	5	6	7
Oct.	4	5	6
Nov.	3	4	5
Déc.	2	3	4

Date de Naissance - 2	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	25	26	27
Fév.	24	25	26
Mar.	23	24	25
Avr.	22	23	24
Mai	21	22	23
Juin	20	21	22
Juil	19	20	21
Août.	18	19	20
Sept.	17	18	19
Oct.	16	17	18
Nov.	15	16	17
Déc.	14	15	16

Date de Naissance - 2010	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	37	38	39
Fév.	36	37	38
Mar.	35	36	37
Avr.	34	35	36
Mai	33	34	35
Juin	32	33	34
Juil	31	32	33
Août.	30	31	32
Sept.	29	30	31
Oct.	28	29	30
Nov.	27	28	29
Déc.	26	27	28

Date de Naissance - 2009	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	49	50	51
Fév.	48	49	50
Mar.	47	48	49
Avr.	46	47	48
Mai	45	46	47
Juin	44	45	46
Juil	43	44	45
Août.	42	43	44
Sept.	41	42	43
Oct.	40	41	42
Nov.	39	40	41
Déc.	38	39	40

Date de Naissance - 2008	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	62	62	63
Fév.	60	61	62
Mar.	59	60	61
Avr.	58	59	60
Mai	57	58	59
Juin	56	57	58
Juil	55	56	57
Août.	54	55	56
Sept.	53	54	55
Oct.	52	53	54
Nov.	51	52	53
Déc.	50	51	52

Date de Naissance - 2007	Date de l'Étude		
	2013		
	Fév.	Mar.	Avril
Jan.	--	--	--
Fév.	72	--	--
Mar.	71	72	--
Avril	70	71	72
Mai	69	70	71
Jun.	68	69	70
Juil.	67	68	69
Août	66	67	68
Sep.	65	66	67
Oct.	64	65	66
Nov.	63	64	65
Déc.	62	63	64

Date de Naissance - 2006	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	--	--	--
Fév.	--	--	--
Mar.	--	--	--
Avr.	--	--	--
Mai	--	--	--
Juin	--	--	--
Juil	--	--	--
Août.	--	--	--
Sept.	--	--	--
Oct.	--	--	--
Nov.	--	--	--
Déc.	--	--	--

Date de Naissance - 2005	Date de l'Étude		
	2013		
	Fév.	Mar.	Avr.
Jan.	--	--	--
Fév.	--	--	--
Mar.	--	--	--
Avr.	--	--	--
Mai	--	--	--
Juin	--	--	--
Juil	--	--	--
Août.	--	--	--
Sept.	--	--	--
Oct.	--	--	--
Nov.	--	--	--
Déc.	--	--	--

Module D. L'état nutritionnel et les pratiques alimentaires des enfants				
NON.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
ALLAITEMENT MATERNEL EXCLUSIF ET REGIME MINIMUM ACCEPTABLE				
D14	VERIFIER D07 : EST-CE QUE L'ENFANT A MOINS DE 60 MOIS (5 ANS) ?	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT OU AU D66 SI AUCUN AUTRE ENFANT) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT OU AU D66 SI AUCUN AUTRE ENFANT) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT OU AU D66 SI AUCUN AUTRE ENFANT) ← NE SAIT PAS 8
D15	VERIFIER D07 : EST-CE QUE L'ENFANT A MOINS DE 24 MOIS (2 ANS) ?	OUI 1 NON 2 (PASSER À D54 DANS LA PREMIERE COLONNE) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D54 DANS LA 2EME COLONNE) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D54 DANS LA 3EME COLONNE) ← NE SAIT PAS 8
D16	Est-ce que [NOM DE L'ENFANT] a déjà été allaité ?	OUI 1 NON 2 (PASSER À D18) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D18) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D18) ← NE SAIT PAS 8
D17	Est-ce que [NOM DE L'ENFANT] a été allaité hier pendant la journée ou dans la nuit ?	OUI 1 (PASSER À D19) ← NON 2 NE SAIT PAS 8	OUI 1 (PASSER À D19) ← NON 2 NE SAIT PAS 8	OUI 1 (PASSER À D19) ← NON 2 NE SAIT PAS 8
D18	Parfois, les bébés sont nourris au lait maternel de différentes manières, par exemple avec une cuillère, une tasse ou une bouteille. Cela peut se produire lorsque la mère ne peut pas toujours être avec son bébé. Parfois, les bébés sont allaités par une autre femme ou le lait maternel donné par une autre femme à la cuillère, tasse, bouteille, ou d'une autre manière. Cela peut se produire si une mère ne peut allaiter son bébé. Est-ce que [NOM DE L'ENFANT] a consommé du lait maternel en utilisant l'une de ces méthodes pendant la journée ou la nuit d' hier ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D19	Maintenant, je voudrais vous poser des questions sur certains médicaments et vitamines qui sont parfois donnés aux nourrissons. Est-ce que [NOM DE L'ENFANT] a eu des gouttes de vitamines ou autres médicaments sous forme de gouttes hier pendant la journée ou dans la nuit ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D20	Est-ce que [NOM DE L'ENFANT] a reçu une solution de réhydratation orale hier pendant la journée ou dans la nuit ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D21A	Ensuite, je voudrais vous poser des questions sur certains liquides que [NOM DE L'ENFANT] a peut-être pris hier pendant la journée ou dans la nuit. Saviez-vous si [NOM DE L'ENFANT] a consommé :			
D21	De l'eau plate ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D22	Les préparations pour nourrissons comme Francelait, nan (nativa), produits laitiers Nestlé pour enfants ?	OUI 1 NON 2 (PASSER À D24) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D24) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D24) ← NE SAIT PAS 8
D23	Combien de fois pendant la journée ou dans la nuit d' hier est-ce que [NOM DE L'ENFANT] a consommé une préparation pour nourrissons ?	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>

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NON.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D24	Est-ce que [NOM DE L'ENFANT] a consommé du lait en boîte, en poudre ou frais ?	OUI 1 NON 2 (PASSER À D26) ← NE SAIT PAS 8	OUI 1 NONN 2 (PASSER À D26) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D26) ← NE SAIT PAS 8
D25	Combien de fois pendant la journée ou dans la nuit d'hier est-ce que [NOM DE L'ENFANT] a consommé du lait ?	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>
D26	Est-ce que [NOM DE L'ENFANT] a bu du jus ou des boissons ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D27	Bouillon clair ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NONN 2 NE SAIT PAS 8
D28	Yaourt ?	OUI 1 NON 2 (PASSER À D30) ← NE SAIT PAS 8	OUI 1 NONN 2 (PASSER À D30) ← NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D30) ← NE SAIT PAS 8
D29	Combien de fois pendant la journée ou dans la nuit d'hier est-ce que [NOM DE L'ENFANT] a consommé du yaourt ?	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>	FOIS ... <input type="text"/>
D30	Est-ce que [NOM DE L'ENFANT] a consommé de la bouillie telle que purée de niébé, bouillie, bouillie enrichie (koko), misola, CSB, grandibien ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D31	Tout autre liquide comme thé, décoction, eau sucrée, rouboutou ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D32	Autres liquides ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
	Hier, pendant la journée ou la nuit est ce que [NOM DE L'ENFANT] a bu/mangé [ALIMENTS DU GROUPE]? ENTOURER "1" SI RÉPONDANT DIT OUI, "2" SI NON, ET "8" SI "JE NE SAIT PAS "			
D33	Aliments à base de céréales tels que le pain, les biscuits, galettes, beignets, couscous, du riz, pâtes alimentaires, bouillie, céréales ou autres aliments à base de maïs, riz, fonio, blé (bulgur, doumé), sorgho, mil ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D34	Carottes, courges, patates douces, ignames, pain de singe, gonda, dont l'intérieur est d'une couleur jaunâtre ou d'un jaune orangé ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D35	Les pommes de terre, igname, manioc, tarot, tout autres aliments à base des racines ou des tubercules ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D36	Les épinards, la laitue, oseille, molohiya, feuilles de baobab (kouka), yodo, feuilles de gombo, Moringa, tchapatta, d'autres légumes feuillus vert foncé locaux	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D37	Les mangues mûres, les papayes mûres, melons ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D38	Autres fruits ou légumes tels que: les choux, chou-fleur, pastèques, courges/courgettes, oignon, tomate, gombo, yalo, haricot vert?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8

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NON.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D39	Du foie, reins, cœur, ou autres abats ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D40	Toute viande, comme le bœuf, le porc, l'agneau, la chèvre, le poulet, ou le canard ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D41	Les œufs ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D42	Le poisson frais ou sec, crustacé, fruits de mer ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D43	Des aliments à base de fèves, de pois, de lentilles ou de noix, comme le niébé, vouandzou, doliques, dan-wari, néré/soumbala ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D44	Le fromage, le yaourt, ou d'autres produits laitiers ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D45	Toute huile, graisse, ou beurre, ou les aliments à base d'un de ces produits ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D46	Tous les aliments sucrés tels que les chocolats, sucreries, bonbons, pâtisseries, gâteaux, biscuits	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D47	Les condiments pour la saveur, comme le piment, les épices, les herbes, ou la poudre de poisson ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D48	Les larves, les escargots, ou les insectes ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D49	Aliments à base de l'huile de palme rouge, de Noix de palme rouge, ou la sauce de la pulpe de Noix de palme rouge ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
	VERIFIER LES QUESTIONS D33 - D49 :	"NON" À TOUS → D50 POUR TOUTES AUTRES REPONSES → D51	"NON" À TOUS → D50 POUR TOUTES AUTRES REPONSES → D51	"NON" À TOUS → D50 POUR TOUTES AUTRES REPONSES → D51
D50	Est-ce que [NOM DE L'ENFANT] a mangé des aliments solides, semi-solides, ou mous pendant la journée ou dans la nuit d'hier ? SI "OUI" ? SONDER : [NOM DE L'ENFANT] a mangé quel genre d'aliment solide, semi-solide ou mou ?	OUI 1 RETOURNER À D33-49 ET ENRÉGISTRER L'ALIMENT CONSOMÉ ET PASSEZ À D51 NON 2 PASSER À D54. LA PREMIERE COLONNE NE SAIT PAS 8	OUI 1 RETOURNER À D33-49 ET ENRÉGISTRER L'ALIMENT CONSOMÉ ET PASSEZ À D51 NON 2 PASSER À D54. LA 2EME COLONNE NE SAIT PAS 8	OUI 1 RETOURNER À D33-49 ET ENRÉGISTRER L'ALIMENT CONSOMÉ ET PASSEZ À D51 NON 2 PASSER À D54. LA 3EME COLONNE NE SAIT PAS 8
D51	Combien de fois est-ce que [NOM de l'enfant] a mangé les aliments solides, semi-solides ou mous autres que les liquides pendant la journée ou dans la nuit d'hier ?	FOIS <input type="text"/> <input type="text"/> NE SAIT PAS 98	FOIS <input type="text"/> <input type="text"/> NE SAIT PAS 98	FOIS <input type="text"/> <input type="text"/> NE SAIT PAS 98
D52		PASSER À D54 DANS LA PREMIERE COLONNE	PASSER À D54 DANS LA 2EME COLONNE	PASSER À D54 DANS LA 3EME COLONNE

Module D. L'état nutritionnel et les pratiques alimentaires des enfants

NO.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D54	COMMENCER AVEC LA DERNIÈRE NAISSANCE. (NOM) a-t-il/elle déjà eu la diarrhée durant les 2 dernières semaines ? (1)	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8
D55	Y avait-il du sang dans les selles ?	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8	OUI 1 NON 2 NE SAIT PAS 8
D56	Maintenant, j'aimerais savoir quelle quantité d'eaux (NOM) a-t-il/elle pris pendant la période de la diarrhée (y- compris lait maternel). a-t-il/elle bu moins d'eaux que d'habitude ou plus ? SI MOINS, SONDER : a-t-il/elle bu bien moins que d'habitude ou un peu moins que d'habitude ?	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME 3 PLUS 4 RIEN À BOIRE..... 5 NE SAIT PAS 8	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME 3 PLUS 4 RIEN À BOIRE..... 5 NE SAIT PAS 8	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME 3 PLUS 4 RIEN À BOIRE..... 5 NE SAIT PAS 8
D57	Lorsque (NOM) faisait la diarrhée, a-t- il/elle mangé moins que d'habitude, sensiblement la même quantité, plus que d'habitude ou rien du tout ? SI MOINS, SONDER : a-t-il/elle mangé bien moins que d'habitude ou un peu moins que d'habitudes ?	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME..... 3 PLUS 4 A ARRÊTÉ DE MANGER..... 5 N'A PAS ÉTÉ NOURRI.... 6 NE SAIT PAS 8	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME..... 3 PLUS 4 A ARRÊTÉ DE MANGER..... 5 N'A PAS ÉTÉ NOURRI.... 6 NE SAIT PAS 8	BIEN MOINS 1 UN PEU MOINS..... 2 SENSIBLEMENT LA MÊME..... 3 PLUS 4 A ARRÊTÉ DE MANGER..... 5 N'A PAS ÉTÉ NOURRI.... 6 NE SAIT PAS 8
D58	Avez-vous demandé conseil ou un traitement contre la diarrhée à quelqu'un ?	OUI 1 NON 2 (PASSER À D62)←	OUI 1 NON 2 (PASSER À D62)←	OUI 1 NON 2 (PASSER À D62)←

Module D. L'état nutritionnel et les pratiques alimentaires des enfants				
NO.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D59	<p>Où avez-vous demandé conseil ou un traitement ?</p> <p>Ailleurs ?</p> <p>SONDER POUR IDENTIFIER CHAQUE TYPE DE SOURCE.</p> <p>S'IL EST IMPOSSIBLE DE DÉTERMINER SI LA SOURCE EST PUBLIQUE OU PRIVÉE, ÉCRIRE LE NOM DU LIEU.</p> <p>_____</p> <p>(NOM DU /DES LIEU(X))</p>	<p>SECTEUR PUBLIC</p> <p>HÔPITAL PUBLIC A</p> <p>CENTRE DE SANTÉ INTÉGRÉ (CSI)..... B</p> <p>CASE DE SANTE GOUVERNEMENTAL.... C</p> <p>PHARMACIE PUBLIQUE..... D</p> <p>DÉPÔT PHARMACEUTIQUE E</p> <p>AUTRE SECTEUR PUBLIC..... F</p> <p>_____</p> <p>(PRÉCISER)</p> <p>SECTEUR MÉDICAL PRIVÉ</p> <p>CLINIQUE..... G</p> <p>CABINET MÉDICALE..... H</p> <p>DISPENSARE PRIVÉ..... I</p> <p>DÉPÔT PRIVÉ ET PHARMACIE..... J</p> <p>AUTRE SECTEUR MÉDICAL PRIVÉ..... K</p> <p>_____</p> <p>(PRÉCISER)</p> <p>AUTRE SOURCE</p> <p>BOUTIQUE L</p> <p>MATRONE/ACCOUCHEUSE TRADITIONNELLE..... M</p> <p>SECOURISTES..... N</p> <p>GUÉRISSEUR TRADITIONNEL (BOKA/MARABOUT/ FÉTICHEUR)..... O</p> <p>VENDEUR AMBULANT..... P</p> <p>MARCHÉ..... Q</p> <p>AUTRE _____ X</p> <p>(PRÉCISER)</p>	<p>SECTEUR PUBLIC</p> <p>HÔPITAL PUBLIC A</p> <p>CENTRE DE SANTÉ INTÉGRÉ (CSI)..... B</p> <p>CASE DE SANTE GOUVERNEMENTAL.... C</p> <p>PHARMACIE PUBLIQUE..... D</p> <p>DÉPÔT PHARMACEUTIQUE E</p> <p>AUTRE SECTEUR PUBLIC..... F</p> <p>_____</p> <p>(PRÉCISER)</p> <p>SECTEUR MÉDICAL PRIVÉ</p> <p>CLINIQUE..... G</p> <p>CABINET MÉDICALE..... H</p> <p>DISPENSARE PRIVÉ..... I</p> <p>DÉPÔT PRIVÉ ET PHARMACIE..... J</p> <p>AUTRE SECTEUR MÉDICAL PRIVÉ..... K</p> <p>_____</p> <p>(PRÉCISER)</p> <p>AUTRE SOURCE</p> <p>BOUTIQUE L</p> <p>MATRONE/ACCOUCHEUSE TRADITIONNELLE..... M</p> <p>SECOURISTES..... N</p> <p>GUÉRISSEUR TRADITIONNEL (BOKA/MARABOUT/ FÉTICHEUR)..... O</p> <p>VENDEUR AMBULANT..... P</p> <p>MARCHÉ..... Q</p> <p>AUTRE _____ X</p> <p>(PRÉCISER)</p>	<p>SECTEUR PUBLIC</p> <p>HÔPITAL PUBLIC A</p> <p>CENTRE DE SANTÉ INTÉGRÉ (CSI)..... B</p> <p>CASE DE SANTE GOUVERNEMENT/ C</p> <p>PHARMACIE PUBLIQUE.... D</p> <p>DÉPÔT PHARMACEUTIQL E</p> <p>AUTRE SECTEUR PUBLIC..... F</p> <p>_____</p> <p>(PRÉCISER)</p> <p>SECTEUR MÉDICAL PRIVÉ</p> <p>CLINIQUE..... G</p> <p>CABINET MÉDICALE..... H</p> <p>DISPENSARE PRIVÉ..... I</p> <p>DÉPÔT PRIVÉ ET PHARMACIE..... J</p> <p>AUTRE SECTEUR MÉDICAL PRIVÉ..... K</p> <p>_____</p> <p>(PRÉCISER)</p> <p>AUTRE SOURCE</p> <p>BOUTIQUE L</p> <p>MATRONE/ACCOUCHEUSE TRADITIONNELLE..... M</p> <p>SECOURISTES..... N</p> <p>GUÉRISSEUR TRADITIONNEL (BOKA/MARABOUT/ FÉTICHEUR)..... O</p> <p>VENDEUR AMBULANT..... P</p> <p>MARCHÉ..... Q</p> <p>AUTRE _____ X</p> <p>(PRÉCISER)</p>
D60	<p>VERIFIER D59 : NOMBRE DE CODES ENCERCLÉS.</p>	<p>DEUX OU UN PLUSIEURS SEUL CODES CODE ENCERCLÉS ENCERCLÉ</p> <p>(PASSER À D62)</p>	<p>DEUX OU UN PLUSIEURS SEUL CODES CODE ENCERCLÉS ENCERCLÉ</p> <p>(PASSER À D62)</p>	<p>DEUX OU UN PLUSIEURS SEUL CODES CODE ENCERCLÉS ENCERCLÉ</p> <p>(PASSER À D62)</p>
D61	<p>Où cherchez-vous conseil en premier lieu pour le traitement ? UTILISER LES CODES LETTRES DANS D59.</p>	<p>PREMIER LIEU <input type="text"/></p>	<p>PREMIER LIEU <input type="text"/></p>	<p>PREMIER LIEU <input type="text"/></p>
D62	<p>Est-ce qu'il/elle a bu une des boissons suivantes depuis que la diarrhée a commencé :</p> <p>a) Un liquide préparé à partir d'un paquet spécial [sachet SRO]?</p> <p>b) Un liquide maison recommandé par le gouvernement [Eau salée sucrée(ESS)] ?</p>	<p>OUI NON NSP</p> <p>SACHET SRO..... 1 2 8</p> <p>LIQUIDE MAISON. .. 1 2 8</p>	<p>OUI NON NSP</p> <p>SACHET SRO..... 1 2 8</p> <p>LIQUIDE MAISON. .. 1 2 8</p>	<p>OUI NON NSP</p> <p>SACHET SRO..... 1 2 8</p> <p>LIQUIDE MAISON. .. 1 2 8</p>

Module D. L'état nutritionnel et les pratiques alimentaires des enfants

NO.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE NOM _____	SECOND ENFANT ELIGIBLE NOM _____	TROISIÈME ENFANT ELIGIBLE NOM _____
D63	Est-ce qu'un (autre) médicament a été administré pour soigner la diarrhée ?	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI 1 NON 2 (PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT) NE SAIT PAS 8
D64	Quel (autre) médicament a été administré pour soigner la diarrhée ? Autre chose ? ENREGISTRER TOUS LES MEDICAMENTS ADMINISTRES.	COMPRIMÉ OU SIROP ANTIBIOTIQUE A ANTIMOTILITE B ZINC C AUTRE (PAS D'ANTIBIO- TIQUE, ANTIMOTILITE, OU ZINC) D SIROP OU COMPRIMÉ INCONNUS E INJECTION ANTIBIOTIQUE F PAS D'ANTIBIOTIQUE G INJECTION INCONNUE H (IV) INTRAVEINEUSE..... I REMÈDE À LA MAISON/ PHYTOTHERAPIE..... J AUTRE X (PRÉCISER)	COMPRIMÉ OU SIROP ANTIBIOTIQUE A ANTIMOTILITE B ZINC C AUTRE (PAS D'ANTIBIO- TIQUE, ANTIMOTILITE, OU ZINC) D SIROP OU COMPRIMÉ INCONNUS E INJECTION ANTIBIOTIQUE F PAS D'ANTIBIOTIQUE G INJECTION INCONNUE H (IV) INTRAVEINEUSE ... I REMÈDE À LA MAISON/ PHYTOTHERAPIE..... J AUTRE X (PRÉCISER)	COMPRIMÉ OU SIROP ANTIBIOTIQUE A ANTIMOTILITE B ZINC C AUTRE (PAS D'ANTIBIO- TIQUE, ANTIMOTILITE, OU ZINC) D SIROP OU COMPRIMÉ INCONNUS E INJECTION ANTIBIOTIQUE F PAS D'ANTIBIOTIQUE G INJECTION INCONNUE H (IV) INTRAVEINEUSE ... I REMÈDE À LA MAISON/ PHYTOTHERAPIE..... J AUTRE X (PRÉCISER)
D65		PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT)	PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT)	PASSER À D01 POUR L'ENFANT SUIVANT, OU D66 SI AUCUN AUTRE ENFANT)
D66	INSCRIRE L'HEURE A LA FIN DU MODULE	HEURE <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → PASSER AU TABLEAU KISH		

1 Le(s) terme(s) utilisé(s) pour la diarrhée devrait englober les expressions utilisées pour toutes les formes de diarrhée, y compris des selles sanglantes (compatible avec la dysenterie), selles liquides, etc.

Tableau KISH pour sélectionner une femme 15-49 ans

INSTRUCTIONS

1. Vérifiez colonne 9. S'il y a plus d'une femme de 15-49 dans le ménage, utilisez la méthode ci-dessous pour en sélectionner une pour l'interview.
2. Inscrivez dans le tableau toutes femmes de 15-49 dans le ménage (des plus âgées au plus jeunes)
3. Vérifiez le dernier chiffre du numéro de ménage sur la première page et encerclez le chiffre correspondant dans la colonne ci-dessous.
4. Regardez où le numéro du dernier chiffre du numéro de ménage (colonne) et le nombre de femmes de 15-49 ans dans le ménage (la rangée) se croisent.
5. Le chiffre dans la cellule où la rangée et la colonne se croisent correspond au choix de la femme dans le ménage à qui il faudra administrer le questionnaire femme (MODULE E).

Exemple: Si le nombre de femmes 15-49 ans = 3 et le dernier chiffre = 5, la femme 2 sera sélectionnée dans la liste.

Numéro	Ligne No.	Nom	Age	Dernier chiffre du numéro de ménage (voir la première 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. Statut nutritionnel des femmes et diversité diététique

NON.	QUESTIONS ET FILTRES	NOM DE LA FEMME
E00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
E01	NUMÉRO DU MÉNAGE NUMÉRO DE LA ZONE D'ENQUÊTE	MÉNAGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ZE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
E02	NUMERO D'IDENTIFICATION DE LA FEMME	NUMERO DE LIGNE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
E03	En quelle année et quel mois êtes vous née ? SI LE MOIS N'EST PAS CONNU MARQUER "98" SI L'ANNEE N'EST PAS CONNUE MARQUER "9998"	Mois <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
E04	S'il vous plait quel âge aviez-vous à votre dernier anniversaire? AGE EN ANNÉES COMPLÉTÉES	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NE SAIT PAS 98
E05	Avez vous entre 15 et 49 ans?	OUI 1 NON 2 NE SAIT PAS 8
E06	VERIFIER E03, E04 ET E05 (SI APPLICABLE): LA RÉPONDANTE A T-ELLE ENTRE 15 ET 49 ANS? "SI L'INFORMATION DANS E03, E04 et E05 CONFLICTENT, DÉTERMINER QUELLE EST LA PLUS PRÉCISE.	OUI 1 NON 2 RETOURNER AU TABLEAU ← KISH ET SELECTIONNER UNE AUTRE FEMME
DIVERSITE DIETETIQUE DES FEMMES		
Hier pendant la journée ou la nuit avez vous mangé [ALIMENTS DE E11-E27] ?		
E11	Pain, biscuits, galettes, beignets, couscous, du riz, pâtes alimentaires, bouillie, céréales ou autres aliments à base de maïs, riz, fonio, blé (bulgur, doumé), sorgho, mil ?	OUI 1 NON 2 NE SAIT PAS 8
E12	Citrouille; carottes, courges, patates douces, ignames, pain de singe, gonda, dont l'intérieur est d'une couleur jaunâtre ou d'un jaune orangé ?	OUI 1 NON 2 NE SAIT PAS 8
E13	Les pommes de terre, igname, manioc, tarot (mankani), patate douce, miritchi, garin roggo, tout autre aliment à base de racines ou des tubercules ?	OUI 1 NON 2 NE SAIT PAS 8
E14	Les épinards, la laitue, oseille, molohiya, feuilles de baobab (kouka), yodo, feuilles de gombo, Moringa, tchapatta, d'autres légumes feuillus vert foncé locaux	OUI 1 NON 2 NE SAIT PAS 8
E15	Les mangues mûres, les papayes mûres, melons	OUI 1 NON 2 NE SAIT PAS 8
E16	Autres fruits ou légumes tels que: les choux, chou-fleur, pastèques, courges/courgettes, oignon, tomate, gombo, yalo, haricot vert?	OUI 1 NON 2 NE SAIT PAS 8
E17	Viande de foie, rein, cœur ou à base d'organes?	OUI 1 NON 2 NE SAIT PAS 8
E18	Autre viande : bœuf, porc, mouton, chèvre, poulet?	OUI 1 NON 2 NE SAIT PAS 8

Module E. Statut nutritionnel des femmes et diversité diététique

NON.	QUESTIONS ET FILTRES	NOM DE LA FEMME _____								
E19	Œufs?	OUI 1 NON 2 NE SAIT PAS 8								
E20	Poisson sec ou fumé, crustacés ou fruits de mer	OUI 1 NON 2 NE SAIT PAS 8								
E21	Des aliments à base de fèves, de pois, de lentilles ou de noix, comme l'arachide, le niébé, vouandzou, yadia, gonda, doum, doliques, dan-wari, néré/soumbala ?	OUI 1 NON 2 NE SAIT PAS 8								
E22	Fromage, yaourt, autres produits laitiers	OUI 1 NON 2 NE SAIT PAS 8								
E23	Huile, graisses, beurre, ou aliments faits à base de l'un de ces éléments.	OUI 1 NON 2 NE SAIT PAS 8								
E24	Aliments sucrés: chocolat, bonbons, friandises, pâtisseries, gâteaux ou biscuits.	OUI 1 NON 2 NE SAIT PAS 8								
E25	Arômes: chilis, épices; herbes ou poudre de poisson	OUI 1 NON 2 NE SAIT PAS 8								
E26	Chenilles, escargots ou insectes	OUI 1 NON 2 NE SAIT PAS 8								
E27	Aliments à base d'huile de palme, huile rouge, noix ou jus de noix de palme.	OUI 1 NON 2 NE SAIT PAS 8								
E28	JE VOUDRAIS VOUS POSER DES QUESTIONS SUR DES GROSSESSES ET DES ACCOUCHEMENTS QUE VOUS AVEZ EUS Êtes-vous enceinte?	OUI 1 NON 2 NE SAIT PAS 8 PASSER À E33 ←								
E29	Avez-vous déjà été enceinte? SI "NON", SONDER EN DEMANDANT Avez-vous déjà été enceinte, même si cette grossesse n'a pas abouti à la naissance d'un enfant vivant?	OUI 1 NON 2 PASSER À E33 ←								
E30	Avez-vous déjà donné naissance? SI "NON", SONDER EN DEMANDANT Je veux dire, à un enfant, même si l'enfant a vécu seulement quelques minutes ou quelques heures, ou était mort-né?	OUI 1 NON 2 PASSER À E33 ←								
E31	À quand remonte la dernière fois que vous avez donné naissance (même si votre enfant n'est plus en vie)? SI REpondant NE CONNAIT PAS LA DATE DE NAISSANCE DEMANDER: Avez-vous une carte de santé / vaccination pour cet enfant avec la date de naissance enregistrée? NOTER LA DATE DE NAISSANCE COMME ELLE APPARAÎT DANS LA CARTE	Date de la dernière naissance JR..... __ __ METTRE '98' CI-DESSOUS SI NSP MOIS..... __ __ AN..... __ __ __ __								
E32	VERIFIER E31: EST CE QUE LA DERNIERE NAISSANCE A EU LIEU DANS LES 24 DERNIERS MOIS ?	OUI 1 NON 2								
E33	HEURE DE LA FIN DU MODULE HEURE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									PASSER À MODULE I.1

Module I.1 SOINS PRÉNATALS				
NON.	QUESTIONS ET FILTRES	PREMIER ENFANT ELIGIBLE (0-24 MOIS) NOM _____	SECOND ENFANT ELIGIBLE (0-24 MOIS) NOM _____	TROISIÈME ENFANT ELIGIBLE (0-24 MOIS) NOM _____
I1.00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HEURE <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
I1.01	IDENTIFICATION DU MÉNAGE NUMÉRO DU MÉNAGE NUMÉRO DE LA ZONE D'ENQUÊTE	MÉNAGE <input type="text"/> <input type="text"/> ZE... <input type="text"/> <input type="text"/> <input type="text"/>		
I1.02	CODE D'IDENTIFICATION DE LA FEMME DANS LA LISTE DU MÉNAGE	NUMÉRO DE LA LIGNE. <input type="text"/> <input type="text"/>		
VERIFIER E32. SI OUI CONTINUER, SI "NON PASSER AU MODULE SUIVANT				
I1.04	Je voudrais vous poser quelques questions sur [NOM DE L'ENFANT]. Avez-vous reçu des soins prénatals pour la grossesse de [NOM DE L'ENFANT]? DEMANDER SI LA CARTE DE SANTÉ / PRENATAL EST DISPONIBLE, CONFIRMER QUE LES INFORMATIONS SONT CORRECTES	OUI .. 1 NON .. 2 (PASSER À L'ENFANT SUIVANT OU À L'ANTHROPOMETRY SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI .. 1 NON .. 2 (PASSER À L'ENFANT SUIVANT OU À L'ANTHROPOMETRY SI AUCUN AUTRE ENFANT) NE SAIT PAS 8	OUI .. 1 NON .. 2 (PASSER À L'ENFANT SUIVANT OU À L'ANTHROPOMETRY SI AUCUN AUTRE ENFANT) NE SAIT PAS ... 8
I1.05	A combien de mois de grossesse étiez vous quand vous avez eu vos premiers soins prénatals?	MOIS <input type="text"/> <input type="text"/>	MOIS <input type="text"/> <input type="text"/>	MOIS <input type="text"/> <input type="text"/>
I1.06	Combien de consultations prénatales avez-vous eu?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I1.07	Lors de vos visites prénatales au cours de cette grossesse, avez-vous eu l'un des tests suivants au moins une fois? Avez-vous eu un test d'urine? Avez-vous eu un test sanguin? On t-il pris votre tension artérielle?	OUI NON Test d'urine.....1.....2..... Test sanguin.....1.....2..... Tension.....1.....2.....	OUI NON Test d'urine.....1.....2..... Test sanguin.....1.....2..... Tension.....1.....2.....	OUI NON Test d'urine.....1.....2..... Test sanguin.....1.....2..... Tension.....1.....2.....
I1.08	Lors d'une de vos visites prénatales, avez-vous reçu des informations sur la façon d'identifier les signes possibles de problèmes avec la grossesse?	OUI 1 NON 2	OUI 1 NON 2	OUI 1 NON 2
I1.09		PASSER À LA PROCHAINE GROSSESSE	PASSER À LA PROCHAINE GROSSESSE	PASSER À I1.10
I1.10	HEURE DE LA FIN DU MODULE	HR <input type="text"/> <input type="text"/>	MIN <input type="text"/> <input type="text"/>	PASSER À L'ANTHROPOMETRIE

ANTHROPOMETRIE

 NUMÉRO DU MÉNAGE

 ZONE D'ENQUÊTE

HEURE DE DEBUT

 HEURE:

 MINUTE:

ENFANT MOINS DE 5 ANS (0 - 59 MOIS)

POIDS ET TAILLE DES ENFANTS MOINS DE 5 ANS (0 - 59 MOIS)

D67	D68	D69	D70	D71			D72	D73		D74		D75	D76	D77
NO. DE LIGNE DE LISTE DU MÉNAGE	NOM	SEXE HOMME: 1 FEMME: 2	AGE EN MOIS	DATE DE NAISSANCE DE L'ENFANT JJ/MM/AN			SOURCE DE LA DATE DE NAISSANCE	POIDS (KILOGRAMMES)	TAILLE (CENTIMETRES)	TAILLE PRISE COUCHÉ OU DEBOUT	RESULTAT MESURÉ: 1 ABSENT: 2 REFUS: 3 AUTRE: 6 (expliquer dans les commentaires)		ŒDÈME OUI: 1 NON: 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	J J	M M	A A	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

COMMENTAIRES:

SOURCE DE LA DATE DE NAISSANCE

- | | |
|---------------------------------------|----------------------------|
| 1. CERTIFICAT DE NAISSANCE | 4. DOSSIER DU MÉNAGE |
| 2. CERTIFICAT DE BAPTEME OU RELIGIEUX | 5. DECLARATION DES PARENTS |
| 3. CARTE DE VACCIN OU MEDICALE | 6. AUTRE _____ |

INFORMATION DE LA FEMME SELECTIONNÉE(15-49 ANS)

POIDS ET TAILLE DE LA FEMME SELECTIONNÉE(15-49)

E34	E35	E36	E37	E38	E39
NO. DE LIGNE DE LISTE DU MÉNAGE	NOM	AGE EN ANNÉE	TAILLE (CENTIMETRES)	POIDS (KILOGRAMMES)	RESULTAT MESURÉ: 1 ABSENT: 2 REFUS: 3 AUTRE: 6 (expliquer dans les commentaires)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/> . <input type="text"/> KG	<input type="text"/>

COMMENTAIRES:

HEURE DE LA FIN

 HEURE:

 MINUTE:

IMPRIMER NOM DE L'ANTHROPOMETRIST : _____

SIGNATURE: _____

ID #

JOUR

MOIS

ANNEE

IMPRIMER NOM DU SUPERVISEUR: _____

SIGNATURE: _____

ID #

JOUR

MOIS

ANNEE

MODULE I.2 INDICATEURS SPECIFIQUES AU PAYS					
NO.	QUESTIONS AND FILTRES	CATEGORIES DE CODAGE		SAUT	
12.00	INSCRIRE L'HEURE AU DEBUT DU MODULE	HEURE	<input type="text"/> <input type="text"/>	MINUTE	<input type="text"/> <input type="text"/>
12.01	NUMÉRO DU MÉNAGE NUMÉRO DE LA ZONE D'ENQUÊTE	MÉNAGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ZE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.02	NUMERO D'IDENTIFICATION D'UN ADULTE RESPONSABLE MASCULIN (1) <u>ET</u> FEMININ (2)	NUMERO DE LIGNE	1 <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>	
12.03	Pensez-vous que l'accès aux services de santé pour les femmes en âge de procréer, y compris les adolescentes est:	TRÈS IMPORTANT	1	1	
		IMPORTANT	2	2	
		PAS TRÈS IMPORTANT	3	3	
		PAS DU TOUT IMPORTANT	4	4	12.05
		NE SAIT PAS	8	8	12.05
12.04	Pourquoi pensez-vous que l'accès aux services de santé pour les femmes en âge de procréer, y compris les adolescentes est important ? [PLUSIEURS RÉPONSES POSSIBLE] SONDER «Autre raison?» POUR RAJOUTER AUTANT D'OPTIONS DE REPONSES QUE LE RÉPONDANT CITE. ENTRER TOUTES LES RAISONS CITÉES	Soins prénatals	A	A	
		Accouchement	B	B	
		Soins postnatals	C	C	
		Les femmes enceintes reçoivent une supplémentation en micronutriments (fer et d'acide folique)	D	D	
		Les MCU reçoivent 1000 messages jours, y compris la prévention des maladies infantiles clés	E	E	
		Recevoir un traitement pour les maladies	F	F	
		Recevoir de plus amples évaluation nutritionnelle (Indice de Masse Corporelle)	G	G	
		Recevoir des conseils (timing santé / espacement des naissances; MST ou autre chose)	H	H	
		Recevoir des aliment thérapeutique prêt à l'emploi (RUTF)	I	I	
		Recevoir des moustiquaires imprégnées d'insecticide longue durée (MILD)	J	J	
		NE SAIT PAS	Z	Z	
12.05	Pensez-vous que l'accès aux services de santé pour les enfants entre 0 et 5 ans est:	TRÈS IMPORTANT	1	1	
		IMPORTANT	2	2	
		PAS TRÈS IMPORTANT	3	3	
		PAS DU TOUT IMPORTANT	4	4	12.07
		NE SAIT PAS	8	8	12.07
12.06	Pourquoi pensez-vous que l'accès aux services de santé pour les enfants entre 0 et 5 ans est important ? [PLUSIEURS RÉPONSES POSSIBLE] SONDER «Autre raison?» POUR RAJOUTER AUTANT D'OPTIONS DE REPONSES QUE LE RÉPONDANT CITE. ENTRER TOUTES LES RAISONS CITÉES	Soins néonataux	A	A	
		Recevoir des supplémentation de vitamine A	B	B	
		Recevoir cycle complet de vaccination avant leur premier anniversaire	C	C	
		Recevoir un traitement pour les maladies	D	D	
		Recevoir de plus amples évaluation nutritionnelle (Indice de Masse Corporelle)	E	E	
		Recevoir des conseils (poids, taille, croissance, après avoir été criblé au niveau communautaire par la circonférence du bras à mi-hauteur (MUAC)	F	F	
		Recevoir des aliment thérapeutique prêt à l'emploi (RUTF)	G	G	
		Recevoir des moustiquaires imprégnées d'insecticide longue durée (MILD)	H	H	
		NE SAIT PAS	I	I	
			Z	Z	
12.07	LE RÉPONDANT A T--IL/ELLE IDENTIFIÉ AU MOINS 2 RAISONS POURQUOI L'ACCES AUX SERVICES DE SANTE EST IMPORTANT POUR LES MERES ET ADOLESCENTES <u>ET</u> AU MOINS 2 RAISONS POURQUOI L'ACCES AUX SERVICES DE SANTE EST IMPORTANT POUR LES ENFANTS DE MOINS DE 5 ANS?	OUI	1	1	
		NON	2	2	
12.08	HEURE DE LA FIN DU MODULE HEURE <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	PASSER AU MODULE H1			

MODULE H1. MESURE DE PAUVRETÉ

NUMERO DU MÉNAGE (ID) D'APRÈS MODULE A

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INSCRIRE L'HEURE AU DEBUT DU MODULE

HR

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NUMERO DE LA ZONE D'ENQUETE D'APRÈS MODULE A

.....		
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MINUTES

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CODE ID DU REpondant D'APRÈS LA LISTE DES MEMBRES (COLONNE 6)

.....	
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MODULE H1. CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS

CODE	PRODUIT	OUI = 1 NON = 2	CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS	ACHATS	TOTAL DÉPENSE	PROVENANT DE LA PRODUCTION AGRICOLE		PROVENANT DE DON ET AUTRES SOURCES	
						H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
	Votre ménage a-t-il consommé [PRODUIT] au cours des 7 derniers jours? INCLURE LES ALIMENTS CONSOMMÉS COLLECTIVEMENT DANS LE MÉNAGE ET SÉPARÉMENT PAR LES MEMBRES INDIVIDUELS, À L'INTERIEUR. NE PAS INCLURE LES ALIMENTS CONSOMÉS L'EXTERIEUR DU MÉNAGE.	SI "NON" PASSEZ A LA SUIVANT PRODUIT	Quelle est la quantité totale consommé par le ménage au cours des 7 derniers jours?	Quelle est la quantité du [PRODUIT] qui ont été achetée?	Combien avez-vous dépensé sur ce qui a été consommé la Si la famille a mangé une partie mais pas la totalité d'un produit qu'ils ont acheté, seulement estimez le coût de ce qui a été consommé.	Quelle est la quantité totale qui ont été prélevée de sa propre production?	Quelle est la quantité qui ont été reçue en cadeau et d'autres sources?		
H1.01					TE EN	H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
701	Maïs	1 2							
702	Mil	1 2							
703	Riz	1 2							
704	Farine de blé	1 2							
705	Sorgho	1 2							
706	Fonio	1 2							
707	Autres céréales	1 2							
708	Farine de maïs	1 2							
709	Farine de manioc (attiéke, gari, tapioca, etc.)	1 2							
710	Pâtes alimentaires	1 2							
711	Pain	1 2							
712	Biscuit	1 2							
713	Beignets de haricot	1 2							
714	Beignets de blé	1 2							
715	Galettes	1 2							
716	Autres pâtisseries (gâteaux, viennoiseries)	1 2							
717	Salade (laitue)	1 2							
718	Oignon frais	1 2							
719	Gombo frais	1 2							
720	Tomate fraîche	1 2							
721	Poivron frais	1 2							
			CODES UNITÉ Boîte 1 Tongolo 4 Kg 7 Litre 10 Tas 13 Tia 2 Sac de 50 Kg . 5 Gramme 8 Centilitre 11 Autre 96 Panier 3 Sac de 100 Kg . 6 Unité 9 Sachet 12						

MODULE H1. CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS											
CODE	PRODUIT	OUI = 1 NON = 2	CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS		ACHATS		TOTAL DÉPENSE	PROVENANT DE LA PRODUCTION AGRICOLE		PROVENANT DE DON ET AUTRES SOURCES	
	Votre ménage a-t-il consommé [PRODUIT] au cours des 7 derniers jours? INCLURE LES ALIMENTS CONSOMMÉS COLLECTIVEMENT DANS LE MÉNAGE ET SÉPARÉMENT PAR LES MEMBRES INDIVIDUELS, À L'INTERIEUR. NE PAS INCLURE LES ALIMENTS CONSOMÉS L'EXTERIEUR DU MÉNAGE.	SI "NON" PASSEZ A LA SUIVANT PRODUIT	Quelle est la quantité totale consommé par le ménage au cours des 7 derniers jours?		Quelle est la quantité du [PRODUIT] qui ont été achetée?		Combien avez-vous dépensé sur ce qui a été consommé la Si la famille a mangé une partie mais pas la totalité d'un produit qu'ils ont acheté, seulement estimez le coût de ce qui a été consommé.	Quelle est la quantité totale qui ont été prélevée de sa propre production?		Quelle est la quantité qui ont été reçue en cadeau et d'autres sources?	
H1.01		H1.02	H1.03A QUANTITE	H1.03B UNITE	H1.04A QUANTITE	H1.04B UNITE	H1.05 MONTANTE EN FCFA	H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
722	Aubergine	1 2									
723	Carotte	1 2									
724	Haricot vert	1 2									
725	Concombre	1 2									
726	Petit pois	1 2									
727	Courge, courgette	1 2									
728	Autre légumes frais n.d.a.	1 2									
729	Tomate séchée	1 2									
730	Gombo sec	1 2									
731	Haricots secs	1 2									
732	Petit pois secs	1 2									
733	Voandzou	1 2									
734	Autres légumes secs n.d.a.	1 2									
735	Cube Maggi	1 2									
736	Concentré de tomate	1 2									
737	Arachides en coque	1 2									
738	Arachides décortiquées	1 2									
739	Tourteaux d'arachides	1 2									
740	Soumbala (base d'oseille ou de niéré)	1 2									
741	Feuilles de baobab	1 2									
742	Yodo (Foye youto)	1 2									
743	Autres légumes en feuilles	1 2									
744	Malahya(Fakkou)	1 2									
745	Sel	1 2									
746	Piment	1 2									
747	Autres épices et condiments (ail, gingembre, etc.)	1 2									
748	Tubercule de manioc	1 2									
749	Tubercule d'igname	1 2									
750	Pomme de terre	1 2									
			CODES UNITÉ								
			Botte1	Tongolo4	Kg7	Litre10	Tas13				
			Tia2	Sac de 50 Kg . 5	Gramme8	Centilitre 11	Autre96				
			Panier3	Sac de 100 Kg . 6	Unité9	Sachet12					

MODULE H1. CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS

CODE	PRODUIT	OUI = 1 NON = 2	CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS		ACHATS		TOTAL DÉPENSE	PROVENANT DE LA PRODUCTION AGRICOLE		PROVENANT DE DON ET AUTRES SOURCES	
	Votre ménage a-t-il consommé [PRODUIT] au cours des 7 derniers jours? INCLURE LES ALIMENTS CONSOMMÉS COLLECTIVEMENT DANS LE MÉNAGE ET SÉPARÉMENT PAR LES MEMBRES INDIVIDUELS, À L'INTERIEUR. NE PAS INCLURE LES ALIMENTS CONSOMÉS L'EXTERIEUR DU MÉNAGE.	SI "NON" PASSEZ A LA SUIVANT PRODUIT	Quelle est la quantité totale consommé par le ménage au cours des 7 derniers jours?		Quelle est la quantité du [PRODUIT] qui ont été achetée?		Combien avez-vous dépensé sur ce qui a été consommé la Si la famille a mangé une partie mais pas la totalité d'un produit qu'ils ont acheté, seulement estimez le coût de ce qui a été consommé.	Quelle est la quantité totale qui ont été prélevée de sa propre production?		Quelle est la quantité qui ont été reçue en cadeau et d'autres sources?	
H1.01		H1.02	H1.03A QUANTITE	H1.03B UNITE	H1.04A QUANTITE	H1.04B UNITE	H1.05 MONTANTE EN FCFA	H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
751	Taro et macabo	1 2									
752	Patate douce	1 2									
753	Autres tubercules n.d.a.	1 2									
754	Mangue	1 2									
755	Ananas	1 2									
756	Orange	1 2									
757	Autres agrumes (mandarine, citron, pamplemousse)	1 2									
758	Banane douce	1 2									
759	Pastèque	1 2									
760	Dattes	1 2									
761	Canne à sucre										
762	Melon	1 2									
763	Rônier/doumier(fruit)	1 2									
764	Noix de cola	1 2									
765	Autres fruits n.d.a.	1 2									
766	Viande de bœuf	1 2									
767	Viande de chameau	1 2									
768	Viande de mouton	1 2									
769	Viande de chèvre	1 2									
770	Volailles	1 2									
771	Abats	1 2									
772	Gibier	1 2									
773	Autres viandes n.d.a.	1 2									
774	Poisson frais	1 2									
775	Poisson fumé	1 2									
776	Poisson séché	1 2									
777	Conserves de poisson	1 2									
778	Conserves d'autres produits de pêche	1 2									
779	Huile de palme	1 2									
			CODES UNITÉ								
			Botte . . . 1	Tongolo . . . 4	Kg 7	Litre 10	Tas 13				
			Tia 2	Sac de 50 Kg . 5	Gramme 8	Centilitre . . . 11	Autre 96				
			Panier . . . 3	Sac de 100 Kg . 6	Unité 9	Sachet 12					

MODULE H1. CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS

CODE	PRODUIT	OUI = 1 NON = 2	CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS		ACHATS		TOTAL DÉPENSE	PROVENANT DE LA PRODUCTION AGRICOLE		PROVENANT DE DON ET AUTRES SOURCES	
	Votre ménage a-t-il consommé [PRODUIT] au cours des 7 derniers jours? INCLURE LES ALIMENTS CONSOMMÉS COLLECTIVEMENT DANS LE MÉNAGE ET SÉPARÉMENT PAR LES MEMBRES INDIVIDUELS, À L'INTERIEUR. NE PAS INCLURE LES ALIMENTS CONSOMÉS L'EXTERIEUR DU MÉNAGE.	SI "NON" PASSEZ A LA SUIVANT PRODUIT	Quelle est la quantité totale consommé par le ménage au cours des 7 derniers jours?		Quelle est la quantité du [PRODUIT] qui ont été achetée?		Combien avez-vous dépensé sur ce qui a été consommé la Si la famille a mangé une partie mais pas la totalité d'un produit qu'ils ont acheté, seulement estimez le coût de ce qui a été consommé.	Quelle est la quantité totale qui ont été prélevée de sa propre production?		Quelle est la quantité qui ont été reçue en cadeau et d'autres sources?	
H1.01		H1.02	H1.03A QUANTITE	H1.03B UNITE	H1.04A QUANTITE	H1.04B UNITE	H1.05 MONTANTE EN FCFA	H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
780	Huile d'arachide	1 2									
781	Huile de coton	1 2									
782	Huile de maïs	1 2									
783	Autres huiles n.d.a. (soja, karité, etc.)	1 2									
784	Pâte d'arachide	1 2									
785	Œufs	1 2									
786	Lait frais	1 2									
787	Lait caillé	1 2									
788	Lait en poudre	1 2									
789	Fromage	1 2									
790	Beurre	1 2									
791	Yaourt/solani	1 2									
792	Autres produits laitiers	1 2									
793	Sucre	1 2									
794	Cacao/chocolat	1 2									
795	Miel	1 2									
796	Confiserie	1 2									
797	Autres produits alimentaires	1 2									
798	Tabac (à mâcher, à priser ou à fumer)	1 2									
799	Cigarette	1 2									
800	Café en boîte ou en sachet	1 2									
801	Thé en paquet ou en sachet	1 2									
802	Autres tisanes et infusions n.d.a.	1 2									
803	Jus de fruit	1 2									
804	Jus en poudre	1 2									
805	Boissons gazeuses	1 2									
806	Eau minérale, autres boissons non alcoolisées	1 2									
807	Boissons alcooliques (bières, vins et	1 2									
			CODES UNITÉ								
			Boîte1	Tongolo4	Kg7	Litre10	Tas13				
			Tia2	Sac de 50 Kg . 5	Gramme8	Centilitre11	Autre96				
			Panier3	Sac de 100 Kg . 6	Unité9	Sachet12					

MODULE H1. CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS											
CODE	PRODUIT	OUI = 1 NON = 2	CONSOMMATION ALIMENTAIRE DES 7 DERNIERS JOURS		ACHATS		TOTAL DÉPENSE	PROVENANT DE LA PRODUCTION AGRICOLE		PROVENANT DE DON ET AUTRES SOURCES	
	Votre ménage a-t-il consommé [PRODUIT] au cours des 7 derniers jours? INCLURE LES ALIMENTS CONSOMMÉS COLLECTIVEMENT DANS LE MÉNAGE ET SÉPARÉMENT PAR LES MEMBRES INDIVIDUELS, À L'INTERIEUR. NE PAS INCLURE LES ALIMENTS CONSOMÉS L'EXTERIEUR DU MÉNAGE.	SI "NON" PASSEZ A LA SUIVANT PRODUIT	Quelle est la quantité totale consommé par le ménage au cours des 7 derniers jours?		Quelle est la quantité du [PRODUIT] qui ont été achetée?		Combien avez-vous dépensé sur ce qui a été consommé la Si la famille a mangé une partie mais pas la totalité d'un produit qu'ils ont acheté, seulement estimez le coût de ce qui a été consommé.	Quelle est la quantité totale qui ont été prélevée de sa propre production?		Quelle est la quantité qui ont été reçue en cadeau et d'autres sources?	
H1.01		H1.02	H1.03A QUANTITE	H1.03B UNITE	H1.04A QUANTITE	H1.04B UNITE	H1.05 MONTANTE EN FCFA	H1.06A QUANTITE	H1.06B UNITE	H1.07A QUANTITE	H1.07B UNITE
808	Boule de mil avec du lait	1 2									
809	Boule de mil sans lait/Bouillie de mil	1 2									
810	Préparation à base de mil plus feuilles vertes (sans viande, ni poisson)	1 2									
811	Préparation à base de sorgho plus feuilles vertes (sans viande, ni poisson)	1 2									
812	Préparation à base de maïs plus feuilles vertes (sans viande, ni poisson)	1 2									
813	Autres préparations à base de mil, sorgho ou maïs	1 2									
814	Haricot bouilli	1 2									
815	Riz niébé	1 2									
816	Riz avec sauce feuilles de baobab	1 2									
817	Riz sauce tomate	1 2									
818	Riz au gras poisson/poulet	1 2									
819	Riz avec sauce pâte d'arachide	1 2									
820	Pâtes alimentaires, sans viande, nipolet, ni poisson	1 2									
821	Café en boisson chaude	1 2									
822	Thé en boisson chaude	1 2									
CONSOMATION HORS DOMICILE											
823	Plat acheté ou pris hors domicile	1 2									
824	Boissons non alcooliques pris hors domicile	1 2									
825	Boissons alcooliques pris hors domicile	1 2									
			CODES UNITÉ								
			Botte . . . 1	Tongolo . . . 4	Kg 7	Litre 10	Tas 13				
			Tia 2	Sac de 50 Kg . 5	Gramme 8	Centilitre . . . 11	Autre 96				
			Panier . . . 3	Sac de 100 Kg . 6	Unité 9	Sachet 12					

MODULE H2. DÉPENSES NON ALIMENTAIRES DES 7 DERNIERS JOURS			
NO.	QUESTIONS ET FILTRES	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	DEMANDER AU CHEF DU MÉNAGE OU ADULTE RESPONSABLE SI CHEF DU MÉNAGE EST ABSENT CODE ID DU REpondant D'APRÈS LA LISTE DES MEMBRES (COLONNE 10)	CODE ID ... <input type="text"/>	
H2	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours des 7 derniers jours?		Quel est le montant total dépensé (combien ont-ils coûté)?
101	Allumettes	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
102	Bois de chauffe	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
103	Charbon de bois/Charbon minéral	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
104	Piles électriques, bougies	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
105	Pétrole lampant	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
106	Transport urbain en taxi, bus, moto	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
107	Cartes prépayées/Shap Shap de téléphone mobile	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
108	Journaux et revues	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
109	Frais de moulure des céréales	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
110	D'autres?	AUTRES ARTICLES: _____ _____ _____	COÛT TOTAL _____ _____ _____

MODULE H3. DÉPENSES NON ALIMENTAIRES DES 30 DERNIERS JOURS			
NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN MOIS)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours du dernier mois?		Quel est le montant total dépensé (combien ont-ils coûté)?
201	Gaz domestique	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
202	Carburant pour véhicules (Essence; Essence mélange; Gas-oil)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
203	Lubrifiants (huile moteur; huile de frein; liquide batterie (acide); graisses; autres lubrifiants n.d.a.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
204	Services de réparation et d'entretien (vidange, graissage, etc.) de moyens de transport personnel (voitures, motos, bicyclette, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
205	Savon de ménage, lessive en poudre, détergents (eau de javel, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
206	Insecticide, tortillon anti-moustique	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
207	Savon de toilette	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
208	Lait, lotion de toilette corporelle (glycérine, vaseline, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
209	Serviettes hygiéniques, couches jetables pour bébé, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
210	Autres produits de toilettes (rasoir, shampooing, coton, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
211	Frais de coiffure homme et femme (salon, tressage, coupe, etc.), manucure, pédicure	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
212	Pâte dentifrice	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
213	Brosse à dents	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
214	Papier toilette	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
215	Ampoules électriques	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
216	Frais de timbre postaux, d'expédition de mandat, d'envoi de fax, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
217	Frais de communication téléphonique	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____

MODULE H3. DÉPENSES NON ALIMENTAIRES DES 30 DERNIERS JOURS			
NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN MOIS)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours du dernier mois?		Quel est le montant total dépensé (combien ont-ils coûté)?
218	Frais d'utilisation de l'Internet dans un cybercafé	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
219	Frais de légalisation (confection) de documents administratifs (actes d'Etat-civil, diplômes, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
220	Frais de photocopies de document	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
221	Frais de ramassage des ordures ménagères	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
222	Frais de blanchiment des vêtements, linge, etc. (Pressing)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
223	Salaire du personnel de maison (gardien, boy, chauffeur, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
224	Transport en pirogue	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
225	Transport à traction animale	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
226	Transport interurbain en bus, car, taxi de brousse, taxi moto	OUI 1 → NON 2 (MODULE SUIVANT) ←	COÛT TOTAL _____

MODULE H4. DÉPENSES NON ALIMENTAIRES DES 12 DERNIERS MOIS

NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN ANNÉE)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours des 12 derniers mois (un année)?		Quel est le montant total dépensé (combien ont-ils coûté)?
301	Tissus d'habillement: tissus pagne, tissu pagne du tisserand, tissu synthétique, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
302	Vêtements hommes (15 ans et plus): chemise, pantalon, veste, ensemble, vêtements de travail, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
303	Sous-vêtements homme (15 ans et plus): slip, chaussettes, tee shirt et maillot de corps, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
304	Vêtements femmes (15 ans et plus): robe, jupe, pantalon, ensemble, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
305	Sous-vêtements femme (15 ans et plus): slip, jupon, tee shirt, soutien gorge, collant, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
306	Vêtements enfants (0-14 ans): layette pour bébé, chemise, pantalon garçon, robe fillette, slip enfant, blouses, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
307	Autres articles vestimentaires: voiles/foulards, cravates, ceinture, chapeau/bonnet, mouchoir en tissu, articles de mercerie (boutons, fil à coudre, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
308	Frais de confection et de réparation de vêtements homme: ensemble, pantalon, chemise, réparation, location vêtement, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
309	Frais de confection et de réparation de vêtements femme: robe, pantalon, jupe, ensemble, réparation, location, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
310	Frais de confection et de réparation de vêtements enfants	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
311	Chaussures hommes	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
312	Chaussures femmes	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
313	Chaussures enfants	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
314	Réparation de chaussures: ressemelage, cirage, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
315	Linge de maison et articles associés (serviettes de bain, drap, couverture, couvre-lit, oreillers, moustiquaire, nattes, rideaux, éventail, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
316	Vaisselle: assiettes, couteau, fourchette, cuillère, gobelets, verres, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____

MODULE H4. DÉPENSES NON ALIMENTAIRES DES 12 DERNIERS MOIS

NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN ANNÉE)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours des 12 derniers mois (un année)?		Quel est le montant total dépensé (combien ont-ils coûté)?
317	Ustensiles de cuisine: casserole, marmite, tamis local, réparation d'ustensiles de cuisine, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
318	Autres ustensiles de ménage: seau, bouilloire, biberon, poubelle, tasses, cafetière non électrique, théière, calebasse, louche, jarre, canari, mortier, pilon, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
319	Aliments, frais d'entretien, frais de vétérinaire des animaux de compagnie (chiens, chats, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
320	Outillage de maison: lampe électrique, torche, lampe à pétrole, outils de bricolage (marteau, tournevis, etc.); outil de jardinage (pelle, râteau, brouette, etc.);	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
321	Matériel pour l'entretien et la réparation du logement	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
322	Main-d'œuvre et services d'entretien et de réparation courante du logement (vidange fosse septique, main d'œuvre pour l'entretien du logement, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
323	Pièces détachées de moyens de transport individuel: pneu, batterie, bougie, carburateur, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
324	Petit matériel électronique à usage personnel: cassettes, CD/DVD, clé USB, encre pour imprimante, papier d'impression photos, pellicule photos, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
325	Réparation de meubles (fauteuils, chaises, lits, armoires, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
326	Réparation d'appareils électroménagers (fer à repasser, frigo, cuisinière, four, réchaud, climatiseur, ventilateur, chauffe-eau, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
327	Réparation d'appareils électroniques: radio, radiocassettes, TV, camera, lecteur CD/DVD, ordinateur, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
328	Articles de sport et de détente: ballon, jeu Ludo, poids (pétanque), jeu de carte, jouets pour enfants, jeux vidéo, petits instruments de musique, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
329	Droit d'entrée (achat d'un ticket) à des manifestations sportives, cinéma, concert, pièce de théâtre, musée, expositions, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
330	Autres services récréatifs: billet de PMU, services de photographe (développement, tirage), photo d'identité, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
331	Autres services culturels: livres non scolaires, bande dessinée, papier rame, enveloppes, articles de dessin (pinceaux, papier, peinture etc.), etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
332	Articles pour soins personnels: parfums et eaux de toilette, produits de beauté (vernis, rouge à lèvres, défrisant etc.), mèches, perruques, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____

MODULE H4. DÉPENSES NON ALIMENTAIRES DES 12 DERNIERS MOIS

NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN ANNÉE)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours des 12 derniers mois (un année)?		Quel est le montant total dépensé (combien ont-ils coûté)?
333	Services d'hébergement: chambres d'hôtel, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
334	Montres, réveils	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
335	Boucle d'oreilles, colliers, bracelets, bijoux, autres articles de bijouterie et joaillerie n.d.a.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
336	Autres effets personnels: valise, sac de voyage, sac à main, lunettes solaires, parapluies, parasol, canne, porte-monnaie, portefeuille, articles pour fumeurs (cendrier etc.); articles pour bébé (poussette, sièges), articles funéraires, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
337	Autres services: annonce à la radio, dans un journal/à la télévision, pompe funèbre, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
401	Cours particuliers	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
402	Formation professionnelle	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
403	Frais pour cours d'adultes	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
404	Verre correcteurs, monture de lunettes	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
405	Prothèse auditive	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
406	Prothèse dentaire	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
407	Chaise roulante et vélo pour invalides avec ou sans moteur	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
408	Béquilles	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
409	Autres appareils thérapeutiques et orthopédiques n.d.a.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
410	Autres appareils thérapeutiques et orthopédiques n.d.a.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
411	Frais d'assurance d'un moyen de transport individuel (auto, moto, etc.)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____

MODULE H4. DÉPENSES NON ALIMENTAIRES DES 12 DERNIERS MOIS

NO.	QUESTIONS ET FILTRES (RÉFÉRENCE D'UN ANNÉE)	CATÉGORIES DE CODAGE	MONTANT EN FCFA
	Votre ménage a-t-il acheté ou utilisé [PRODUIT] au cours des 12 derniers mois (un année)?		Quel est le montant total dépensé (combien ont-ils coûté)?
412	Vignette automobile/ moto	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
413	Frais de consommation au réseau de distribution d'eau	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
414	Frais de consommation au réseau de distribution d'électricité	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
415	Taxes d'habitation (immeubles bâties et non bâties), taxes de voiries	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
416	Location d'un véhicule pour usage personnel: voiture, moto/vélo, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
417	Transport en avion dans le pays et à l'étranger	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
418	Frais de visa, taxes d'aéroport	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
419	Frais de pèlerinage	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
420	Frais de déménagement	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
428	Matériaux de construction ou de grosses réparation pour maçonnerie: ciment, briques, fer à béton, sable, gravier, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
429	Autres matériaux de construction ou de grosses réparations: tôle, bois de construction, planches, lattes, contre-plaqués, paille, peinture, chaux, matériaux d'électrique, plomberie, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
430	Main-d'œuvre et frais de construction et de grosses réparation de logement: maçonnerie, électricité, plomberie, menuiserie, peinture, sol, etc.	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
431	Frais d'acquisition d'un terrain ou d'un logement	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
432	Frais d'études et d'architecte, frais de branchement (électricité, eau, téléphone)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
433	Frais pour les cérémonies (Ramadan, Tabaski, Noël, Pâques, Nouvel An, mariage, baptême, funérailles, ou d'autres événements)	OUI 1 → NON 2 (ARTICLE SUIVANT) ←	COÛT TOTAL _____
434	frais de transferts envoyés aux membres de la famille ou d'autres personnes	OUI 1 → NON 2 (MODULE SUIVANT) ←	COÛT TOTAL _____

MODULE H5. DÉPENSES DE LOGEMENT			
NO.	QUESTIONS ET FILTRES	CATEGORIES	SAUT
501	Quel est le statut de ce logement: Etes vous propriétaire, planifiez vous de l'acheter, est il fourni par votre employeur, l'utilisez-vous gratuitement ou le louez-vous ?	PROPRIÉTAIRE 01 CO-PROPRIÉTAIRE 02 EN ACHAT 03 FOURNI PAR L'EMPLOYEUR 04 GRATUIT, AVEC AUTHORISATION 05 GRATUIT, SANS AUTHORISATION 06 EN LOCATION 07 AUTRES _____ 96 (PRÉCISER) NE SAIT PAS/ PAS DE RÉPONSE NON APPLICABLE 98	
502	Si vous vendiez ce logement aujourd'hui, combien recevriez-vous?	MONTANT EN FCFA _____ NE SAIT PAS/ PAS DE RÉPONSE NON APPLICABLE 98	
503	Depuis combien d'années ce logement a été construit?	ANNEES <input type="text"/> <input type="text"/> NE SAIT PAS 98	
504	Si vous le mettiez en location aujourd'hui, à combien serait le loyer?	MONTANT EN FCFA <input type="text"/> JOUR 1 SEMAINE 2 MOIS 3 ANNÉE 4 NE SAIT PAS/ PAS DE RÉPONSE NON APPLICABLE 8	
505	Quel est le coût de votre loyer?	MONTANT EN FCFA <input type="text"/> JOUR 1 SEMAINE 2 MOIS 3 ANNÉE 4 NE SAIT PAS/ PAS DE RÉPONSE NON APPLICABLE 8	
506	PASSEZ AU MODULE SUIVANT		

MODULE H6. VALEUR DES BIENS

ARTICLE CODE	PRODUIT	OUI = 1 NON = 2	NOMBRE D'UNITÉES POUR CHAQUE ARTICLE	AGE DE L'ARTICLE	PRIX SI VENDU	ARTICLES ACHETÉS DANS LES 12 DERNIERS MOIS	MONTANT TOTAL PAYÉ POUR LES ARTICLES DANS LES 12 DERNIERS MOIS
	Votre ménage possède t'il un(e)[ARTICLE]? ENTOURER 1 (OUI) OU 2 (NON) DANS LA COLONNE SUIVANTE. SI LA REPOSNE EST "NON" POSER LA QUESTION POUR L'ARTICLE SUIVANT.		COMBIEN DE [ARTICLES] AVEZ VOUS?	QUEL EST L'AGE DE VOTRE/VOS [ARTICLE]S? SI PLUS D'UN ARTICLE, AGE MOYEN	Si vous vendiez ce [ARTICLE] aujourd'hui, combien recevrez-vous? SI PLUS D'UN ARTICLE, VALEURE MOYENNE	Avez vous acheté ou payé pour un de ces [ARTICLE]s dans les 12 derniers mois? "NON": ENCERCLER "2" ET PASSER AU PROCHAIN	Combien avez vous payé pour tous ces [ARTICLES]s au total dans les 12 derniers mois?
H6.1		H6.2	H6.3 NOMBRE	H6.4 ANNEES	H6.5 MONTANT EN FCFA	H6.6	H6.7 MONTANT EN FCFA
141	Fauteuil	1 2				1 2	
142	Salon complet (Fauteuils et table basse)	1 2				1 2	
143	Chaise	1 2				1 2	
144	Table	1 2				1 2	
145	Table à manger complet (table + chaises)	1 2				1 2	
146	Lit simple	1 2				1 2	
147	Matelas simple	1 2				1 2	
148	Lit + Matelas	1 2				1 2	
149	Autres meubles	1 2				1 2	
150	Fer à repasser	1 2				1 2	
151	Réchaud à gaz	1 2				1 2	
152	Réchaud à pétrole	1 2				1 2	
153	Machine à coudre	1 2				1 2	
154	Moulinex/Robot de cuisine	1 2				1 2	
155	Cuisinière à gaz	1 2				1 2	
156	Foyers améliorés	1 2				1 2	
157	Réfrigérateur/Congélateur	1 2				1 2	
158	Ventilateur	1 2				1 2	
159	Climatiseur/Split	1 2				1 2	
160	Radio simple/Radiocassette	1 2				1 2	
161	Appareil TV	1 2				1 2	
162	Magnétoscope/CD/DVD	1 2				1 2	

MODULE H6. VALEUR DES BIENS

ARTICLE CODE	PRODUIT	OUI = 1 NON = 2	NOMBRE D'UNITÉES POUR CHAQUE ARTICLE	AGE DE L'ARTICLE	PRIX SI VENDU	ARTICLES ACHETÉS DANS LES 12 DERNIERS MOIS	MONTANT TOTAL PAYÉ POUR LES ARTICLES DANS LES 12 DERNIERS MOIS
	Votre ménage possède t'il un(e)[ARTICLE]? ENTOURER 1 (OUI) OU 2 (NON) DANS LA COLONNE SUIVANTE. SI LA REPOSNE EST "NON" POSER LA QUESTION POUR L'ARTICLE SUIVANT.		COMBIEN DE [ARTICLES] AVEZ VOUS?	QUEL EST L'AGE DE VOTRE/VOS [ARTICLE]S? SI PLUS D'UN ARTICLE, AGE MOYEN	Si vous vendiez ce [ARTICLE] aujourd'hui, combien recevrez-vous? SI PLUS D'UN ARTICLE, VALEURE MOYENNE	Avez vous acheté ou payé pour un de ces [ARTICLE]s dans les 12 derniers mois? "NON": ENCERCLER "2" ET PASSER AU PROCHAIN	Combien avez vous payé pour tous ces [ARTICLES]s au total dans les 12 derniers mois?
H6.1		H6.2	H6.3 NOMBRE	H6.4 ANNEES	H6.5 MONTANT EN FCFA	H6.6	H6.7 MONTANT EN FCFA
163	Antenne parabolique / décodeur	1 2				1 2	
164	Voiture privée (hors voiture de fonction)	1 2				1 2	
165	Cyclomoteur/Véломoteur	1 2				1 2	
166	Bicyclette	1 2				1 2	
167	Appareil photo	1 2				1 2	
168	Instrument de musique	1 2				1 2	
169	Téléphone fixe	1 2				1 2	
170	Téléphone portable	1 2				1 2	
171	Ordinateur	1 2				1 2	
172	Caméra Vidéo	1 2				1 2	
173	Groupe électrogène	1 2				1 2	
174	Brouette	1 2				1 2	

**INSCRIRE L'HEURE DE LA FIN DU
MODULE**

HR:

MINUTE:

OBSERVATIONS DE L'ENQUÊTEUR

A REMPLIR APRES L'ENTRETIEN

COMMENTAIRES SUR LES REpondANTS

--

COMMENTAIRES SUR L'ARRONDISSEMENT ET LE CANTON

--

AUTRES COMMENTAIRES

--

OBSERVATIONS DU SUPERVISEUR

NOM DU COORDINATEUR _____ DATE: _____

OBSERVATIONS DE L'EDITEUR

NOM DE L'EDITEUR _____ DATE: _____

**Annex 2b:
Household Survey
Questionnaire Back-
translated to English**

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. AS-SALAMU ALAYKUM. MY NAME IS _____. I WORK WITH ICF/NIELSEN. 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 SURVEY. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD. THESE QUESTIONS USUALLY LAST ABOUT 1 TO 2 HOURS. WE CAN COME BACK TOMORROW IF YOU DO NOT HAVE ENOUGH TIME TO GO THROUGH ALL QUESTIONS TODAY. ALL THE ANSWERS YPROVIDED BY YOU WILL BE CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM. YOUR IDENTITY SHALL NOT BE DISCLOSED IN THE SURVEY. 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 YOU DON'T WANT TO ANSWER, JUST LET ME KNOW AND I WILL GO ON TO THE NEXT QUESTION OR YOU CAN STOP THE INTERVIEW AT ANY TIME. IN CASE YOU NEED MORE INFORMATION ABOUT THE SURVEY, YOU MAY CONTACT THE PERSON LISTED ON THIS CARD.

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. Who is the main male adult (18 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 6 YEARS _____

OTHER ELIGIBLE MEMBERS OF THE HOUSEHOLD

		LE RÉPONDANT ACCEPTE	LE RÉPONDANT N'ACCEPTE PAS
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?	_____	_____

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 _____

--	--

SIGNATURE AND DATE _____

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Module B. Household roster											START TIME		HOUR		MINUTE					
											If 15 and above	If between 0 to 17 years			If 5 years and above		tween 5 to 24 years			
LINE NUMBER	USUAL RESIDENTS OF HOUSEHOLD	RELATIONSHIP WITH HOUSEHOLD HEAD	SEX	AGE	ELIGIBILITY						CURRENT SCHOOL ENROLLMENT									
					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	
	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.	Relationship with head of household SEE CODES BELOW	(NAME) is a male or female? M F	How old is [NAME]? SI >95 PUT '95' '98' = NSP ONLY IF ≥50 YEARS '00' IF < 1 YEAR	Did [NAME] prepare the meal yesterday? Y N	IS THE CHILD LESS THAN 6 YEARS Y N	Who is the primary caregiver of [NAME]?* SEE DEFINITION BELOW (*). RECORD LINE NUMBER OF THE PRIMARY CAREGIVER	IS THIS WOMAN AGED BETWEEN 15-49 YEARS? Y N	IS THIS PERSON THE HEAD OF THE HOUSEHOLD, OR THE ADULT IN CHARGE WHEN THE HEAD OF THE HOUSEHOLD IS ABSENT? Y N	Is this person a farmer? SEE DEFINITION BELOW (**).	Y N	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	Is (NAME) mother alive? Y N NSP 1 2 8 GO TO 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'	Is (NAME) biological father alive? Y N NSP 1 2 8 GO TO 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'	Has [NAME] ever been enrolled in school? Y N 1 2 NEXT LINE	What is [NAME] highest educational level? SEE CODES BELOW What class did (NAME) reach?	Did [NAME] attend school during the 2012-2013 school year? Y N 1 2 NEXT LINE	During this school year, what is [NAME] educational level and class? SEE CODES BELOW
01			M F 1 2	AGE 1 2	Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2	Y N 1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
02			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
03			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
04			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
05			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
06			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
07			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	
08			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS CLASSE 1 2 NEXT LINE	
09			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	NOUVEAU 1 2 NEXT LINE	
10			1 2	1 2	1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS 1 2 NEXT LINE	

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 GRANDCHILD	11 NOT RELATED
06 PARENTS	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/OR 2) 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.

LINE NUMBER	USUAL RESIDENTS OF HOUSEHOLD	RELATIONSHIP WITH HOUSEHOLD HEAD	SEX	AGE	If less than 6 years						MARITAL STATUS	If 15 and above				If between 0 to 17 years				If 5 years and above		If between 5 to 24 years	
					ELIGIBILITY			PRIMARY CAREGIVER	MODULE(S)			SURVIVALS AND RESIDENCE OF BIOLOGICAL PARENTS	EDUCATION		RECENT SCHOOL ENROLMENT								
					C, H1	D	E, I, 1		F, H2-H6	G			13	14	15	16	17	18	19	20			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
	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.	Relationship with head of household SEE CODES BELOW	(NAME) is a male or female?	How old is [NAME]? SI ≥95 PUT '95' '98' = NSP ONLY IF ≥50 YEARS '00' IF < 1 YEAR	Did [NAME] prepare the meal yesterday ?	IS THE CHILD LESS THAN 6 YEARS	Who is the primary caregiver of [NAME]?* SEE DEFINITION BELOW (*). RECORD LINE NUMBER OF THE PRIMARY CAREGIVER	IS THIS WOMAN AGED BETWEEN 15-49 YEARS?	IS THIS PERSON THE HEAD OF THE HOUSEHOLD, OR THE ADULT IN CHARGE WHEN THE HEAD OF THE HOUSEHOLD IS ABSENT?	Is this person a farmer? SEE DEFINITION BELOW (**).	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	Is (NAME) mother alive?	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'	Is (NAME) biological father alive? IF YES, WHAT IS HIS NAME? RECORD THE LINE NUMBER OF HIS/HER FATHER IF NO, RECORD '00'	Does (NAME) father live in the household?	Has [NAME] ever been enrolled in school?	What is [NAME] highest educational level? SEE CODES BELOW What class did (NAME) reach?	Did [NAME] attend school during the 2012-2013 school year?	During this school year, what is [NAME] educational level and class? SEE CODES BELOW				
11			M F 1 2	AGE Y N 1 2	Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2	Y N 1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
12			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
13			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	O N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
14			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	O N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
15			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	O N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
16			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
17			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
18			1 2		1 2	1 2		1 2	1 2	1 2		Y N NSP 1 2 8 GO TO 14		Y N NSP 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE	O N 1 2 NEXT LINE	CLASS Y N 1 2 NEXT LINE				
CODES FOR Q3: RELATIONSHIP WITH THE HEAD OF HOUSEHOLD											CODES FOR Qs. 18 AND 20: EDUCATION												
01 HEAD OF HOUSEHOLD		07 SISTER/BROTHER IN-LAW										LEVEL		1 = Preschool		2 = Primary		3 = Secondary 1st cycle		4 = Secondary 2nd cycle		5 = Higher education	
02 SPOUSE		08 BROTHER/SISTERS										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	
03 CHILD		09 OTHER FAMILY										01- pre-nursery		01- Class 1		01- Form 1		01- lower sixth		01- 1st year		01- 1st year	
04 SON/DAUGHTER IN-LAW		10 ADOPTED CHILD										02- Nursery one		02- Class 2		02- Form 2		02- upper sixth		02- 2nd year		02- 2nd year	
05 GRAND CHILD		11 NOT RELATED										03- Nursery two		03- Class 3		03- Form 3		03- vocational training I		03- Master I		03- Master I	
06 PARENTS/GRANDPARENTS		98 DON'T KNOW												04- Class 4		04- Form 4		04- vocational training II		04- Master II		04- Master II	
														05- Class 5		05- Form 5		05- vocational training III		05- Doctorate		05- Doctorate	
														06- Class 6									

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 G. AGRICULTURE

I. INFORMATION ON THE RESPONDENT			
G00	RECORD THE TIME AT START OF THE MODULE	HOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	MIN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
G03	HOUSEHOLD NUMBER AND SURVEY AREA	HOUSEHOLD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	VN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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

I. INFORMATION ON THE RESPONDENT			
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 I X (SPECIFY)	
G10	Did you grow <u>irrigated maize</u> 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 <u>maize</u> ?	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 <u>non irrigated maize</u> 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 <u>maize</u> ?	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 X (SPECIFY)	
G13A	CHECK G07 IF YES, CONTINUE. IF NO, GO TO G13B Do you sow millet and niébé on the same plot of land?	YES..... 1 NO 2	
G13B	CHECK G09 IF YES, CONTINUE. IF NO, GO TO G14 CHECK IF YES, CONTINUE. IF NO, GO TO G14 CHECK IF YES, CONTINUE. IF NO, GO TO G14 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 X (SPECIFY)	
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 X (SPECIFY)	
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	<p>What types have you planted in the last 12 months? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	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	<p>How do you preserve your seeds? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	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)	
G29	Do you fertilize your crops?	YES..... 1 NO 2	→ G31
G30	<p>What are the fertilization practices have you used for your crops over the last 12 month? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	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	<p>What are the practices that you use to protect your fruit trees and high value trees? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS. NE LISEZ PAS LES RÉPONSES.</p>	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	<p>What problems or difficulties you faced with your crops? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	<p>DISEASES A PESTS B BUSH FIRE C AVAILABILITY OF PARTICIPANTS D ACCES TO PARTICIPANTS E LACK OF WORK F LESS RAIN, DROUGHT G TOO MUCH RAIN H LACK OF QUALITY SEEDS I LOSS AFTER HARVEST J PESTS K LACK OF LAND L INFERTILE SOIL M INCREASE OF RENTAL FEE N OTHERS X (SPECIFY) _____</p>	
G36	<p>Have you used chemicals on your crops?</p>	<p>YES..... 1 NO 2</p>	
G37	<p>What other practices do you use to fight against diseases and pests? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	<p>CULTURAL PRACTICES A MECHANICAL TREATMENT B NATURAL EXTRACTS C THERMAL PROCESSING D OTHERS X (SPECIFY) _____ NONE Y</p>	
IV. MANAGEMENT OF FORESTS			
G38A	<p>Have you participated in the production of forest trees?</p>	<p>YES..... 1 NO 2</p>	→ G39
G38B	<p>How do you produce tree seedlings for reforestation? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	<p>SPECIAL NURSERY A COMMUNITY NURSERY B COMMERCIAL NURSERY C OTHERS X (SPECIFY) _____ NONE Y</p>	
G38C	<p>What are the practices that you use for forest management? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	<p>AGROFORESTRY A NATURAL FOREST REGENERATION B REFORESTATION (NEW PLANTATIONS) C WATERSHED MANAGEMENT D MANAGEMENT OF FOREST PLANTATIONS (ESTABLISHED FORESTS) E NURSERY (PRODUCTION OF FOREST PLANTS) G OTHERS X (SPECIFY) _____ NONE Y</p>	
V. ADOPTION OF IMPROVED PRACTICES FOR LIVESTOCK			
G39	<p>Do you currently practice breeding?</p>	<p>YES..... 1 NO 2</p>	→ G49
G40	<p>Which animals do you rear? [MULTIPLE ANSWERS POSSIBLE]</p> <p>RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	<p>POULTRY A CAMELS B RABBITS C DONKEYS D HORSES E SHEEP F GOATS G FISH H BEES I COWS J OTHERS X (SPECIFY) _____</p>	

Module G. AGRICULTURE

G41	<p>INFORMATION ON THE RESPONDENT Which of the following animals are kept outside? [MULTIPLE ANSWERS POSSIBLE] RECORD ALL ANSWERS GIVEN BY THE RESPONDENT. DO NOT READ THE ANSWERS.</p>	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: A ROOF? WALLS A DRINKING TROUGH? A MANGER	<table border="0"> <tr> <td>ROOF</td> <td>OUI</td> <td>NON</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>WALLS</td> <td>1</td> <td>2</td> </tr> <tr> <td>DRINKING TROUGH</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEEDER</td> <td>1</td> <td>2</td> </tr> </table>	ROOF	OUI	NON		1	2	WALLS	1	2	DRINKING TROUGH	1	2	FEEDER	1	2	
ROOF	OUI	NON																
	1	2																
WALLS	1	2																
DRINKING TROUGH	1	2																
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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VI. INFORMATION ON THE RESPONDENT																																															
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.	<table border="0"> <tr><td>MEAT OR FISH</td><td>.....</td><td>A</td></tr> <tr><td>EGGS</td><td>.....</td><td>B</td></tr> <tr><td>GOAT MILK</td><td>.....</td><td>C</td></tr> <tr><td>COW MILK</td><td>.....</td><td>D</td></tr> <tr><td>SKIN</td><td>.....</td><td>E</td></tr> <tr><td>HORN</td><td>.....</td><td>F</td></tr> <tr><td>BUTTER</td><td>.....</td><td>G</td></tr> <tr><td>YOUNG FISH (FISHERY PRODUCT)</td><td>.....</td><td>H</td></tr> <tr><td>HONEY</td><td>.....</td><td>I</td></tr> <tr><td>MANURE</td><td>.....</td><td>J</td></tr> <tr><td>BLOOD</td><td>.....</td><td>K</td></tr> <tr><td>OTHERS</td><td>.....</td><td>X</td></tr> <tr><td></td><td align="center">(SPECIFY)</td><td></td></tr> <tr><td>NONE</td><td>.....</td><td>Y</td></tr> </table>	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			
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G47	Have you faced problems with your livestock farming?	<table border="0"> <tr><td>YES.....</td><td>1</td><td rowspan="2">→ G49</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES.....	1	→ G49	NO	2																																								
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NO	2																																														
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.	<table border="0"> <tr><td>LACK OF MONEY</td><td>.....</td><td>A</td></tr> <tr><td>NO WATER</td><td>.....</td><td>B</td></tr> <tr><td>LACK OF FOOD</td><td>.....</td><td>C</td></tr> <tr><td>THEFT</td><td>.....</td><td>D</td></tr> <tr><td>NOT ENOUGH SPACE</td><td>.....</td><td>E</td></tr> <tr><td>BAD WEATHER</td><td>.....</td><td>F</td></tr> <tr><td>NATURAL PREDATORS</td><td>.....</td><td>G</td></tr> <tr><td>PARASITES</td><td>.....</td><td>H</td></tr> <tr><td>OTHERS</td><td>.....</td><td>X</td></tr> <tr><td></td><td align="center">(SPECIFY)</td><td></td></tr> </table>	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)																
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VI. FORMAL MARKETING																																															
G49	What you do with what you produce?	<table border="0"> <tr><td>CONSUMPTION</td><td>.....</td><td>1</td><td rowspan="3">→ G64</td></tr> <tr><td>SALE</td><td>.....</td><td>2</td></tr> <tr><td>BOTH</td><td>.....</td><td>3</td></tr> </table>	CONSUMPTION	1	→ G64	SALE	2	BOTH	3																																			
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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.	<table border="0"> <tr><td>AGRICULTURE</td><td>.....</td><td>A</td></tr> <tr><td>LIVESTOCK</td><td>.....</td><td>B</td></tr> <tr><td>CRAFTS</td><td>.....</td><td>C</td></tr> <tr><td>FOREST PRODUCTS (WOOD, GRAPES, HERBS)</td><td>.....</td><td>D</td></tr> <tr><td>AGROINDUSTRY</td><td>.....</td><td>E</td></tr> <tr><td>TEXTILES</td><td>.....</td><td>F</td></tr> <tr><td>OTHERS</td><td>.....</td><td>X</td></tr> <tr><td></td><td align="center">(SPECIFY)</td><td></td></tr> </table>	AGRICULTURE	A	LIVESTOCK	B	CRAFTS	C	FOREST PRODUCTS (WOOD, GRAPES, HERBS)	D	AGROINDUSTRY	E	TEXTILES	F	OTHERS	X		(SPECIFY)																						
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	(SPECIFY)																																														
VII. ACTIVITIES OF THE VALUE CHAIN																																															
G51	Before selling your products, do you make some changes on it?	<table border="0"> <tr><td>YES.....</td><td>1</td><td rowspan="2">→ G52A</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES.....	1	→ G52A	NO	2																																								
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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.	<table border="0"> <tr><td>DRYING</td><td>.....</td><td>A</td></tr> <tr><td>SMOKING</td><td>.....</td><td>B</td></tr> <tr><td>POWDERING</td><td>.....</td><td>C</td></tr> <tr><td>JAM</td><td>.....</td><td>D</td></tr> <tr><td>FRYING</td><td>.....</td><td>E</td></tr> <tr><td>OIL EXTRACTION</td><td>.....</td><td>F</td></tr> <tr><td>SALTING</td><td>.....</td><td>G</td></tr> <tr><td>FERMENTATION (CHEESE, MILK, ETC.)</td><td>.....</td><td>H</td></tr> <tr><td>WIRING</td><td>.....</td><td>I</td></tr> <tr><td>FOOD PASTE (TALIA, BEROUA, ETC)</td><td>.....</td><td>J</td></tr> <tr><td>TANNING</td><td>.....</td><td>K</td></tr> <tr><td>CONFECTIONERY</td><td>.....</td><td>L</td></tr> <tr><td>MOULDING</td><td>.....</td><td>M</td></tr> <tr><td>OTHERS</td><td>.....</td><td>X</td></tr> <tr><td></td><td align="center">(SPECIFY)</td><td></td></tr> </table>	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)	
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G52A	Do you sort your products before selling?	<table border="0"> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES.....	1	NO	2																																									
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Module G. AGRICULTURE

INFORMATION ON THE RESPONDENT			
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..... NO	1 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 PRODUCTION (FOOD CROPS AND MARKET GARDEN) HOW TO DO MARKETING HOW TO IMPROVE ON BUSINESS HOW TO EARN MORE MONEY PRINCIPLES OF THE COOPERATIVE HOW TO IMPROVE ON THE BREEDING OF CATTLE / LIVESTOCK OTHERS _____ (SPECIFY)	A B C D E F X
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) ASSOCIATION APV (PARA-VETERINARY/GUARD AUXILIARY) MOBILE PHONE COMMUNITY BASED STRUCTURE PRODUCTION SUPPORT ORGANIZATIONS (LIKE NGOs) MARKETING SUPPORT ORGANIZATIONS PARENTS NEIGHBOURS ON THE RADIO ON NEWSPAPERS ON TELEVISION SPEAKER OTHERS _____ (SPECIFY)	A B C D E F G H I J K L M X
X. FINANCIAL SERVICES			
G67	Have you received any agricultural credit, in cash or in kind in the [PAST 12 MONTHS]?	YES..... NO	1 2 8
G68	Have you saved money (money kept to be used later) in the [PAST 12 MONTHS]?	YES..... NO	1 2 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..... NO	1 2 8
G70	END TIME OF MODULE	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	GO TO MODULE C

Module C. Access to food (SDAM and HHS)			
NO.	QUESTIONS AND FILTERS	CATEGORIES DE CODAGE	SKIP
C00	RECORD TIME AT THE START OF THE MODULE	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
C01	HOUSEHOLD NUMBER AND SURVEY AREA	HOUSEHOLD <input type="text"/> <input type="text"/> VN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 COUNTY AND SUBCOUNTY NAME	LINE NUMBER ... <input type="text"/> <input type="text"/>	
SDAM QUESTIONS			
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 / soubala?	..... 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	
SDAM/HHS QUESTIONS			
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	END TIME OF MODULE	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE D1	

Module D. Nutritional status and dietary practices of children

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	THIRD ELIGIBLE CHILD
		NAME _____	NAME _____	NAME _____
D00	RECORD THE START TIME AT THE BEGINNING OF MODULE	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
D01	HOUSEHOLD IDENTIFICATION HOUSEHOLD NUMBER SURVEY AREA NUMBER	HOUSEHOLD <input type="text"/> <input type="text"/> VN ... <input type="text"/> <input type="text"/>	HOUSEHOLD <input type="text"/> <input type="text"/> VN ... <input type="text"/> <input type="text"/>	HOUSEHOLD <input type="text"/> <input type="text"/> VN ... <input type="text"/> <input type="text"/>
D02	CAREGIVER IDENTIFICATION CODE IN THE HOUSEHOLD LIST	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
D03	IDENTIFICATION OF THE CHILD CODE IN THE HOUSEHOLD LIST	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
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 RESPONDENT CONFORMS THAT THE DETAILS ARE CORRECT, RECORD THE DATE AS INDICATED ON THE CARD.	DAY.... <input type="text"/> <input type="text"/> MONTH... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY.... <input type="text"/> <input type="text"/> MONTH... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY.... <input type="text"/> <input type="text"/> MONTH... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D06	How old was [CHILD'S NAME] during his last birthday? AGE IN YEARS COMPLETED	YEAR <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/>
D07	How many months IS [CHILD'S NAME]? (SEE TABLE CONVERSION) RECORD THE CHILD'S AGE IN MONTHS	MONTH... <input type="text"/> <input type="text"/>	MONTH... <input type="text"/> <input type="text"/>	MONTH... <input type="text"/> <input type="text"/>
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.			

BIRTH DATE TO AGE IN MONTHS CONVERSION TABLES

Birth Date - 2013	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	1	2	3
Feb.	0	1	2
Mar.	--	0	1
Apr.	--	--	0
May	--	--	--
June	--	--	--
July	--	--	--
Aug.	--	--	--
Sept.	--	--	--
Oct.	--	--	--
Nov.	--	--	--
Dec.	--	--	--

Birth Date - 2012	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	13	14	15
Feb.	12	13	14
Mar.	11	12	13
Apr.	10	11	12
May	9	10	11
June	8	9	10
July	7	8	9
Aug.	6	7	8
Sept.	5	6	7
Oct.	4	5	6
Nov.	3	4	5
Dec.	2	3	4

Birth Date - 2011	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	25	26	27
Feb.	24	25	26
Mar.	23	24	25
Apr.	22	23	24
May	21	22	23
June	20	21	22
July	19	20	21
Aug.	18	19	20
Sept.	17	18	19
Oct.	16	17	18
Nov.	15	16	17
Dec.	14	15	16

Birth Date - 2010	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	37	38	39
Feb.	36	37	38
Mar.	35	36	37
Apr.	34	35	36
May	33	34	35
June	32	33	34
July	31	32	33
Aug.	30	31	32
Sept.	29	30	31
Oct.	28	29	30
Nov.	27	28	29
Dec.	26	27	28

Birth Date - 2009	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	49	50	51
Feb.	48	49	50
Mar.	47	48	49
Apr.	46	47	48
May	45	46	47
June	44	45	46
July	43	44	45
Aug.	42	43	44
Sept.	41	42	43
Oct.	40	41	42
Nov.	39	40	41
Dec.	38	39	40

Birth Date - 2008	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	--	--	--
Feb.	--	--	--
Mar.	59	--	--
Apr.	58	59	--
May	57	58	59
June	56	57	58
July	55	56	57
Aug.	54	55	56
Sept.	53	54	55
Oct.	52	53	54
Nov.	51	52	53
Dec.	50	51	52

Birth Date - 2007	Study Date		
	2013		
	Feb.	Mar.	Apr.
Jan.	--	--	--
Feb.	72	--	--
Mar.	71	72	--
Apr.	70	71	72
May	69	70	71
June	68	69	70
July	67	68	69
Aug.	66	67	68
Sept.	65	66	67
Oct.	64	65	66
Nov.	63	64	65
Dec.	62	63	64



Module D. The nutritional status and dietary practices of children				
NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	THIRD ELIGIBLE CHILD
		NAME _____	NAME _____	NAME _____
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) ←	YES 1 NO 2 (GP TO D54 IN THE 2ND COLUMN) ←	YES 1 NO 2 (DO TO D54 IN THE 3RD COLUMN) ←
D16	Has [CHILD'S NAME] already been breastfed?	YES 1 NO 2 (GO TO D18) ←	YES 1 NO 2 (GO TO D18) ←	YES 1 NO 2 (GO TO D18) ←
D17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES 1 (GO TO D19) ←	YES 1 (GO TO D19) ←	YES 1 (GO TO D19) ←
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) ←	YES 1 NO 2 (GO TO D24) ←	YES 1 NO 2 (GO TO D24) ←
D23	How many times during the day or at night yesterday did [CHILD'S NAME] CONSUME AN infant preparation?	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>

Module D. the nutritional status and dietary practices of children				
NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	TROISIÈME ENFANT ELIGIBLE
		NAME _____	NAME _____	NAME _____
D24	Did [CHILD'S NAME] consume can, powder 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 ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>
D26	Did [CHILD'S NAME] drink juice 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 ... <input type="text"/>	TIMES ... <input type="text"/>	TIMES ... <input type="text"/>
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
	Yesterday, 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

Module D. The nutritional status and dietary practices of children

NON.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	TROISIÈME ENFANT ELIGIBLE
		NAME _____	NAME _____	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 . . . <input type="text"/> <input type="text"/> DOES NOT KNOW . . .98	TIMES <input type="text"/> <input type="text"/> DOES NOT KNOW . . .98	TIMES <input type="text"/> <input type="text"/> 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

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

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 FOR UR NEXT CHILD, ← OR D66 IF NO OTHER CHILD) DOES NOT KNOW 8
D64	What (other) drug 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 ANTIBIOTIC, 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 ANTIBIOTIC, 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 ANTIBIOTIC, 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 UR NEXT CHILD, OR D66 IF NO OTHER CHILD)
D66	WRITE THE END TIME OF THE MODULE	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → 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.				

Tableau KISH pour sélectionner une femme 15-49 ans

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 household (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 <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>
E01	HOUSEHOLD NUMBER SURVEY AREA NUMBER	HOUSEHOLD <input type="text"/> <input type="text"/> VN <input type="text"/> <input type="text"/> <input type="text"/>
E02	IDENTIFICATION NUMBER OF THE WOMAN	LINE NUMBER <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E04	Please, what was your age on your last birthday? AGE IN YEARS COMPLETED	AGE <input type="text"/> <input type="text"/> DOES NOT KNO. 98
E05	Are you between 15 and 49 years?	YES 1 NO 2 DOES NOT KNO. 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 <i>RETURN TO THE KISH</i> ← <i>TABLE AND SELECT</i> <i>ANOTHER WOMAN</i>
DIETARY DIVERSITY OF THE WOMEN		
	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 KNO. 8
E12	Pumpkin: carrots, squash, sweet potatoes, yams, rye bread, gonda, yellowish or yellow orange inside?	YES 1 NO 2 DOES NOT KNO. 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 KNO. 8
E14	Spinach, lettuce, sorrel, molohiya, baobab leaves (Kouka), lodine, okra leaves, Moringa tchapatta, other local dark green leafy vegetables	YES 1 NO 2 DOES NOT KNO. 8
E15	Ripe mangoes, ripe papayas, melons	YES 1 NO 2 DOES NOT KNO. 8
E16	Other fruits and vegetables such as: cabbage, cauliflower, watermelon, squash / zucchini, onion, tomato, okra, yalo, green bean?	YES 1 NO 2 DOES NOT KNO. 8
E17	Liver, kidney, heart or meat organs?	YES 1 NO 2 DOES NOT KNO. 8
E18	Other meat; beef, pork, lamb, goat, chicken?	YES 1 NO 2 DOES NOT KNO. 8

Module I.1 ANTENATAL CARE				
NON.	QUESTIONS AND FILTERS	FIRST CHILD ELIGIBLE (0-24 MONTHS) NAME _____	SECOND CHILD ELIGIBLE (0-24 MONTHS) NAME _____	THIRD CHILD ELIGIBLE (0-24 MONTHS) NAME _____
I1.00	RECORD THE START TIME OF THE MODULE	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
I1.01	IDENTIFICATION OF HOUSEHOLD HOUSEHOLD NUMBER SURVEY AREA NUMBER	HOUSEHOLD <input type="text"/> <input type="text"/> VN ... <input type="text"/> <input type="text"/> <input type="text"/>		
I1.02	IDENTIFICATION CODE OF THE WOMAN IN THE HOUSEHOLD ROSTER	LINE NUMBER. <input type="text"/> <input type="text"/>		
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 KNOW... 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 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>
I1.06	How many antenatal consultations did you have?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/>	MIN <input type="text"/> <input type="text"/>	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 HOUSEHO LD 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)	CEDEMA YES: 1 NO: 2
[] []		[]	[] []	D D	M M	Y A	[] [] . [] [] 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 HOUSEHO LD ROSTER	NAME	AGE IN YEARS	SIZE (CENTIMETRES)	WEIGHT (KILOGRAMMES)	RESULT MEASURED: 1 ABSENT: 2 REFUSED: 3 OTHER: 6 (explain in comments)	END TIME HOUR: [] [] MINUTE: [] []					
[] []		[] []	[] [] [] . [] [] CM	[] [] . [] [] KG	[]						
COMMENTS:											
PRINT NAME OF ANTHROPOMETRIST:			SIGNATURE:			[] [] [] []	[] []	[] []	[] [] [] []		
						ID #	DAY	MONTH	YEAR		
PRINT NAME OF SUPERVISOR:			SIGNATURE:			[] [] [] []	[] []	[] []	[] [] [] []		
						ID #	DAY	MONTH	YEAR		

MODULE I.2 COUNTRY-SPECIFIC INDICATORS					
NO.	QUESTIONS AND FILTRES	CODING CATEGORIES		SKIP	
I2.00	INSERT START TIME OF THE MODULE	HOUR	<input type="text"/> <input type="text"/>	MINUTE	<input type="text"/> <input type="text"/>
I2.01	HOUSEHOLD NUMBER NUMBER OF THE SURVEY AREA	HOUSEHOLD	<input type="text"/> <input type="text"/>	VN	<input type="text"/> <input type="text"/>
I2.02	IDENTIFICATION NUMBER OF A RESPONSIBLE ADULT MALE (1) AND FEMALE (2)	LINE NUMBER	1 <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>	
I2.03	Do you think access to health services for women of reproductive age, including adolescents is:	VERY IMPORTANT	1	1	} I2.05
		IMPORTANT	2	2	
		NOT VERY IMPORTANT	3	3	
		NOT IMPORTANT AT ALL	4	4	
		DOES NOT KNOW	8	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	A	} I2.05
		Delivery	B	B	
		Postnatal care	C	C	
		Pregnant women receive a micronutrient supplementation (iron and folic acid)	D	D	
		The MCUs receive 1,000 messages daily, including the prevention of key childhood disease.	E	E	
		Receiving treatment for diseases	F	F	
		Receiving further nutritional assessments (Body Mass Index)	G	G	
		Receiving advice (health timing/ birth spacing; STDs or something else)	H	H	
		Receiving ready to use therapeutic foods (RUTF)	I	I	
		Receiving long-lasting insecticidal nets (LLINs)	J	J	
		DOES NOT KNOW	Z	Z	
I2.05	Why do you think that access to health services for children between 0 and 5 years is important?	VERY IMPORTANT	1	1	} I2.07
		IMPORTANT	2	2	
		NOT VERY IMPORTANT	3	3	
		NOT IMPORTANT AT ALL	4	4	
		DOES NOT KNOW	8	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	A	} I2.05
		Receiving vitamin A supplements	B	B	
		Receiving complete course of vaccination before their first birthday	C	C	
		Receiving treatment for diseases	D	D	
		Receiving further nutritional assessments (Body Mass Index)	E	E	
		Receiving advice (weight, size, growth, after being screened at Community level by the mid-upper arm circumference (MUAC)	F	F	
		Receiving ready to use therapeutic foods (RUTF)	G	G	
		Receiving long-lasting insecticidal nets (LLINs)	H	H	
		Receiving long-lasting insecticidal nets (LLINs)	I	I	
		DOES NOT KNOW	Z	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	1	} I2.07
		NO	2	2	
I2.08	END TIME OF THE MODULE HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	GO TO MODULE H1			

MODULE H1. POVERTY MEASUREMENT

HOUSEHOLD UNNUMBER (ID) FOLLOWING MODULE A

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INSERT THE START TIME OF THE MODULE

HR

--	--

SURVEY AREANUMBER FOLLOWING MODULE A

.....

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MINUTES

--	--

ID CODE OF RESPONDENT FOLLOWING MEMBERS LIST (COLUMN 6)

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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	1 2									
764	palms 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								
			Bunch1	Tongolo4	Kg7	Litre10	Heap13				
			Tia2	50 Kg Bag5	Gram8	Centilitre11	Other96				
			Basket3	100 Kg Bag6	Unit9	Sachet12					

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									Y	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	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	1 2									
821	Hot coffee without	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 10)	ID CODE ... <input type="text"/> <input type="text"/>	
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 _____

MODULE H6. VALUE OF ASSETS							
ITEM CODE	ITEM	YES = 1 NON = 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 [ITEMS] 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? IF MORE THAN ONE ITEM, "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	

MODULE H6. VALUE OF ASSETS							
ITEM CODE	ITEM	YES = 1 NON = 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 [ITEMS] 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? IF MORE THAN ONE ITEM, 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
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	
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	

RECORD END TIME OF MODULE	HR:			MINUTE:		
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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: _____

Annex 3: Indicator Definitions

Annex 3 Household Survey Indicator Definitions

Table A3.1. Food for Peace Title II Baseline Survey Indicators

Indicator	Disaggregation	Data Points
1. Average Household Dietary Diversity Score (HDDS) ¹	None	Indicator, CI*, # households in target area
2. Prevalence of households with moderate or severe hunger - Household Hunger Scale (HHS) ²	Gendered Household Type	Indicator, CI, # households in target area
3. Prevalence of underweight children under five years of age ³	Sex	Indicator, CI, # children 0–59 months in target area
4. Prevalence of stunted children under five years of age ³	Sex	Indicator, CI, # children 0–59 months in target area
5. Percentage of children under age five who had diarrhea in the last two weeks ⁴	Sex	Indicator, CI, # children 0–59 months in target area
6. Percentage of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT) ⁴	Sex	Indicator, CI, # children 0–59 months in target area who had diarrhea in the last two weeks
7. Prevalence of exclusive breast-feeding of children under six months of age ⁵	Sex	Indicator, CI, # children < 6 months in target area
8. Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) ⁵	Sex	Indicator, CI, # children 6-23 months in target area
9. Prevalence of underweight women of reproductive age ⁴	None	Indicator, CI, # women 15-49 years in target area
10. Women's Dietary Diversity Score ⁶	None	Indicator, CI, # women 15-49 years in target area
11. Percentage of households using an improved drinking water source ⁴	None	Indicator, CI, # households in target area
12. Percentage of households using improved sanitation facilities ⁴	None	Indicator, CI, # households in target area
13. Percent of households with soap and water at a hand washing station commonly used by family members ⁴	None	Indicator, CI, # households in target area
14. Percentage of farmers who used financial services in the past 12 months	Sex*	Indicator, CI, # farmers in target area
15. Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	Sex*	Indicator, CI, # farmers in target area
16. Percentage of farmers who used a minimum number of sustainable agricultural practices in the past 12 months	Sex*	Indicator, CI, # farmers in target area
17. Percentage of farmers who used improved storage practices in the past 12 months	Sex*	Indicator, CI, # farmers in target area
18. Prevalence of poverty: Percent of people living on less than \$1.25/day	Gendered Household Type	Indicator, CI, # individuals in target area
19. Mean depth of poverty	Gendered Household Type	Indicator, CI, # individuals in target area
20. Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	Gendered Household Type	Indicator, CI, # individuals in target area

*Although FFP requires that the agricultural indicators are disaggregated by sex, it was not possible for the Niger survey due to the purposive selection of the primary farmer in each household.

¹Anne Swindale and Paula Bilinsky. 2006. *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide*. Version 2. Available at http://www.fantaproject.org/publications/hdds_mahfp.shtml.

²Terri Ballard, Jennifer Coats, Anne Swindale, and Megan Deitchler. 2011. *Household Hunger Scale: Indicator Definition and Measurement Guide*. Available at http://www.fantaproject.org/publications/hhs_2011.shtml.

³Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at <http://www.fantaproject.org/publications/anthropom.shtml>.

⁴Demographic Household Survey (DHS). Phase 6 (2008-2013). Available at <http://www.measuredhs.com/>

⁵WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part 1: Definitions*. Available at <http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html>.

WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. Available at <http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html>

⁶Mary Arimond et al. 2010. 'Developing Simple Measures of Women's Diet Quality in Developing Countries: Methods and Findings.' *Journal of Nutrition* 140(11): Supplement. Available at http://www.fantaproject.org/publications/JofN_Oct2010.shtml.

Annex 3 Household Survey Indicator Definitions

Table A3.2. Definition of Agricultural Indicators

Definition of Agricultural Indicators - Niger			
Indicator	Definition	Survey Questions	Comments
Percentage of farmers who used at least two sustainable agricultural (crop) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. Use of improved seeds (CRS, SC) 2. Storage of seeds (CRS, SC) 3. Use of fertilizer (CRS, SC) 4. Management of fruit trees (CRS) 6. Household garden production (CRS) 	<ol style="list-style-type: none"> 1. G08A, G09A, G10A, G11A, G12A 2. G20 3. G29, G30 4. G32, G33 5. G36, G37 6. G14, G16, G18 	Only those farmers who grow crops (G04) were asked these questions.
Percentage of farmers who used at least two sustainable agriculture (livestock) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. Improved outdoor livestock facilities (CRS, SC) 2. Vaccination of poultry (CRS) 3. Preventive services for ruminants (deworming, vaccination, hoof removal, vitamin supplementation) (CRS, SC) 	<ol style="list-style-type: none"> 1. G41A 2. G42 3. G42A 	Only those farmers who raise livestock (G05) were asked these questions.
Percentage of farmers who used at least two sustainable agriculture (NRM) practices and/or technologies in the past 12 months	<ol style="list-style-type: none"> 1. AGROFORESTERIE (CRS, SC) 2. RÉGÉNÉRATION NATURELLE DES FORÊTS (CRS, SC) 3. REBOISEMENT (NOUVELLES PLANTATIONS) (CRS) 4. ENREGISTREZ TOUTES LES RÉPONSES FOURNIES PAR AMÉNAGEMENT DES BASSINS VERSANTS (CRS) 5. GESTION DES PLANTATIONS FORESTIÈRES (FORÊTS ÉTABLIES) (CRS) 6. PÉPINIÈRES (PRODUCTION DE PLANTS FORESTIERS) (CRS, SC) 7. AUTRES 	G38C	Only those farmers who grow crops (G04) AND reported being involved in forest production (G38A) were asked these questions.
Percentage of farmer who used at least three sustainable agricultural practices and/or technologies in the past twelve	This indicator will be set based on whether three of the activities listed for all three subindicators above are used.	NA	
Percentage of farmers who used any improved storage practices in the past 12 months	<ol style="list-style-type: none"> 1. TRIPLE EN SACHAGE (CRS, SC, MERCY) 2. SAC EN JUTE (CRS, SC, MERCY) 5. EN TONNEAU (CRS, SC, MERCY) 6. EN BIDON (CRS, SC, MERCY) 7. EN JARRE (CRS, SC, MERCY) 8. MAGASIN COMUN (WARRANTAGE) (CRS, SC, MERCY) 	G08E - MILLET G09E - SORGHUM G10E - CORN, IRRIGATED G11E - CORN, NOT IRRIGATED G12E - COWPEAS	Only those farmers who grow crops (G04) are asked these questions.
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	<ol style="list-style-type: none"> 1. SORT CROPS 2. RANK CROPS 3. WHOLESALE TRANSPORT 4. TRADE OR SELL PRODUCTS WHOLESALE, RETAIL, OR EXPORT 5. PARTICIPATE IN ASSOCIATION OR INFORMAL COOP 6. CALCULATION OF COST OF PRODUCTION FOR THE MARKET 7. KEEPING PRODUCTION RECORDS 8. DEVELOPING PRODUCTION AND SALES PLANS 	<ol style="list-style-type: none"> 1. G52A 2. G52B 3. G52C 4. G53 5. G54 6. G55A 7. G55C 8. G62 	Only those farmers who grow crops (G04) or raise livestock (G05) AND reported selling products (G49, options 2 or 3) were asked these questions.
Percentage of farmers who used any financial services in the past 12 months	<ol style="list-style-type: none"> 1. Savings 2. Agricultural credit 3. Agricultural insurance 	<ol style="list-style-type: none"> 1. G68 2. G67 3. G69 	Only those farmers who grow crops (G04) or raise livestock (G05) are asked these

Annex 3
Household Survey Indicator Definitions

Table A3.3. Definition of Program-Specific Indicators

Program-specific indicators for Niger	
P1	<p>Percent of households surveyed who can give at least 2 reasons why access to health services is important for children under 5 and for women of child bearing age including adolescent girls.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: Households with at least one responsible adult answering (I2.03<3 + 2 or more responses A to J in I2.04) + (I2.05<3 + 2 or more responses A to I in I2.06) • <u>Denominator</u>: Total number of households
P2	<p>Percent of farmers that used at least one improved variety of macro-nutrient dense foods in the most recent season (Annual).</p> <p>Improved varieties refer to varieties of millet (mil), sorghum (sorgho) and cowpeas (niébé) recommended by research institutions in the last 5 years.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: G08A=1 or G08A=3 and G09A=1 or G09A=3 and G12A=1 or G12A=3 • <u>Denominator</u>: Total number of farmers
P3	<p>Percent of births in the last 24 months receiving at least 4 antenatal care (ANC) visits during pregnancy</p> <ul style="list-style-type: none"> • <u>Numerator</u>: I1.04=1 and I1.06>=4 • <u>Denominator</u>: Total number of children 0-24 months
P4	<p>Percent of respondents who know 3 of 5 critical moments for handwashing.</p> <ul style="list-style-type: none"> • <u>Numerator</u>: Household respondents providing 3 to 5 responses A, D, E, F, G (critical moments) in F17. • <u>Denominator</u>: Total number of households respondents

Annex 4: Methods for Poverty Indicators

Annex 4

Description of Methodology to Derive Poverty Indicators

The World Bank defines poverty as whether households or individuals have enough resources or abilities today to meet their needs. Poverty is usually measured based on consumption levels rather than other measures such as income. Actual consumption is more closely related to a person's well-being in the sense of having enough to meet current basic needs. Also, in poor agrarian economies and in urban economies with large informal sectors, income may be difficult to estimate. It may be seasonal and erratic, and it may be difficult to estimate particularly for agricultural households whose income may not be monetized.

The prevalence of household poverty was measured using information on household expenditures to compute a household consumption aggregate. The consumption aggregates was constructed following guidelines from Deaton & Zaidi (2002)¹ and Grosh & Muñoz (1996)² by adding together the various goods and services consumed by each household during a period of 12 months. The various components of consumption were grouped together into 6 main categories, including food, usual expenses (expenses in the last 7 days), occasional expenses (expenses in the last 30 days), unusual expenses (expenses in the last 12 months), housing, and durable assets.

In general consumption was calculated by adding the value in local currency units (LCU) of the items consumed by the household, as reported by household informants. These items were collected according to different time horizons, but were then transformed into daily per capita consumption.

Whenever a household missed data on the value consumed for a given item, that value was imputed using the closest local median value for that item. That is, if a household missed consumption information on a given item, it was assigned the median value reported by other households in the vicinity. Whenever the item is reported frequently enough, this imputation was done at the cluster level. However some items were consumed by few households. In those cases the level of imputation was at a higher level, depending on how rare the item was. These imputed amounts were subject to checks that the imputed prices are plausible to avoid undue influence from outliers.

The reported values for each item and each consumption component were checked for outliers to detect possible coding errors or extreme values. Values that were 5 standard deviations (SD)

¹ Deaton, A. and S. Zaidi (2002), A Guide to Aggregating Consumption Expenditures, Living Standards Measurement Study, Working Paper 135. Available at: <http://siteresources.worldbank.org/INTPA/Resources/429966-1092778639630/deatonZaidi.pdf>

² Margaret Grosh and Juan Muñoz (1996). A Manual for Planning and Implementing the Living Standards Measurement Study Surveys. LSMS Working Paper #126, The World Bank. Available at: <http://documents.worldbank.org/curated/en/1996/05/438573/manual-planning-implementing-living-standards-measurement-study-survey>

Annex 4

Description of Methodology to Derive Poverty Indicators

over the average were flagged and checked for plausibility. Values deemed implausible were imputed using the methodology described above.

Besides this general methodology, some components required specific computations.

- **Food Consumption**

Computation of food consumption is complex because it involves products that are purchased in the market, where price information is available, and products that are home-produced or received as a gift, where price information is not available. Even when products are purchased, it is often difficult for household informants to report the precise market value of the amounts consumed by the household over the reference period, which often results in missing data.

The value of non-purchased food (and of any food missing value information), was imputed by first transforming the amounts consumed by the household to a common metric unit (kilograms or liters). Once amounts consumed were transformed into a common metric unit, they were multiplied by the local median value of that unit for imputation of home production and gifts. If a product was reportedly consumed, but amount information was missing or implausible, the median per capita value consumed by local households was imputed.

- **Assets**

Purchases of durable goods represent large and relatively infrequent expenses. While almost all households incur relatively large expenditures on these at some point, only a small proportion of all households are expected to make such expenditures during the reference period covered by the survey. As indicated by Deaton & Zaidi (2002) “From the point of view of household welfare, rather than using expenditure on purchase of durable goods during the recall period, the appropriate measure of consumption of durable goods is the value of services that the household receives from all the durable goods in its possession over the relevant time period” (p. 33).

Consumption of durable goods was calculated as the annual rental equivalent of owning the asset. As the value of the item when new was not available in the data sets, consumption of durable goods was calculated based on the estimated remaining life of the asset, as recommended by Deaton & Zaidi (2002): First, the average age for each durable good, \bar{T} , was calculated from the data on the current age of the particular respondent’s asset recorded in the survey (T). The average lifetime of each durable good was estimated as $2\bar{T}$ under the assumption that purchases are uniformly distributed through time. This uniform distribution is defined over the continuum 0 to $2\bar{T}$ and has a mean of \bar{T} . The remaining life of each good was calculated as $2\bar{T} - T$. A rental

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Description of Methodology to Derive Poverty Indicators

equivalent estimating the daily per capita flow of services from the durable goods is then derived by dividing the current replacement value of the good by its expected remaining life.

- **Housing**

The case of housing is similar to other durable goods, in that it is better measured as an annual consumption of housing services, either annual rent expenditures for renters, or an annual rental equivalent for non-renters.

The baseline survey collected information on rent paid among renters, and an estimated rental equivalent for non-renters. It is likely that the housing rental market is small and a significant amount of non-renters were unable to provide an estimated rental equivalent. Missing responses were imputed using two approaches. First, the age of the house and its current replacement value was used to estimate a housing rental equivalent, using the methodology described above for durable goods.

For those cases where an estimated current value or age of the house were not available, an hedonic OLS regression model was used, as suggested by Grosh & Muñoz (1996). The model was built on the sample of households reporting non-zero rent or rental equivalents, with the log of rent paid by renters as a dependent variable, and several sets of independent variables, that included:

- Housing characteristics: number of members, type of water access, type of sanitation services.
- Socio-economic status: consumption sub-aggregates (in log form), asset ownership, Household Dietary Diversity Score.
- Location: District and community, all expressed as a set of dummy variables taking the value of 1 when the code was applicable to a given case, and a value of 0 when it was not.

The final model was estimated based on the following regression equation,

$$\log(R_i) = \beta_0 + \beta X_i + \varepsilon_i$$

where R_i represents the reported non-zero rent paid by household i , β_0 is the constant term, X_i is the final vector of independent variables and ε_i is the error term accounting for unexplained variance. The unstandardized beta weights resulting from this regression equation were applied to the vector of independent variables among non-renting households to estimate their annual rent equivalent.

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Total daily consumption per capita was computed as the sum of daily per capita values for all the components of the expenditure module, except those categories that Deaton and Zaidi (2002) recommend excluding:

- Factors that are considered productive assets (e.g. farm equipment, trucks)
- Large and unusual expenditures (ceremonies, marriages, funerals, parties, etc.)
- Gifts, charitable contributions, and remittances to other households
- Taxes and levies

Poverty indicators were computed based on this total consumption aggregate, including the prevalence of poverty, average daily per capita expenditures, and mean depth of poverty. Each of these three indicators is defined below.

- **Prevalence of Poverty**

The prevalence of poverty, or poverty headcount ratio, is the proportion of the population in the survey area living in extreme poverty, defined as having average daily consumption of less than US\$1.25 per capita, converted into LCU at 2005 Purchasing Power Parity (PPP) exchange rates. This poverty line was calculated using the following two steps:

- First, the \$1.25 line was converted into LCU, using the 2005 PPP exchange rate for Niger³, of 267.3.
- Second, the resulting figure was adjusted for cumulative price inflation since 2005. The adjustment was done using the average monthly inflation in 2005 as the base factor⁴, and the monthly inflation for each of the survey months as the numerator. Poverty lines were computed using these CPI values, one for each month of data collection (CPI_{Feb.2013} = 116.312, CPI_{Mar.2013} = 115.867).

The final poverty lines were:

- February 2013 Poverty Line = $1.25 * 267.3 * 1.16312 = 388.63$ FCFA
- March 2013 Poverty Line = $1.25 * 267.3 * 1.15867 = 387.14$ FCFA

Note that the poverty line is converted to LCUs to enable a computation of prevalence of poverty using per capita expenditures figures in LCUs, given that the currency units must be standardized in the computation. It is also possible to compute the prevalence of poverty by using the \$1.25

³ Global Purchasing Power Parities and Real Expenditures, 2005 International Comparison Program. Available at: <http://data.worldbank.org/indicator/PA.NUS.PRVT.PP?page=1>

⁴ CPI data for Niger obtained from : <http://elibrary-data.imf.org>

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Description of Methodology to Derive Poverty Indicators

poverty line and converting the per capita expenditure figures from 2013 FCFA to 2005 US dollars instead. This is because the prevalence of poverty figures that are reported do not explicitly state which currency underpinned the calculation.

- **Average daily per capita expenditures**

This indicator was computed as the average of daily per capita expenditures, expressed in constant 2010 US dollars at 2005 PPP adjusted to 2010 US prices. The steps to convert daily per capita expenditure in 2013 FCFA to constant 2010 US\$ (2005 PPP adjusted to 2010 US prices) were:

- Convert LCU at the time of the survey to LCU at 2005 prices, by dividing by the CPI for the survey month ($CPI_{Feb.2013} = 116.312$, $CPI_{Mar.2013} = 115.867$).
- Convert 2005 LCU to 2005 US\$ by dividing by the 2005 PPP conversion rate (267.3)
- Convert US\$ in 2005 prices to US\$ in 2010 prices by multiplying by 111.65, which is the US CPI for 2010.

Note that average daily per capita expenditure is expressed in US\$ in 2010 prices in order to enable comparisons with other countries.

- **Mean depth of poverty**

This indicator is useful to understand the average, over all people, of the gaps between poor people's living standards and the poverty line. It indicates the extent to which individuals fall below the poverty line (if they do).

Mean depth of poverty is computed based on the poverty gap index (PGI). This index is defined as the ratio of the Poverty Gap (PG) to the poverty line. The PG is computed as the average of the differences between an individual's total daily per capita consumption and the poverty line, divided by the poverty line, with individuals over the poverty line having a PG = 0. The PGI is given by the formula:

$$PGI = \left(\frac{1}{N} \sum_{i=1}^q \left(\frac{z - y_i}{z} \right) \right) \times 100$$

Where N is the total number of individuals in the population, z is the poverty line and y_i is the daily per capita consumption of individual i.

Annex 5: Qualitative Study Sampled Communities

Annex 5

Table 1: Sampled Communities for Qualitative Study

PVOS	Department	District	Village Name (<i>Backup</i>)*	# of HH	IDIs Conducted	FG or Pilot Interview Conducted
Save the Children	Maradi	Guidan Roundji	1.Guidan Sori	400	1.Caregiver-M	Pilot FGD and IDI
			<i>Guidan Kane Katsinawa</i>	<i>306</i>	2.Head of HH-F 3.Caregiver-F	
	Maradi	Guidan Roundji	2.Toungourma	70	4.Farmer-M	1. FGD Caregiver-M 2. FGD Caregiver-F
			<i>Kapsa</i>	<i>90</i>	5.Farmer-F 6.Head of HH-M	
Maradi	Aguie	3.Dadani	200	7. Farmer-M		
		<i>Dodo</i>	<i>300</i>	8. Farmer-F 9. Head of HH-M		
Maradi	Aguie	4.Chapke	90	10. Caregiver-M		
		<i>Dajin Amiya</i>	<i>88</i>	11. Head of HH-F 12. Caregiver-F		
CRS	Maradi	Mayahi	5.Dan Kori	273	13.Head of HH-M	
			<i>Guidan Taweye</i>	<i>216</i>	14.Farmer-F 15.Head of HH-F	
	Maradi	Mayahi	6.Zongo Yardi	48	16.Caregiver-M	
			<i>Kochin Houra</i>	<i>56</i>	17. Head of HH-F 18.Farmer-M	
Zinder	Kantche	7.Sandawa	80	19.Head of HH-M	3. FGD Farmer-M 4. FGD Farmer-F	
		<i>Kogga</i>	<i>141</i>	20.Farmer-F 21.Head of HH-F		
Zinder	Kantche	8.Gomba Bougage	400	22.Caregiver-M		
		<i>Douache</i>	<i>400</i>	23.Head of HH-F 24.Farmer-M		
Mercy Corps	Maradi	Dakoro	9.Dan Goulbi	400	25.Head of HH-M	
			<i>Sayadi Dakare</i>	<i>350</i>	26.Head of HH-F 27.Caregiver-F	
	Maradi	Dakoro	10.Magajin Kori	150	28.Farmer-M	5.FGD Head of HH-M 6.FGD Head of HH-F
			<i>Mai Banda</i>	<i>173</i>	29.Farmer-F 30.Caregiver-M	
Zinder	Mirriah	11.Koudou Wage	600	31. Head of HH-M		
		<i>Diney Haoussa</i>	<i>1500</i>	32. Head of HH-F 33. Caregiver-F		
Zinder	Mirriah	12.Fotoro Bougage	92	34. Farmer-M		
		<i>Kaouri Touareg</i>	<i>100</i>	35. Farmer-F 36. Caregiver-M		

Note: The villages in italics are the backup options

Table 2: IDI and FGD by PVO and Village

IDI	Save the Children		CRS		Mercy Corps		Total
	Aguie, Maradi	GR, Maradi	Mayahi, Maradi	Kantche, Zinder	Dakoro, Maradi	Mirriah, Zinder	
Male Farmer IDI	1	1	1	1	1	1	6
Female Farmer IDI	1	1	1	1	1	1	6
Male Caregiver IDI	1	1	1	1	1	1	6
Female Caregiver IDI	1	1	1	1	1	1	6
Male Head of HH IDI	1	1	1	1	1	1	6
Female Head of HH IDI	1	1	1	1	1	1	6
Total IDI	6	6	6	6	6	6	36
FGD							
Head of HH FDG					1 male 1 female		2
Caregiver FDG		1 male 1 female					2
Farmer FDG				1 male 1 female			2
Total FDG	0	2	0	2	0	2	6

**Annex 6a:
Qualitative Study
Instruments in
English**

Annex 6a

IN-DEPTH INTERVIEW GUIDE FOR POTENTIAL DIRECT BENEFICIARIES

Background Information: Before we begin our specific questions related to food, agriculture, health and nutrition, I wanted to learn a little bit about your definition of a household and a little bit more about the people who live there.

1. How do you define household? How do you define family? For you, what is the difference between a household and a family?
2. Please list for me the people, their ages, and sex, who are a part of your **household**. (NOTE: THEY DO NOT NEED TO PROVIDE THE NAMES OF THE INDIVIDUALS THAT ARE A PART OF THEIR HOUSEHOLD)
 - a. Do they all live under the same roof? If no, please explain to me where they live.
 - b. Who do you consider to be the head of the household? Does the head of the household always live and sleep in the same home?
 - c. Is there a person in your household who is the primary decision-maker? If yes, who is that person?
3. Do you or other members of your household migrate to other locations, either within Niger or outside of Niger, at particular times of year? Please tell me about that process.
 - a. Who migrates? And where do they migrate to?
 - b. Do they migrate for long or short periods of time? During what times of year do they migrate?
 - c.
 - d. Why do individuals in your household choose to migrate?
 - e. How do the habits of the household change or are affected when someone from the household migrates? [Probe: Who is most affected? How are the finances of the HH affected? How does the HH deal with these effects?]
4. Are there individuals in your household that attend school? Please list these individuals for me, their age, and what level they are in school.
 - a. Who makes the decision to send them to school?
 - b. Why did you make the decision to send children in your household to school? What purpose does school serve?
 - c. When are the regular months of attendance? And what are the school hours?
 - d. Are there periods of the year that they do not attend? Why?

Food Access and Utilization: The primary objective of this section is to understand the types of foods you and members of your household eat and beverages you drink, the access you have to those foods and beverages, why you make the food choices you do, and what food choices you might make if you had additional resources.

5. Please describe what a typical day in the last week looks like in terms of the food you eat.
 - a. Please list for me the time of day you ate and what you ate during that time.

- b. How do you decide what you are going to eat for each meal? Do those foods provide a particular nutritional benefit?
 - c. Where do the foods come from that you eat?
 - d. Have there been times you would like to eat, but there is no food? What do you do during those times? During those times if everyone is not able to eat, who gets priority?
 - e. Who in your household makes decisions regarding what types of foods will be consumed? Which household members are typically responsible for food preparation?
6. Now I would like to ask the same question but about the different members of your household
- a. Are there differences in when the children who live in your home eat compared to your own habits, either in terms of the types of food they eat or the quantity? If yes, what are those differences?
 - b. Are there differences in what the women and men in your household eat either in terms of quantity or the types of food? If yes, what are those differences?
 - c. What are some of your beliefs or customs regarding how people in your household eat? [Probe: Are boys and girls given different food? What are the differences? Are children from different ages given different types of foods? Which types? Do the adults in the household eat different foods than the children eat? What are the differences?]
7. Do you eat different foods in the rainy season than you do in the dry season? Why or why not?
8. What is the primary beverage that is consumed in your household by the adults? And the children?
- a. Tell me which beverages are taken with meals?
 - b. [If water is not mentioned above, ask the following] Do individuals in your home also consume water?
 - c. What is the source of the beverages that you and the members of your household consume?
 - d. Have there been times in the last month that you have wanted to have a particular beverage that was not available to you? Please tell me about that experience.
 - e. Do any members of your family consume alcoholic beverages? If yes, what type and how often or on what occasions?
9. Have you heard about the nutritional benefits of certain foods vs. others and the advantages of a diverse diet? [If yes, continue and probe to get a good sense of the knowledge they have on dietary diversity benefits in general and more specifically for woman and children under 5]
- a. Where did you hear about the information?
 - b. Do you try to follow these recommendations? If yes, how? If no, why not?

Health Status and Access to Health Care: Now that we've learned a little bit about your eating and drinking habits, we would like to discuss your health status and the health of other individuals in your household, especially that of the women and children. And we'd also like to learn a bit more about the access to healthcare you have in this community.

10. Were the children that are a part of your household breastfed? Why or why not?
- a. How old was the child when s/he started to breastfeed? Did it occur immediately after the child was born? Why or why not?

- b. Who makes the decision as to whether or not a child will be breastfed?
 - c. Some children receive breast milk in different ways such as a spoon, cup, or bottle, was that the case for any children in your household?
 - d. At what stage/age did you begin to introduce either beverages or food instead of breast milk? Why did you choose that age/stage [Cultural practices or beliefs, or recommendations from healthcare provider]?
 - e. At what age did children stop breastfeeding?
 - f. Where did you learn about your practices and beliefs surrounding breastfeeding?
11. What are some of the health conditions that you or members of your household have faced over the last year? Two years? Please tell me about that experience. [Probe on the effects of the event on the household, how did the household deal with it?] Are there differences in the types of illnesses that the adults in your household get in comparison to the children?
12. What are the measures you have taken to prevent health conditions from occurring in yourself and your family?
13. When someone in your family needs health care, what do you do? Who makes the decisions?
- a. What health services are available to you? [Probe: public, private, traditional healers, etc]. Do you have to pay for these services?
 - b. Where are the health care facilities located? And how long does it take you to reach the health care facilities you need to attend? What is the mode of transportation to reach the health service? What is the typical cost?
 - c. Is there someone aside from a health care facility within in the community or within your family that you turn to for health care advice? If yes, who is this person?
 - d. Do you feel that your healthcare providers are reliable? Why or why not? Do you trust them? Why or why not? Do you fear them? If so, why?
14. When a woman in your household becomes pregnant what type of medical care does she receive? (NOTE: IF IT IS THE WOMAN RESPONDING, MAKE SURE TO CHANGE THE LANGUAGE SO THAT YOU ARE ASKING ABOUT HER EXPERIENCES)
- a. Does she receive care prior to giving birth? Who provides the care? And what type of care does she receive?
 - b. Where does she give birth? How was the decision made where she would give birth?
 - c. Does she receive care after giving birth? What type of care? Who provides that care? How long does the care continue after she has given birth?
15. Have your children been vaccinated? Why did you have your child vaccinated? Why not? What type of vaccines did they receive? Who make the decision to have your children vaccinated? If you did vaccinate your children, where did you go? Was it difficult or easy to have the vaccinations done? Is there a charge to have your children vaccinated?

16. Have you or any of the children in your household experienced acute diarrhea over the last year? What do you believe caused this diarrhea? What do you do to treat diarrhea? Are there things that you and other members of your household do to prevent diarrhea?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about your living arrangements and your access to water, and toilet facilities.

17. What is the main source of drinking water for members of your household? In the dry season? In the rainy season? What do you think of the quality of water? [Is it good clean water? Does it make people sick]

18. Tell me about the daily routine for fetching water.

- a. How long does it take to fetch water and return, including travel and waiting time? [Try to get the most accurate possible estimate by comparing to other known distances (like the main road, or another neighboring village)]
- b. How is water carried?
- c. What time does it occur? And how often in the week?
- d. Who in the family is responsible for that activity?
- e. Who makes the decision regarding who will be responsible for fetching the water?
- f. Do those who fetch water face any risks? What are these risks and what steps have been taken, if any, to reduce the risk?
- g. Do you typically purify your water before use? If so, what process do you follow? If not, why not?

19. Is the water source you identified always available? What do you do if it isn't?

20. In your household, when do the [men, women, children] bathe? Where and how do they do it? How often? Is there anything they use in addition to water for bathing? What practices do you teach your children about washing?

21. When do you wash your hands? In addition to water, what do you and your family members use to wash your hands?

22. Do you and the members of your household have access to a latrine?

- a. What is the setup of the latrine?
- b. What are the advantages and disadvantages of that particular set up?
- c. Do you wish to upgrade your latrine? If yes, why?
- d. Are there times you or your family members elect not to use a latrine? Please explain.

Agriculture and Livelihood: Now I would like to ask you some questions about the farming you do either here at your home or at other locations. When I use the term farming I am including producing crops like beans or maize, raising animals such as goats, cows, and fishing.

23. What are the products that you and other household members farm either here on your land or elsewhere?

24. Is the food you produce primarily use for consumption or for income generation? Please tell me which foods you produce for consumption and which you produce for sale.
25. Regarding the types of foods you produce for consumption:
- Who makes the primary decisions about the farming you undertake to feed the household?
 - How did you/they decide to farm that particular product?
 - Tell me a little bit about the roles and responsibilities of individuals in your household for farming as well as household work.
 - Please tell me a little bit about your processes once you have harvested your food for your consumption. Do you store it? And if so, what is your process for storing it?
26. Now, I would like to learn a little bit more about the type of farming you do here to generate income.
- Who makes the primary decisions about the farming you undertake for income generation?
 - How did you/they decide to farm that particular product to sell?
 - Tell me a little bit about the roles and responsibilities of individuals in your household for farming (grandmothers, grandfathers, mothers, fathers, children, etc.)
 - Please tell me a little bit about your processes once you have harvested your food for sale. What is your process for storing it? How do you process it? Who makes the decisions regarding the production and storage of food your harvested?
27. If you are selling any part of your products, please describe that process of sales for me.
- Do you farm here locally or do you have to go elsewhere?
 - Do you work with other community members? If yes, how?
 - What do you do with the money you earn selling your goods?
 - Who makes decisions regarding how the money will be allocated?
28. Have you experienced any events in the [1, 2, 5 years] past that have impacted your ability to farm either for sustenance or for income? (Family illness, environmental episode, accident, community event, national event?) [Get a specific timeline of the events. Probe on the effects of the events on the household, how did the household deal with it?] Did you have any insurance that helped you through that event? If not, how did you manage that period in your life?
29. Have you learn new farming techniques (improved practices) in recent years? Where did you learn your farming techniques? Who gave you this information? Which techniques that you learned about do you use? If there are others you do not use, why not? Are there techniques you would like to learn, but have not had access to?
30. What are some of the customs, traditions and/or beliefs related to work in the household regarding farm work? What differences are there in men's versus women's work roles? Who owns livestock? Who is responsible for processing different kinds of crops and livestock?

Livelihood and Income: In this section we will ask you a few questions about your income sources, your saving practices and how you obtain the items you need for daily living.

31. What is the primary source of income for your household? Are there other secondary sources? Who is responsible for bringing in these sources of income?

32. Do you pool your money into a single fund or do the individuals who earn the income have “ownership” over the income they bring in?
33. Does the income you and/or others in your household bring in provide you with enough economic support to sustain your daily life? Please explain.
 - a. If your income does not sustain you, what other means do you use to obtain items you need for daily life including housing, health care, transportation, schooling, food, etc?
 - b. Are there times when you trade goods and services? Tell me about that experience?
34. Do you have any savings? Are your savings parts of a savings plan? [Probe: Is there something in particular for which you are saving? How do you go about saving for something? What is the main income source for your savings?]
35. What are your biggest expenses in any given year? [Probe: specific events throughout, specific expenses for these occasions] How do you decide how and when to spend the household income [Probe: do you prioritize? Who is/are the main decision-maker(s)]
36. What is the principal source of power in the community for light and for cooking? What is the average cost of energy used for light, for cooking? Do you usually have access this power source for light and for cooking?

Socio-Cultural and Political Community Context: In this last part of our interview, I would like to learn a little bit more about your community as a whole

37. What do you think are some of the greatest needs for your community? Have there been programs implemented in the past by the government and/or other organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses? [Probe on respondents’ perceptions of and attitudes towards these organizations]
38. How has the overall context and living situation in your community changed within the 1, 2 years? Please discuss this in relationship to the following:
 - a. Overall security
 - b. Food access
 - c. Agricultural production
 - d. Health: both access to health care and the types of illnesses individuals are experiencing
 - e. women and children’s rights
 - f. education
39. How often do you or other members of your household interact with individuals from nomadic communities [Reverse the question if addressing a nomad community]? What is the nature of interaction? Are there variations by season?

40. Are there insecurities related to the cultures or animals of your communities (theft, crop damages from passing herds...) caused by other communities and ethnic groups? If yes, please explain? What has been done to prevent or fix these issues?

Thank you for your time! Is there any other additional information we have not covered that you would like to share with us about your access to food, your consumption of food and beverages, your work/livelihood, and nutritional status of women and children or other healthcare practices?

FOCUS GROUP DISCUSSION WITH POTENTIAL DIRECT BENEFICIARIES

Background Information: Before we begin our specific questions related to food, agriculture, health and nutrition, I wanted to learn a little bit about your definition of a household and a little bit more about the people who live there.

1. Let's talk about the typical structure of a household in your community. Who are the particular individuals who that typically make up a household in this community? Do all of the individuals who are in the same household live under the same roof?
2. Now let's talk a little bit about the typical roles and responsibilities of individuals within the household in this community.
 - a. Who is typically the head of the household in household in your community? How is the head of household chosen? What are the roles and responsibilities one has as the head of the household? Does the head of the household always live and sleep in the same home? Please explain this pattern for me.
 - b. Who in the household is typically responsible for the primary care of children and the decision-making regarding child care?
 - c. Who in the household is typically responsible for bringing in income? If multiple people hold the financial responsibilities of the household, can you describe for me what that looks like?
 - d. Who typically makes the primary decisions regarding household finances?
3. Is there a school in your community for children to attend? What grade level does it reach? Do most children attend school? Why or why not? Who makes the decision in most families about who will attend school? What do you think is the primary purpose of children attending school?
4. Do members of this community migrate for work? If so, what percentage of the community migrates?
 - a. Who are the individuals who typically migrate (men, women, younger individuals, etc)?
 - b. Why do they migrate?
 - c. Are there particular times of the year that individuals tend to migrate? If yes, what are those times of year?
 - d. What types of impacts do you believe migration has on the community? On the household?

Food Access and Utilization: The primary objective of this section is to understand the types of foods individuals in this community eat and beverages they drink, the access you have to those foods and beverages, why you make the food choices you do, and what food choices you might make if you had additional resources.

5. Please describe what a typical day in the last week looks like in terms of the food people eat on a daily basis?
 - f. Is there a particular food that is the main staple of the community?
 - g. Please describe the typical meal patterns in this community? How many times a day to people eat? Feel free to use yourself as an example.
 - h. Where do the foods come from that people in this community typically eat?

- i. Are there members of the community who do not have enough to eat? If so, are there any activities that happen at the community level to help support those individuals?
6. Are there individuals in this community who suffer from malnutrition? What symptoms do they have or how do you know they suffer from malnutrition? What do you believe are some of the causes of malnutrition? Are there things that can be done to prevent malnutrition? If so, please explain.
7. What is the primary beverage(s) that is/are consumed in this community?
 - a. Tell me which beverages are taken with meals?
 - b. What is the source of the beverages that individuals consume?
 - c. Do individuals in this community consume alcoholic beverages?
8. Have you heard about the nutritional benefits of certain foods vs. others and the advantages of a diverse diet? [If yes, continue and probe to get a good sense of the knowledge they have on dietary diversity benefits in general and more specifically for woman and children under 5]
 - a. Where did you hear about the information?
 - b. Do you try to follow these recommendations? If yes, how? If no, why not?

Health Status and Access to Health Care: Now that we've learned a little bit about the eating and drinking habits of individuals in your community, we would like to discuss We'd also like to learn a bit more about the health status and access to healthcare of this community.

9. What are some of the most common illness in this community? Has that changed over the last year to two years?
10. What are the health services that are available to individuals in this community?
 - a. Where are those services located?
 - b. Is there a cost associated with those services?
 - c. What are some of the advantages and disadvantages of the services you have in this community?
 - d. Do individuals in this community seek the assistance of natural healers or traditional healers? Please explain.
 - e. When a woman in this community is going to give birth, who typically provides medical assistance?
11. Do you feel that the healthcare services are reliable? Why or why not? Do you trust them? Why or why not? Do you fear them? If so, why?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about the access individuals in this community have to water and the processes used to ensure its safety.

12. What is the main source of drinking water for members of this community? In the dry season? In the rainy season? How is the quality of water?

13. Tell me about the daily routine for fetching water.
- h. How long does it take to fetch water and return, including travel and waiting time? First give me an idea of the time it takes for those who live close to a source of water. Then give me an idea of how long it takes for those who are at the furthest distance.
 - i. How water is typically carried?
 - j. Do those who fetch water face any risks? What are these risks and what steps have been taken, if any, to reduce the risk?
 - k. Do you typically purify your water before use? If so, what process do you follow? If not, why not?
14. Is the water source you identified always available? What do community members do when it is not available?

Agriculture and Livelihood: Now I would like to ask you some questions about farming practices in this community. When I use the term farming, I am including goods that your plant and grow, animals that are produced and tended to such as cows and chickens, as well as fishing. I would also like to learn a little bit more about the sources of income in this community.

15. What is the primary source of income and/or employment in this community? Are there opportunities to earn an income in this community, or do individuals have to seek work in other locations? Please explain.
16. What type of farming typically happens in your community? What products? Do most individuals farm for consumption or to sell to generate income?
17. For those individuals who sell their products how does that process work?
- a. What goods are most commonly farmed for sale?
 - b. Where do individuals go to sell their goods? Is there a local market?
 - c. Are there structures within the community that allow individuals to work together to farm goods for sale? If so, please describe those structures and how the process works.
18. Are there any savings groups in the community? Please tell me a little bit about how the savings groups work.
19. Have the community experienced any events in the last 1-5 years that has impacted individuals' ability to farm? (Family illness, environmental episode, accident, community event, national event?) Is there any insurance available to you to protect against such events?
20. Have there been any programs in the community in recent years to teach about farming techniques? If yes, who ran those programs? If no, where did most individuals learn their farming techniques? Are there any farming techniques that you wish to learn but have not had access to?
21. What are some of the customs, traditions and/or beliefs related to work in the household with respect to roles and responsibilities related to farming? What differences are there in men's versus women's

work roles? Who owns livestock? Who is responsible for processing different kinds of crops and livestock?

22. What are your biggest expenses in any given year? [Probe: specific events throughout, specific expenses for these occasions] How do you decide how and when to spend the household income [Probe: do you prioritize? Who is/are the main decision-maker(s)]
23. What is the principal source of power in the community for light and for cooking? What is the average cost of energy used for light, for cooking? Do you usually have access this power source for light and for cooking?

Socio-Cultural and Political Community Context: In this last part of our interview, I would like to learn a little bit more about your community as a whole

24. What do you think are some of the greatest needs for your community? Have there been programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses? [Probe on respondents' perceptions of and attitudes towards these organizations]
25. How has the overall context and living situations changed within the last years? Please discuss this in relationship to the following:
 - a. Overall security
 - b. Food access
 - c. Agricultural production
 - d. Health status and Access to Care
 - e. Women's and children rights
 - f. Education
26. Are there insecurities related to the cultures or animals of your communities (theft, crop damages from passing herds...) caused by other communities and ethnic groups? If yes, please explain? What has been done to prevent or fix these issues?

Thank you for your time! Is there any other additional information we have not covered that you would like to share with us about your access to food, your consumption of food and beverages, your work/livelihood, and nutritional status of women and children or other healthcare practices?

KEY INFORMANT INTERVIEW GUIDE - PVO REPRESENTATIVE

Background: Before we begin our conversation around food security, I want to learn a little bit about you and the nature of your position.

1. What organization(s) do you work with?
2. Which districts do you work in?
3. What is your current title?
4. What are the roles and responsibilities related with that position?
 - a. Tell me specifically about the roles and responsibilities related to food security, nutrition, health, and/or agriculture.
 - b. What portion of your time do you dedicate to the activities you spoke about in reference to the prior question?
 - c. Which departments, municipalities, communities, etc. are covered by these activities?

Program Design and Implementation: I'd like to ask you a few questions about the program activities that will be implemented as a part of the Title II project.

5. How did you identify the strategies you have identified for implementation as a part of this program?
6. What are some of the more successful strategies that have been implemented in the past? What about less successful strategies? Did you modify them to improve them? How have your past experiences influenced your current strategies? Please explain. Have past strategies ever negatively impacted a particular group, such as women, children, and ethnic minorities?
7. What do you anticipate will be some of your biggest challenges in implementing your program? Are there particular groups of individuals that target who are especially challenging to reach? Please explain. What strategies will you use to overcome the anticipated challenges?
8. Are there customs/traditions/beliefs that hinder or support the work you or others do in the communities? How? How do you deal with those customs that are barriers to your work [Probe for specific examples]
9. Please describe how you work with your current partners. E.g. grantees, government, NGOs, donors.

Food Access and Utilization: The next series of questions I am going to ask you focus on food access and utilization in the communities where your organization is working. Our goal in this section is to learn about the context of the community as well as the approach you are taking to address these issues.

10. What are the common patterns of food preparation and consumption during the day? (Probe: who cooks, how often they eat, who typically shares the HH meal...)
11. Please describe for me the major concerns related to food access that individuals in the communities you work in have.
 - a. Are there particular foods that are available or not available?
 - b. In your opinion, what creates this deficit in the access to food?

12. Are the communities you are working in impacted by malnutrition? What are some of the primary drivers of malnutrition in those communities?
13. Where does the majority of food consumed come from? (Are they purchased, produced, or provided by another source)? Has that changed over time? Change through different seasons?
14. Are there any customs, traditions, or beliefs that involve food the communities where you are working that you've had to take into consideration when designing your programs? For example, is there a period in which people fast, or eat a particular food type, or avoid a particular food type? Are there beliefs that interfere with breastfeeding? Are there beliefs as to the kinds of foods children need when they are sick?
15. What are the primary issues related to food security, food access and nutrition that you are trying to address with your program? Please describe for me the components of your program that address these concerns? What are the challenges you face in addressing these concerns?

Nutritional Status of Women and Children and Access to Health Care: Now that we've learned a little bit about eating and drinking habits of individuals in the community, we would like to discuss some issues around the health and nutritional status of the women and children in the community.

16. Where do individuals normally go to seek services for their health care needs?
17. What types of health care and maternal/child care services are available in the communities where you are working?
 - a. What do people do if there is a health emergency?
 - b. What do people do for pregnancy care and delivery?
 - c. What is the quality of the health services that are available?
 - d. Are the health care providers reliable?
18. Is there trust in the community of health care providers? Why or why not? Is there fear of health care providers? What are they afraid of? Is it around certain treatments or conditions? If so, why and how do you work around those fears?
19. Is there someone in particular in the community individuals turn to for guidance about health that is not formally trained health care providers? (Traditional healers, elders, relatives, etc.)
20. What are your organization's activities specifically related to nutrition of women and children and access to health care systems in communities in Maradi and/or Zinder (vaccination, pre/post natal care, neonatal care, community case management...)? What have been your successes and difficulties and how do you explain these success or difficulties?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about living arrangements and access to water in the community.

21. What is the main source of drinking water in the majority of communities where you are working? In the dry season? In the rainy season?
22. Are there common habits in the community regarding the treatment of water to ensure that it is safe to drink? What type of awareness-raising has been conducted in the past around this issue? Do individuals change their practices regarding water treatment following the awareness-raising? Why or why not?
23. What types of things are children taught about how to keep clean? What about washing hands? Do households have washbasins and soap or other cleaning materials? Are children's clothes washed?
24. What is the typical set up of the latrines in the communities where you work? What are the beliefs and practices around latrine use in those communities?
25. What are your organization's activities specifically related to WASH systems in communities in Maradi and/or Zinder? What have been your successes and difficulties and how do you explain these success or difficulties?

Agriculture Development and Farming: Now I'd like to ask about agriculture and livelihood in the community.

26. Tell me about the type of farming that happens in the communities where you are working? Are they primarily subsistence farming? Or farming for income generation? Or both? Does this change throughout the year? Please explain. What are the patterns in access to land for cultivation?
27. Who are the primary decision-makers regarding farming in the communities? Are there variances by age and gender in who undertakes subsistence versus farming for income generation? Please tell me a little bit about the various roles and responsibilities related to farming in the community?
28. For those individuals who are producing food for consumption, what type of crops and livestock are normally grown/raised? (Particular plant or animal?)
29. For those individuals who are producing food for sale in this community, what type of crops and livestock are normally grown/raised? (Particular plant or animal?)
30. Do men, women, or youth migrate to distant locations at particular times of year? Please tell me about that process (who migrate, when and how it impacts the HH dynamics) and how it has affected the implementation of your programs.
31. Since you have been working in these communities, have the community experienced any events in that have impacted individuals' ability to farm? Is it typical for community members to have any insurance that helped them through that event? If not, how do they manage that?

32. Where or how do most community members learn their farming techniques? Whom do they believe knows about farming? Whom do they trust? Do you specifically address trust issues between you and the communities? If yes, how?
33. What are your organization's activities specifically related to farming agricultural development in some communities in Maradi or Zinder? If yes, what kind of activities do you do? What have been your successes and difficulties and how do you explain these success or difficulties?

Livelihood and business development:

34. What would you say are the primary sources of income for the majority of households in the communities where you are working (agriculture, livestock, trading, services...)?
35. What types of supports do you believe the community needs to improve livelihoods that are driven by agriculture and other sources? What supports will your organization be providing?
36. Are there other structural features in the community that may prevent successful economic growth? If yes, please explain. Any ways to mitigate some of these hindrances?

Socio-Cultural and Political Context: In this last part of our interview, I would like to learn a little bit more about the community as a whole and some of the practices put in place to assist individuals in their everyday lives.

37. Are there particular groups of people in the community who struggle with severe food scarcity on a day to day basis? What do you think is the reason for this hunger or lack of food security? What could the community itself do to improve the situation? What kinds of external help does the community need?
38. Have there been food security programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses? Has your organization played a role in any of these programs?
39. What impact do conflict/disputes have on food security in the community? Any ideas on ways that you plan on addressing conflict/disputes within your target communities?

Thank you for your time! Is there any other additional information we have not covered that you would like to share with us about your work?

KEY INFORMANT INTERVIEW GUIDE - HEALTH AND NUTRITION EXPERT

Background: Before we begin our conversation around food security and the work undertaken by your organization, I want to learn a little bit about you and the nature of your position.

40. What organization(s) do you work with?
41. What is your current title?
42. What are the roles and responsibilities related with that position?
 - a. Tell me specifically about the roles and responsibilities related to food security, nutrition, health, and/or agriculture.
 - b. What portion of your time do you dedicate to the activities you spoke about in reference to the prior question?
 - c. Which communities are covered by these activities?

Food Access and Utilization: The primary objective of this section is to gain insight about your organizations understanding of the access the community has to various food sources and malnutrition.

43. What are the common patterns of food preparation and consumption during the day that your organization has identified? (Probe: who cooks, how often they eat, who typically shares the HH meal...)
 - a. Do these patterns change at particular times of the year? (Rainy vs. Dry Seasons)
 - b. What are the primary foods that families would have consumed in the last week? Does this change during different seasons?
44. Where does the majority of food consumed come from? (Are they purchased, produced, or provided by another source)? Has that changed over time? Change through different seasons?
45. Are the communities your organization works with that are impacted by malnutrition? What are some of the primary drivers of malnutrition in those communities that your organization has identified?
46. What are the primary issues related to food security, food access and nutrition that your organization is trying to address? What techniques is your organization using to address these issues? What are some of the activities your organization has undertaken that have been particularly challenging? What has been successful?
47. Are there any customs, traditions, or beliefs that involve food the communities that impact your organization's ability to carry out effective work?

Nutritional Status of Women and Children and Access to Health Care: Now that we've learned a little bit about eating and drinking habits of individuals in the communities where you work, we would like to discuss some issues around the health and nutritional status of the women and children in the community.

48. What are some of the primary illnesses faced by individuals within the communities that your organization serves?
 - a. What are the most affected groups (women, children, elderly...?)

- b. Do they vary by other socio-demographic or ethnic groups?
 - c. What actions are taken to treat or prevent these illnesses by your organization or others in the communities?
 - d. Are there illnesses directly related to food security? What are those?
49. Has your organization identified particular patterns related to breastfeeding in the communities you work with?
- a. When do individuals typically start breast feeding their children (at what age/stage)? At what age/stage do individuals typically stop breastfeeding? Do women typically make this decision? If the men do play a role in this decision-making process please explain their role.
 - b. Are there particular cultural beliefs in this community that influences the practice of breastfeeding?
 - c. Are local health workers trained on the benefits and practice of breastfeeding? If yes, what activities do they promote in the communities? What are some of the more successful activities, why? What about less successful activities, why?
50. Do women in the community typically receive prenatal, delivery and antenatal care? What does this care consist of? Who provides this care?
51. What types of health care services are available in the communities where your organization is working?
- a. What do people do if there is a health emergency?
 - b. What do people do for pregnancy care and delivery?
 - c. What is the quality of the health services that are available?
 - d. Who in families make the primary decisions regarding health care?
 - e. Are the health care providers reliable?
52. Is there trust in the community of health care providers? Why or why not? Is there fear of health care providers? What are they afraid of? Is it around certain treatments or conditions? If so, why and how do you work around those fears?
53. Is there someone in particular in the community individuals turn to for guidance about health that is not formally trained health care providers? (Traditional healers, elders, relatives, etc.)
54. What are some of the patterns in illnesses that individuals in this community face? What kinds of illnesses are there? Are there variances by age, sex, SES, or other demographic characteristics?
55. Is there a practice of vaccinating children in the community? What were the vaccinations for? How are children vaccinated? Are there any programs working on vaccination or vaccination promotion?

Water, Sanitation, and Hygiene (WASH): Now I would like to ask you a few questions about living arrangements and access to water in the community that you have experienced in your work.

56. What is the main source of drinking water in the majority of communities where your organization is working? In the dry season? In the rainy season?

57. Has your organization identified common habits in the community regarding the treatment of water to ensure that it is safe to drink? What type of awareness-raising has been conducted in the past around this issue? Do individuals change their practices regarding water treatment following the awareness-raising? Why or why not?
58. What is the typical set up of the latrines in the communities where your organization works? What are the beliefs and practices around latrine use in those communities?
59. Has your organization identified a link between sanitation and health and nutrition? If so, please explain.
60. Has your organization undertaken any activities related to water, sanitation and hygiene? If so, please describe for me those activities, and any successes and challenges encountered.

Socio-Cultural and Political Context: In this last part of our interview, I would like to learn a little bit more about the community as a whole and some of the practices put in place to assist individuals in their everyday lives.

61. Has your organization identified particular groups of people in the community who struggle with severe food scarcity on a day to day basis? What reason has your organization identified for this hunger or lack of food security? Are there things that your organization is doing to help the communities improve this situation? If so, please explain? Are there additional supports that are needed?
62. Have there been food security programs implemented in the past by the government, foreign donors, or community based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?
63. How often do community members interact with people from other communities? What is the nature of interaction? What types of economic interactions are associated with good/bad relationship? What are the benefits or shortcoming of the interaction with other community members as they specifically relate to health and nutrition?

Thank you for your time! Is there any other additional information we have not covered that you would like to share with us about your work and the communities you have worked?

**Annex 6b:
Qualitative Study
Instruments in
French**

Annex 6b

GUIDE D'ENTRETIEN POUR LES POTENTIELS BENEFICIAIRES DIRECTS

INFORMATION GENERALE : Avant de commencer nos questions spécifiques liées à l'alimentation, l'agriculture, la santé et la nutrition, j'aimerais connaître votre définition du mot ménage et un peu plus sur les personnes qui y vivent.

1. Comment définissez-vous le ménage ? Comment définissez-vous la famille ? Pour vous, quelle est la différence entre le ménage et la famille?
2. Veuillez me lister tous les membres de votre ménage, leur âge et leur sexe? [Il n'est pas nécessaire de donner les noms des individus]
 - a. Vivent-ils sous le même toit? Si non dites-moi où est ce qu'ils vivent?
 - b. Qui considérez-vous être le chef du ménage ? Est-ce que le chef de ménage vit et dort toujours dans la même maison ?
 - c. Y a-t-il une personne dans votre ménage qui est le principal preneur de décision ? Si oui, qui est cette personne?
3. Avez-vous ou d'autres membres de votre ménage migrés vers d'autres endroits, dans le Niger ou hors du Niger, à des moments particuliers de l'année ? Dites-moi s'il vous plaît comment ça se passe ?
 - a. Qui a migré? Ou est-ce qu'ils migrés ?
 - b. Migrent-ils pour des longues ou courtes périodes ? Et à quels moments de l'année ?
 - c. Pourquoi ces personnes de votre ménage choisissent-elles de migrer ?
 - d. Comment est-ce que les habitudes du ménage changent ou affectées lorsque quelqu'un de la famille migre? [Sonder: Qui est le plus touché? Comment les finances du ménage sont-ils affectés? Comment le ménage manage avec cet impact ?]
4. Est ce qu'il y a des membres de votre ménage qui fréquentent l'école? Pouvez-vous me lister ces personnes, leur âge et leur niveau scolaire ?
 - a. Qui prend la décision de les envoyer à l'école ?
 - b. Pourquoi avez-vous pris la décision d'envoyer les enfants de votre ménage à l'école? Quel est le but de la scolarisation?
 - c. Quels les mois de fréquentation scolaires ? Quels sont les horaires ?
 - d. Y a-t-il des périodes de l'année où ils ne fréquentent pas? Pourquoi?

ACCES A LA NOURRITURE ET UTILISATION : L'objectif principal de cette section est de connaître les différents types d'alimentation que vous et les membres du ménage mangez les boissons que vous buvez, l'accès que vous avez à ces aliments et boissons, pourquoi vous faites le choix de ces aliments et quels autres aliments auriez-vous choisi si vous aviez des ressources supplémentaires.

5. S'il vous plaît décrivez-moi comment ressemble un jour ordinaire de la semaine en termes de consommation alimentaire ?
 - a. Dites-moi à quelles heures vous et les membres de votre ménage aviez mangé un jour de cette semaine ? Qu'aviez-vous mangé à ces heures ?
 - b. Comment décidez-vous de ce que vous allez manger à chaque repas ? Ces aliments produisent-ils un avantage nutritionnel selon vous ?
 - c. D'où provient la nourriture que vous consommez ?
 - d. Y a-t-il eu des moments où vous voudriez manger, mais il n'y a aucune nourriture ? Que faites-vous pendant ce temps ? A ces moments-ci si tout le monde ne peut pas manger, à qui donnez-vous la priorité ?
 - e. Qui dans votre ménage qui prend les décisions sur les aliments qui seront consommés ? Quels sont les membres de votre ménage qui sont généralement responsable de la préparation du repas ?
6. Maintenant j'aimerais poser les mêmes questions mais sur les différents membres du ménage

- a. Y a-t-il une différence dans les habitudes alimentaires des enfants de votre ménage comparée à la votre ? En termes de quantité ou en termes de types d'aliments
 - b. Y a-t-il une différence dans les habitudes alimentaires entre les femmes et les hommes de votre ménage en termes de quantité ou en termes de types d'aliments ?
 - c. Quels sont certaines des croyances ou coutumes concernant la façon dont les personnes de votre ménage mangent ? [Sonder : Est ce qu'il est donné aux garçons et aux filles des repas différents ? Qu'est-ce qui les différencie ? Est- ce qu'il est donné aux enfants de différents âges différents types de repas ? Quels types ? Est- ce que les adultes du ménage mangent des repas différents de celui des enfants ? Quels types ?]
7. Est-ce que vous mangez des plats différents pendant la saison hivernale que vous ne le faites pendant la saison sèche ? Pourquoi ou pourquoi pas ?
 8. Quelle est la principale boisson qui est consommée dans le ménage par les adultes ? Et par les enfants ?
 - a. Dites-moi quelle boisson est consommée avec le repas ?
 - b. [Si l'eau n'est pas citée ci-dessus, posez cette question] Est-ce que les personnes de votre ménage boivent de l'eau ?
 - c. Quelle est la source de la boisson que vous et les membres du ménage consomment ?
 - d. Y'a-t-il eu des moments au cours du mois passé ou vous aviez eu envie de boire une boisson particulière qui ne vous était pas disponible ? S'il vous plaît, parlez-moi de cette expérience.
 - e. Est-ce que les membres de votre ménage consomment des boissons alcoolisées ? Si oui quel type et à quelles occasions ?
 9. Avez-vous entendu parler des bienfaits nutritionnels de certains aliments par rapport aux autres et les avantages d'une alimentation variée? [Si oui, poursuivez et insistez pour obtenir un bon sens de la connaissance qu'ils ont sur les avantages de la diversité alimentaire en général et plus spécifiquement pour la femme et les enfants de moins de 5 ans]
 - a. Où avez-vous entendu parler de l'information?
 - b. Avez-vous essayez de suivre ces recommandations? Si oui, comment? Si non, pourquoi?

ETAT SANITAIRE ET ACCES AU SOINS DE SANTE : Maintenant que j'ai un peu appris sur vos habitudes alimentaires, j'aimerais que nous discutons sur votre état de santé et celui des personnes qui vivent dans le ménage, particulièrement celui des femmes et des enfants. Et j'aimerais connaître aussi un peu plus sur l'accès aux soins de santé que vous avez dans cette communauté.

10. Est-ce que les enfants qui sont dans votre ménage ont été allaités ? Pourquoi et pourquoi pas ?
 - a. Quel âge avait l'enfant quand il a commencé à être allaité ? Est- ce qu'il a été allaité immédiatement après la naissance ? Pourquoi et pourquoi pas ?
 - b. Qui prend les décisions quant à savoir si un enfant sera allaité ou pas ?
 - c. Certains enfants reçoivent le lait maternel par différentes méthodes tel que la cuillère, la bouteille ou le bol, est- ce que c'est le cas des enfants qui sont dans votre ménage ?
 - d. A quelle stade/ âge avez-vous commencé à instaurer soit des boissons soit de la nourriture au lieu du lait maternel ? Pourquoi avez-vous choisi cet âge/stade (pratiques ou croyances culturelles, ou recommandations du donneur de soin de santé ?
 - e. A quel âge les enfants du ménage ont arrêté l'allaitement ?
 - f. Où- est- ce que vous avez appris les croyances et pratiques liées a l'allaitement maternel ?
11. A quels états de santé vous ou un membre de votre ménage aviez fait face au cours de la dernière année ? Des deux dernières années ? Parlez-nous de cette expérience [Insistez sur l'impact de l'évènement sur le ménage, comment le ménage l'a géré]. Y'a-t-il des différences entre les genres de maladie des adultes et celles des enfants ?
12. Quelles sont les mesures que vous aviez prises pour prévenir les maladies contre vous-même et votre famille ?

13. Que faites-vous quand quelqu'un a besoin de soins de santé dans votre famille ? Qui prend les décisions ?
- Quels sont les services de santé qui vous sont disponibles ? (Insistez: public, privé, guérisseur traditionnel, etc.) ? Payez-vous pour ces services ?
 - Où sont situés les centres de soins de santé ? Et combien de temps ça vous prend pour atteindre le centre de santé dont vous avez besoin de joindre ? Quel moyen de transport utilisez-vous et quel est son cout moyen ?
 - Y'a-t-il quelqu'un à part un établissement de soins de santé au sein de la communauté ou au sein de votre famille à qui vous tourner pour obtenir des conseils de soins de santé ? Si oui, qui ?
 - Pensez-vous que votre centre de santé est fiable ? Pourquoi ? Pourquoi pas ? Leur faites-vous confiance ? Et pourquoi pas ? Les craignez-vous ? Si oui, pourquoi ?
14. Quand une femme dans votre maison devient enceinte quels types de soins médicaux reçoit-elle ? (Note: Si c'est la femme qui répond, n'oubliez pas de modifier le libellé de manière que vous posez sur ses expériences).
- A-t-elle reçu des soins avant la naissance ? Qui fournit les soins ? Et quels types de soins reçoit-elle ?
 - Où donne-t-elle naissance ? Comment la décision a été prise où elle donnerait naissance ?
 - A-t-elle reçu des soins après l'accouchement ? Quel type de soins ? Qui fournit les soins ? Durant combien de temps le soin continue après qu'elle ait donné naissance ?
15. Vos enfants ont-ils été vaccinés ? Pourquoi avez-vous fait vacciner vos enfants ? Pourquoi pas ? Quels types de vaccins ont-ils reçu ? Qui prend la décision de faire vacciner vos enfants ? Si vous avez vacciné vos enfants, où êtes-vous allés ? Était-ce facile ou difficile d'avoir les vaccinations effectuées ? Y'a-t-il eu un cout pour la vaccination ?
16. Aviez-vous vous-même ou bien l'un des enfants de votre ménage été victime d'une diarrhée aiguë au cours de l'année passée ? D'après vous quel était la cause de cette diarrhée ? Qu'est-ce que vous avez fait pour traiter cette diarrhée ? Que faites-vous dans votre ménage pour prévenir la diarrhée ?

EAU, HYGIENE ET ASSAINISSEMENT (WASH) : Maintenant j aimerais vous poser quelques questions par rapport à votre condition de vie, à l'accès à l'eau et aux installations sanitaires.

17. Quelle est la principale source d'eau potable des membres de votre ménage ? Pendant la saison sèche ? Et pendant la saison des pluies ? Que pensez-vous de la qualité de l'eau ? (Est-ce de la bonne eau propre ? Rend-t-elle les gens malades ?)
18. Parlez-moi de la routine quotidienne pour aller chercher de l'eau ?
- Combien de temps ça vous prend pour aller chercher de l'eau et y revenir, en incluant le temps d'aller et retour et le temps d'attente ? [Essayer d'obtenir l'estimation la plus précise possible en comparant à d'autres distances connues comme la route principale ou la distance d'un village à un autre]
 - Comment s'effectue le transport de l'eau ?
 - A quel moment partez-vous chercher l'eau ? Combien de fois par semaine ?
 - Qui dans le ménage est responsable de cette tâche ?
 - Qui prend la décision quant à savoir qui sera chargé d'aller chercher l'eau ?
 - Est-ce que ceux qui vont chercher l'eau encourent des risques ? Quels sont ces risques et quelles sont les précautions, s'il y'en a, qui ont été prises pour réduire ces risques ?
 - Purifiez-vous habituellement votre eau avant de l'utiliser ? Si oui quelle méthode utilisez-vous ? Sinon pourquoi ne le faites-vous pas ?
19. Est-ce que cette source d'eau est toujours disponible (constante) ? Sinon comment faites-vous ?

20. Dans votre ménage, à quel moment les (hommes, femmes, enfants) prennent leur douche ? Où le font-ils et comment le font-ils ? Combien de fois ? En plus de l'eau, utilisent-ils autres choses ? Quelle méthode enseignez-vous à vos enfants par rapport au bain ?
21. A quel moment vous lavez-vous les mains ? En plus de l'eau, qu'utilisez-vous vous et les autres membres de la famille pour laver vos mains ?
22. Est-ce que vous et les membres de votre ménage avez accès à des latrines ?
 - a. Quelle est la configuration de vos latrines ?
 - b. Quels sont les inconvénients et les avantages de ces genres de latrines ?
 - c. Voulez-vous améliorer vos latrines ? Si oui pourquoi ?
 - d. Est-ce qu'il y'a un temps où vous ou les membres de votre ménage décidez de ne pas utiliser les latrines ? S'il vous plait expliquez ?

AGRICULTURE ET MOYENS D'EXISTENCE : Maintenant j'aimerais vous poser quelques questions par rapport à l'agriculture que vous pratiquez chez vous ou dans d'autres localités. Quand j'utilise le terme agriculture j'inclus la production des cultures comme les haricots ou du maïs, l'élevage d'animaux comme les chèvres, des vaches, et la pêche.

23. Quels sont les produits que vous cultivez vous ou d'autres membres de votre ménage et quels sont les animaux que vous élevez ?
24. Ces produits sont-ils principalement destinés à la consommation ou la vente ? Lesquels sont destinés à la vente et lesquels sont destinés à la consommation ?
25. En termes des aliments produits pour la consommation :
 - a. Qui prend les principales décisions par rapport à l'agriculture que vous pratiquez pour nourrir le ménage ?
 - b. Comment décidez-vous de cultiver ce produit particulier ?
 - c. Dites-moi un peu plus les rôles et responsabilités de chaque personne du ménage dans les champs/élevage et les travaux domestiques.
 - d. Dites-moi un peu plus ce qui se passe une fois que vous aviez récolté la nourriture pour la consommation. Conservez-vous vos récoltes ? Si oui, comment y procédez-vous ?
26. Maintenant j'aimerais savoir un peu plus sur le type de culture que vous pratiquez pour générer des revenus.
 - a. Qui prend les principales décisions par rapport à l'agriculture que vous pratiquez pour générer les revenus du ménage ?
 - b. Comment décidez-vous de cultiver ce produit particulier ?
 - c. Dites-moi un peu plus les rôles et responsabilités de chaque personne du ménage dans les champs et/ou élevage. (grands-parents, parents, enfants, etc.) ?
 - d. Dites-moi s'il vous plait le processus une fois que vous aviez récolté la production destinée à la vente ? Quelle est la procédure pour conserver cette production ? Comment procédez-vous ? Qui prend les décisions en ce qui concerne la production et la conservation des aliments que vous récoltiez ?
27. Si vous allez vendre une partie de votre production, décrivez-moi ce processus de vente ?
 - a. Cultivez-vous localement ou vous devez d'aller quelque part ?
 - b. Travaillez-vous avec les autres membres de la communauté ? Si oui, comment ?
 - c. Que faites-vous avec l'argent gagné en vendant vos biens ?
 - d. Qui prend les décisions concernant la façon dont l'argent sera réparti ?
28. Aviez-vous vécu des événements dans les (1, 2, 5ans) qui ont eu des répercussions sur votre capacité à cultiver pour la subsistance ou pour les revenus ? (maladie dans la famille, épisode de l'environnement, accident, événement communautaire, désastre environnemental, événement national ?) [Obtenez une chronologie précise des événements. Sondez sur les effets des

événements sur le ménage, comment le ménage a géré la situation ?] Aviez-vous une assurance qui vous avait aidé à traverser cette période ? Si non, comment aviez-vous géré cette période de votre vie ?

29. Aviez-vous appris de nouvelles techniques agricoles (meilleures pratiques) au cours des dernières années ? Où avez-vous appris vos techniques agricoles ? Qui vous a donné cette information ? Quelles sont les techniques que vous avez apprises que vous pratiquez ? Quelles celles que vous ne pratiquez pas ? Pourquoi ? Y'a-t-il des techniques que vous voulez apprendre mais dont vous n'avez pas accès ?
30. Quelles sont certaines des coutumes ; traditions et /ou croyances liées au travail dans le ménage, dans les champs ? Quelle différence y'a-t-il entre le rôle des hommes par rapport au rôle des femmes dans le travail ? Qui est propriétaire du bétail ? Qui est responsable du traitement des différents types de cultures et du bétail ?

MOYENS DE SUBSISTANCES ET REVENUS : Dans cette section on va vous poser quelques questions par rapport à votre source de revenu, la méthode d'épargne et comment vous obtenez les choses dont vous avez besoin quotidiennement?

31. Quelle est la principale source de revenu de votre ménage ? Y-t-a-il d'autres sources de revenu secondaires? Qui est responsable pour apporter ces revenus dans le ménage ?
32. Mettez-vous l'argent dans un fond commun ou est-ce que chaque personne qui apporte l'argent est propriétaire du revenu qu'elle génère ?
33. Est-ce que les revenus que vous et/ou les autres membres apporté dans votre ménage vous apportent suffisamment de support économique pour subvenir aux besoins de tout les jours ? Expliquez s'il vous plait.
 - a. Si vos revenus ne vous suffisent pas, quelles autres méthodes utilisez-vous pour subvenir à vos besoins de tous les jours tels que le logement, les soins de santé, le transport, l'éducation, l'alimentation etc.
 - b. Y'a-t-il des moments où vous échangez des biens et des services ? Parlez-moi de cette expérience ?
34. Avez-vous des épargnes ? Est-ce que votre épargne fait partie d'un plan d'épargne ? Sondez : Est-ce que il ya une raison particulière pour laquelle vous épargnez et quelle est la méthode d'épargne ? Quelle est la principale source de revenu de votre épargne ?
35. Quelles sont vos plus grosses dépenses pour une année donnée? [Insistez: événements spécifiques tout au long de l'année, frais spécifiques pour ces occasions] Comment décidez-vous quand et comment dépenser le revenu du ménage [Insistez: Donnez-vous de la priorité? Qui est / sont le principal décideur(s)]
36. Quelle est la principale source d'énergie pour l'éclairage pour la préparation des repas dans votre ménage ? Quel est cout typique de l'éclairage et de la préparation ? Y avez-vous généralement accès ?

CONTEXTE SOCIO POLITIQUE ET CULTUREL : Dans cette dernière partie de notre interview ; j'aimerais connaître un peu plus sur votre communauté dans son ensemble.

37. Que pensez-vous être quelques-uns des plus grands besoins de votre communauté ? Est-ce qu'il y-a eu des programmes d'action commandités dans le passé par le gouvernement et/ou autres organisations ? Si oui, dites-moi un peu plus vos expériences que vous aviez eues avec ces programmes ? Qu'est ce qui fait la force de ces programmes ? Et leurs faiblesses? [Insistez sur les perceptions et les attitudes des répondants envers ces organisations]
38. Comment est- ce que les conditions de vie et le contexte général a changé au cours des deux dernières années ? S'il vous plait parlez-moi de ça en relation avec ces éléments :

- a. sécurité entière
- b. accès aux aliments
- c. production agricole
- d. santé
- e. droit de la femme et des enfants
- f. l'éducation

39. Comment est-ce que les membres de votre communauté inter-actent avec les communautés nomades? Quelle est la nature de cette interaction ? Est-ce que cela varie en fonction des saisons ?

40. Y a-t-il des insécurités liées à vos produits d'agriculture ou d'élevage (transhumance, vol de bétail) ? Si oui, veuillez expliquer. Qu'a-t-il été fait pour prévenir et corriger ces problèmes ?

Merci pour votre temps! Y a-t-il d'autres informations supplémentaires que nous n'avons pas couvert que vous aimeriez partager avec nous au sujet de votre accès à la nourriture, votre consommation d'aliments et de boissons, votre travail / vie et l'état nutritionnel des femmes et des enfants ou d'autres pratiques de soins de santé?

GROUPE DE DISCUSSION AVEC LES POTENTIELS BÉNÉFICIAIRES DIRECTS

RENSEIGNEMENTS GÉNÉRAUX: Avant que nous commençons nos questions spécifiques liées à l'alimentation, l'agriculture, la santé et la nutrition, je voudrais en savoir un peu plus sur votre définition d'un ménage et un peu plus sur les gens qui y vivent.

1. Parlons de la structure typique d'un ménage dans votre communauté ; qui sont les individus particuliers qui forment généralement un ménage? Est-ce que toutes les personnes qui sont dans le même ménage vivent sous le même toit?
2. Parlons maintenant un peu plus sur les rôles typiques et responsabilités des individus au sein du ménage dans cette communauté.
 - a. Qui est généralement le chef du ménage dans le ménage dans votre communauté? Comment le chef de ménage est choisi? Quels sont les rôles et les responsabilités qu'on a en tant que chef de ménage? Est-ce que le chef de famille vit toujours et dort dans la même maison? S'il vous plaît expliquez- moi cette façon de faire
 - b. Qui dans le ménage est généralement responsable de la prise en charge des enfants et la prise de décisions concernant les enfants?
 - c. Qui dans le ménage est généralement responsable d'apporter des revenus? Si plusieurs personnes détiennent les responsabilités financières du ménage, pouvez-vous me décrire à quoi ça ressemble?
 - d. Qui prend généralement les décisions principales concernant les finances du ménage?
3. Y a-t-il une école dans votre communauté pour les enfants à fréquenter? Quelle est le haut niveau scolaire de cette école ? Est-ce que la plupart des enfants vont à l'école? Pourquoi ou pourquoi pas? Qui prend la décision dans la plupart des familles de savoir qui va aller à l'école? Que pensez-vous est le but principal des enfants qui fréquentent l'école ?
4. Est-ce que les membres de votre communauté migrent pour le travail ? Quel pourcentage de la communauté migre ?
 - a. Quels sont les individus qui migrent (hommes, femmes, jeunes, vieilles personnes)?
 - b. Pourquoi migrent-ils?
 - c. Y a-t-il des périodes au cours desquelles les membres de votre communauté migrent? Si oui, quelles sont-elles ?
 - d. Quels genres d'impacts pensez-vous que la migration a sur la communauté, sur le ménage ?

ACCES A LA NOURRITURE ET UTILISATION : L'objectif principal de cette section est de connaître les différents types d'alimentation que vous et les membres de votre communauté mangez, les boissons que vous buvez, l'accès que vous avez à ces aliments et boissons, pourquoi vous faites le choix de ces aliments et quels autres aliments auriez-vous choisi si vous aviez des ressources supplémentaires.

5. S'il vous plaît décrivez-moi comment ressemble un jour ordinaire de la semaine en termes de consommation alimentaire journalière ?
 - a. Y a-t-il un plat typique à votre communauté ?

- b. Décrivez-nous les habitudes alimentaires de votre communauté : nombre de fois que les gens mangent par jour, etc.
 - c. D'où provient la nourriture consommée ?
 - d. Ya-t-il les membres de la communauté qui n'ont pas assez à manger ? Si oui, y a-t-il des activités pour subvenir à leurs besoins ?
6. Y a-t-il des membres de votre communauté qui souffrent de malnutrition ? Quels symptômes manifestent-ils, comment le savez-vous ? Que pensez-vous être la cause de la malnutrition ? Y a-t-il des choses faites pour prévenir la malnutrition ? Si oui, expliquez.
7. Quels sont les principales boissons consommées dans la communauté ?
- a. Quelle boisson consommée avec les repas ?
 - b. Quelle est la source des boissons consommées ?
 - c. Est-ce que les individus de cette communauté consomment des boissons alcooliques ?
8. Avez-vous entendu parler des bienfaits nutritionnels de certains aliments par rapport aux autres et les avantages d'une alimentation variée? [Si oui, poursuivez et insistez pour obtenir un bon sens de la connaissance qu'ils ont sur les avantages de la diversité alimentaire en général et plus spécifiquement pour la femme et les enfants de moins de 5 ans]
- a. Où avez-vous entendu parler de l'information?
 - b. Avez-vous essayé de suivre ces recommandations? Si oui, comment? Si non, pourquoi?

ETAT SANITAIRE ET ACCES AU SOINS DE SANTE : Maintenant que j'ai un peu appris sur vos habitudes alimentaires des individus de votre communauté. J'aimerais connaître aussi un peu plus sur l'état de santé et l'accès aux soins de santé des membres de cette communauté.

9. A quels sont les maladies qui fréquemment affectent cette communauté Cela a-t-il varié les deux dernières années ?
10. Quels sont les services de santé disponibles pour les individus de cette communauté ?
- a. Où sont situés ces services ?
 - b. Y a-t-il des coûts associés à ces services ?
 - c. Quels sont les avantages et les inconvénients associés à ces services ?
 - d. Y a-t-il des personnes dans la communauté en dehors des services de santé vers qui les membres de la communauté se tournent pour des conseils de santé : guérisseur traditionnel, etc. Si oui, expliquez.
 - e. Quand une femme de la communauté accouche, qui l'assiste ?
11. Pensez-vous que les centres de santé sont fiables ? Pourquoi ? Pourquoi pas ? Leur faites-vous confiance ? Et pourquoi pas ? Les craignez-vous ? Si oui pourquoi ?

EAU, HYGIENE ET ASSAINISSEMENT (WASH) : Maintenant j'aimerais vous poser quelques questions par rapport à l'accès que les individus de votre communauté ont à l'eau et les procédures d'assainissement.

12. Quelle est la principale source d'eau de boisson pour les membres de votre communauté ? Pendant la saison sèche ? Et pendant la saison des pluies ? Comment est la qualité de l'eau ?
13. Parlez-moi de la routine quotidienne pour aller chercher de l'eau ?
- a. Combien de temps ça vous prend pour aller chercher de l'eau et y revenir, en incluant le temps d'aller et retour et le temps d'attente ? D'abord donnez-moi une idée du temps que cela prend pour ceux qui vivent à côté de la source et ensuite pour ceux qui vivent plus loin de la source.
 - b. Comment est généralement transportée l'eau ?

- c. Est-ce que ceux qui vont chercher l'eau n'encourent aucun risque ? Quels sont ces risques et quelles précautions ont été prises, s'il y'en a, pour réduire ces risques ?
- d. Purifiez-vous habituellement votre eau avant de l'utiliser ? Si oui quelle méthode utilisez-vous ? Sinon pourquoi ne le faites-vous pas ?

14. Est-ce que cette source d'eau est toujours disponible ? Que fait la communauté quand la source n'est pas disponible ?

AGRICULTURE ET MOYENS D'EXISTENCE : Maintenant je voudrais vous poser quelques questions par rapport à l'agriculture que vous pratiquez dans cette communauté. Quand j'utilise le terme agriculture, j'inclus les produits que vous plantez et cultivez, les animaux que vous produisez et élevez comme la vache, des poulets, ainsi que la pêche. J'aimerais aussi savoir sur les sources de revenus de cette communauté.

15. Quelle est la principale source de revenu et/ou d'emplois dans cette communauté ? Y a-t-il des opportunités de gagner des revenus ici ou sinon les membres sont obligés d'aller ailleurs ? Expliquez

16. Quel type d'agriculture (agriculture/ élevage) pratique le plus souvent votre communauté ? Quels sont ces produits ? Sont-ils Pour la consommation ou la vente ?

17. Pour les individus qui vendent leurs produits, quel est le processus ?

- a. Quels produits sont le souvent vendus ?
- b. Où sont-ils vendus ? (marché local)
- c. Y'a-t-il des structures dans la communauté qui permettent de cultiver ou élever de produits pour la vente ? Si oui décrivez ces structures et leur fonctionnement.

18. Y a-t-il des groupes d'épargnes dans cette communauté ? Si oui, décrivez leurs fonctionnements

19. La communauté a-t-elle traversée des événements dans les 1-5 dernières années qui ont eu des répercussions sur les capacités de ses membres à cultiver/élever. Y avait-il une assurance pour vous assister pendant cette période ?

20. Y a-t-il eu des programmes dans la communauté au cours des dernières années pour l'apprentissage de nouvelles techniques agricoles (meilleures pratiques)? Si oui ; qui a mené ces programmes ? Si non ; comment les membres de la communauté apprennent de nouvelles technique Comment avez-vous décidé d'adopter certaines techniques et pas d'autres ? Y'a-t-il des techniques que vous souhaitez apprendre mais dont vous n'avez pas accès ?

21. Quelles sont certaines des coutumes, des traditions et / ou les croyances liées aux rôles et responsabilités dans les champs et l'élevage? Quelles sont les différences chez les hommes par rapport aux rôles de travail des femmes? Qui est propriétaire de bétail? Qui est responsable du traitement de différents types de cultures et de bétail?

22. Quelles sont vos plus grosses dépenses durant l'année? [Sondez: événements spécifiques tout au long, les frais spécifiques pour ces occasions] Comment décidez-vous quand et comment dépenser le revenu du ménage [Sonder: donnez-vous la priorité? Qui est / sont le principal décideur (s) ?

23. Quelle est la principale source d'énergie pour l'éclairage, pour la préparation des repas des membres de cette communauté ? Quel est coût typique de l'éclairage et de la préparation ? Y avez-vous généralement accès ?

CONTEXTE SOCIO POLITIQUE ET CULTUREL : Dans cette dernière partie de notre interview ; j'aimerais connaître un peu plus sur votre communauté dans son ensemble.

24. Que pensez-vous être quelques-uns des plus grands besoins de votre communauté? Y a-t-il eu des programmes mis en œuvre dans le passé par le gouvernement, les bailleurs de fonds étrangers, ou des organismes communautaires ? Si oui, s'il vous plaît parlez-moi un peu de vos expériences avec ces programmes. Quels ont été les points forts de ces programmes? Et faiblesses? [Insistez sur les perceptions et les attitudes des répondants envers ces organisations]
25. Comment est- ce que le contexte général et les conditions de vie ont-ils changé au cours de l'année dernière ? S'il vous plaît parlez-moi de ça en relation avec ces éléments :
- a. Sécurité entière
 - b. Accès aux aliments
 - c. Production agricole
 - d. État de santé et accès aux soins
 - e. Droits des femmes et des enfants
 - f. Éducation
24. Y a-t-il des insécurités liées à vos produits d'agriculture ou d'élevage (transhumance, vol de bétail) ? Si oui, veuillez expliquer. Qu'a-t-il été fait pour prévenir et corriger ces problèmes ?

Merci pour votre temps! Y a-t-il d'autres informations supplémentaires que nous n'avons pas couvert que vous aimeriez partager avec nous au sujet de votre accès à la nourriture, votre consommation d'aliments et de boissons, votre travail / vos moyens d'existence et l'état nutritionnel des femmes et des enfants ou d'autres pratiques de soins de santé?

GUIDE D'ENTREVUE INFORMATEUR CLE : REPRÉSENTANT PVO

Contexte: Avant de commencer notre conversation autour de la sécurité alimentaire, je veux apprendre un peu plus sur vous et la nature de votre position.

1. Avec quelle(s) organisation(s) travaillez-vous ?
2. Dans quelles communes travaillez-vous ?
3. Quel est votre titre actuel ?
4. Quels sont les rôles et les responsabilités inhérents à cette position ?
 - a. Parlez-moi spécifiquement des rôles et responsabilités inhérents à la sécurité alimentaire, à la nutrition, la santé et/ou l'agriculture ?
 - b. Quelle partie de votre temps consacrez-vous aux activités dont vous parlez en référence aux questions prioritaires ?
 - c. Quels départements, municipalités, communes, etc.... sont couverts par ces activités ?

Conception et exécution du programme: Je voudrais vous poser quelques questions sur les activités de programmes qui seront mis en œuvre dans le cadre du projet Titre II.

5. Comment avez-vous identifié les stratégies que vous avez identifiées pour la mise en œuvre dans le cadre de ce programme?
6. Quelles sont certaines des stratégies les plus efficaces qui ont été mises en œuvre dans le passé? Qu'en –t-il des stratégies qui ont eu moins de succès? Les avez-vous modifiées pour les améliorer? Comment vos expériences passées ont-elles influencé vos stratégies actuelles? S'il vous plaît expliquer. Les stratégies passées n'ont-elles jamais eu une incidence négative sur un groupe particulier, comme les femmes, les enfants et les minorités ethniques?
7. Que pensez-vous que sera un de vos plus grands défis dans la mise en œuvre de votre programme? Y- a-t-il des groupes particuliers de personnes ciblés qui sont particulièrement difficiles à atteindre? S'il vous plaît expliquer. Quelles stratégies allez-vous utiliser pour surmonter les défis qui s'annoncent?
8. Y a-t-il coutumes / traditions / croyances qui entravent ou soutiennent le travail que vous ou d'autres faites dans les communautés? Comment? Comment réagissez-vous à ces coutumes qui font obstacle à votre travail [Sondez pour des exemples spécifiques]
9. Veuillez décrire comment vous travaillez avec vos partenaires actuels. Par exemple bénéficiaires, les gouvernements, les ONG, les bailleurs de fonds.

Accès à la nourriture et à l'utilisation: La prochaine série de questions que je vais vous demander met l'accent sur l'accès aux aliments et à l'utilisation dans les communautés où travaille votre organisation. Notre objectif dans cette section est d'en apprendre davantage sur le contexte de la communauté ainsi que l'approche que vous prenez pour traiter ces questions.

10. S'il vous plaît décrivez-moi les principaux problèmes liés à l'accès aux aliments que les membres des communautés dans lesquelles vous travaillez ont.
 - a. Y a-t-il des aliments particuliers qui sont disponibles ou non disponibles?
 - b. À votre avis, qu'est-ce qui crée ce déficit dans l'accès à la nourriture?
11. Est-ce que les communautés dans lesquelles vous travaillez sont touchées par la malnutrition? Quels sont certains des principaux facteurs de la malnutrition dans ces communautés?
12. D'où provient la grande partie des aliments consommés ? (sont-ils achetés, produits ou proviennent d'une autre source ?) Cela a-t-il changé au fil du temps ? Changement en fonction des différentes saisons ?
13. Y a-t-il des coutumes, traditions ou croyances dans l'alimentation des communautés dans lesquelles vous travaillez dont vous devriez prendre en considération dans la conception de vos programmes ? Par exemple, y a-t-il des périodes durant lesquelles les gens jeûnent, ou mangent un plat particulier ou évitent un plat particulier ? Y'a-t-il des croyances qui interfèrent avec l'allaitement ? Y'a-t-il des croyances sur le genre d'alimentation dont les enfants ont besoin quand ils sont malades ?
14. Quels sont les principaux problèmes liés à la sécurité, l'accès aux aliments et à la nutrition auxquels vous essayez de répondre avec votre programme alimentaire? S'il vous plaît décrivez-moi les composantes de votre programme qui répondent à ces préoccupations? Quels sont les défis auxquels vous êtes confrontés pour répondre à ces préoccupations?

Statut Nutritionnel des femmes et des enfants et Accès au soin de santé : Maintenant que nous avons un peu appris sur l'habitude de manger et de boire des individus au sein des communautés, nous voudrions discuter de certains sujets concernant la santé et le statut nutritionnel des femmes et des enfants dans la communauté.

15. Où est-ce que les individus vont normalement pour obtenir des services pour leurs besoins en soins de santé?
16. Quels types de soins de santé et les services de soins maternels / infantiles sont disponibles dans les communautés où vous travaillez?
 - a. Que font les gens si il y'a une urgence de santé?
 - b. Que font les gens pour les soins de la grossesse et l'accouchement?
 - c. Quelle est la qualité des services de santé qui sont disponibles?
 - d. Est-ce que les agents de santé sont fiables ?
17. Y-a-t-il une confiance dans la communauté sur les agents de santé ? Pourquoi ou pourquoi ? Y-a-t-il une crainte des agents de santé ? Que craignent -t'ils ? Est-ce à propos de certains traitements ou conditions ? Si oui, pourquoi ? Et comment travaillez-vous autour de ces craintes ?
18. Y a-t-il quelqu'un en particulier dans la communauté, les individus de la communauté se tournent pour obtenir des conseils sur la santé qui n'est pas officiellement formés fournisseurs de soins de santé? (Guérisseurs traditionnels, des aînés, des parents, etc. ...)
19. Quelles sont les activités de votre organisation spécifiquement liés à la nutrition des femmes et des enfants et l'accès aux systèmes de soins de santé dans les communautés de Maradi et / ou de Zinder (vaccination, soins pré / post-natale, les soins néonataux, la gestion des cas communautaires

...)? Quelles ont été vos réussites et les difficultés et comment expliquez-vous ces succès ou difficultés?

Eau, assainissement et hygiène (WASH): Maintenant, je voudrais vous poser quelques questions sur les modes de vie et l'accès à l'eau dans la communauté.

20. Quelle est la source principale d'eau de boisson dans la majorité des communautés où vous travaillez ? En saison sèche ? En saison pluvieuse ?
21. Y a-t-il des habitudes communes dans la communauté en ce qui concerne le traitement de l'eau afin de s'assurer qu'elle est bonne à boire? Quel type de sensibilisation a été mené dans le passé autour de cette question? Les individus ont-ils changé leurs pratiques en matière de traitement de l'eau suite à la sensibilisation? Pourquoi ou pourquoi pas?
22. Quelle est la caractéristique des latrines dans les communautés où vous travaillez? Quelles sont les pratiques autour de l'utilisation de latrines dans les communautés?
23. Quelles sont les activités de votre organisation spécifiquement liées au WASH systèmes dans les communautés de Maradi et / ou de Zinder? Quelles ont été vos réussites et les difficultés et comment expliquez-vous ces succès ou difficultés?

Agriculture et Développement: Maintenant, je voudrais poser des questions sur l'agriculture et la vie dans la communauté.

24. Parlez-moi du type d'agriculture qui se passe dans les communautés où vous travaillez? Est-elle principalement une agriculture de subsistance? Ou l'agriculture pour la génération de revenus? Ou les deux? Est-ce que cela change tout au long de l'année? S'il vous plaît expliquer. Quelles sont les tendances en matière d'accès à la terre pour la culture?
25. Qui sont les principaux décideurs en matière agricole dans les communautés? Y a-t-il des écarts selon l'âge et le sexe par rapport à qui s'engage dans l'agriculture de subsistance ou à l'agriculture générant des revenus? S'il vous plaît dites-moi un peu plus sur les différents rôles et responsabilités liés à l'agriculture dans la communauté?
26. Pour les personnes qui produisent des aliments pour la consommation, quel type de culture et d'élevage sont généralement cultivés / élevés? (Végétale ou animale?)
27. Pour les personnes qui produisent des aliments en vente dans cette communauté, quel type de cultures et de bétail sont normalement cultivés / élevés? (Végétale ou animale?)
28. Est-ce que Les hommes, les femmes ou les jeunes migrent vers des endroits éloignés à des moments particuliers de l'année? S'il vous plaît parlez-moi au sujet de ce processus (qui émigrent, quand et comment elle influe sur la dynamique du ménage) et comment cela a affecté la mise en œuvre de vos programmes.
29. Puisque vous avez travaillé dans ces communautés, est-ce que la collectivité a connu des événements qui ont influé sur la capacité des individus à cultiver? Est-il caractéristique pour les membres de la collectivité d'avoir une assurance qui les a aidés à travers cet événement? Si non, comment font-ils cela?

30. Ou la plupart des membres de la communauté apprennent-ils leurs techniques agricoles? Qui croient-ils sait sur l'agriculture? A qui ont-ils confiance? Avez-vous traité spécifiquement des problèmes de confiance entre vous et les communautés? Si oui, comment?
31. Quelles sont les activités de votre organisation spécifiquement liés au développement agricole dans certaines communautés, à Maradi ou Zinder? Si oui, quel genre d'activités faites-vous? Quelles ont été vos réussites et les difficultés et comment expliquez-vous ces succès ou difficultés?

MOYENS DE SUBSISTANCE ET LE DEVELOPPEMENT DES ENTREPRISES:

32. Que diriez-vous sont les principales sources de revenus pour la majorité des ménages dans les communautés où vous travaillez? Agriculture, élevage, commerce? Services?
33. Quels types de supports croyez-vous que la communauté à besoin pour améliorer les moyens de subsistance qui sont conduits par l'agriculture et d'autres sources? Quel soutien votre organisation fournira-t-elle?
34. Y a-t-il d'autres caractéristiques structurelles de la communauté qui peuvent empêcher la réussite de la croissance économique? Si oui, s'il vous plaît expliquer. Tous les moyens d'atténuer certains de ces obstacles?

Contexte socio-culturel et politique: Dans cette dernière partie de notre entretien, je voudrais apprendre un peu plus sur la communauté dans son ensemble et certaines des pratiques mises en place pour aider les personnes dans leur vie quotidienne.

35. Y a-t-il des groupes particuliers de personnes dans la communauté qui luttent contre une grave pénurie de nourriture au jour le jour? Que pensez-vous est la raison de cette faim ou le manque d'aliments? Qu'est-ce que la communauté elle-même pourrait faire pour améliorer la situation? Quels types d'aides extérieures a besoin la communauté?
36. Y a-t-il eu des programmes de sécurité alimentaire mises en œuvre dans le passé par le gouvernement, les bailleurs de fonds étrangers, ou des organismes communautaires? Si oui, s'il vous plaît dites-moi un peu de vos expériences avec ces programmes. Quels ont été les points forts de ces programmes? Et les faiblesses? Votre organisation a joué-t-elle joué un rôle dans l'un de ces programmes?
39. Quel impact les conflits et/ou litiges ont sur la sécurité alimentaire dans la communauté? Quelles sont les idées sur les moyens que vous envisagez pour régler les conflits / litiges au sein de vos communautés cibles?

Merci pour votre temps! Y a-t-il d'autres informations supplémentaires que nous n'avons pas couvert que vous aimeriez partager avec nous au sujet de votre travail?

INFORMATEUR CLE : GUIDE D'INTERVIEW

AGRICULTURE /EXPERT DES MOYENS D'EXISTENCE

Contexte: Avant de commencer notre conversation autour de la sécurité alimentaire, je veux apprendre un peu plus sur vous et la nature de votre position.

1. Avec quelle(s) organisation(s) travaillez-vous ?
2. Quel est votre titre actuel ?
3. Quels sont les rôles et les responsabilités inhérents à cette position ?
 - a. Parlez-moi spécifiquement des rôles et responsabilités inhérents à la sécurité alimentaire, à la nutrition, la santé et/ou l'agriculture.
 - b. Quelle partie de votre temps consacrez-vous aux activités dont vous parlez en référence aux questions prioritaires ?
 - c. Quelles communautés sont couvertes par ces activités ?

Accès à la nourriture et Utilisation : L'objectif premier de cette section est d'avoir une compréhension sur l'accès des communautés dans lesquelles vous travaillez à une alimentation diverse et le processus de décision qui détermine quel aliment consommer. Je voudrais vous poser quelques questions sur vos connaissances sur l'accès aux aliments et leur utilisation dans les communautés où vous avez travaillé.

4. Est-ce que les communautés dans lesquelles vous travaillez sont touchés par la malnutrition? Quels sont certains des principaux facteurs de la malnutrition dans ces communautés?
5. N'y a-t-il aucune coutume, tradition ou croyance dans l'alimentation des communautés dans lesquelles vous travaillez dont vous devriez prendre en considération dans la conception de vos programmes ? Par exemple, y a-t-il des périodes durant lesquelles les gens jeûnent, ou mangent un plat particulier ou évitent un plat particulier ? Y'a-t-il des croyances qui interfèrent avec l'allaitement ? Y'a-t-il des croyances sur le genre d'alimentation dont les enfants ont besoin quand ils sont malades ?
6. Quels sont les principaux problèmes liés à la sécurité, l'accès aux aliments et à la nutrition auxquels vous essayez de répondre avec votre programme alimentaire? S'il vous plaît décrivez-moi les composantes de votre programme qui répondent à ces préoccupations? Quels sont les défis auxquels vous êtes confrontés pour répondre à ces préoccupations?

Agriculture et Développement: Maintenant, je voudrais poser des questions sur l'agriculture et la vie dans la communauté.

7. Est-ce que votre organisation a implémenté des activités spécifiquement liés au développement agricole dans certaines communautés à Maradi ou Zinder. Si oui, quelles sont ces activités ?
8. Quelles sont certaines des développements agricoles et stratégies de cultures les plus réussies qui sont implémentées dans le passé ? Qu'en-est-il des moins réussies ? Est-ce que les stratégies passées n'ont jamais impacté négativement un groupe particulier comme les femmes, les enfants ou des minorités ethniques ?
9. Que pensez-vous être quelques-uns des plus grands défis dans la mise en œuvre d'un développement agricole et un programme de culture ? Y a-t-il des groupes particuliers de personnes

que vous ciblez qui sont particulièrement difficiles à atteindre? S'il vous plaît expliquer. Quelles stratégies ont été utilisées pour surmonter ces défis?

10. Y'a –t-il des coutumes ou des croyances qui entravent ou soutiennent le travail que vous ou d'autres faites dans ces communautés ? Comment ? Comment gérez-vous ces coutumes qui constituent des barrières à votre travail ? Sondez pour des exemples spécifiques.

11. Parlez-moi des types d'agricultures qui sont pratiquées dans les communautés où vous travaillez ? Est-ce principalement de l'agriculture de subsistance ? Ou de l'agriculture pour générer des revenus ? Ou tous les deux ? Est-ce que cela change au cours de l'année ? Expliquez s'il vous plaît ! Comment les individus gagnent généralement l'accès au terrain de culture ?

12. En général dans les communautés, quelle est la différence dans l'agriculture de consommation et celle destinée à la vente ?

13. Pour les personnes qui produisent pour la consommation, quel genre de produits agricoles et de bétail sont normalement produits/élevés ? (Particulièrement végétaux ou animaux ?)

14. Pour les personnes qui produisent pour la vente, quel genre de produits agricoles et de bétail sont normalement produits/élevés ? (Particulièrement végétaux ou animaux ?)

a. Y'a –t-il d'autres produits que votre organisation essaye d'encourager les communautés à développer ? Si oui, quels sont ces produits ? Comment votre organisation choisit ses produits ?

b. Est-ce que les membres de la communauté qui sont des agriculteurs collaborent entre eux dans la prise de décision en ce qui concerne quels types de bien seront produits ? Font-ils un fonds commun de leurs ressources ? D'où vient cette ressource ?

c. Quels sont les supports qui sont en place pour aider à encourager l'agriculture comme moyen de subsistance durable?

d. De quels autres supports ont-ils besoins ?

15. Pour les biens qui seront vendus, parlez-moi du processus ?

a. Est-ce que les gens vendent leurs biens ici localement ? Où ? A qui ? A quelles quantités ?

b. Dans quelle partie du processus les membres de la communauté s'engagent dans le processus de vente de biens?

c. Y a-t-il un partage collectif de l'argent qui est gagné par la vente de la communauté?

16. Est-ce que la communauté a vécu des événements au cours des cinq dernières années qui ont influé sur la capacité des individus à la ferme? Est-il typique pour les membres de la collectivité d'avoir une assurance qui les a aidés à travers cet événement? Si non, comment font-ils cela?

17. Où et comment la plupart des membres de la communauté apprennent leurs techniques agricoles? Qui croient-ils sait sur l'agriculture? A qui ont-ils confiance?

18. Si la communauté conserve l'alimentation tout au long de l'année, où le stockent-ils? Quels aliments sont stockés? Comment est-elle stockée?

19. Est-ce que Les hommes, les femmes ou les jeunes migrent vers des endroits éloignés à des moments particuliers de l'année? S'il vous plaît parlez-moi au sujet de ce processus (qui émigrent,

quand et comment elle influe sur la dynamique du ménage) et comment cela a affecté la mise en œuvre de vos programmes.

Moyens de subsistance et le développement des entreprises: Maintenant, je voudrais vous poser des questions sur d'autres sources de revenus dans la communauté et ce que votre organisation a identifié comme besoins de la communauté pour le développement économique et agricole.

20. Que diriez-vous sont les principales sources de revenus pour la majorité des ménages dans les communautés où vous travaillez? Agriculture, élevage, commerce? Services? Combinaison ? Autres : par exemple des ventes de nourriture sauvage? Bois de chauffage, charbon, etc...? Et qui est impliqué dans ces activités?

21. Quels types de supports croyez-vous que la communauté a besoin pour améliorer les moyens de subsistance qui sont conduits par l'agriculture?

22. Quels types de supports croyez-vous que la communauté a besoin pour améliorer les moyens de subsistance qui sont conduits par des moyens autres que l'agriculture?

23. Y'a-t-il des structures mises en places pour encourager les individus dans les communautés où vous travaillez à épargner de l'argent ?

24. Y'a-t-il des opportunités de développement des affaires que votre organisation a identifié qui aideraient à construire une sécurité alimentaire dans ces zones ? Expliquez vos pensées ?

25. Est-il possible d'obtenir des prêts aux entreprises dans votre communauté pour encourager les agriculteurs à développer leurs exploitations agricoles? Quels sont certains des obstacles à l'obtention de prêts?

26. Y a-t-il d'autres caractéristiques structurelles de la communauté qui peuvent empêcher la croissance économique réussie ?

27. Quelles sont certaines des stratégies de développement des affaires qui ont été mises en œuvre dans le passé subsistance et plus de succès? Quelles stratégies sur moins de succès? Ont stratégies passées jamais eu une incidence négative d'un groupe particulier, comme les femmes, les enfants et les minorités ethniques?? S'il vous plaît expliquer.

28. Que pensez-vous quelques-uns des plus grands défis dans la mise en œuvre des programmes de développement subsistance et l'entreprise? Y a-t-il des groupes particuliers de personnes qui ciblent qui sont particulièrement difficiles à atteindre? S'il vous plaît expliquer. Quelles stratégies ont été utilisées pour surmonter les défis?

29. Y a-t-il coutumes / traditions / croyances qui entravent ou soutiennent le travail que vous faites ou d'autres dans les communautés? Comment? Comment réagissez-vous à ces coutumes qui font obstacle à votre travail [Sonder pour des exemples spécifiques]

Contexte socio-culturel et politique: Dans cette dernière partie de notre entretien, je voudrais apprendre un peu plus sur la communauté dans son ensemble et certaines des pratiques mises en place pour aider les personnes dans leur vie quotidienne.

30. Y a-t-il des groupes particuliers de personnes dans la communauté qui luttent contre une grave pénurie de nourriture au jour le jour? Que pensez-vous est la raison de cette faim ou le manque d'aliments? Qu'est-ce que la communauté elle-même pourrait faire pour améliorer la situation? Quels types d'aides extérieures a besoin la communauté?

31. Y a-t-il eu des programmes de sécurité alimentaire mises en œuvre dans le passé par le gouvernement, les bailleurs de fonds étrangers, ou des organismes communautaires? Si oui, s'il vous plaît dites-moi un peu de vos expériences relatives avec ces programmes. Quels ont été les points forts de ces programmes? Et faiblesses?

32. Quel impact les conflits et/ou litiges ont sur la sécurité alimentaire dans la communauté?

33. Combien de fois les membres de la communauté interagissent ils avec des membres d'autres communautés? Quelle est la nature de l'interaction? Quels types d'interactions économiques sont associés à une bonne / mauvaise relation? Quels sont les avantages ou les défauts de l'interaction avec d'autres membres de la communauté comme ils sont spécialement reliés à l'agriculture et aux moyens d'existence ?

Merci pour votre temps! Y a-t-il d'autres informations supplémentaires que nous n'avons pas couvert que vous aimeriez partager avec nous au sujet de votre travail et les communautés ou vous avez travaillez?

GUIDE D'ENTREVUE INFORMATEUR CLE : EXPERT DE LA SANTE

Contexte: Avant de commencer notre conversation autour de la sécurité alimentaire et le travail que votre institution fait, je veux apprendre un peu plus sur vous et la nature de votre position.

1. Avec quelle(s) institution(s) travaillez-vous ?
2. Quel est votre titre actuel ?
3. Quels sont les rôles et les responsabilités inhérents à cette position ?
 - a. Parlez-moi spécifiquement des rôles et responsabilités inhérents à la sécurité alimentaire, à la nutrition, la santé et/ou l'agriculture.
 - b. Quelle partie de votre temps consacrez-vous aux activités dont vous parlez en référence aux questions prioritaires ?
 - c. Quelles communautés sont couvertes par ces activités ?

Accès à la nourriture et à l'utilisation: L'objectif principal de cette section est d'avoir un aperçu de la compréhension de votre organisation de l'accès de la communauté aux différentes sources de nourriture et de malnutrition.

4. Quelles sont les caractéristiques communes de préparation des aliments et de la consommation au cours de la journée que votre institution a identifiées? (Précisez : qui fait la cuisine, à quelle fréquence ils mangent, qui généralement partage le repas du ménage ...)
 - a. Est-ce que ces modèles changent à certains moments de l'année? (Saison des pluies ou sèche)
 - b. Quels sont les aliments de base que les familles auraient consommés dans la dernière semaine? Est ce que cela change au cours des différentes saisons?
5. D'où provient la grande partie des aliments consommés ? (sont-ils achetés, produits ou fournis par une autre source ?) Cela a-t-il changé au fil du temps ? Changement en fonction des différentes saisons ?
6. Est-ce que les communautés dans lesquelles votre institution travaille sont touchées par la malnutrition? Quels sont certains des principaux facteurs de la malnutrition dans ces communautés ?
7. Quels sont les principaux problèmes liés à la sécurité, l'accès aux aliments et à la nutrition auxquels votre institution essaie de répondre avec votre programme alimentaire? Comment votre institution essaie de répondre à ces préoccupations? Quels sont les défis auxquels vous êtes confrontés pour répondre à ces préoccupations? Les succès ?
8. Y a-t-il des coutumes, traditions ou croyances dans l'alimentation des communautés dans lesquelles votre institution travaille qui impacte vos activités? Veuillez élaborer si oui.

Statut Nutritionnel des femmes et des enfants et Accès au soin de santé : Maintenant que nous avons un peu appris sur l'habitude de manger et de boire des individus au sein des communautés, nous voudrions discuter de certains sujets concernant la santé et le statut nutritionnel des femmes et des enfants dans la communauté.

9. Quelles sont les principaux problèmes de santé que les gens traversent dans les communautés dans lesquelles votre institution travaille ?
 - a. Quelles sont les gens les plus touchés (enfants, femmes, personnes âgées...) ?

- b. Varient-t-ils par âge, sexe, par condition socioéconomique ou autres caractéristiques démographiques ?
 - c. Quelles actions sont prises pour traiter et/ou prévenir ces maux ?
Y a-t-il des types de maladie spécifiquement liés aux pratiques alimentaires? Quelles sont-elles?
10. Y a-t-il des méthodes particulières relatives à l'allaitement dans les communautés où vous travaillez ?
- a. Est-ce que les agents de santé locaux sont formés sur les avantages et les pratiques de l'allaitement ? Si oui, quelles sont les activités qu'ils promeuvent dans les communautés? Quelles sont certaines des activités les plus réussies, pourquoi? Qu'en est-il des activités les moins réussies, pourquoi?
11. Où est-ce que Les femmes de la communauté reçoivent généralement les soins prénatals, postnatals? En quoi est-ce que ces soins consistent? Qui fournit ces soins?
12. Quels sont les types de services de soins de santé qui sont disponibles dans les communautés où vous travaillez?
- a. Que font les gens s'il y a une urgence de santé?
 - b. Que font les gens pour les soins de la grossesse et l'accouchement?
 - c. Quelle est la qualité des services de santé qui sont disponibles?
 - d. Qui dans les familles prend les décisions principales en matière de soins de santé?
 - e. Est-ce que les agents de santé sont fiables ?
13. Y-a-t-il une confiance dans la communauté sur les agents de santé ? Pourquoi ou pourquoi pas? Y-a-t-il une crainte des agents de santé ? Que craignent –t'ils ? Est-ce à propos de certains traitements ou conditions ? Si oui, pourquoi ? ? Et comment travaillez-vous autour de ces craintes ?
14. Y a-t-il quelqu'un en particulier dans la communauté, vers qui les individus de la communauté se tournent pour obtenir des conseils sur la santé qui n'est pas officiellement formés fournisseurs de soins de santé? (Guérisseurs traditionnels, des aînés, des parents, etc. ...)
15. Y-a-t-il une pratique de vaccination des enfants dans la communauté ? A quoi servaient ces vaccinations? Comment les enfants sont-t-ils vaccinés ? Y a-t-il des programmes de vaccination en cours ou un programme à venir de vaccination?

Eau, assainissement et hygiène (WASH): Maintenant, je voudrais vous poser quelques questions sur les modes de vie et l'accès à l'eau dans la communauté que vous avez rencontré dans votre travail.

16. Quelle est la principale source d'eau de boisson dans la majorité des communautés où votre institution travaille ? En saison sèche ? En saison pluvieuse ?
17. Y a-t-il des habitudes communes dans la communauté que votre institution a identifiées en ce qui concerne le traitement de l'eau afin de s'assurer qu'elle est bonne à boire? Quel type de sensibilisation a été mené dans le passé autour de cette question? Les individus ont-ils changé leurs pratiques en matière de traitement de l'eau suite à la sensibilisation? Pourquoi ou pourquoi pas?

18. Votre institution a-t-elle remarquée une relation entre les conditions de d'eau et assainissement dans les communautés dans lesquelles elle travaille et la santé et les aspects nutritionnels? Veuillez élaborer si oui.
19. Votre institution a-t-elle entrepris des activités spécifiquement liées aux systèmes d'eau et assainissement dans les communautés de Maradi et / ou de Zinder? Quelles ont été ses réussites et les difficultés et comment expliquez-vous ces succès ou difficultés?

Contexte socioculturel et politique: Dans cette dernière partie de notre entretien, je voudrais apprendre un peu plus sur la communauté dans son ensemble et certaines des pratiques mises en place pour aider les personnes dans leur vie quotidienne.

20. Votre institution a-t-elle identifié des groupes particuliers de personnes dans la communauté qui luttent contre une grave pénurie de nourriture au jour le jour? Quelles sont les raisons derrière cette famine ou le manque d'aliments? Qu'est-ce que la communauté elle-même pourrait faire pour améliorer la situation? Que fait votre institution fait ? Quels types d'aides extérieures a besoin la communauté?
21. Au delà des activités dont on a déjà parlées, y a-t-il eu des programmes de sécurité alimentaire mises en œuvre dans le passé par le gouvernement, les bailleurs de fonds étrangers, ou des organismes communautaires? Si oui, s'il vous plaît dites-moi un peu de vos expériences relatives avec ces programmes. Quels ont été les points forts de ces programmes? Et faiblesses?
22. Combien de fois les membres de la communauté interagissent ils avec des membres d'autres communautés? Quelle est la nature de l'interaction? Quels types d'interactions économiques sont associés à une bonne / mauvaise relation? Quels sont les avantages ou les défauts de l'interaction avec d'autres membres de la communauté comme ils sont spécialement reliés à l'agriculture et aux moyens d'existence ?

Merci pour votre temps! Y a-t-il d'autres informations supplémentaires que nous n'avons pas couvert que vous aimeriez partager avec nous au sujet de votre travail et les communautés ou vous avez travaillez?

Annex 7: Tabular Summary of Indicators

Table A7.1. Title II Baseline Indicators

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS*							
Average Household Dietary Diversity Score (HDDS)	3.4	3.3	3.6	6,123	145,482	0.1	3.1
Prevalence of households with moderate or severe hunger (HHS)	29.1	26.6	31.8	6,970	145,482	1.3	2.5
Adult Female no Adult Male	34.2	28.4	40.6	352	7,671	3.1	1.2
Adult Male no Adult Female	18.0	12.4	25.2	276	5,715	3.2	1.4
Male and Female Adults	29.3	26.7	32.1	6,337	131,677	1.4	2.4
Child No Adults	19.6	2.1	73.0	5	419	14.8	0.7
Percentage of households using improved sanitation facilities	8.6	7.0	10.5	7,309	145,482	0.9	2.7
Percentage of households with soap and water at a handwashing station commonly used by family members	15.3	12.8	18.2	6,518	145,482	1.4	3.1
Prevalence of poverty: Percent of people living on less than \$1.25/day	63.7	59.9	67.4	49,656	975,583	1.9	3.3
Adult Female no Adult Male	56.3	49.3	63.0	1,543	30,233	3.5	1.3
Adult Male no Adult Female	24.4	17.6	32.8	784	15,370	3.9	1.5
Male and Female Adults	64.6	60.7	68.3	47,321	929,822	1.9	3.2
Child No Adults	35.2	-	-	8	157	-	-
Mean depth of poverty	25.8	23.7	27.9	49,656	975,583	1.1	3.3
Adult Female no Adult Male	24.8	20.4	29.1	1,543	30,233	2.2	1.4
Adult Male no Adult Female	6.8	4.5	9.1	784	15,370	1.2	1.4
Male and Female Adults	26.2	24.0	28.3	47,321	929,822	1.1	3.2
Child No Adults	2.7	2.7	2.7	8	157	-	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.33	1.25	1.40	49,656	975,583	0.04	3.5
Adult Female no Adult Male	1.43	1.31	1.55	1,543	30,233	0.06	1.2
Adult Male no Adult Female	2.33	2.08	2.59	784	15,370	0.13	1.6
Male and Female Adults	1.31	1.23	1.38	47,321	929,822	0.04	3.4
Child No Adults	2.7	-	-	8	157	-	-
AGRICULTURAL INDICATORS							
Percentage of farmers who used financial services in the past 12 months	5.6	4.4	7.2	5,298	187,561	0.7	2.3
Male farmers	6.0	4.6	7.8	4,562	158,610	0.8	2.4
Female farmers	3.4	2.2	5.3	729	28,712	0.8	1.2
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	24.7	21.8	27.9	5,282	187,561	1.6	2.6
Male farmers	25.6	22.0	29.4	4,548	158,610	1.9	2.9
Female farmers	19.7	15.5	24.6	727	28,712	2.3	1.6
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	30.3	27.1	33.7	6,051	187,561	1.7	2.8
Male farmers	31.4	27.6	35.5	5,236	158,610	2.0	3.1
Female farmers	24.3	19.1	30.3	808	28,712	2.8	1.9
Percentage of farmers who used improved storage practices in the past 12 months	27.6	24.4	30.9	6,098	187,561	1.7	2.9
Male farmers	27.8	24.6	31.3	5,277	158,610	1.7	2.7
Female farmers	26.1	19.7	33.9	814	28,712	3.6	2.3

Table A7.1. Title II Baseline Indicators

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	19.8	17.8	22.0	4,926	143,981	1.1	1.9
Women's Dietary Diversity Score	3.3	3.1	3.4	6,050	179,630	0.1	3.2
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	46.2	44.1	48.4	7,688	180,052	1.1	1.9
Prevalence of underweight children under 5 years of age (Male)	47.4	44.7	50.0	3,907	91,315	1.3	1.7
Prevalence of underweight children under 5 years of age (Female)	45.0	42.5	47.6	3,781	88,737	1.3	1.6
Prevalence of stunted children under 5 years of age (Total)	57.8	56.1	59.5	7,688	180,052	0.9	1.5
Prevalence of stunted children under 5 years of age (Male)	59.2	57.0	61.3	3,907	91,315	1.1	1.4
Prevalence of stunted children under 5 years of age (Female)	56.3	54.1	58.5	3,781	88,737	1.1	1.4
Prevalence of wasted children under 5 years of age (Total)	15.7	14.4	17.0	7,688	180,052	0.7	1.6
Prevalence of wasted children under 5 years of age (Male)	17.9	16.1	19.8	3,907	91,315	0.9	1.5
Prevalence of wasted children under 5 years of age (Female)	13.4	11.8	15.2	3,781	88,737	0.9	1.6
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.5	12.7	16.4	10,386	245,049	0.9	2.7
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	15.3	13.2	17.7	5,278	122,431	1.1	2.3
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	13.5	11.6	15.6	5,097	118,722	1.0	2.1
Percentage of children under age 5 with diarrhea treated with ORT (Total)	78.4	74.6	81.7	1,523	34,376	1.8	1.7
Percentage of children under age 5 with diarrhea treated with ORT (Male)	78.4	73.4	82.6	824	18,444	2.3	1.6
Percentage of children under age 5 with diarrhea treated with ORT (Female)	78.3	73.9	82.1	698	15,695	2.1	1.3
Prevalence of exclusive breast-feeding of children under six months of age	42.7	37.8	47.7	1,055	29,925	2.5	1.7
Prevalence of exclusive breast-feeding of children under six months of age (Male)	41.8	35.8	48.1	543	12,605	3.1	1.5
Prevalence of exclusive breast-feeding of children under six months of age (Female)	43.5	37.1	50.1	512	13,487	3.3	1.5
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	8.2	6.2	10.8	2,774	81,973	1.1	2.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	8.2	5.9	11.4	1,438	41,316	1.4	1.9
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	8.2	6.1	11.0	1,334	40,630	1.2	1.6

Note: Prevalence of wasted children is included but is not a required FFP indicator

*The WASH indicator for the percentage of households using an improved drinking water source is not included

Table A7.2. Title II Baseline Indicators - Save the Children

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS*							
Average Household Dietary Diversity Score (HDDS)	2.8	2.6	3.0	2,040	38,383	0.1	2.6
Prevalence of households with moderate or severe hunger (HHS)	42.5	38.1	47.0	2,428	38,383	2.2	2.0
Adult Female no Adult Male	42.1	29.3	56.0	75	1,147	6.9	1.0
Adult Male no Adult Female	30.5	20.9	42.1	78	1,120	5.4	0.9
Male and Female Adults	42.9	38.5	47.3	2,275	36,115	2.2	1.9
Child No Adults	-	-	-	0	0	-	-
Percentage of households using improved sanitation facilities	10.5	7.9	13.8	2,439	38,383	1.5	2.1
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0	7.6	13.1	2,212	38,383	1.4	2.0
Prevalence of poverty: Percent of people living on less than \$1.25/day	75.8	71.1	80.0	19,592	308,299	2.3	2.5
Adult Female no Adult Male	76.0	64.5	84.6	403	6,111	5.1	1.0
Adult Male no Adult Female	42.1	27.0	58.8	232	3,302	8.3	1.3
Male and Female Adults	76.2	71.4	80.4	18,957	298,885	2.3	2.4
Child No Adults	-	-	-	0	0	-	-
Mean depth of poverty	35.8	32.1	39.5	19,592	308,299	1.9	3.1
Adult Female no Adult Male	34.8	27.1	42.5	403	6,111	3.9	1.1
Adult Male no Adult Female	11.6	6.4	16.7	232	3,302	2.6	1.2
Male and Female Adults	36.1	32.3	39.8	18,957	298,885	1.9	3.0
Child No Adults	-	-	-	0	0	-	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.06	0.97	1.15	19,592	308,299	0.05	2.8
Adult Female no Adult Male	1.10	0.92	1.27	403	6,111	0.09	0.9
Adult Male no Adult Female	1.95	1.60	2.30	232	3,302	0.18	1.2
Male and Female Adults	1.05	0.96	1.14	18,957	298,885	0.05	2.8
Child No Adults	-	-	-	0	0	-	-
AGRICULTURAL INDICATORS							
Percentage of farmers who used financial services in the past 12 months	8.7	5.8	12.8	1,797	56,475	1.7	2.4
Male farmers	9.4	6.0	14.3	1,539	46,599	2.1	2.5
Female farmers	5.3	2.9	9.3	256	9,802	1.5	1.1
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8	15.7	24.7	1,794	56,475	2.3	2.2
Male farmers	20.0	15.3	25.7	1,536	46,599	2.6	2.3
Female farmers	18.5	11.9	27.5	256	9,802	3.9	1.5
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6	20.7	26.7	2,212	56,475	1.5	1.5
Male farmers	24.8	21.5	28.4	1,902	46,599	1.8	1.6
Female farmers	17.8	13.0	23.9	308	9,802	2.8	1.2
Percentage of farmers who used improved storage practices in the past 12 months	27.2	23.7	30.9	2,236	56,475	1.8	1.8
Male farmers	28.5	24.8	32.6	1,923	46,599	2.0	1.7
Female farmers	20.7	15.5	27.1	311	9,802	2.9	1.2

Table A7.2. Title II Baseline Indicators - Save the Children

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	17.1	15.3	19.0	1,789	47,210	0.9	1.0
Women's Dietary Diversity Score	2.9	2.6	3.1	2,162	57,793	0.1	3.1
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	45.4	42.6	48.3	3,029	55,510	1.4	1.4
Prevalence of underweight children under 5 years of age (Male)	46.2	42.4	50.1	1,543	28,593	2.0	1.4
Prevalence of underweight children under 5 years of age (Female)	44.6	40.5	48.8	1,486	26,917	2.1	1.4
Prevalence of stunted children under 5 years of age (Total)	57.6	55.2	59.9	3,029	55,510	1.2	1.2
Prevalence of stunted children under 5 years of age (Male)	58.6	55.2	61.9	1,543	28,593	1.7	1.2
Prevalence of stunted children under 5 years of age (Female)	56.5	53.4	59.5	1,486	26,917	1.5	1.1
Prevalence of wasted children under 5 years of age (Total)	14.6	13.2	16.1	3,029	55,510	0.8	1.0
Prevalence of wasted children under 5 years of age (Male)	16.7	14.8	18.7	1,543	28,593	1.0	0.9
Prevalence of wasted children under 5 years of age (Female)	12.4	10.3	14.8	1,486	26,917	1.2	1.2
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9	12.6	17.5	4,180	77,418	1.2	2.0
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	16.2	13.6	19.2	2,140	39,854	1.4	1.6
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	13.5	11.0	16.4	2,039	37,539	1.4	1.6
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9	71.5	81.6	651	11,438	2.6	1.4
Percentage of children under age 5 with diarrhea treated with ORT (Male)	77.6	70.8	83.1	363	6,418	3.1	1.3
Percentage of children under age 5 with diarrhea treated with ORT (Female)	76.0	69.2	81.7	287	5,003	3.2	1.1
Prevalence of exclusive breast-feeding of children under six months of age	44.1	37.7	50.6	420	8,075	3.3	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Male)	42.4	33.9	51.5	225	4,268	4.5	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Female)	45.9	38.2	53.8	195	3,799	4.0	1.0
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4	3.3	8.9	1,102	25,766	1.4	1.8
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	4.4	2.4	7.9	579	13,279	1.3	1.4
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	6.6	3.4	12.6	522	12,469	2.2	1.8

Note: Prevalence of wasted children is included but is not a required FFP indicator

*The WASH indicator for the percentage of households using an improved drinking water source is not included

Table A7.3. Title II Baseline Indicators - Catholic Relief Services
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS*							
Average Household Dietary Diversity Score (HDDS)	3.6	3.4	3.8	2,133	73,557	0.1	3.5
Prevalence of households with moderate or severe hunger (HHS)	25.0	20.8	29.6	2,398	73,557	2.2	3.1
Adult Female no Adult Male	33.5	23.3	45.6	127	3,450	5.7	1.5
Adult Male no Adult Female	15.4	8.2	26.9	129	3,622	4.6	1.7
Male and Female Adults	25.1	20.8	29.8	2,139	66,236	2.3	3.0
Child No Adults	6.0	0.2	63.2	3	249	7.2	0.5
Percentage of households using improved sanitation facilities	5.5	3.6	8.3	2,453	73,557	1.2	3.1
Percentage of households with soap and water at a handwashing station commonly used by family members	15.1	11.2	19.9	2,300	73,557	2.2	3.6
Prevalence of poverty: Percent of people living on less than \$1.25/day	62.6	56.0	68.7	15,844	473,956	3.2	3.9
Adult Female no Adult Male	57.9	45.6	69.3	524	13,379	6.1	1.5
Adult Male no Adult Female	21.3	13.0	32.7	354	9,649	5.0	1.6
Male and Female Adults	63.6	56.9	69.8	14,962	450,826	3.3	3.8
Child No Adults	0.0	-	-	4	102	-	-
Mean depth of poverty	23.3	19.9	26.6	15,844	473,956	1.7	4.0
Adult Female no Adult Male	26.7	19.4	33.9	524	13,379	3.7	1.6
Adult Male no Adult Female	5.5	2.8	8.2	354	9,649	1.4	1.5
Male and Female Adults	23.6	20.1	27.0	14,962	450,826	1.8	3.9
Child No Adults	0.0	-	-	4	102	-	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.37	1.25	1.50	15,844	473,956	0.06	4.3
Adult Female no Adult Male	1.39	1.21	1.57	524	13,379	0.09	1.2
Adult Male no Adult Female	2.36	2.00	2.71	354	9,649	0.18	1.8
Male and Female Adults	1.35	1.23	1.47	14,962	450,826	0.06	4.2
Child No Adults	3.5	-	-	4	102	-	-
AGRICULTURAL INDICATORS							
Percentage of farmers who used financial services in the past 12 months	3.6	2.3	5.6	1,883	91,522	0.8	2.2
Male farmers	3.8	2.4	6.1	1,660	80,360	0.9	2.3
Female farmers	2.0	0.7	5.8	222	11,120	1.1	1.3
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	28.9	24.3	34.0	1,880	91,522	2.5	2.8
Male farmers	29.8	24.4	35.9	1,657	80,360	2.9	3.1
Female farmers	21.8	14.4	31.5	222	11,120	4.3	1.8
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	33.7	28.0	39.9	2,071	91,522	3.0	3.5
Male farmers	35.1	28.3	42.6	1,833	80,360	3.6	3.9
Female farmers	23.2	16.8	31.2	237	11,120	3.6	1.5
Percentage of farmers who used improved storage practices in the past 12 months	25.0	19.7	31.1	2,083	91,522	2.9	3.6
Male farmers	25.3	20.2	31.2	1,844	80,360	2.8	3.3
Female farmers	22.5	12.9	36.3	238	11,120	6.0	2.5

Table A7.3. Title II Baseline Indicators - Catholic Relief Services
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	20.3	16.5	24.6	1,635	68,091	2.0	2.5
Women's Dietary Diversity Score	3.4	3.2	3.6	2,018	84,425	0.1	3.9
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	48.1	44.4	51.9	2,445	87,704	1.9	2.3
Prevalence of underweight children under 5 years of age (Male)	50.1	45.7	54.4	1,231	44,562	2.2	1.9
Prevalence of underweight children under 5 years of age (Female)	46.1	41.9	50.3	1,214	43,143	2.1	1.8
Prevalence of stunted children under 5 years of age (Total)	59.5	56.8	62.2	2,445	87,704	1.4	1.7
Prevalence of stunted children under 5 years of age (Male)	61.5	58.2	64.7	1,231	44,562	1.6	1.5
Prevalence of stunted children under 5 years of age (Female)	57.5	53.7	61.3	1,214	43,143	1.9	1.7
Prevalence of wasted children under 5 years of age (Total)	16.5	14.4	18.9	2,445	87,704	1.1	1.9
Prevalence of wasted children under 5 years of age (Male)	19.0	16.1	22.3	1,231	44,562	1.6	1.8
Prevalence of wasted children under 5 years of age (Female)	13.9	11.1	17.3	1,214	43,143	1.6	1.9
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.0	11.0	17.8	3,127	116,289	1.7	3.5
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	15.2	11.5	19.8	1,579	57,941	2.1	2.9
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	12.6	9.3	16.8	1,545	55,652	1.9	2.8
Percentage of children under age 5 with diarrhea treated with ORT (Total)	80.2	74.5	84.9	415	15,646	2.6	1.7
Percentage of children under age 5 with diarrhea treated with ORT (Male)	80.8	73.6	86.4	231	8,617	3.3	1.6
Percentage of children under age 5 with diarrhea treated with ORT (Female)	79.5	71.8	85.5	184	6,813	3.5	1.5
Prevalence of exclusive breast-feeding of children under six months of age	44.3	36.3	52.6	338	15,633	4.2	1.9
Prevalence of exclusive breast-feeding of children under six months of age (Male)	44.1	34.2	54.5	163	6,107	5.2	1.7
Prevalence of exclusive breast-feeding of children under six months of age (Female)	44.5	34.1	55.4	175	6,830	5.5	1.8
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.6	6.2	14.5	887	39,504	2.1	2.6
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	10.2	6.2	16.5	457	20,104	2.6	2.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	8.9	5.8	13.5	430	19,400	1.9	1.7

Note: Prevalence of wasted children is included but is not a required FFP indicator

*The WASH indicator for the percentage of households using an improved drinking water source is not included

Table 7.4. Title II Baseline Indicators - Mercy Corps

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
HOUSEHOLD LEVEL INDICATORS*							
Average Household Dietary Diversity Score (HDDS)	3.9	3.6	4.2	1,950	33,543	0.2	2.8
Prevalence of households with moderate or severe hunger (HHS)	21.8	18.8	25.2	2,144	33,543	1.6	1.5
Adult Female no Adult Male	32.0	25.4	39.4	150	3,075	3.6	0.9
Adult Male no Adult Female	12.7	6.0	24.7	69	973	4.6	0.9
Male and Female Adults	21.0	17.8	24.6	1,923	29,326	1.7	1.5
Child No Adults	60.3	2.5	98.9	2	170	37.9	0.8
Percentage of households using improved sanitation facilities	13.2	9.9	17.4	2,417	33,543	1.9	2.3
Percentage of households with soap and water at a handwashing station commonly used by family members	22.6	17.5	28.7	2,006	33,543	2.8	2.5
Prevalence of poverty: Percent of people living on less than \$1.25/day	47.3	41.1	53.5	14,220	193,328	3.1	2.3
Adult Female no Adult Male	42.9	35.7	50.4	616	10,743	3.7	0.8
Adult Male no Adult Female	12.9	6.2	24.7	198	2,419	4.5	0.9
Male and Female Adults	48.0	41.5	54.5	13,402	180,111	3.3	2.3
Child No Adults	100.0	-	-	4	55	-	-
Mean depth of poverty	16.1	13.3	18.9	14,220	193,328	1.4	2.3
Adult Female no Adult Male	16.7	11.9	21.5	616	10,743	2.4	1.1
Adult Male no Adult Female	5.6	1.0	10.2	198	2,419	2.3	1.0
Male and Female Adults	16.2	13.4	19.1	13,402	180,111	1.5	2.2
Child No Adults	7.6	-	-	4	55	-	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.64	1.52	1.76	14,220	193,328	0.06	2.3
Adult Female no Adult Male	1.67	1.48	1.86	616	10,743	0.10	1.1
Adult Male no Adult Female	2.76	2.18	3.33	198	2,419	0.29	1.1
Male and Female Adults	1.63	1.51	1.75	13,402	180,111	0.06	2.2
Child No Adults	1.3	-	-	4	55	-	-
AGRICULTURAL INDICATORS							
Percentage of farmers who used financial services in the past 12 months	6.3	4.2	9.2	1,618	39,565	1.3	1.8
Male farmers	6.9	4.5	10.3	1,363	31,651	1.4	1.8
Female farmers	3.2	1.4	7.0	251	7,791	1.3	1.1
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	21.6	15.6	29.0	1,608	39,565	3.4	2.8
Male farmers	22.3	14.9	32.0	1,355	31,651	4.3	3.2
Female farmers	18.1	13.5	23.8	249	7,791	2.6	1.0
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	32.1	28.8	35.6	1,768	39,565	1.7	1.3
Male farmers	31.6	28.7	34.6	1,501	31,651	1.5	1.0
Female farmers	33.9	20.6	50.3	263	7,791	7.7	2.4
Percentage of farmers who used improved storage practices in the past 12 months	34.1	29.6	39.0	1,779	39,565	2.4	1.8
Male farmers	33.1	27.3	39.4	1,510	31,651	3.1	2.1
Female farmers	38.2	23.3	55.7	265	7,791	8.5	2.6

Table 7.4. Title II Baseline Indicators - Mercy Corps

Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
WOMEN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight women	23.3	19.6	27.5	1,502	28,680	2.0	1.5
Women's Dietary Diversity Score	3.6	3.4	3.9	1,870	37,411	0.1	2.7
CHILDREN'S HEALTH AND NUTRITION INDICATORS							
Prevalence of underweight children under 5 years of age (Total)	42.9	39.7	46.2	2,214	36,838	1.6	1.3
Prevalence of underweight children under 5 years of age (Male)	42.6	38.0	47.2	1,133	18,160	2.3	1.3
Prevalence of underweight children under 5 years of age (Female)	43.3	39.6	47.0	1,081	18,678	1.9	1.1
Prevalence of stunted children under 5 years of age (Total)	53.8	50.6	57.1	2,214	36,838	1.7	1.3
Prevalence of stunted children under 5 years of age (Male)	54.5	49.6	59.2	1,133	18,160	2.4	1.4
Prevalence of stunted children under 5 years of age (Female)	53.2	50.0	56.4	1,081	18,678	1.6	0.9
Prevalence of wasted children under 5 years of age (Total)	15.3	12.9	18.2	2,214	36,838	1.3	1.5
Prevalence of wasted children under 5 years of age (Male)	16.9	13.3	21.3	1,133	18,160	2.0	1.5
Prevalence of wasted children under 5 years of age (Female)	13.8	11.8	16.1	1,081	18,678	1.1	0.9
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.8	12.4	17.5	3,079	51,343	1.3	1.7
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	14.1	11.2	17.6	1,559	24,635	1.6	1.5
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	15.5	12.8	18.7	1,513	25,532	1.5	1.4
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.6	65.7	84.8	457	7,292	4.9	2.0
Percentage of children under age 5 with diarrhea treated with ORT (Male)	73.7	57.8	85.1	230	3,410	7.0	1.9
Percentage of children under age 5 with diarrhea treated with ORT (Female)	79.3	70.7	85.9	227	3,879	3.9	1.2
Prevalence of exclusive breast-feeding of children under six months of age	36.1	27.4	45.8	297	6,218	4.7	1.4
Prevalence of exclusive breast-feeding of children under six months of age (Male)	34.7	24.0	47.1	155	2,230	6.0	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Female)	37.3	26.1	50.0	142	2,857	6.1	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	9.1	6.5	12.6	785	16,703	1.5	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	9.5	6.3	13.9	402	7,933	1.9	1.0
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	8.7	5.7	13.2	382	8,761	1.9	1.1

Note: Prevalence of wasted children is included but is not a required FFP indicator

*The WASH indicator for the percentage of households using an improved drinking water source is not included

Table A7.5. Title II FFP Baseline Indicators - Program Comparisons
Indicators and P-values for Test of Differences [Niger, 2013]

	Indicator Value			P-Value
	SAVE	CRS	MERCY	
HOUSEHOLD LEVEL INDICATORS				
Average Household Dietary Diversity Score (HDDS)	2.8	3.6	3.9	.00**
Prevalence of households with moderate or severe hunger (HHS)	42.5	25.0	21.8	.00**
Adult Female no Adult Male	42.1	33.5	32.0	.41
Adult Male no Adult Female	30.5	15.4	12.7	.03*
Male and Female Adults	42.9	25.1	21.0	.00**
Child No Adults	-	6.0	60.3	.31
Percentage of households using improved sanitation facilities	10.5	5.5	13.2	.00**
Percentage of households with soap and water at a handwashing station commonly used by family members	10.0	15.1	22.6	.00**
Prevalence of poverty: Percent of people living on less than \$1.25/day	75.8	62.6	47.3	.00**
Adult Female no Adult Male	76.0	57.9	42.9	.00**
Adult Male no Adult Female	42.1	21.3	12.9	.00**
Male and Female Adults	76.2	63.6	48.0	.00**
Child No Adults	-	0.0	100.0	-
Mean depth of poverty	35.8	23.3	16.1	.00**
Adult Female no Adult Male	34.8	26.7	16.7	.00**
Adult Male no Adult Female	11.6	5.5	5.6	.11
Male and Female Adults	36.1	23.6	16.2	.00**
Child No Adults	-	0.0	7.6	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	1.06	1.37	1.64	.00**
Adult Female no Adult Male	1.10	1.39	1.67	.00**
Adult Male no Adult Female	1.95	2.36	2.76	.05*
Male and Female Adults	1.05	1.35	1.63	.00**
Child No Adults	-	3.5	1.3	-
AGRICULTURAL INDICATORS				
Percentage of farmers who used financial services in the past 12 months	8.7	3.6	6.3	.02*
Male farmers	9.4	3.8	6.9	.02*
Female farmers	5.3	2.0	3.2	.26
Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months	19.8	28.9	21.6	.02*
Male farmers	20.0	29.8	22.3	.04*
Female farmers	18.5	21.8	18.1	.74
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	23.6	33.7	32.1	.00**
Male farmers	24.8	35.1	31.6	.00**
Female farmers	17.8	23.2	33.9	.08
Percentage of farmers who used improved storage practices in the past 12 months	27.2	25.0	34.1	.02*
Male farmers	28.5	25.3	33.1	.18
Female farmers	20.7	22.5	38.2	.10
WOMEN'S HEALTH AND NUTRITION INDICATORS				

	SAVE	CRS	MERCY	
Prevalence of underweight women	17.1	20.3	23.3	.01**
Women's Dietary Diversity Score	2.9	3.4	3.6	.00**
CHILDREN'S HEALTH AND NUTRITION INDICATORS				
Prevalence of underweight children under 5 years of age (Total)	45.4	48.1	42.9	.04*
Prevalence of underweight children under 5 years of age (Male)	46.2	50.1	42.6	.02*
Prevalence of underweight children under 5 years of age (Female)	44.6	46.1	43.3	.62
Prevalence of stunted children under 5 years of age (Total)	57.6	59.5	53.8	.03*
Prevalence of stunted children under 5 years of age (Male)	58.6	61.5	54.5	.02*
Prevalence of stunted children under 5 years of age (Female)	56.5	57.5	53.2	.18
Prevalence of wasted children under 5 years of age (Total)	14.6	16.5	15.3	.37
Prevalence of wasted children under 5 years of age (Male)	16.7	19.0	16.9	.44
Prevalence of wasted children under 5 years of age (Female)	12.4	13.9	13.8	.62
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	14.9	14.0	14.8	.92
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	16.2	15.2	14.1	.62
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	13.5	12.6	15.5	.41
Percentage of children under age 5 with diarrhea treated with ORT (Total)	76.9	80.2	76.6	.63
Percentage of children under age 5 with diarrhea treated with ORT (Male)	77.6	80.8	73.7	.58
Percentage of children under age 5 with diarrhea treated with ORT (Female)	76.0	79.5	79.3	.70
Prevalence of exclusive breast-feeding of children under six months of age	44.1	44.3	36.1	.34
Prevalence of exclusive breast-feeding of children under six months of age (Male)	42.4	44.1	34.7	.48
Prevalence of exclusive breast-feeding of children under six months of age (Female)	45.9	44.5	37.3	.51
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	5.4	9.6	9.1	.16
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	4.4	10.2	9.5	.06
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	6.6	8.9	8.7	.73

* p < .05

** p < .01

Table A7.6. Title II Program-specific Indicators - All Program Areas
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Health Care and Hand Washing Awareness (Household respondents)							
Percentage who know 3 of 5 critical moments for handwashing ¹	8.1	6.4	10.1	7,260	145,482	0.9	2.9
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	81.9	78.6	84.8	6,132	123,465	1.6	3.2
Macro-Nutrient Dense Foods (Farmers)							
Percentage who used at least one improved variety of macro-nutrient dense foods in the most recent season	10.4	8.7	12.3	6,098	187,561	0.9	2.3
Male farmers	10.3	8.7	12.3	5,277	158,610	0.9	2.2
Female farmers	10.7	7.7	14.5	814	28,712	1.7	1.6
Antenatal Care (Children 0-24 months)							
Percentage receiving at least 4 antenatal care visits during pregnancy	52.1	46.8	57.4	1,909	66,778	2.7	2.4

¹ Critical moments for handwashing include 1) after defecation, 2) after cleaning a child, 3) before preparing food, 4) before feeding a child, and 5) before eating.

Table A7.7. Title II Program-specific Indicators - Save the Children
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Health Care and Hand Washing Awareness (Household respondents)							
Percentage who know 3 of 5 critical moments for handwashing ¹	8.2	6.0	11.0	2,441	38,383	1.3	2.0
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	87.7	84.3	90.4	2,205	34,882	1.5	2.0
Macro-Nutrient Dense Foods (Farmers)							
Percentage who used at least one improved variety of macro-nutrient dense foods in the most recent season	13.5	11.0	16.5	2,236	56,475	1.4	1.8
Male farmers	14.4	11.6	17.7	1,923	46,599	1.6	1.7
Female farmers	9.6	6.4	14.2	311	9,802	1.9	1.1
Antenatal Care (Children 0-24 months)							
Percentage receiving at least 4 antenatal care visits during pregnancy	65.9	60.4	70.9	649	18,023	2.7	1.4

¹ Critical moments for handwashing include 1) after defecation, 2) after cleaning a child, 3) before preparing food, 4) before feeding a child, and 5) before eating.

Table A7.8. Title II Program-specific Indicators - Catholic Relief Services
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Health Care and Hand Washing Awareness (Household respondents)							
Percentage who know 3 of 5 critical moments for handwashing ¹	8.6	6.0	12.3	2,443	73,557	1.6	3.4
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	82.8	76.9	87.5	2,036	60,751	2.7	3.9
Macro-Nutrient Dense Foods (Farmers)							
Percentage who used at least one improved variety of macro-nutrient dense foods in the most recent season	8.7	6.2	12.2	2,083	91,522	1.5	2.9
Male farmers	8.6	6.1	11.8	1,844	80,360	1.4	2.6
Female farmers	10.0	5.4	17.6	238	11,120	3.0	1.8
Antenatal Care (Children 0-24 months)							
Percentage receiving at least 4 antenatal care visits during pregnancy	47.9	38.4	57.4	605	32,350	4.9	2.9

¹ Critical moments for handwashing include 1) after defecation, 2) after cleaning a child, 3) before preparing food, 4) before feeding a child, and 5) before eating.

Table A7.9. Title II Program-specific Indicators - Catholic Relief Services
Indicators, 95% Confidence Intervals and Base Population [Niger, 2013]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	DEFT
		Lower	Upper				
Health Care and Hand Washing Awareness (Household respondents)							
Percentage who know 3 of 5 critical moments for handwashing ¹	6.6	4.2	10.3	2,376	33,543	1.5	2.4
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	72.2	66.0	77.6	1,891	27,832	3.0	2.4
Macro-Nutrient Dense Foods (Farmers)							
Percentage who used at least one improved variety of macro-nutrient dense foods in the most recent season	9.7	6.9	13.6	1,779	39,565	1.7	2.0
Male farmers	8.8	6.1	12.5	1,510	31,651	1.6	1.8
Female farmers	13.0	7.0	22.8	265	7,791	3.9	1.7
Antenatal Care (Children 0-24 months)							
Percentage receiving at least 4 antenatal care visits during pregnancy	40.9	33.6	48.7	655	16,405	3.8	1.6

¹ Critical moments for handwashing include 1) after defecation, 2) after cleaning a child, 3) before preparing food, 4) before feeding a child, and 5) before eating.

Table A7.10. Title II Program-specific Indicators - Program Comparisons
Indicators and P-values for Test of Differences [Niger, 2013]

	Indicator Value			P-Value
	SAVE	CRS	MERCY	
Health Care and Hand Washing Awareness (Household respondents)				
Percentage who know 3 of 5 critical moments for handwashing ¹	8.2	8.6	6.6	.65
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	87.7	82.8	72.2	.00**
Macro-Nutrient Dense Foods (Farmers)				
Percentage who used at least one improved variety of macro-nutrient dense foods in the most recent season	13.5	8.7	9.7	.05*
Male farmers	14.4	8.6	8.8	.01**
Female farmers	9.6	10.0	13.0	.71
Antenatal Care (Children 0-24 months)				
Percentage receiving at least 4 antenatal care visits during pregnancy	65.9	47.9	40.9	.00**

¹ Critical moments for handwashing include 1) after defecation, 2) after cleaning a child, 3) before preparing food, 4) before feeding a child, and 5) before eating.

Annex 8: Multivariate Model Results

Table A8.1. Multiple Logistic Regression Models of Moderate or Severe Household Hunger

Dependent: Moderate or Severe Household Hunger	Total (Pseudo R ² = .14)		SAVE (Pseudo R ² = .07)		CRS (Pseudo R ² = .11)		MERCY (Pseudo R ² = .08)	
	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value
Independent Variables								
Household Composition								
Number of prime-aged adults (15-49)	0.99 (0.91 - 1.08)	0.89	0.93 (0.84 - 1.03)	0.15	1.06 (0.90 - 1.25)	0.51	0.97 (0.88 - 1.07)	0.49
Number of young dependents (0-14)	1.04 (1.01 - 1.08)	0.01*	1.01 (0.96 - 1.06)	0.83	1.08 (1.02 - 1.15)	0.01*	1.03 (0.95 - 1.12)	0.43
Age of head of HH	1.00 (0.99 - 1.01)	0.87	1.01 (1.00 - 1.02)	0.07	1.00 (0.99 - 1.01)	0.39	1.00 (0.99 - 1.01)	0.94
Sex of head of HH (Female)	1.81 (1.32 - 2.49)	0.00**	1.12 (0.59 - 2.14)	0.73	1.96 (1.17 - 3.30)	0.01*	2.32 (1.4 - 3.86)	0.00**
Education level of head of HH (Primary or higher vs. None)	0.77 (0.56 - 1.08)	0.13	1.21 (0.86 - 1.70)	0.27	0.48 (0.28 - 0.83)	0.01*	1.04 (0.71 - 1.51)	0.84
Household Consumption								
Daily per capita food consumption (log)	0.57 (0.39 - 0.84)	0.01*	0.38 (0.22 - 0.64)	0.00**	1.06 (0.58 - 1.92)	0.85	0.40 (0.15 - 1.04)	0.06
Household Agricultural Status								
Has access to a plot of agricultural land	1.65 (1.27 - 2.15)	0.00**	1.50 (0.98 - 2.28)	0.06	2.21 (1.53 - 3.20)	0.00**	1.00 (0.59 - 1.70)	0.99
Raises livestock	0.83 (0.66 - 1.06)	0.14	0.85 (0.63 - 1.13)	0.26	0.89 (0.59 - 1.34)	0.57	0.71 (0.40 - 1.27)	0.25
Used at least 2 sustainable livestock practices	1.75 (1.19 - 2.58)	0.01*	3.12 (1.07 - 9.09)	0.04*	1.92 (0.98 - 3.77)	0.06	2.23 (1.41 - 3.51)	0.00**
Used at least 2 sustainable crop practices	0.86 (0.69 - 1.08)	0.20	0.87 (0.64 - 1.17)	0.35	0.85 (0.56 - 1.27)	0.41	0.94 (0.65 - 1.35)	0.73
Used at least two sustainable NRM practices	0.78 (0.34 - 1.80)	0.57	(omitted)	-	2.29 (0.54 - 9.72)	0.26	0.56 (0.24 - 1.28)	0.16
Practiced value chain activities	0.57 (0.38 - 0.86)	0.01*	1.05 (0.71 - 1.57)	0.80	0.48 (0.25 - 0.89)	0.02*	0.36 (0.12 - 1.14)	0.08
Using improved storage practices	0.81 (0.65 - 1.02)	0.07	0.60 (0.43 - 0.84)	0.00**	0.84 (0.56 - 1.26)	0.39	1.14 (0.77 - 1.69)	0.52
Number of farmers in the household	0.81 (0.69 - 0.95)	0.01*	0.75 (0.60 - 0.93)	0.01*	0.70 (0.55 - 0.90)	0.01*	1.25 (0.83 - 1.90)	0.28
Region								
Maradi vs. Zinder	2.30 (1.71 - 3.08)	0.00**	0.54 (0.15 - 1.98)	0.35	2.3 (1.44 - 3.67)	0.00**	1.05 (0.51 - 2.20)	0.89
(Constant)	0.96 (0.35 - 2.62)	0.93	13.8 (2.25 - 85.1)	0.01*	0.16 (0.04 - 0.74)	0.02*	2.26 (0.17 - 30.1)	0.53
Number of households in final model	5,958		1,923		2,163		1,869	

* p < .05

** p < .01

Table A8.2. Multiple Logistic Regression Models of Moderate or Severe Household Hunger - Post-hoc analysis for the CRS program areas

<i>Dependent: Moderate or Severe Household Hunger</i>		CRS (Pseudo R ² = .11)
<i>Independent Variables</i>	Odds ratio (95% CI)	p-value
Household Composition		
Number of prime-aged adults (15-49)	1.07 (0.92 - 1.25)	0.38
Number of young dependents (0-14)	1.09 (1.02 - 1.16)	0.01*
Age of head of HH	1.00 (0.99 - 1.01)	0.45
Sex of head of HH (Female)	2.18 (1.35 - 3.51)	0.00**
Education level of head of HH (Primary or higher vs. None)	0.45 (0.27 - 0.75)	0.00**
Household Consumption		
Daily per capita food consumption (log)	1.15 (0.58 - 2.25)	0.69
Household Agricultural Status		
Has access to a plot of agricultural land	2.34 (1.65 - 3.31)	0.00**
Raises livestock	0.77 (0.52 - 1.14)	0.20
Used at least 2 sustainable livestock practices	2.16 (1.06 - 4.44)	0.04*
Used at least 2 sustainable crop practices	0.90 (0.62 - 1.31)	0.59
Used at least two sustainable NRM practices	1.95 (0.47 - 8.13)	0.36
Using improved storage practices	0.76 (0.50 - 1.15)	0.19
Number of farmers in the household	0.70 (0.54 - 0.90)	0.01*
Value Chain Activities ¹		
Sorting crops	0.37 (0.16 - 0.86)	0.02*
Ranking crops	0.63 (0.26 - 1.52)	0.30
Trading	0.96 (0.47 - 1.95)	0.90
Calculation of productions costs	2.03 (1.01 - 4.10)	0.05
Developing production and sales plans	0.42 (0.18 - 0.98)	0.05*
Region		
Maradi vs. Zinder	2.21 (1.47 - 3.33)	0.00**
(Constant)	0.12 (0.02 - 0.70)	0.02*
Number of households in final model	2,163	

* p <.05 ** p <.01

¹ The other value chain activities (Bulk transport, participation in a cooperative and keeping production records) were mentioned by few respondents and were thus eliminated from post-hoc analysis to avoid colinearity problems.

Table A8.3. Multiple Logistic Regression Models of Moderate or Severe Household Hunger - Post-hoc analysis for the Mercy Corps program areas

<i>Dependent: Moderate or Severe Household Hunger</i>	Mercy Corps (Pseudo R ² = .08)	
<i>Independent Variables</i>	Odds ratio (95% CI)	p-value
Household Composition		
Number of prime-aged adults (15-49)	0.97 (0.89 - 1.07)	0.57
Number of young dependents (0-14)	1.03 (0.95 - 1.12)	0.46
Age of head of HH	1.00 (0.99 - 1.01)	0.92
Sex of head of HH (Female)	2.30 (1.40 - 3.76)	0.00**
Education level of head of HH (Primary or higher vs. None)	1.04 (0.70 - 1.53)	0.85
Household Consumption		
Daily per capita food consumption (log)	0.40 (0.16 - 1.03)	0.06
Household Agricultural Status		
Has access to a plot of agricultural land	0.99 (0.59 - 1.65)	0.97
Raises livestock	0.75 (0.38 - 1.49)	0.40
Used at least 2 sustainable crop practices	0.96 (0.67 - 1.38)	0.82
Used at least two sustainable NRM practices	0.58 (0.26 - 1.30)	0.18
Practiced value chain activities	0.36 (0.12 - 1.12)	0.08
Using improved storage practices	1.13 (0.76 - 1.70)	0.54
Number of farmers in the household	1.24 (0.84 - 1.84)	0.27
Sustainable Livestock Practices ¹		
Improved facilities	1.55 (0.56 - 4.31)	0.40
Vaccination of poultry	1.70 (1.10 - 2.63)	0.02*
Ruminant practices	0.93 (0.53 - 1.62)	0.78
Region		
Maradi vs. Zinder	1.08 (0.52 - 2.25)	0.83
(Constant)	2.22 (0.18 - 26.7)	0.53
Number of households in final model		

* p <.05 ** p <.01

¹ The other value chain activities (Bulk transport, participation in a cooperative and keeping production records) were mentioned by few respondents and were thus eliminated from post-hoc analysis to avoid colinearity problems.

Table A8.4. Multiple Regression Models of Height for Age Z-score of Children under 5 Years of Age

Dependent: Height for Age Z-score	Total (R ² = .14)		SAVE (R ² = .11)		CRS (R ² = .17)		MERCY (R ² = .19)	
	β	p-value	β	p-value	β	p-value	β	p-value
Independent Variables								
Child Characteristics								
Sex (Female)	0.19	0.11	0.22	0.11	0.13	0.54	0.32	0.07
Age in months	-0.11	0.00**	-0.09	0.00**	-0.12	0.00**	-0.12	0.00**
Sex*age interaction	0.00	0.24	0.00	0.39	0.00	0.64	-0.01	0.16
Age in months squared	0.00	0.00**	0.00	0.00**	0.00	0.00**	0.00	0.00**
Child had diarrhea in the last 2 weeks	-0.18	0.03*	-0.24	0.03*	-0.22	0.06	0.07	0.68
Household Composition								
Number of prime-aged adults (15-49)	0.02	0.47	0.03	0.40	0.02	0.58	-0.04	0.60
Number of young dependents (5-14)	-0.01	0.29	-0.02	0.29	0.01	0.76	-0.01	0.62
Number of children (0-4)	0.03	0.44	-0.02	0.62	0.00	0.99	0.12	0.06
Age of head of HH	0.00	0.58	0.00	0.77	-0.01	0.14	0.01	0.23
Sex of head of HH (Female)	0.13	0.52	-0.15	0.67	0.02	0.96	0.32	0.22
Education level of primary caretaker (Primary or higher vs. None)	0.07	0.46	0.07	0.64	-0.02	0.88	0.21	0.19
Household Socioeconomic Status								
Moderate or Severe Hunger	-0.02	0.76	-0.06	0.56	0.09	0.39	-0.26	0.02*
Daily per capita food consumption (log)	0.08	0.46	0.12	0.38	-0.06	0.71	0.04	0.85
Household Water and Sanitation								
Protected source of drinking water	0.25	0.09	0.18	0.20	0.72	0.03*	-0.39	0.05
Water usually available	0.10	0.20	0.05	0.65	0.19	0.10	0.33	0.05
Water treatment prior to drinking	-0.06	0.44	-0.10	0.37	0.01	0.95	-0.14	0.42
Improved, not shared sanitation facility	0.31	0.01*	0.15	0.25	0.38	0.09	0.38	0.05
Cleansing agent and water available at handwashing station	0.11	0.29	-0.20	0.10	0.14	0.34	0.32	0.10
Household Agricultural Status								
Has access to a plot of agricultural land	-0.14	0.13	-0.12	0.35	-0.09	0.57	-0.32	0.04*
Raises livestock	-0.03	0.62	0.05	0.66	0.03	0.75	-0.25	0.02*
Used at least two sustainable crop practices (past 12 months)	0.02	0.77	-0.12	0.14	0.12	0.18	0.05	0.70
Used at least two sustainable livestock practices (past 12 months)	0.04	0.78	0.15	0.66	-0.04	0.83	0.17	0.33
Used at least two sustainable NRM practices (past 12 months)	0.42	0.14	1.98	0.00**	-0.20	0.48	0.27	0.46
Practiced the value chain activities	0.00	0.97	-0.18	0.07	-0.02	0.87	0.20	0.13
Used improved storage practices (past 12 months)	0.04	0.51	0.09	0.38	-0.14	0.20	0.23	0.03*
Number of farmers in the household	0.04	0.31	0.02	0.73	0.05	0.37	0.08	0.33
Region								
Maradi vs. Zinder	0.03	0.72	N/A		-0.02	0.85	0.15	0.27
(Constant)	-0.96	0.02*	-1.00	0.01*	-0.66	0.29	-1.10	0.06
Number of children (0-59 months) in final model	5,816		2,138		2,002		1,676	

* p <.05 ** p <.01

Table A8.5. Multiple Regression Models of Height for Age Z-score of Children under 5 Years of Age - Post-hoc analysis for the Save the Children program areas

<i>Dependent: Height for Age Z-score</i>	Save the Children (R ² = .11)	
<i>Independent Variables</i>	β	p-value
Child Characteristics		
Sex (Female)	0.20	0.12
Age in months	-0.09	0.00**
Sex*age interaction	0.00	0.38
Age in months squared	0.00	0.00**
Child had diarrhea in the last 2 weeks	-0.23	0.04*
Household Composition		
Number of prime-aged adults (15-49)	0.03	0.39
Number of young dependents (5-14)	-0.01	0.54
Number of children (0-4)	-0.01	0.76
Age of head of HH	0.00	0.57
Sex of head of HH (Female)	-0.17	0.62
Education level of primary caretaker (Primary or higher vs. None)	0.07	0.61
Household Socioeconomic Status		
Moderate or Severe Hunger	-0.03	0.74
Daily per capita food consumption (log)	0.13	0.32
Household Water and Sanitation		
Protected source of drinking water	0.19	0.15
Water usually available	0.06	0.56
Water treatment prior to drinking	-0.11	0.33
Improved, not shared sanitation facility	0.14	0.24
Cleansing agent and water available at handwashing station	-0.20	0.08
Household Agricultural Status		
Has access to a plot of agricultural land	-0.15	0.24
Raises livestock	0.05	0.62
Used at least two sustainable crop practices (past 12 months)	-0.10	0.23
Used at least two sustainable livestock practices (past 12 months)	0.14	0.68
Practiced the value chain activities	-0.21	0.04*
Used improved storage practices (past 12 months)	0.08	0.39
Number of farmers in the household	0.04	0.53
NRM practices		
Agroforestry	0.96	0.14
Natural regeneration of forests	0.68	0.01*
Reforestation (new plantations)	-0.53	0.12
Reforestation of watersheds	1.51	0.04*
Plantation Management	-0.09	0.84
Production of plants	-0.25	0.08
Region		
Maradi vs. Zinder		N/A
(Constant)	-1.08	0.01*
Number of children (0-59 months) in final model		2,167

* p <.05 ** p <.01

Table A8.6. Multiple Regression Models of Height for Age Z-score of Children under 5 Years of Age - Post-hoc analysis for the CRS program areas

<i>Dependent: Height for Age Z-score</i>	CRS (R ² = .16)	
<i>Independent Variables</i>	β	p-value
Child Characteristics		
Sex (Female)	0.15	0.46
Age in months	-0.12	0.00**
Sex*age interaction	0.00	0.52
Age in months squared	0.00	0.00**
Child had diarrhea in the last 2 weeks	-0.24	0.05
Household Composition		
Number of prime-aged adults (15-49)	0.02	0.63
Number of young dependents (5-14)	0.01	0.76
Number of children (0-4)	0.00	0.95
Age of head of HH	-0.01	0.10
Sex of head of HH (Female)	0.03	0.94
Education level of primary caretaker (Primary or higher vs. None)	0.00	1.00
Household Socioeconomic Status		
Moderate or Severe Hunger	0.06	0.59
Daily per capita food consumption (log)	-0.06	0.70
Household Water and Sanitation		
Drinking water source: Public tap/standpipe	-0.30	0.23
Drinking water source: Tubewell or borehole	-0.01	0.97
Drinking water source: Protected well	-0.23	0.40
Drinking water source: Unprotected well	-0.26	0.28
Water usually available	0.22	0.09
Water treatment prior to drinking	0.06	0.64
Cleansing agent and water available at handwashing station	0.36	0.09
Improved, not shared sanitation facility	0.14	0.31
Household Agricultural Status		
Has access to a plot of agricultural land	-0.12	0.45
Raises livestock	0.05	0.65
Used at least two sustainable crop practices (past 12 months)	0.05	0.67
Used at least two sustainable livestock practices (past 12 months)	-0.06	0.72
Used at least two sustainable NRM practices (past 12 months)	-0.14	0.57
Practiced the value chain activities	0.01	0.94
Used improved storage practices (past 12 months)	-0.12	0.27
Number of farmers in the household	0.04	0.45
Region		
Maradi vs. Zinder	0.06	0.63
(Constant)	-0.41	0.50
Number of children (0-59 months) in final model	2,000	

* p <.05 ** p <.01

Annex 9: Bivariate Analysis Results

Table A9.1. Household dietary diversity
 Food groups consumed by household by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Cereals	93.5	95.8	94.2	89.1
Root and tubers	25.0	25.8	21.6	32.0
Vegetables	19.6	7.0	21.9	29.7
Fruits	3.0	2.4	2.2	5.3
Meat, poultry, organ meat	14.0	10.3	13.9	18.5
Eggs	3.1	1.1	3.0	5.5
Fish and seafood	5.6	2.3	6.3	7.9
Pulses/legumes/nuts	59.2	49.4	65.1	57.2
Milk and milk products	36.5	24.5	41.7	39.1
Oil/fats	26.0	17.0	25.7	37.9
Sugar/honey	23.9	17.4	23.0	33.7
Miscellaneous (tea, coffee, condiments, etc.)	35.7	27.5	41.8	31.6
Number of households	6,123	2,040	2,133	1,950

Note: Only includes households that reported that yesterday was not an unusual or special day.

Table A9.2. Household sanitation and drinking water

Sanitation facility, source drinking water and treatment for drinking water by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Improved, not shared sanitation facility				
Flush to piped sewer system	0.8	0.5	0.3	2.5
Flush to septic tank	1.1	0.8	0.7	2.4
Flush to pit latrine	0.4	0.4	0.3	0.7
Ventilated improved latrine	0.4	0.4	0.4	0.6
Pit latrine with slab	5.6	8.0	3.8	6.8
Ecosan Latrine	0.1	0.2	0.0	0.2
Improved, shared sanitation facility				
Flush to piped sewer system	1.5	0.2	0.8	4.6
Flush to septic tank	0.5	0.3	0.4	0.8
Flush to pit latrine	0.3	0.8	0.1	0.1
Ventilated improved latrine	0.5	0.3	0.3	1.1
Pit latrine with slab	2.9	3.3	2.3	3.7
Ecosan Latrine	0.1	0.0	0.0	0.2
Non-improved sanitation facility				
Flush to somewhere else	0.1	0.2	0.0	0.3
Flush, don't know where	0.0	0.0	0.0	0.0
Pit latrine without slab/Open pit	1.7	3.9	0.6	1.6
Bucket toilet	0.0	0.0	0.0	0.0
Hanging toilet/hanging latrine	1.5	0.8	1.4	2.4
No facility	82.4	79.7	88.6	71.8
Other	0.0	0.0	0.0	0.1
Improved source of drinking water				
Piped water into dwelling	0.5	0.6	0.2	1.1
Piped water into yard/plot	0.5	0.4	0.4	1.0
Public tap/Standpipe	25.8	35.5	16.1	35.9
Tube well or borehole	16.8	14.2	17.8	17.4
Protected well	5.9	8.3	4.5	6.3
Protected spring	0.1	0.1	0.0	0.2
Rainwater	0.0	0.1	0.0	0.0
Non-improved source of drinking water				
Surface water (river/dam/ lake/ponds /stream/canal/irrigation channel)	0.0	0.0	0.0	0.0
Unprotected spring	1.4	1.0	1.7	0.9
Unprotected well	48.6	39.7	58.5	36.9
Tanker truck	0.1	0.1	0.2	0.1
Cart with small tank	0.1	0.1	0.2	0.0
Bottled water	0.0	0.0	0.0	0.0
Other	0.2	0.1	0.4	0.2
Water availability				
Water is available from this source all year round	89.3	85.6	90.7	90.5
In the last 2 weeks water was available from this source for a day or longer	84.0	78.5	86.3	85.7
Water treatment prior to drinking				
Boil	0.8	1.1	0.6	0.8
Bleach/chlorine added	1.7	2.5	1.3	1.4
Strain through a cloth	14.0	4.9	20.4	10.8
Water filter (ceramic, sand, composite, etc.)	3.2	1.8	4.1	3.1
Solar disinfection	0.2	0.4	0.1	0.3
Let it stand and settle	2.0	2.5	1.7	2.4
Purification with vegetables (grapes, grains, bark, ashes)	0.5	0.9	0.0	1.1
Other	1.5	1.5	1.9	0.4
DK/NR	1.0	0.9	1.2	0.5
No treatment	76.6	85.2	69.9	81.2
Number of households	7,309	2,439	2,453	2,417

Table A9.3. Value chain activities

Percentage of farmers by value chain activities by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Sort crops	9.7	8.2	11.6	7.5
Rank crops	7.5	5.1	8.8	7.7
Wholesale transport	1.3	1.1	0.5	3.5
Trade or sell products wholesale, retail, or export	9.9	6.6	10.3	13.1
Participate in association or informal coop	2.3	2.0	1.9	3.4
Calculation of cost of production for the market	9.2	7.0	11.4	7.1
Keeping production records	1.3	1.1	1.1	1.9
Developing production and sales plans	10.2	9.0	12.0	7.7
No activities	75.3	80.2	71.1	78.4
Number of farmers	5,282	1,794	1,880	1,608

Notes: Multiple responses allowed so totals may be greater than 100 percent.

Table A9.4. Sustainable agricultural practices
 Percentage of farmers by agricultural practice by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Crops				
Use of improved seeds	11.3	14.5	9.6	10.6
Storage of seeds	40.4	49.4	35.9	38.3
Use of fertilizer	75.0	71.9	77.5	73.8
Management of fruit trees	9.2	5.2	11.3	10.3
Use of chemicals ¹	17.7	13.9	19.7	18.4
Household garden production	16.7	16.0	16.4	18.1
No crop-related activities	7.8	9.8	7.0	6.8
Did not raise crops	3.7	1.5	4.2	5.8
Livestock				
Improved outdoor livestock facilities	1.8	1.3	1.2	3.9
Vaccination of poultry	9.5	10.2	9.2	9.0
Preventive services for ruminants (deworming, vaccination, hoof removal, vitamin supplementation)	40.2	37.7	44.1	34.8
No livestock-related activities	21.5	18.3	22.2	24.5
Did not raise livestock	36.8	42.8	32.7	37.7
Natural Resource Management				
Agroforestry	1.4	1.2	0.7	3.2
Natural regeneration of forests	1.0	0.8	0.7	2.1
Reforestation (new plantations)	1.5	1.3	1.1	2.7
Reforestation of watersheds	0.2	0.4	0.0	0.4
Management of plantations	0.6	0.7	0.3	1.0
Production of plants	0.3	0.1	0.1	1.2
No NRM-related activities	95.6	96.6	96.9	91.2
Number of farmers	6,096	2,236	2,082	1,778

Notes: Multiple responses allowed so totals may be greater than 100 percent.

¹ Use of chemicals is not included in the definition of the "sustainable crop practices" sub-indicator.

Table A9.5. Storage practices

Percentage of farmers by storage practice by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Millet				
Triple bagging	4.0	5.4	3.2	4.0
Jute bags	4.9	7.8	2.9	5.6
Attic	57.0	40.2	63.6	65.4
On the trees	0.4	0.4	0.2	0.8
Barrels	0.2	0.0	0.0	0.7
Tins	0.4	0.3	0.0	1.3
Jars	0.0	0.0	0.0	0.1
Common warehouse	0.4	0.5	0.1	1.1
Other method	0.1	0.0	0.1	0.0
Did not store millet	35.0	48.9	30.7	25.5
Sorghum				
Triple bagging	1.2	1.4	0.8	2.0
Jute bags	4.7	5.8	2.9	7.8
Attic	38.1	24.7	39.9	51.6
On the trees	0.3	0.3	0.1	1.0
Barrels	0.1	0.0	0.0	0.2
Tins	0.2	0.1	0.0	0.7
Jars	0.2	0.1	0.1	0.4
Common warehouse	0.4	0.9	0.1	0.4
Other method	0.2	0.0	0.4	0.1
Did not store sorghum	55.4	66.5	55.4	40.4
Corn (Irrigated)				
Triple bagging	3.1	6.6	0.3	5.0
Jute bags	8.7	4.0	2.4	23.6
Attic	14.7	7.0	19.6	13.2
On the trees	1.3	0.0	1.9	1.4
Barrels	0.1	0.0	0.0	0.5
Tins	0.8	0.0	1.3	0.7
Jars	1.0	0.0	2.0	0.0
Common warehouse	0.4	0.8	0.0	0.8
Other method	0.0	0.0	0.0	0.0
Did not store irrigated corn	65.8	79.2	65.6	54.5
Corn (Not Irrigated)				
Triple bagging	6.4	9.2	5.2	5.1
Jute bags	13.1	11.3	14.7	11.2
Attic	9.3	8.7	8.8	11.7
On the trees	0.3	0.2	0.0	1.4
Barrels	2.8	0.1	4.8	0.9
Tins	0.9	1.2	0.2	2.6
Jars	0.0	0.0	0.0	0.0
Common warehouse	0.6	0.9	0.4	0.9
Other method	0.2	0.0	0.2	0.5
Did not store non-irrigated corn	65.6	67.3	63.5	69.5
Cowpeas				
Triple bagging	4.7	8.0	3.0	4.1
Jute bags	9.6	7.0	8.8	15.2
Attic	9.4	5.8	8.6	16.7
On the trees	0.2	0.0	0.0	0.7
Barrels	0.7	0.6	0.1	2.2
Tins	9.4	8.2	8.2	14.1
Jars	2.4	0.3	3.8	2.2
Common warehouse	0.3	0.4	0.1	0.7
Other method	0.1	0.0	0.1	0.1
Did not store cowpeas	66.6	73.0	68.0	53.9

Note: Denominator for each crop is those farmers who cultivated or stored that crop within the last 12 months.

Table A9.6. Women's dietary diversity

Food groups consumed by women 15-49 by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Grains, roots and tubers	97.4	95.7	98.8	96.7
Legumes and nuts	46.8	38.2	52.4	47.4
Dairy products (milk, yogurt, cheese)	23.6	16.6	27.3	26.2
Organ meat	3.6	2.3	3.5	5.9
Eggs	2.2	2.3	1.8	3.2
Flesh foods and other misc. small animal protein	17.3	14.1	16.2	24.9
Vitamin A dark green leafy vegetables	75.7	66.2	82.3	75.2
Other Vitamin A rich vegetables and fruits	28.6	30.9	23.1	37.9
Other fruits and vegetables	32.1	18.8	35.1	45.4
Number of women	6,050	2,162	2,018	1,870

Table A9.7. Women's nutritional status

Women below 145 cm, mean BMI and BMI levels by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Percent less than 145 cm	1.2	1.4	1.2	0.7
Number of women ¹	5,956	2,168	1,977	1,811
Mean Body Mass Index (BMI)	20.7	20.8	20.6	20.8
Normal				
18.5-24.9 (total normal)	73.9	76.9	73.9	68.9
Underweight				
<18.5 (total underweight)	19.8	17.1	20.3	23.3
17.0-18.4 (mildly underweight)	15.3	13.6	15.7	17.0
<17 (moderately and severely underweight)	4.6	3.5	4.6	6.3
Overweight/obese				
≥25 (total overweight or obese)	6.3	6.0	5.9	7.9
25.0-29.9 (overweight)	5.5	5.6	5.3	6.0
≥30.0 (obese)	0.8	0.5	0.6	1.8
Number of women ¹	4,926	1,789	1,635	1,502

¹ Does not include pregnant or post-partum women

Table A9.8. Stunting by age

Prevalence of stunted and underweight children by age by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Prevalence of stunted children				
<6	22.7	21.1	24.9	17.7
6-8	27.0	32.2	25.7	23.1
9-11	42.1	46.9	43.9	30.7
12-17	52.5	52.5	54.3	47.7
18-23	64.3	64.1	62.6	69.1
24-35	73.8	71.8	77.5	69.0
36-47	68.3	64.5	73.8	61.1
48-59	59.6	62.7	61.3	51.3
Number of children	7,688	3,029	2,445	2,214
Prevalence of underweight children				
<6	19.3	19.4	19.6	18.4
6-8	35.2	39.1	34.3	32.3
9-11	52.1	47.9	59.5	40.2
12-17	45.8	48.6	44.5	44.9
18-23	53.7	55.6	52.9	52.4
24-35	55.7	52.4	59.5	52.2
36-47	47.5	44.5	53.1	38.2
48-59	43.4	43.0	44.3	42.3
Number of children	7,688	3,029	2,445	2,214

Table A9.9. Components of minimum acceptable diet
 Components of MAD indicator for children 6-23 months by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Breastfed children 6-8 months				
Percent with minimum meal frequency (2 or more)	53.4	39.1	60.3	57.1
Percent with minimum dietary diversity (4 or more)	8.7	3.3	12.1	8.5
Grains, roots, and tubers	70.8	58.7	72.3	83.5
Legumes and nuts	18.6	14.2	23.9	13.0
Dairy products (milk, yogurt, cheese)	16.4	9.8	19.7	18.2
Flesh foods (meat, fish, poultry, and liver/organ meats)	3.2	1.9	2.8	5.6
Eggs	2.5	0.8	3.9	1.6
Vitamin A-rich fruits and vegetables	31.2	26.5	35.3	28.9
Other fruits and vegetables	8.5	4.5	10.0	10.6
Number of children	551	218	174	159
Breastfed children 9-23 months				
Percent with minimum meal frequency (3 or more)	20.0	12.7	22.6	25.7
Percent with minimum dietary diversity (4 or more)	43.2	42.8	42.1	47.2
Grains, roots, and tubers	79.8	75.6	79.7	87.8
Legumes and nuts	29.8	25.2	33.3	27.9
Dairy products (milk, yogurt, cheese)	21.9	17.1	23.1	26.8
Flesh foods (meat, fish, poultry, and liver/organ meats)	9.2	6.9	9.5	12.5
Eggs	1.8	2.1	0.8	4.2
Vitamin A-rich fruits and vegetables	57.3	49.5	59.3	65.5
Other fruits and vegetables	18.1	9.2	20.0	28.3
Number of children	2,009	788	652	569
Non-breastfed children 6-23 months				
Percent with minimum meal frequency (4 or more+2 milk)	23.8	5.3	31.4	30.8
Percent with minimum dietary diversity (4 or more)	2.0	0.6	1.1	5.5
Grains, roots, and tubers	85.6	79.1	90.3	84.1
Legumes and nuts	40.0	31.2	47.0	36.8
Dairy products (milk, yogurt, cheese)	24.9	14.8	29.6	27.5
Flesh foods (meat, fish, poultry, and liver/organ meats)	13.7	11.1	11.0	22.0
Eggs	2.0	2.9	0.7	3.3
Vitamin A-rich fruits and vegetables	69.8	58.3	77.3	68.6
Other fruits and vegetables	29.5	5.9	33.7	49.2
Number of children	289	106	84	99

Table A9.10. Breastfeeding status

Breastfeeding status for children 6-23 months by age by PVO [Niger, 2013]

	Total	SAVE	CRS	MERCY
Not breastfeeding				
<2	2.5	2.3	3.6	0.0
2-3	5.0	5.0	5.8	2.7
4-5	3.7	3.3	4.3	3.2
6-8	3.9	2.9	2.8	7.4
9-11	3.8	4.0	3.8	3.6
12-17	4.4	5.8	3.0	5.7
18-23	23.1	19.6	23.8	27.4
Exclusively breastfed				
<2	51.2	66.4	45.1	47.7
2-3	53.5	47.9	61.0	38.9
4-5	32.0	40.0	26.2	31.6
6-8	11.9	11.1	15.0	6.8
9-11	7.3	7.8	6.4	8.7
12-17	7.8	6.2	10.7	2.3
18-23	3.6	4.0	3.9	1.9
Breastfed and plain water only				
<2	32.3	20.6	39.1	29.1
2-3	24.5	32.8	17.4	33.2
4-5	33.0	24.7	44.2	22.0
6-8	13.8	19.8	12.0	9.0
9-11	6.9	10.1	6.8	2.9
12-17	6.4	8.7	6.1	3.1
18-23	3.0	3.7	2.7	2.9
Breastfed and non-milk liquids				
<2	7.0	6.0	4.9	13.9
2-3	9.0	7.0	8.4	14.4
4-5	10.0	7.8	11.8	9.9
6-8	12.5	9.0	11.9	18.8
9-11	6.4	5.9	8.2	3.1
12-17	3.1	4.5	2.6	2.1
18-23	2.4	3.0	1.1	4.9
Breastfed and other milk				
<2	5.0	1.1	5.4	9.0
2-3	3.2	2.3	2.6	6.8
4-5	6.1	6.8	4.6	8.2
6-8	3.1	5.1	1.6	3.2
9-11	3.5	5.3	3.2	1.7
12-17	1.7	3.3	0.5	2.2
18-23	1.0	2.2	0.4	0.6
Breastfed and complementary foods				
<2	2.0	3.6	1.9	0.3
2-3	4.7	5.0	4.8	3.9
4-5	15.1	17.3	8.8	25.1
6-8	54.7	52.0	56.7	54.7
9-11	72.0	66.8	71.7	79.9
12-17	76.6	71.5	77.1	84.6
18-23	66.8	67.4	68.1	62.4
Number of children	3,829	1,522	1,225	1,082

**Annex 10: Title II
Baseline Study
Statement of Work**

Scope of Work for Baseline Study:

Title II Development Food Aid Programs in Guatemala, Niger, and Uganda

I. Introduction

A. Overview

In FY 2012, USAID's Office of Food for Peace (USAID/FFP) will enter into new awards for Title II development food aid programs in Guatemala, Niger, and Uganda. Subject to the availability of funds and commodities, USAID/FFP anticipates the following funding levels:

- Guatemala – up to two awards for a total of approximately \$15 million annually for up to six years;
- Niger – up to three awards for a total of approximately \$20 million annually for up to five years; and
- Uganda – up to two awards for a total of approximately \$15-20 million annually for up to five years.

USAID/FFP is currently reviewing applications from private voluntary organizations and cooperatives submitted in response to a Request for Applications (RFA) for Title II Development Food Aid Programs.¹ The RFA provided information on funding opportunities for multi-year, development food aid programs that are integrated with USAID strategies to address the underlying causes of chronic food insecurity. USAID/FFP's goal for multi-year development programming is to reduce risks and vulnerabilities to food insecurity and increase food availability, access, and utilization/consumption. USAID/FFP anticipates issuing awards for programs in Guatemala by July 1, 2012, and in Niger and Uganda by August 1, 2012.

Through this solicitation, USAID/FFP seeks a survey firm (referred to in this document as "the Contractor") to conduct a baseline study to determine conditions in the three countries prior to the start of new Title II programs. USAID/FFP requires a quantitative population-based household study focused on the collection of required impact and outcome indicators for Title II programs' intervention areas. The study should also include a qualitative component that will add depth, richness, and context and serve to triangulate information from quantitative findings.

Given that each country has a different agricultural calendar, the baseline study for the three countries will be conducted at different times of the year. The Contractor should strive to conduct baseline surveys during the first year of the program cycle, prior to the start of program implementation, and, when possible, during each country's hunger season. Table 1 provides general dates for the most important hunger season in each of the three countries and the anticipated dates for baseline data

¹ The FY 2012 RFA for Title II Development Food Aid Programs can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/progpolicy.html.

collection. The Contractor should confirm with USAID/FFP and the respective USAID Mission when data collection will take place.

Table 1. Guatemala, Niger, and Uganda Hunger Seasons and Anticipated Baseline Data Collection²

COUNTRY	PEAK HUNGER SEASON	ANTICIPATED BASELINE DATA COLLECTION
Guatemala	March through August	September 2012
Niger	July through October	November – December 2012
Uganda	April through August	December 2012 – January 2013

B. Objective of Baseline Study

The purpose of the baseline study is to assess the current status of key indicators, have a better understanding of prevailing conditions and perceptions of the programs’ populations in the implementation areas, and serve as a point of comparison for future final evaluations. Results will also be used to further refine program targeting and, where possible, to understand the relationship between variables to inform program design. The baseline study is designed as the first step in a two-part evaluation, with the final evaluation as the second step. In order to be comparable, both will be conducted at the same time of the year in each country. The baseline studies will be conducted in 2012 and early 2013, while USAID/FFP expects to conduct final evaluations as close as possible to the end of the program four or five years later, depending on the country.

The specific objectives of the baseline are the following:

- Determine the baseline values of key impact and outcome level indicators, including cross-cutting themes, disaggregated by implementing partner, age, and gender as appropriate;
- Collect data, including demographics in target areas and appropriate independent variables, comparable to what will be collected during the final evaluation to determine the level of change on impact and outcome indicators between baseline and final evaluation;
- Conduct bivariate analysis of impact and outcome indicators with independent variables identified for inclusion in survey as appropriate, with results provided by implementing partner;
- Help establish end-of-project targets for impact and outcome indicators;
- Identify appropriate conditions for criteria-based targeting to inform and refine program design;
- Perform multivariate analysis to deepen implementing partners’ understanding of the causes of food insecurity and malnutrition and inform program design; and
- Collect and analyze qualitative data through the use of focus groups, key informant interviews, and observation to triangulate with quantitative data and shed light on potential causes of food insecurity and malnutrition to inform program design.

² The FEWSNET Seasonal Calendar for Food Security and Assistance Planning for peak hunger season provides estimates in each country of study:

<http://www.fews.net/docs/Publications/Food%20Sec%20%20Assist%20Calendar%2011-17-08.pdf>.

While the baseline study will be externally designed, led, and reported on by the Contractor, staff from USAID/FFP and the USAID Missions of Guatemala, Niger, and Uganda will provide input and be involved during all the stages of the study. Title II awardees will also be involved throughout the process to maximize learning opportunities for staff and better acquaint them with the target areas and potential issues or challenges that may arise during the program. The Contractor will consult with Title II awardees to understand their program description and theory of change, obtain context information to properly develop a sampling frame for the household survey, and prepare the quantitative survey instrument to collect data on the set of USAID/FFP Standard Indicators (see Section III) and a limited number of USAID Mission and Title II awardee-specific indicators.

II. Program Background

A. USAID/FFP Strategy and Results Framework

In 2005, USAID/FFP adopted a new strategy to address the problem of food insecurity in accordance with the Title II program's authorizing legislation. The USAID/FFP Strategic Plan for 2006-2010 establishes a single Strategic Objective (SO)—*Food insecurity in vulnerable populations reduced*—for USAID/FFP³. With this strategy, USAID/FFP focuses Title II resources on reducing risk and vulnerability. USAID/FFP framed the new strategic objective in terms of reducing food insecurity, rather than increasing food security, because this formulation puts the focus on those populations already food insecure or vulnerable to food insecurity. The target groups under the strategy are populations who are at risk of food insecurity because of their physiological status, socioeconomic status, or physical security, and/or people whose ability to cope has been temporarily overcome by a shock. The strategy represents a significant change from USAID/FFP's previous strategic framework, which focused primarily on the implementation of programs in the field and had separate objectives for the emergency and non-emergency or development programs.

To achieve the SO, the strategy establishes two Intermediate Results (IRs), which complement and reinforce each other. The first IR is *USAID/FFP's global leadership in reducing food insecurity enhanced*, which adds a major new dimension to the Office's strategic framework and responds to the recognition that USAID/FFP will need the strategic support of a more active and expanded set of partners to reduce food insecurity. The second IR—*Title II program impact in the field increased*—reflects the decision to focus the Title II program on enhancing the ability of individuals, households, and communities to cope with shocks in order to reduce their vulnerability.

As part of the new strategy, USAID/FFP improved the allocation of Title II resources to ensure that the most vulnerable countries and populations are targeted. USAID/FFP developed and implemented a new set of criteria to capture the relative vulnerability of countries, as well as their performance with respect to food utilization, access, and availability. USAID/FFP also endeavored to improve the geographic targeting and timing of food resources within countries. Through this prioritization process, USAID/FFP focused on a smaller set of strategic countries to implement country-specific strategies for enhancing

³ The USAID/FFP Strategic Plan for 2006-2010 can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf.

the impact of programs on reducing food insecurity, in close cooperation and consultation with regional bureaus, USAID missions, cooperating sponsors, and international organizations.

In FY 2012, USAID/FFP selected the following countries to have new Title II development food aid programs: Guatemala, Niger, and Uganda.

B. Country-Specific Program Information

While specific information on each of the countries' programs is not yet available, the Country-Specific Information document for each country provides information on the food security situation and USAID/FFP's programming priorities. Please refer to the FY 2012 Country-Specific Information documents.⁴ Program-specific information will be available to the Contractor when the cooperative agreements for Title II development food aid programs are awarded.

III. Indicators for Collection and Baseline Evaluation Questions

A. Indicators for Collection

The Contractor will be responsible for collecting data on all applicable indicators listed below for each of the countries detailed in this scope of work, plus a limited number of additional indicators for each Title II development food aid program, including women's status and empowerment indicators. The final list of indicators to be collected will be discussed and agreed upon in consultation with USAID/FFP and each of the FY 2012 Title II awardees.

The USAID/FFP Standard Indicators for Baseline and Final Evaluation Surveys are:

1. Average Household Dietary Diversity Score (HDDS)
2. Household Hunger Scale (HHS): Percentage of households with moderate or severe hunger
3. Percentage of underweight (WAZ < -2) children aged 0-59 months
4. Percentage of stunted (HAZ < -2) children aged 0-59 months
5. Percentage of children 0-5 months of age who are exclusively breastfed
6. Percentage of children 6-23 months of age receiving a minimum acceptable diet
7. Percentage of underweight (BMI < 18.5 kg/m²) women of reproductive age (15-49 years)
8. Women's Dietary Diversity Score (WDDS): Mean number of food groups consumed by women of reproductive age (15-49 years)
9. Percentage of households using an improved drinking water source
10. Percentage of households with access to an improved sanitation facility

⁴ The FY 2012 Country-Specific Information documents can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/countryspec.html.

11. Percentage of households with children aged 0–23 months that have water and soap or locally available cleansing agent at a hand washing place

12. Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months

13. Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months

14. 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

15. Percentage of farmers who used at least [a project-defined minimum number of] improved storage techniques in the past 12 months

16. Women’s status and empowerment indicator(s), depending on country and/or implementing partner gender objectives as identified in the results frameworks⁵ (Note: USAID/FFP is interested in considering the cost of including the Feed the Future’s (FTF) Women’s Empowerment in Agriculture Index (WEAI) in the population-based household survey for each country. As such, offerors should provide the level of effort and cost required to include the WEAI as a separate line item in the budget.)

The Contractor will closely follow the guidance on the USAID/FFP Standard Indicator Handbook for indicator definition, collection, and analysis for the indicators listed above.⁶ In several instances, the Contractor will have to refer to the source documents used to develop the USAID/FFP Standard Indicator Handbook for instructions on adapting questionnaires to the local context, as well as other important details on data collection and tabulation. The Contractor will also have to work closely with USAID/FFP, the USAID Mission in the country, and Title II awardees to develop questionnaires and tabulation instructions for the agriculture indicators (#12-15), program-specific gender indicator(s), and any additional indicator(s) not specified in the Handbook.

The Contractor will also collect data for the following indicators:

1. Poverty prevalence (assessed through food and non-food expenditure)
2. Mean depth of poverty (among poor households)

For the poverty prevalence indicator, the Contractor will closely follow FTF guidance for indicator definition, collection, and analysis.⁷ For the mean depth of poverty indicator, the Contractor will use the same household level per capita expenditure data used to derive the poverty prevalence indicator. The

⁵ Demographic and Health Survey (DHS) indicators on women’s status and empowerment can be used as reference: <http://www.measuredhs.com/topics/Womens-Status-and-Empowerment.cfm>.

⁶ The USAID/FFP Standard Indicator Handbook can be found at http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffpstindicatorhb.pdf.

⁷ For information and guidance on FTF indicators, visit <http://feedthefuture.gov/progress>.

Contractor will have to work closely with USAID/FFP and the Mission in country to develop tabulation and analysis instructions for this indicator.

The Contractor will ensure that rigorous practices are used to collect, tabulate, and analyze the indicator data. Refer to Section IV of this SOW for further information on the required quantitative methodology.

B. Evaluation Questions

The Contractor is expected to help formulate and incorporate evaluation questions into the survey in concert with the implementing partner for each program. The intent is to include additional variables or strata that will add to the formative analysis and help strengthen program design and targeting.

IV. Baseline Evaluation Design and Methodology

A. Quantitative Methodology

The Contractor is expected to take responsibility for all aspects of the baseline quantitative survey, including sampling design, questionnaire instrument development, field work, and data collection, entry, cleaning, treatment, and analysis.

1. **Sampling Design:** Before embarking on designing the sample survey, the Contractor should become familiar with the FANTA Sampling Guide (1997) and addendum (2012)⁸, which provide an overview of the recommended design features for Title II baseline and final evaluation surveys. The 2012 addendum provides important corrections to the guide, which should be followed closely. The quantitative part of the baseline should be a population-based household survey, where the “population” is limited to those living in geographic areas where program implementation is intended to take place.

The Contractor should plan to conduct one survey per country, with each implementing partner area representing one stratum in the survey design. A multi-stage cluster sampling design should be used. Given that USAID/FFP requires that the baseline survey be a performance evaluation (rather than an impact evaluation), the design may be limited to a simple pre-post design without control groups. If the Contractor intends to use a more elaborate design, this should be specified in the proposal.

The Contractor should specify the details of the sampling design in a Sampling Plan document in advance of field implementation. This document should include all of the following elements:

- The principal indicator and associated target group that will drive the sample size calculation for the entire survey. For example, if stunting is the principal indicator, the target group will be children 0-59 months.
- The base sample size for this target group. The Contractor should show the equation used for this calculation and the parameters used in the equation, including the design effect assumed for the principal indicator driving the sample size calculation. The calculation should take into

⁸ The FANTA Sampling Guide can be found at <http://www.fantaproject.org/publications/sampling.shtml>.

account statistical power. The Contractor should carry out sample size calculations separately for each implementing partner and then sum them to obtain the total sample size for the country survey.

- The number of households to be sampled in order to achieve the desired sample size for the target group (assuming that households may contain more than one or no eligible members from the target group). The Contractor should give an indication of how the base sample size will be adjusted to account for the number of households that need to be visited.
- The number of households to be sampled to account for anticipated household non-response. The Contractor should indicate by how much the number of households to be sampled will be pre-inflated to account for household non-response.
- Geographic or other criteria for stratification. The Contractor should specify all stratification criteria and the total number of strata for all criteria. At a minimum, the sample will be stratified by partner in countries where multiple partners are implementing programs. Additional strata are not required.
- The number of stages of sampling to be used.
- Explanation of how the number of clusters and of households per cluster in the sample will be determined.
- Definition of the clusters. Where multiple partners are implementing programs, stratification should be part of the design. In such cases, the implementation zone of each partner should constitute the highest level of stratification. Lower level strata within implementation zones may also be needed. If so, an indication should be provided on how the overall number of selected clusters will be allocated to the various strata within implementing partner zones. The Contractor should use tables to show the number of clusters that will be selected for each stratum.
- Explanation on the source of the information for the sampling frame, e.g. census lists or other national or internationally-sponsored surveys, such as the Demographic Health Surveys (DHS). The Contractor should indicate how reliable and recent the frame information is.
- A Probability Proportionate to Size (PPS) sampling mechanism should be used to randomly select the clusters. The Contractor should use the number of households per cluster as the size measure and include a table of size measure and another showing the final list of selected clusters along with their probabilities of selection.
- Indication that the Contractor will use systematic sampling to select dwellings within clusters. This implies that for the sampled clusters, a list of all households, with household identification and location indicated, within these clusters must be obtained through either a preliminary pass on the cluster prior to interviewing or other existing sources.
- Explanation of how households are defined by the Census office in the country in question. The Contractor should adopt a “take-all-households” approach to treat dwellings with multiple households. The Contractor should specify how polygamous households will be sampled, if applicable.
- The Contractor should adopt a “take-all-individuals” approach to select individuals within households from whom to collect data for each target group.

2. **Questionnaire Instrument:** USAID/FFP expects the Contractor to develop a questionnaire instrument incorporating modules specified in the USAID/FFP Indicator Handbook (disseminated in December 2011) to respond to the data collection needs of the Title II development food aid programs and USAID. Given the limited time and resources for development, it is recommended that the Contractor limit the instrument to a paper and pencil version. The questionnaire should include an informed consent statement for each respondent and commence with a set of questions to establish a household roster. The questions within the questionnaire should be organized by respondent type⁹ and questions should follow international standard format, i.e. DHS, wherever possible. In general, the Contractor should ensure that questions are written following established questionnaire design principles and that rigorous practices are used to collect, tabulate, and analyze indicator data. These practices should include adding identifiers, such as cluster number, household number, and respondent identification number (line number from household roster) to each page of the questionnaire(s) to ensure that pages can be correctly correlated to a given household and respondent if separated and to enable the derivation of household-level sampling weights and a household non-response adjustment to be incorporated into the sampling weights for use in all data analyses.
3. **Field Procedure Manual:** USAID/FFP expects that the Contractor will develop a field manual to be used as part of the training materials for survey enumerators and supervisors and serve as reference material for staff in the field conducting the survey. The field manual should include instructions on how to sample dwellings within clusters, households within dwellings, and select individuals within households. The manual should also give recommended best practices for conducting interviews and dealing with specific challenging situations, e.g. households that refuse to participate, and provide a household and individual respondent non-response follow-up strategy. The manual should also describe the roles and responsibilities of the field staff and contain a detailed explanation of how to properly administer each question in the questionnaire.
4. **Data Treatment and Analysis Plan:** USAID/FFP expects that the Contractor will prepare a data treatment and analysis plan to address the following elements:
 - Indication of how and when data will be entered into the database, as well as the software to be used for data entry. Double-data entry is required;
 - Data quality checks and edits (data cleaning) planned to ensure logical consistency and coherence, as well as an indication of the software to be used;
 - Sampling weights to be included on the data file. The formulae used to calculate the sampling weights should be included as part of a data dictionary document. Different sampling weights will need to be calculated for separate analysis of each implementing partner area and of the

⁹ Note that a respondent is an individual or set of individual(s) identified as most appropriate to respond to a set of questions on behalf of a specific target group. Such respondents can be the actual sampled members of the target group themselves (e.g., adults providing direct responses on behalf of themselves) or can be individuals not part of the target group providing proxy responses on behalf of sampled individuals in the target group (e.g., caregivers on behalf of young children).

aggregate Title II program data for the country. Note that a household non-response adjustment should be made to the sampling weights as part of the final weighting system;

- Indicator tabulation plan. Estimates should be produced for each implementing partner stratum and for the overall level;
- Indication of which sub-groups, if any, for which the Contractor will produce estimators;
- Any other planned data analyses. The Contractor should specify all intended bivariate and multivariate analysis here;
- Indication that confidence intervals associated with the indicators will be produced alongside the indicator estimates and that these will take into account the design effect associated with the complex sampling design. Additional statistical outputs are required for multivariate analysis, but should be provided in an appendix; and
- Software to be used for data analysis and for conversion of anthropometric data into Z-scores.

Note: All variables must be labeled in a clear and consistent manner for all baseline surveys to enable meta-analysis of data from different countries.

B. Preparation for Meta-Analysis

The Contractor will ensure that labeling and architecture of all datasets is consistent to help facilitate meta-analyses of datasets across Title II development programs and countries at a later date. During the period of performance for the baseline study, USAID/FFP will discuss with the Contractor specific details with respect to the requested architecture of the datasets. The meta-analysis of data is not part of this SOW.

C. Qualitative Methodology

The Contractor will undertake a qualitative study as part of the baseline study. The main objective of the qualitative study is to inform USAID/FFP and implementing partners about the overall food security situation in the programs' implementation areas. Qualitative information adds depth, richness, and context and will serve to triangulate information from quantitative findings. Quantitative and qualitative results should be combined to provide a more complete picture to the evaluation results. The qualitative study described in this SOW is not expected to replace any in-depth qualitative assessments or formative research that implementing partners may conduct at the beginning of a program to inform specific aspects of their program design. The qualitative research described in this SOW is expected to shed light on the quantitative survey findings.

A description of the qualitative study should include the following elements:

- Questions the qualitative component will answer;
- Sampling approach for selecting sites, key informants, focus group discussion participants, and direct observation sites for the qualitative component;
- Methods to be used for the qualitative study, e.g., rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, or seasonal calendars;

- Brief description of the instruments that will be developed and the type of questions to be asked, e.g., key informant interview guides, focus group guides, or organizational capacity assessment questionnaires;
- Budget and timeline constraints for the qualitative component;
- When qualitative data collection will take place, i.e. prior, in parallel, or subsequent to the quantitative survey;
- Expected outputs of the qualitative data analysis;
- How the results of the qualitative study will be combined with the quantitative study; and
- Methods and specific software to be used to analyze qualitative data collected.

V. Baseline Study Products

A. Deliverables

The Contractor is responsible for:

- 1) Pertinent permissions, insurance, and other required permits
 - a. Obtaining all the necessary permissions for implementing the baseline data collection.
 - b. Adhering to country and local formalities and obtaining any required permits related to data collection from human subjects and logistics of survey implementation, including any necessary Internal Review Board (IRB) approvals, as well as health and accident insurance, salary, and taxes for all enumerators and supervisors.

Deliverable: Evidence of insurances and permits for implementing survey and other data collection activities in each country in electronic form

- 2) Attendance at the USAID/FFP M&E Workshop in each country
 - a. Contractor staff leading the baseline study per country and other key Contractor staff should attend and participate in the workshop that is organized by USAID/FFP's technical advisor, FANTA-III, for new Title II awardees in each country. The workshops will be held in French in Niger, in Spanish in Guatemala, and in English in Uganda. Dates for the workshops are to be determined, but will take place between July and September 2012.
 - b. Understanding of the results frameworks and Indicator Performance Tracking Table (IPTT) for new Title II programs.

Deliverable: Attendance and participation of key Contractor staff in the USAID/FFP M&E Workshop for new Title II awardees in each country

- 3) Inception report and detailed survey implementation plan (DSIP)
 - a. Specifying details for methodology, critical tasks, anticipated outputs, date-bound timelines, resource needs, and responsible person(s). Composition of a standard field survey team, including expected tasks and responsibilities of each team member, should also be described.

Deliverable: Inception report and DSIP reviewed and approved by USAID/FFP

- 4) Quantitative survey instrument
 - a. Detailing a questionnaire instrument that responds to the elements specified in Section IV A, sub-section 2, above, and any supplemental questionnaire components, such as those that may be required to address the inclusion of gender and partner-specific indicators.

- b. Adapting the questionnaire to the local context.
- c. Translating the approved questionnaire instrument from English into the appropriate local language(s) in which the survey will be administered. Back translating the questionnaire from the local language(s) to English with a second translator to ensure it is accurately translated in the local language(s). Making any necessary changes to the local language questionnaire based on the back translation. Some questionnaire modules might already be provided in local language, thus the Contractor may not have to translate everything.

Deliverable: Final local language and corresponding English questionnaires reviewed and approved by USAID/FFP

5) Qualitative study description and guidance

- a. Detailing the methods to be used, general domain of questions to be asked, and instructions and guidance that will be provided to those collecting the qualitative data. The qualitative data collection plan should respond to the elements specified in Section IV C.

Deliverable: Qualitative study description and guidance reviewed and approved by USAID/FFP

6) Supervisor and enumerator training curriculum

- a. Developing training materials to address the quantitative and qualitative components of the baseline survey.
- b. Translating training curricula into local language(s), as necessary.
- c. Developing supporting materials and carrying out anthropometric standardization with enumerators.
- d. Pilot testing the quantitative survey instrument during enumerator training with a small number of households that are not included in the sampling frame. It is recommended that each enumerator team have the opportunity to carry out at survey with at least two households during the pilot testing phase.

Deliverable: Final local language and corresponding English training materials reviewed and approved by USAID/FFP

7) Sampling plan document

- a. Detailing a sampling plan for the quantitative population-based household survey that responds to the elements specified in Section IV A, sub-section 1.

Deliverable: Sampling plan reviewed and approved by USAID/FFP

8) Field procedure manual

- a. Detailing a field procedure plan for the quantitative population-based household survey that responds to the elements specified in Section IV A, sub-section 3.

Deliverable: Field procedure manual reviewed and approved by USAID/FFP

9) Data treatment and analysis plan

- a. Detailing a data treatment and analysis plan that responds to the elements specified in section IV A, sub-section 4.

Deliverable: Data treatment and analysis plan reviewed and approved by USAID/FFP

- 10) Data set, data dictionary/codebook, edit rules, and syntax for data analysis, including syntax for variable transformations

Deliverables:

- a. Raw data set;
 - b. Edit rules for cleaning data;
 - c. Data dictionary/codebook;
 - d. Syntax for all data analysis and variable transformations;
 - e. Final data set for each implementing partner that includes cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators; and
 - f. Sampling weights used to tabulate the aggregate-level estimates for the USAID/FFP Standard Indicators
- 11) Briefings for the USAID Mission in the country
- a. Presenting findings, conclusions, lessons learned, and recommendations of the baseline study. Mid-term briefings of the baseline study are not required to include a PowerPoint presentation and will be done for the USAID Mission in the country. A formal, final briefing should include a PowerPoint presentation and cover the contents of the study's report, such as findings, conclusions, lessons learned, and recommendations at the overall country level and by implementing partner. The final briefing will be done for both the USAID Mission and USAID/FFP.

Deliverables:

- a. Monthly, mid-term, and final briefings to the USAID Mission and USAID/FFP in country
- 12) Draft baseline study report
- a. Not exceeding 50 pages, excluding appendices and attachments. The draft report must be presented in English.
 - b. Presenting the estimates and confidence interval for all indicators (impact and outcome) at the overall program level and by implementing partner.
 - c. Presenting bivariate and multi-variate analyses by implementing partner.

Deliverable: Draft baseline survey report reviewed and approved by USAID/FFP

- 13) Final baseline study report

This report will be a revised version of the draft baseline study report that incorporates the comments of USAID/FFP and the USAID Mission in the corresponding country. The final report must be presented in English for all countries, as well as in French for Niger and Spanish for Guatemala. Any translation costs must be considered in the Contractor's cost proposal. USAID must consider the translation quality to be acceptable before final payment is made.

Final submission of the report must be in the format required by USAID/FFP Information Bulletin 11-02 (August 11, 2011). USAID/FFP expects that the final report will adhere to the USAID Evaluation Policy's criteria to ensure the quality of the evaluation report (refer to USAID Evaluation Policy, page 11, Appendix 1).

Completed and approved study reports must be submitted to USAID's Development Experience Clearinghouse (DEC) and a cover sheet attached indicating the type of study conducted and design. Each completed study must include a three- to five-page summary of the purpose,

background of the project, main study questions, methods, findings, conclusions, recommendations, as applicable, of the study.

Deliverable: Final baseline study report reviewed and approved by USAID/FFP and submitted to the DEC

B. Reporting Format

The format for the baseline study report is as follows:

1. **Cover page, Table of Contents, List of Acronyms;**
2. **Executive Summary** should be a clear and concise stand-alone document that states the most salient findings, conclusions, and recommendations of the study and gives readers the essential contents of the baseline report in two or three pages. The Executive Summary helps readers to build a mental framework for organizing and understanding the detailed information within the report;
3. **Introduction** should include purpose, audience, and synopsis of task;
4. **Methodology** should describe sampling design, study methods, data collection techniques, constraints and limitations of the study process and rigor, and issues in carrying out the study;
5. **Overview of the Current Food Security Situation** should provide a brief overview of the current food security situation in the country related to food availability, access, and utilization; current and anticipated programming and stakeholders;
6. **Tabular summary of results** should present baseline findings in table form for all the indicators by implementing partner area and for the aggregate Title II program area in each country;
7. **Findings** should present findings in response to the study questions. Baseline values must be presented in quantitative format and complemented by descriptive analysis for each implementing partner and at the aggregate country level;
8. **Conclusions and Recommendations** should provide additional analysis of the data and results, drawing out programmatic and organizational recommendations for planning or modifying program design. Recommendations must be relevant to program and context and include concrete and realistic steps for implementing or applying the recommendation.
9. **Issues** should provide a list of key technical and/or administrative, if any, for the Title II programs for which the baseline study was conducted; and
10. **Annexes** should document the study methods, scope of work, schedules, interview lists and tables and be succinct, pertinent, and readable.
 - a. References, including bibliographical documentation, meetings, interviews, and focus group discussions;
 - b. List of stakeholder group with number, type, and date of interactions;
 - c. Data collection instruments in English and the local language, including qualitative protocols developed and used;
 - d. Data sets in electronic format;
 - e. Data dictionary and program files used to process the data in electronic format;
 - f. Baseline study SOW; and
 - g. Other special documentation identified as necessary or useful.

VI. Qualifications of Firm or Consortium

The selected firm/consortium shall possess the following qualifications:

- a. Legal status recognized to work in the country, enabling the organization to perform the above-mentioned tasks;
- b. Demonstrated experience of organizing large-scale population-based household surveys in developing countries within the past five years;
- c. Demonstrated experience of conducting qualitative research and data collection and analyzing results in developing countries within the past five years;
- d. Demonstrated strong capacity and experience in planning and organizing large-scale population-based household survey logistics;
- e. Good network of experienced enumerators, supervisors, and data entry clerks in the country where the field work will be conducted or demonstrated ability to effectively recruit skilled enumerators, supervisors, and data entry clerks in developing countries;
- f. Demonstrated experience to engage and use statistical or evaluation firms and institutions in the country where the field work will be conducted or in developing countries;
- g. Demonstrated strong capacity in sampling, data management, analysis, and statistics;
- h. Strong knowledge in any of the following software programs: CS-Pro, SPSS, Stata, SAS, SUDAAN, or any other analytical software with the capacity to take into account complex survey designs; and
- i. Demonstrated ability to deliver quality written and oral products (evaluation report and PowerPoint briefing).

VII. Team Composition and Qualifications

For planning purposes, the team for this study will consist of key personnel with defined technical expertise, a mix of consultants that will provide varying technical and subject matter expertise, and support staff. The team should include local consultants with expertise, knowledge, and experience in each country. Offerors may propose an alternative personnel configuration to implement the study based on the approach provided in their proposals.

The required areas of technical and subject matter expertise represented on the team should reflect the multi-sectoral nature of Title II food assistance and the expertise required to conduct qualitative research and quantitative population-based household surveys:

- Expertise in food security programming;
- Expertise in agriculture;
- Expertise in maternal and child health and nutrition;
- Expertise in qualitative data collection methods and analysis; and
- Expertise in the design, execution, and analysis of quantitative population-based household surveys. A high-level statistical background is required.

Key Personnel:

1. Baseline Study Team Leader – This individual will serve as team leader in a full-time position for the duration of the study and in all the countries. S/he will be the primary point of contact between USAID and the baseline study team and have responsibility for the overall compilation of the final baseline study reports. The incumbent must:
 - Have 10 years of food security programming in senior management positions;
 - Have managed or participated in at least two food security evaluations;

- Have a Master's or PhD degree in development studies, development evaluation and management, or other relevant field of study;
 - Have excellent writing/organization skills and a demonstrated ability to deliver a quality written product (Evaluation Report and PowerPoint);
 - Have excellent oral communication, presentation, and inter-personal skills;
 - Have the technical and management skills to manage budget resources (dollars and staff) for the study, as well as assist and support the team with field logistics (e.g., coordinating with USAID and/or a government ministry to set up initial appointments for interviews);
 - Have a broad range of subject matter expertise and demonstrated experience in the areas of food security, agriculture development, nutrition, and health, as well as in the USAID/FFP focus countries; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
2. Senior Evaluation Specialist – This individual will be responsible for designing, managing, and coordinating the evaluation approach. The incumbent must:
- Have eight years of evaluation experience;
 - Have demonstrated experience managing, leading, and coordinating quantitative and qualitative baseline studies or evaluations;
 - Have a Master's degree or PhD in statistics, development studies, development evaluation and management, or other relevant field of study;
 - Have extensive knowledge of sampling and demonstrated experience with designing complex surveys;
 - Have extensive experience with data management and database organization, including developing data entry programs and supervising data entry, cleaning, and quality control;
 - Have experience in various complex data analysis methods and working knowledge of at least one statistical software, such as CS-Pro, SPSS, Stata, SAS, and SUDAAN;
 - Have excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product (evaluation report);
 - Have familiarity with a broad range of subject matter knowledge expertise in the areas of food security, agriculture development, nutrition, and health; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
3. Qualitative Research Specialist – This individual will be responsible for designing, managing, and supervising qualitative data collection. The incumbent must:
- Have eight years of experience designing and implementing qualitative research studies to illuminate quantitative survey findings;
 - Have experience with a diverse range of qualitative instruments, such as rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, or seasonal calendars;
 - Have experience with qualitative research in developing countries; and
 - Experience on past Title II evaluations or baseline surveys would be a plus.
4. Field Operation Manager – This individual will be responsible for planning, managing, and supervising survey data collection in-country. The incumbent must:
- Have an undergraduate degree in agriculture, statistics, or economics;

- Have five years of experience supervising large-scale survey field work in developing countries, preferably involving anthropometric data collection;
- Have demonstrated experience hiring, training, and overseeing field supervisors and enumerators; coordinating field logistics, schedules, and equipment; and managing data quality control in the field; and
- Fluency in relevant local languages.

As per the criteria presented above and given the multi-sectoral approach of Title II programs, the Contractor will be expected to involve sectoral experts in the areas of agriculture, livelihoods, livestock, health, and nutrition, as needed. These experts can either be external consultants engaged on a full- or part-time basis or members of the selected firm with the necessary skills. The required skills of the agriculture and health and nutrition experts are outlined below; however, additional sectoral experts may be needed based on the country context and Title II program activities:

Agriculture Expert – This expert will provide technical guidance related to agriculture and agribusiness during the evaluation. The incumbent must:

- Have five years of food security implementation experience;
- Have demonstrated experience with agriculture extension, conservation agriculture, input management, post-harvest handling, livestock management, and agricultural marketing;
- Have demonstrated experience and knowledge of quantitative and qualitative evaluations methodologies, processes, and management;
- Have a strong knowledge of Title II programming, with experience on past evaluations of Title II evaluations or surveys is a plus;
- Have a Master's or PhD degree in agriculture, development studies, development evaluation or other relevant field of study;
- Have excellent writing/organization skills;
- Have excellent oral communication, presentation, and inter-personal skills; and
- Have excellent analytical and technical skills.

Health and Nutrition Expert – This expert will provide technical guidance related to maternal and child health and nutrition during the study. The incumbent must:

- Have five years of maternal and child health and nutrition expertise;
- Have three years of emergency or development food security implementation experience;
- Have a strong knowledge of health and nutrition indicators, supplementary and vulnerable group feeding practices, positive deviance, care group, and community healthcare methodologies;
- Have demonstrated experience and knowledge of quantitative and qualitative evaluations methodologies, processes, and management;
- Have a strong knowledge of emergency Title II programming, with experience on past evaluations of Title II evaluations or surveys a plus;
- Have a Master's or PhD degree in international public health, international nutrition, or other relevant field of study;
- Have excellent writing/organization skills;
- Have excellent oral communication, presentation, and inter-personal skills; and
- Have excellent analytical and technical skills.

Other team members:

The offeror will need to consider and budget accordingly to what extent the team will require junior or mid-level support (e.g., to assist in collecting, analyzing, and cleaning data, and preparing tabular or graphic materials).

As per the USAID Evaluation Policy, all baseline study team members will provide a signed statement attesting to a lack of conflict of interest or describing an existing conflict of interest relative to the program being evaluated.

VIII. Responsibilities/Tasks

After the award, the firm contracted to carry out the baseline study will submit to USAID/FFP an inception report and detailed survey implementation plan (DSIP) as a first deliverable. It is anticipated that the baseline study team will need to carry out the following tasks:

- Initial orientation meetings with USAID/FFP in Washington, including the M&E Advisor and the Country Backstop Officers for each country; the USAID Missions in Guatemala, Niger, and Uganda; and new Title II awardees in each country;
- Attendance at the USAID/FFP M&E Workshop to be held in each country;
- Review of project documentation provided by USAID/FFP and the Missions. Documents will be provided after the signing of the contract;
- Identification of any other relevant performance information sources, such as results frameworks, IPTTs, and/or performance monitoring systems;
- More in-depth interviewing of USAID/FFP and Mission staff, new Title II awardees, and stakeholders to confirm indicators to be surveyed and understand each program's results frameworks, planned program implementation, and the country context;
- Preparation of relevant summary tables, graphs, and annexes;
- Monthly and mid-term briefings of the baseline study (without PowerPoint presentation);
- Drafting of Evaluation narrative, including Executive Summary and other content (tables, graphs, and annexes);
- Preparation of a PowerPoint presentation on the study's findings, conclusions, lessons learned, and recommendations for final briefing of the baseline study;
- Final briefing to the USAID Missions;
- Revision of the Evaluation Report drafts to address comments provided by USAID/FFP and the Missions; and

- Submission of the final Baseline Study report in English and local language, data, and supporting information in accordance with the requirements described in USAID/FFP Information Bulletin 11-02 and in line with the USAID Evaluation Policy.

IX. Evaluation Management

A. Logistics

USAID/FFP will provide overall direction to the Contractor, identify key documents, and assist in facilitating a work plan. USAID/FFP staff in Washington and the USAID Missions in the respective countries will assist in arranging meetings with key stakeholders as identified by USAID prior to the initiation of field work. The Contractor is responsible for arranging other meetings as identified during the course of this evaluation and advising USAID/FFP prior to each of those meetings. The Contractor is also responsible for arranging vehicle rental and drivers as needed for site visits and field work. USAID/FFP in Washington and the Missions can assist with hotel arrangement if necessary, but the Contractor will be responsible for procuring its own work/office space, computers, internet access, printing, and photocopying. The Contractor will be required to make its own payments. USAID/FFP and Mission personnel will be made available to the team for consultations regarding sampling, geographical targeting, sources, and technical issues before and during the evaluation process.

B. Schedule/ Timeline

It is anticipated that a timeline will be submitted as part of the Offeror's proposal. The following is provided for illustrative purposes. Please note that USAID requires monthly meetings on the progress of the baseline study.

Pre Field-Work: Obtain key documents, make key contacts, and plan for interviews and discussions in the country with USAID, Title II awardees, government officials, food security-related organizations, and others as needed. Most of this work will be done through email or phone. The team may work through USAID to arrange meetings and interviews prior to arrival or start of formal data collection.

Field Work – Weeks 1 - 2: The focus will be on meeting with USAID and Title II awardees to negotiate the inclusion of USAID Mission and Title II awardee-specific indicators, gathering and reviewing data not already available, solidifying the Work and Methodology Plan, start recruitment of enumerators, developing or refining sampling frame and data collection methodology and tools (quantitative and qualitative), and arranging plans for site visits as needed.

Field Work – Weeks 3 - 4: The focus will be on completing the sampling frame and data collection methodology and tools. Translation of surveys instruments and testing and development of field manual will also be done in this timeframe. The team may also conduct interviews and discussions with Title II awardees, host government officials, USAID staff, food security organizations, and beneficiaries as time permits. The team will also conduct a monthly debriefing to USAID.

Field Work – Weeks 5 - 6: The focus will be on finalizing interviews and discussions with Title II awardees, government officials, food security organizations, and beneficiaries and training enumerators for quantitative and qualitative data collection. The team leader will also conduct the mid-term debriefing to USAID.

Field Work – Weeks 7 - 10: The focus will be on quantitative and qualitative data collection through surveys, questionnaires for interviews and discussions with Title II awardees, government officials, food security organizations, and beneficiaries. Data entry and cleaning will begin. The team will also conduct a monthly debriefing to USAID.

Field Work – Weeks 11 - 13: The focus will be on data entry, cleaning, and analysis. The team will also begin preparing sections of the draft analysis.

Post Field-Work: Preliminary debriefings with USAID, final debriefing meetings with USAID and stakeholders, and submission of draft reports. The final report will be submitted no later than two weeks following receipt of final comments from USAID.

C. Budget

A firm bidding on this activity must, in addition to a technical proposal, submit a Budget in Excel showing the projected Level of Effort (LOE) for each proposed full-time and/or short-time member of the Team, including subject matter expertise and administrative (logistical) support. Other costs that should be included are international travel and per diem, in-country costs for data collection and interviewing, communications, report preparation and reproduction, and other costs as appropriate. A six-day work week is authorized when working in country.

D. Evaluation Criteria for Proposals

Offeror proposals will be evaluated on the merit of the proposed approach including the following criteria:

- 1) Technical Approach as illustrated in the description of proposed methodology.
- 2) Timeline reflecting proposed activities, which emphasizes the ability to meet the proposed deadlines.
- 3) Key personnel and composition of the technical team, including CVs and commitment of availability. USAID/FFP would like the Team Leader and key personnel identified as practical. USAID/FFP will also consider the offeror's ability to engage and use local firms.
- 4) Past performance including a sample document (preferably on food security) provided as a writing sample to evaluate this criteria. The offeror should also include in the submission a list of references, preferably in USAID, related to the completion of a baseline study or final evaluation for a Title II or food security project.

X. Intellectual property

USAID shall, solely and exclusively, own all rights in and to any work created in connection with this agreement, including all data, documents, information, copyrights, patents, trademarks, trade secrets or other proprietary rights in and to the work. The Contractor is not allowed to withhold any information related to this agreement, as this will become public information.