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FINAL REPORT

Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

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Abbreviations and Acronyms

ANC	antenatal care
BMI	body mass index
CARD	Center for Agricultural Research and Development
DHS	Demographic and Health Surveys
EA	enumeration area
FANTA	Food and Nutrition Technical Assistance III Project
FAO	U.N. Food and Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FFP	USAID Office for Food for Peace
FTF	USAID Feed the Future
GPS	global positioning system
HDDS	household dietary diversity score
HHS	household hunger scale
IFA	Iron folic acid supplement
IPT _p	intermittent preventive therapy in pregnancy
ITN	Insecticide-treated bednet
JMP	Joint Monitoring Program
MAD	minimum acceptable diet
MCHN	maternal and child health and nutrition
MDD-W	minimum dietary diversity–women
MHN	maternal health and nutrition
NRM	natural resource management
NSO	National Statistical Office
ORS	oral rehydration solution
ORT	oral rehydration therapy
TA	traditional authority
USAID	U.S. Agency for International Development
USD	United States dollar
WASH	water, sanitation, and hygiene
WDDS	women’s dietary diversity score
WFP	U.N. World Food Programme
WHO	U.N. World Health Organization

Executive Summary

Overview of the Baseline Study

In fiscal year (FY) 2014, the U.S. Agency for International Development's (USAID) Office of Food for Peace (FFP) awarded cooperative agreements to two development food assistance projects in Malawi. The *Njira* Project is being implemented in 11 select traditional authorities in the districts of Balaka and Machinga by Project Concern International (PCI) and its core implementing partner, Emmanuel International. The *UBALE* Project is being implemented in the entire districts of rural Blantyre, Chikwawa, and Nsanje by Catholic Relief Services–United States Conference of Catholic Bishops (CRS), in consortium with CARE, Chikwawa Diocese, National Cooperative Business Association (NCBA) CLUSA, the National Smallholder Farmers' Association of Malawi (NASFAM), and Save the Children.

The goal of the *Njira* Project, which means “footpath or way of achieving something” in Chichewa, is to empower beneficiaries to better access the wide variety of resources necessary for lasting food security through the use of tailored pathways that build on assets, are based on sound evidence of what works, and that will be adjusted over time through continual learning.¹

The goal of the *UBALE* Project, which means “partnership” in Chichewa, is to work through government, community, and private-sector systems and structures to reduce chronic malnutrition and food insecurity and build resilience among vulnerable populations in three of the most food-insecure, chronically malnourished, and disaster-prone districts of Southern Malawi.²

FFP contracted with ICF International to independently carry out a baseline study of these development food assistance projects. This baseline study, conducted in 2015, is the first phase of a pre-post evaluation cycle. The second phase will include a final evaluation to be conducted at the end of the FFP projects. The baseline study includes (1) a representative population-based household survey to collect data for key FFP and project-specific indicators and (2) a qualitative study to gather additional data that add context, richness, and depth to the household survey findings. The baseline study results will be used for the following purposes:

- To provide a baseline for impact and outcome indicators as a comparison for a final evaluation
- To inform program targeting and design

The study focuses on household food access, expenditures and assets; dietary diversity; water, sanitation and hygiene (WASH) practices; agricultural practices; women's and children's health and nutrition; and gender differences in decision-making for cash earners and parents of children under two years of age.

The population-based household survey collected data from late July to September 2015, and the qualitative study data collection took place from November to December 2015. The population-based household survey sample was selected using a multistage clustered sampling design to provide a statistically representative sample of households in the project areas. The household sample size was 2,400 households per project, or 4,800 households overall across the five project districts. The household survey questionnaire was developed through a series of consultations with FFP, the Food and Nutrition Technical Assistance III (FANTA) Project, FFP awardees, and USAID/Malawi. The qualitative study was designed based on a review of the preliminary unweighted baseline survey data set. ICF developed and finalized an interview guide after consulting with FFP, FANTA, FFP awardees, and USAID/Malawi. The qualitative study was conducted in 5 districts and consisted of 10 focus group discussions, 10 program-level interviews, and 44 household-level interviews.

¹ Project Concern International and the *Njira* Project FY 2014 Development Food Assistance Projects (DFAP) Application Narrative, April 3, 2014.

² Catholic Relief Services *UBALE* FY 2014 DFAP Application Narrative, revised submission, September 9, 2014.

Key Findings

The baseline study findings cover eight areas: (1) characteristics of the population; (2) household hunger, dietary diversity, and coping strategies; (3) poverty levels; (4) water, sanitation, and hygiene; (5) agriculture; (6) women's health and nutrition; (7) children's health and nutrition, and (8) gender equality and women's empowerment.

Characteristics of the Study Population

Estimates from the baseline study indicate that the combined Project areas comprise an estimated 371,990 households, and the average household includes 4.9 household members. Overall, 73.2 percent of households in the combined Project areas include at least one adult male and female, 22.5 percent of households include at least one adult female but no adult male, and 4.1 percent of households include at least one adult male but no adult female. More than two-thirds of households are headed by males and 59.3 percent of households contain children under five years of age. Most heads of household (80 percent) have a primary education or no education at all. Only 1 out of 5 household heads attended secondary school or higher (*Njira* Project, 13.4 percent; *UBALE* Project, 21.8 percent).

Household Hunger and Household Dietary Diversity

Overall, 47.7 percent of Project area households suffer from moderate or severe hunger. The prevalence of moderate or severe hunger is highest among female adult-only households (63.9 percent), and this was confirmed in the qualitative study data as well. Data from the qualitative study suggest that primary causes for hunger are insufficient funds to purchase food, smaller harvests due to poor rains, and an inability to purchase fertilizer; and that experiences of hunger vary by season.

The household dietary diversity score (HDDS) measures access to 12 diverse food groups and serves as a proxy for socioeconomic status.³ On average, households in the combined Project areas consumed 3.7 of the 12 food groups in the past 24 hours, indicating low access to diverse foods and low socioeconomic status; also confirmed by the positive association between poverty status and the HDDS. Poor households in the *Njira* Project area, defined as those living below the international poverty line of \$1.90 per day, consumed 3 of 12 food groups, compared to non-poor households which consumed 3.9 of the 12 groups. The mean HDDS for poor households in the *UBALE* Project area was 3.3 compared to 4.6 for non-poor households. Overall in the Project areas, about 95 percent of households consumed foods made from cereals or grains, less than 10 percent of households reported consuming meat, poultry, or organ meat, and less than 5 percent of households consumed eggs or dairy products.

Poverty Levels

Nearly two-thirds of the population in the *Njira* Project area (70.2 percent) and the *UBALE* Project area (62.2 percent) live below the international poverty line of USD \$1.90 at 2011 prices. Average daily per capita expenditures were slightly above the international poverty line in the combined Project areas at USD \$1.93 (*Njira* Project, USD \$1.63; *UBALE* Project, USD \$2.04). The mean depth of poverty is 26.7 percent in the combined Project areas indicating that on average, individuals in the project areas would need to increase their daily expenditures by roughly 1/4 of the poverty line (USD \$0.51) to move out of poverty. The primary causes of poverty, according to participants in the qualitative study, are limited income sources and income-generating opportunities, large family sizes, and the high cost of household needs. Participants said food is their primary expenditure and biggest barrier to getting out of poverty, and they viewed the cost of food as relatively high.

³ Swindale, A., & P. Bilinsky. (2005). *Household dietary diversity score (HDDS) for measurement of household food access: Indicator guide*. Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development.

Household Water, Sanitation, and Hygiene Practices

Overall in the Project areas, about 61.5 percent of households use an improved drinking water source; 9 percent practice correct use of water treatment technologies, which include chlorination, filtration, solar disinfection, or boiling; and 49 percent obtain drinking water in less than 30 minutes round trip.

Overall in the Project areas, 41 percent of households use a non-shared improved sanitation facility, and 9 percent practice open defecation. Interviewers observed the presence of water and soap, detergent, or another cleansing agent at the handwashing station in 6.4 percent of all households. Participants in the qualitative study said that the primary challenges to accessing clean water are inadequate local infrastructure and limited water sources. Data from the qualitative study also indicate that most participants think their water is safe to drink and that it is sufficient to treat the water by covering it, rather than by using a technology treatment, such as boiling or chlorinating. Participants were aware that open defecation is not a desirable practice because it can spread flies and disease and contaminate ground water sources.

Agriculture

According to the Project theory of change, agricultural financial services, value chain activities, and the use of sustainable practices and improved storage are expected to directly benefit households in the Project areas, which, in turn, will lead to increased food security. Overall in the Project areas, access to financial services is similar for male and female farmers, but usage is low (about 36 percent). The practice of value chain activities promoted by the Projects was higher in the *Njira* Project area (67.8 percent) compared to the *UBALE* Project area (35.9 percent). In the *Njira* Project area, 77.9 percent of the farmers used at least three of the promoted sustainable agricultural practices, compared to 52.9 percent in the *UBALE* Project area. Overall in the Project areas, 52.4 percent of all farmers use at least one improved storage technique, and 22.5 percent use agriculture or livestock extension services.

Data from the qualitative study indicate that participants have positive and negative views about financial services. Some participants indicated that availability of financial services is limited and expressed an interest in gaining access to those services; others cited negative consequences of accessing financial services, such as the burden associated with taking on loans. The qualitative study findings show that participants are aware of a wide range of sustainable agricultural practices and know their value. Participants recognize that agricultural extension workers play a critical role in disseminating information about sustainable practices; however, they also indicated that they face challenges in adopting and sustaining those practices.

Women's Health and Nutrition

Overall in the Project areas, the prevalence of underweight women 15-49 years of age is relatively low (7.7 percent); about 1.3 percent of women 15-49 years of age are moderately to severely underweight and 6.4 percent are mildly underweight. Although most women (77.1 percent) have a normal weight, 12.3 percent are overweight and 2.9 percent are obese. These results suggest that overweight may be a more salient health challenge than underweight. This finding should not imply that malnutrition is not a challenge among women of reproductive age. Overall in the Project areas, only 21.7 percent of the women of reproductive age consume foods that meet the requirements for minimum dietary diversity (5 or more of the 10 food groups). The survey results indicate that women of reproductive age consume on average, 3.4 of the 9 basic food groups.

The Projects plan to promote nutrient-rich value chain commodities, which include orange flesh sweet potatoes and biofortified beans. Overall in the Project areas, about 17.6 percent of women consumed these targeted nutrient-rich value chain commodities (*Njira* Project, 21.2 percent; *UBALE* Project, 16.2 percent). In both Project areas, foods made with orange flesh sweet potatoes are more commonly consumed (*Njira* Project, 20.4 percent; *UBALE* Project, 14.1 percent) than foods made with biofortified

beans (*Njira* Project, 1.1 percent; *UBALE* Project, 2.7 percent). Participants from the qualitative study are aware of the importance of having a diverse diet, especially for pregnant women. Even so, participants said limited finances present a primary barrier to eating a nutrient-rich, diverse diet.

Overall in the Project areas, 46.3 percent of pregnant women received at least four antenatal care (ANC) visits. Data from the qualitative study indicate that women are aware of the importance of ANC visits; however, some women reported that they delayed the initial ANC visit or missed visits and gave as a reason that they had a feeling that nothing was wrong. Overall in the Project areas, the contraceptive prevalence rate is 75.3 percent, measured by the percentage of women 15-49 years of age who are married or in a union and who are using, or whose sexual partner uses, at least one contraceptive method. In the qualitative study women demonstrated a knowledge of contraceptive methods and reported that they use various methods. Several participants said that the reason for using contraception is to limit the number of children because finances are limited. Some participants cited religious beliefs as a reason for not using contraception.

Children's Health and Nutrition

Overall in the Project areas, 11.7 percent of children under five years of age are underweight and 37.8 percent are stunted. About 21.7 percent of children under five years of age had diarrhea in the two weeks preceding the survey, and of these children, 68.9 percent were treated with oral rehydration therapy. Data from the qualitative study indicate participants have an understanding of the relationship between an adequate, diverse diet and the weight and height of a child. Although participants might agree with the health assessments of their children, and agree that the instructions given by health care professionals on how to achieve an adequate diet are good advice, participants said that limited finances and access were the primary reasons they do not follow the recommendations. Most participants in the qualitative study were aware of diarrhea causes, prevention, and treatment; however, although several participants were aware of what diarrhea is, they were unable to identify its causes.

In the *Njira* Project area, 10 percent of children 6-23 years of age receive a minimum acceptable diet (MAD), 10.2 percent consume the targeted nutrient-rich value chain commodities, and 66 percent are exclusively breastfed for six months. In the *UBALE* Project area, 15.8 percent of children receive a MAD, 8.7 percent consume the targeted nutrient-rich value chain commodities, and 70.8 percent are exclusively breastfed for six months. Data from the qualitative study indicate that if a child is not eating solid foods frequently, it may be because the family access to food is limited. Most participants were aware of the importance of exclusive breastfeeding, but they said inadequate maternal nutrition can lead to insufficient milk supply.

Gender

Overall in the Project areas, 64 percent of men and 49.6 percent of women worked and earned cash in the past 12 months. These results may understate women's work because they include only women who earned cash or some combination of cash and in-kind payments, and in most developing countries, women engage in unpaid work. Although similar percentages of men (29 percent) and women (33.4 percent) reported that they decide jointly with their spouses on how self-earned cash is spent, the prevalence of joint decision-making is relatively low. Men (60.2 percent) are more likely to decide alone than women (24.5 percent), which indicates that many female spouses have no input on how cash is managed in their households. Data from the qualitative study underscored that women, particularly married women, have fewer opportunities to earn income, and men, as household heads, are expected to be the primary earners and make decisions about income spending. The results also underscored the complexity of making decisions jointly with spouses; although participants said decisions are made jointly, they also said that men tend to make the final decision.

Overall in the Project areas, parents of children under two years of age are relatively knowledgeable about maternal and child health and nutrition (82.3 percent). About one-third of men and women

reported joint decision-making on maternal and child health and nutrition. The baseline measures, however, are relatively low across the Project areas and indicate that, in many cases, women have no control over the decisions. About 51.5 percent of men and 42.4 of women make maternal health and nutrition decisions alone, compared to 21.9 percent of men and 20.7 of women who decide with their spouses. Couples are less likely to decide alone on child health and nutrition, compared to maternal health decisions. About 29.2 percent of men and 38 percent of women decide alone on child health and nutrition decisions, compared to 34.8 percent of men and 35.9 percent of women who decide with spouses. Participants in the qualitative study explained that concerns about child health are primarily the responsibility of women. Although both male and female participants discussed joint decision-making, some participants said the process is joint, but then men have the final say in the decision.

Overall in the Project areas, most women (77.5 percent) make decisions on productive resources either alone or jointly with their spouses or partners and 49.9 percent of women demonstrate individual leadership and influence in the community. Participants in the qualitative study said that it is common to see women in leadership roles, although these women sometimes have difficulties embracing their role or they face discrimination.

The survey used a general self-efficacy scale to measure personal agency, or how the individual perceived a personal responsibility for successful outcomes. The scale ranges from 10 to 40, with lower scores indicating lower levels of self-efficacy. Overall in both Project areas, the scale is 31 for male farmers and 28.1 for female farmers, indicating that both men and women believe they are moderately capable of coping with difficult circumstances.

Conclusions and Recommendations

Data from the household survey and the qualitative study indicate that access to diverse foods, access to cash-earning opportunities and access to financial services pose major challenges for most households. Female-headed households are particularly vulnerable to experiencing poverty and hunger. One way to improve food security for these households, and therefore their nutrition, is to improve their income generating potential through increased access to job opportunities and improved production on their farms. Better access to financial services and more training to improve farmers' knowledge of financial alternatives can help to purchase inputs needed to increase production. Improving farmers' access to and participation in agricultural extension services will help to increase their knowledge and use of value chain activities, sustainable agriculture practices and improved storage practices, all leading to increased income generation.

The six WASH indicators suggest that households in the project areas struggle to follow the desired WASH practices. Expanding access to improved sanitation facilities and improved water sources, increasing knowledge of correct water treatment practices, and facilitating access to a handwashing station with water and soap or other locally available cleansing agents will help to improve household hygiene practices leading to better health outcomes, particularly for diarrhea.

Infant and young feeding practices show room for improvement, with emphasis on a gradual transition of introducing nutritionally diverse complementary foods after the first six months of exclusive breastfeeding. Increased income generation and further training on appropriate feeding practices for mothers and fathers of children under two years of age will provide them with the resources and knowledge to make sound nutrition-related decisions on their own.

The prevalence of joint decision-making on self-earned cash and maternal and child health and nutrition decisions is relatively low, and suggests that many women do not participate in these aspects of their daily lives. Improving the availability of paid work opportunities that are socially acceptable for women can empower them in their households and contribute to the overall wellbeing of households. To help shift the prevalence of males as the decision makers, gender norms and attitudes need to change, and one way to encourage this shift is through Project activities that support social and behavior change.

I. Introduction

In fiscal year (FY) 2014, the U.S. Agency for International Development (USAID) Office of Food for Peace (FFP) awarded cooperative agreements to two development food assistance projects in Malawi. The *Njira* Project is being implemented in 11 select traditional authorities in the Balaka and Machinga districts by Project Concern International (PCI) and its core implementing partner Emmanuel International (EI). The *UBALE* Project is being implemented by Catholic Relief Services–United States Conference of Catholic Bishops (CRS), in consortium with CARE, Chikwawa Diocese, National Cooperative Business Association (NCBA) CLUSA, the National Smallholder Farmers’ Association of Malawi (NASFAM), and Save the Children in the entire districts of rural Blantyre, Chikwawa, and Nsanje.

The goal of the *Njira* Project, which means “footpath or way of achieving something” in Chichewa, is to empower beneficiaries to better access the wide variety of resources that are necessary for lasting food security by using tailored pathways to build on assets, based on sound evidence of what works. These pathways will be adjusted over time through continual learning. The *Njira* Project strives to avoid compartmentalization by technical sector or intervention area and to ensure a more integrated project that delivers impact.⁴

The goal of the *UBALE* Project, which means “partnership” in Chichewa, is to work through government, community, and private-sector systems and structures to implement a comprehensive program to reduce chronic malnutrition and food insecurity and to build resilience among vulnerable populations in three of the most food-insecure, chronically malnourished, and disaster-prone districts in the Southern Region of Malawi. The *UBALE* Project theory of change sees sustainable livelihoods and good health as mutually reinforcing preconditions for emerging from poverty and building resilience. The effort will be underpinned through the support of government and community systems and structures and the empowerment of women and girls. The project sequences, layers and integrates carefully selected interventions based on wealth group, health status and livelihoods zone.⁵

FFP contracted with ICF International (ICF) to carry out an independent baseline study of these development food assistance projects (see Annex I for the statement of work). This baseline study, conducted in 2015, is the first phase of a pre-post evaluation cycle. The second phase will include a final evaluation to be conducted at the end of the FFP projects. The baseline study includes (1) a representative population-based household survey to collect data for key FFP and project-specific indicators and (2) a qualitative study to gather additional data to add context, richness, and depth to the findings. The baseline study results will be used for the following purposes:

- To provide a baseline for impact and outcome indicators as a comparison for a final evaluation
- To inform program targets and design

In 1992 USAID’s Policy Determination 19 established the following definition for food security “Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.”⁶ The definition of food security focuses on three distinct but interrelated elements, all of which are essential for food security: (1) food availability—having sufficient quantities of food from household production, other domestic output, commercial imports, or food assistance; (2) food access—having adequate resources to obtain appropriate foods for a nutritious diet, which depends on available income, distribution of income in the

⁴ Project Concern International and the *Njira* Project FY 2014 Development Food Assistance Projects (DFAP) Application Narrative, April 3, 2014.

⁵ Catholic Relief Services *UBALE* FY 2014 DFAP Application Narrative, revised submission, September 9, 2014.

⁶ Sources: USAID 1992; USAID 2005.

household, and food prices; and (3) food utilization or consumption—having the proper biological use of food, which requires these elements: a diet that provides sufficient energy and essential nutrients; potable water and adequate sanitation; and a knowledge of storing and processing food, basic nutrition, and child care, and illness prevention and timely management.

The baseline study was designed to provide information on all three elements of food security. The study investigates household food access; expenditures and assets; dietary diversity; water, sanitation and hygiene (WASH) practices; agricultural practices; women’s and children’s health and nutrition; and gender differences in decision-making for cash earners and parents of children under two years of age.

This report begins with an overview of the study methods for the population-based household survey and qualitative study, followed by a literature review summarizing the current food security situation in Malawi. The population-based household survey data are then presented for all FFP and project-specific indicators. The qualitative study results are integrated with these findings to provide further context and understanding. The report closes with conclusions and recommendations based on key findings.

2. Methodology

The following section provides an overview of the methodology for the design and implementation of the household survey and the qualitative study.

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 project indicators before project implementation begins. These baseline measurements will be used to calculate changes in these indicators and statistically test differences at the end of the project cycle, when the same survey will be conducted again. This pre-post design will measure changes in indicators between the baseline and final evaluation, but will not make statements about attribution or causation.

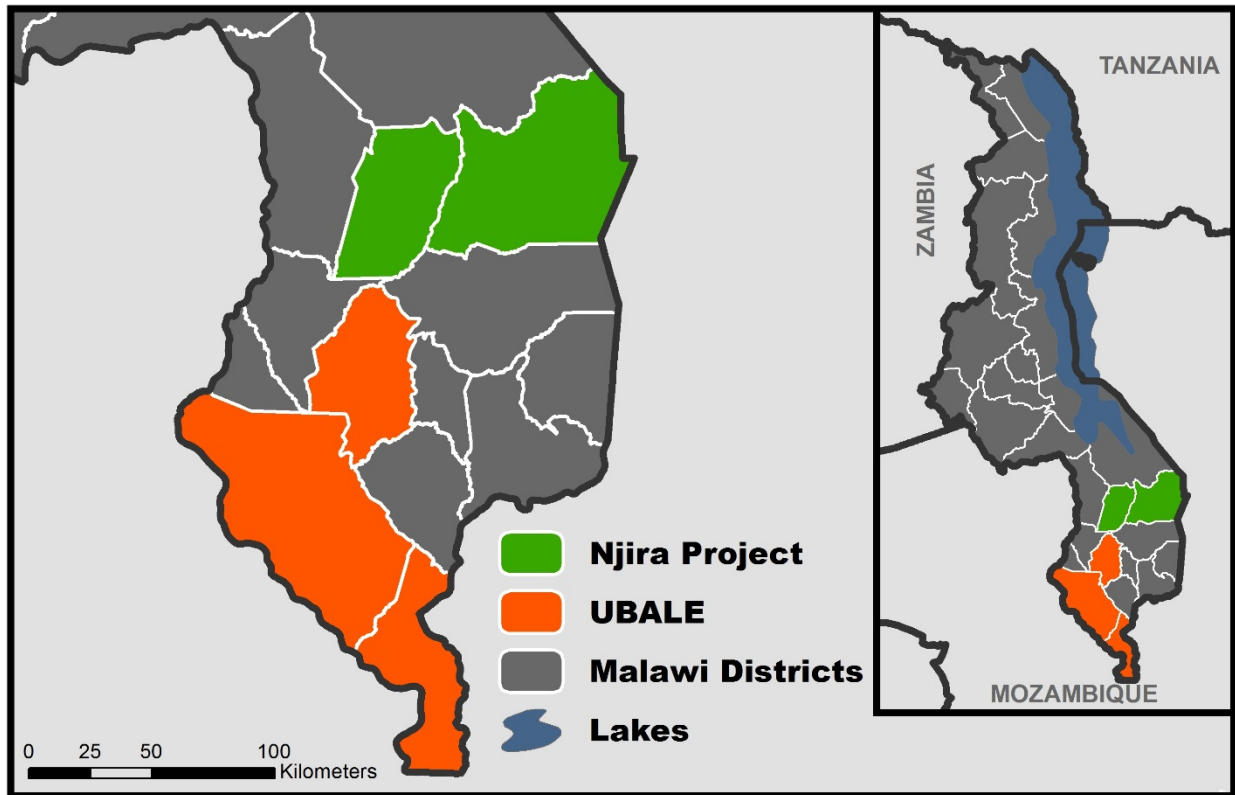
B. Sample Design

The sample for the population-based household survey was selected using a multistage clustered sampling approach to provide a statistically representative sample of the *Njira* Project and *UBALE* Project target areas (see Figure 2.1). The sampling frame comprised enumeration areas (EAs) in the project areas, based on the last decennial Population and Housing Census in 2008. The Malawi census is divided into administrative levels: region, district, traditional authority (TA), and EA.

The *Njira* Project area covers 11 selected TAs in the Balaka and Machinga districts in the Southern Region. Because new TAs had been created in the *Njira* Project area since the 2008 census, ICF worked with *Njira* Project staff to delineate and assign census EAs to the project and non-project areas, based on the new census TA structure. The final sampling frame comprised 350 EAs in the 11 TAs in the *Njira* Project area.

The *UBALE* Project area covers the districts of rural Blantyre, Chikwawa, and Nsanje in the Southern Region. The sampling frame comprised 1,032 EAs in all 25 TAs in these districts.

Figure 2.1. Maps show the Njira Project and UBALE Project Areas in Malawi.



The sample size for each project was derived based on adequately powering a test of differences in the prevalence of stunting because stunting is one of several key measures for food security.

The following criteria were used to derive the baseline study sample size:

- Design effect of 2
- Confidence level of 95 percent
- Power level of 80 percent
- Expected reduction of 6.5 percentage points in stunting over the life of the project
- Use of the Stukel/Deitchler Inflation and Deflation Factors (see Appendix A of the Food and Nutrition Technical Assistance III Project [FANTA Sampling Guide]⁷) to determine the number of households with children under five years of age to sample
- Inflation of the sample size of households by 2.5 percent to account for estimated household non-response⁸

Based on these criteria, ICF sampled 120 EAs for each project, with 20 households sampled in each EA. The household sample size was 2,400 households for each project, or 4,800 households overall. This household sample size was based on a required sample of 1,442 children under five years of age for stunting. Annex 2 provides a detailed description of the sampling methodology, including household

⁷ Magnani, Robert. *Sampling Guide (1999) and Addendum (2012)*. Washington, D.C.: FHI 360/Food and Nutrition Technical Assistance III Project. Available at <http://www.fantaproject.org/monitoring-and-evaluation/sampling>.

⁸ The non-response adjustment was lowered from 5 percent to 2.5 percent, based on the high response rates in the recent Demographic and Health Surveys.

definitions and specific household selection procedures. The following section summarizes the sample selection procedures.

To ensure representation in each district for each project, the universe of EAs was stratified by district, and the EAs to be sampled were allocated proportionately to the strata, based on the overall distribution of households across all districts. Tables 2.1a and 2.1b summarize EA and household counts by district for each project.

Table 2.1a. Njira Project Sampling Frame and Sample Enumeration Areas and Households

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Balaka	192	51,798	65	1,300
Machinga	158	43,828	55	1,100
Total	350	95,626	120	2,400

Table 2.1b. UBALE Project Sampling Frame and Sample Enumeration Areas and Households

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Blantyre Rural	381	80,879	42	840
Chikwawa	396	98,035	51	1,020
Nsanje	255	52,600	27	540
Total	1,032	231,514	120	2,400

The sample was selected in three stages. For the first stage, 120 EAs were randomly selected using probability proportional to size sampling from the sampling frame for each project. A separate sample of alternate EAs was selected in case an EA in the primary sample was inaccessible and needed to be replaced. The sample of alternate EAs was used as a back-up source for individual replacement EAs if needed.

The second stage sampling entailed selecting 20 households in each EA. First, ICF's in-country subcontractor, Center for Agricultural Research and Development (CARD), listed the current number of households in each selected EA. GPS coordinates were taken for each EA and the name of the head of household was recorded for each identified household. From the list of identified households, 20 households were systematically sampled in each EA.

The third stage of sampling involved selecting eligible individuals in each household. The household survey has several modules. Different individuals were eligible for interview, depending on the target group relevant for each module. ICF used a "take all" approach that selected all eligible individuals for a module. For example, the women's module was administered to women of reproductive age, which meant that all women in the household that met the criteria were selected and interviewed. Because all individuals that met the eligibility criteria for each survey module were selected, this level effectively had no further random sampling.

C. Questionnaire

ICF developed the survey questionnaire (see Annex 3) through a series of consultations with FFP, FANTA, the implementing partners, and USAID/Malawi before, during, and after the in-country planning

workshop in February 2015. During the workshop, all stakeholders shared information about the baseline study and FFP projects and collaborated to finalize the study design and survey instrument.

Before the workshop, ICF developed a preliminary questionnaire based on the selected FFP indicators and guidelines described in the *FFP Standard Indicators Handbook*.⁹ Definitions for project-specific indicators and agricultural indicators were discussed and confirmed during the workshop. Questions that required adaptation to the Malawi context, such as those that involved food as part of modules C, E, and H and the types of sanitation facilities as part of module F, were also defined, in consultation with the implementing partners, USAID/Malawi, FFP, FANTA, and the Bureau of Food Security.¹⁰

The questionnaire consisted of separate modules¹¹ for the following topics:

- Module A: Household identification and informed consent
- Module B: Household roster
- Module C: Food access
- Module D1: Children’s nutritional status and feeding practices
- Module D2: Children’s diarrhea and oral rehydration therapy
- Module E: Women’s nutrition, breastfeeding, and antenatal care
- Module F: Household water, sanitation and hygiene
- Module G: Agriculture
- Module H: Household consumption expenditure
- Module J: Gender–Cash
- Module K: Gender–Maternal and children’s health and nutrition (MCHN)
- Anthropometry
- FTF Module G: Abbreviated Women’s Empowerment in Agriculture Index

Questions for Modules A through G, J, and K were adapted using questions in the *FFP Standard Indicators Handbook* and the Demographic and Health Surveys (DHS) questionnaire.¹² Questions for Module H and FTF Module G were adapted from the FTF Interim Population-based Survey Instrument, October 2014.¹³

D. Field Procedures

This section includes the procedures used for the listing exercise; training, testing, and piloting; fieldwork; and data entry and processing.

Listing Exercise

To conduct the listing exercise, CARD obtained maps from the Malawi NSO for each selected EA. CARD, including an expert statistician from the National Statistical Office (NSO), trained the listing agents from April 7 to April 9, 2015, and the listing exercise followed, April 17 to May 9. The training

⁹ The FFP Indicator Handbook was undergoing revisions to include several new indicators during the time of the questionnaire design. The May 2011 version of the FFP Indicator Handbook was used through April 2015 when the new Handbook was released. See *FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys*. April 2015. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA III), 2015.

¹⁰ BFS manages FEEDBACK, an activity funded by the United States Agency for International Development (USAID) to implement specific elements of the monitoring and evaluation (M&E) agenda for FTF, the U.S. Government Global Hunger and Food Security initiative. FFP and BFS coordinated data collection activities in the *Njira* Project area because of overlapping project areas and the simultaneous FFP baseline data collection and FTF interim data collection.

¹¹ To avoid confusion between the number 1 and the letter I, a Module I was not included.

¹² Demographic and Health Surveys Model Questionnaire–Phase 6. (2008-2013). (English, French) Available at <http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm>.

¹³ Available at <http://feedthefuture.gov/resource/volume-11-annex-feed-future-zone-influence-interim-population-based-survey>.

exercises, which included 32 listing agents and 8 supervisors, accomplished the following tasks in each selected EA:

- Confirmed the boundaries of the EA and used a map to provide a detailed description of directions to the EA.
- Listed and counted all households in the EA systematically, using the prescribed household definition, and assigned a sequential order to each dwelling or structure.
- Completed a household listing form for each EA on basic information for all households.
- Collected GPS latitude and longitude coordinates for each EA.

Training, Piloting, and Pretesting

ICF developed three training manuals, based on FFP and DHS guidelines, for training and use in the field:

1. *Supervisor Manual*. This manual includes various topics to prepare supervisors and field editors for fieldwork, such as project background, timeline and objectives of the study, survey organization, supervisor roles and responsibilities, rules and regulations, ethics, fieldwork preparations and quality control requirements and procedures.
2. *Interviewer Manual*. This manual provides guidelines for implementing the survey and sets out fieldwork procedures, including interviewing techniques and completing the questionnaires. This manual also includes guidance on obtaining respondent consent, detailed explanations and instructions about each question in the questionnaire. The questionnaires were available in both English and Chichewa and all interviews were conducted in Chichewa.
3. *Anthropometry Manual*. This manual lists procedures adapted from the DHS biomarker manual for DHS surveys worldwide. The procedures in the DHS biomarker manual were adapted from *How to Weigh and Measure Children*¹⁴ and approved by FFP for use in this survey.

Supervisor training activities occurred in a rented facility in Blantyre Rural June 9 to 14. The ICF field manager, ICF in-country coordinator, and the CARD field coordinators led the training, attended by all supervisors and field editors. The training covered the roles and responsibilities of supervisors and field editors; rules, behaviors, and ethics; household and respondent selection; use of the field control sheet, maps, and GPS; and data collection. The training reviewed details of the household survey questionnaire and the methodology for callbacks and field editing and included group practices, mock interviews, and role playing.

Immediately after the supervisor training, supervisors and field editors piloted the questionnaire in non-sampled rural EAs in Balaka, rural Blantyre, Chikwawa, and Machinga districts. The ICF field manager, ICF in-country coordinator, and CARD field coordinators observed the pilot interviews to provide feedback. The pilot tested the soundness of the questionnaire and identified potential problem areas, such as skip patterns, wording, sequencing of questions, instructions to interviewers, and clarity of the questionnaire for coding. It also ascertained if any questions were particularly difficult or sensitive. After the pilot test, the ICF field manager and ICF in-country coordinator and the CARD field coordinators led a debriefing session with supervisors and field editors on difficulties encountered with the interviews. Based on the pilot results, ICF revised the questionnaire and sought USAID final approval before interviewer training began.

The anthropometry training, conducted June 15 to 20 in Blantyre, included classroom and practical training for 20 individuals. Anthropometry training also included a training session for all interviewers as anthropometry assistants, which required them to hold children two to five years of age to ensure their feet and knees were in the correct position for standing measurement, and to hold

¹⁴ Shorr, I.J. How to weigh and measure children. (1986, modified 1998). UN: New York.

children younger than two years of age to ensure their heads were correctly positioned for recumbent length measurement. The interviewers also received training in how to prevent recording errors.

Supervisors received training in the use of the World Health Organization (WHO) Growth Charts to determine if a weight or height measurement of a child appeared to be out of the normal range and whether a child should be referred to a local health clinic for potential treatment of acute malnutrition (severe wasting or evidence of bilateral pedal edema).

Anthropometry training was followed by standardization testing, which took place in Blantyre from June 22 to 26, 2015. For the testing, all anthropometrists took independent repeated measures of 10 subjects for maternal height and weight and children's standing and recumbent height and weight. The results were compared with those of the lead trainer's (used as the "gold standard"). In addition, each anthropometrist was rated on their ability to replicate their own measurements successfully. All anthropometrists passed the standardization tests.

Training concluded in Blantyre June 29 to July 9, 2015, with the interviewer training. The ICF field manager, ICF in-country coordinator, and the CARD field coordinators led the interviewer training on the roles and responsibilities of interviewers; rules, behaviors, and ethics; and respondent selection. The trainers led an in-depth review of the household questionnaire and conducted group practices, mock interviews, and role playing. Trained supervisors and field editors provided input and led exercises during the practice sessions.

Field pretests were conducted in non-sampled EAs in Balaka, rural Blantyre, Chikwawa, Machinga, and Nsanje from July 11 to 13, which gave the trainers an opportunity to observe the preparedness of the interview teams, their contact strategies, their familiarity with the questionnaires, and their comprehension of the household sampling process. The ICF field manager and ICF in-country coordinator held a debriefing July 14 to address difficulties observed during the field pretests.

Fieldwork

Fieldwork occurred during a seven-week period, July 27 to September 11. The baseline study data collection team included the following personnel: 1 study director, 3 field coordinators, 2 anthropometry supervisors, 17 supervisors, 17 field editors, 68 interviewers, and 17 anthropometrists. The 17 interview teams had 7 members each: 1 supervisor, 1 field editor, 4 interviewers, and 1 anthropometrist. In each team, a supervisor and the field editor provided field editing on completed questionnaires. The data collection team had a balanced number of men and women, all fluent in both English and Chichewa. Data collection for the baseline study occurred in Chichewa.

The ICF field manager and ICF in-country coordinator were in country throughout all critical periods, including training, anthropometry standardization testing, questionnaire piloting, pretests, and fieldwork to coordinate and supervise activities. The ICF field manager and ICF in-country coordinator and CARD field coordinators visited all interview teams to observe the interviews, identify and correct mistakes, and give guidance for improvement. In addition, the ICF field manager held meetings in the Blantyre Rural district with all the field coordinators at least once a week throughout fieldwork.

For quality control, in each EA supervisors kept fieldwork control sheets to record contact with households and GPS data points. The supervisors also used these sheets to record the number of attempts to reach each household, number of households and individuals interviewed in each household, and reasons for non-response in households where interviews were not obtained. Supervisors conducted spot checks of at least 15 percent of all interviews. Field editors also reviewed every completed questionnaire on the same day of data collection and checked for adequate completion of all fields in the questionnaires, missing data, inconsistent responses, and legibility of open-ended items. Interviewers were required to make corrections or to return to sampled households for subsequent interviews after the reviews, if necessary.

ICF implemented anthropometry supervision by having the ICF anthropometry expert and two anthropometry supervisors that excelled during the anthropometry training monitor anthropometry activities during fieldwork.

Data Entry and Processing

When all survey forms for an EA were cleared in field quality control procedures, the forms were packaged and forwarded to the CARD interim data processing office in Zomba. CARD used the facilities at NSO for entering the survey data. All survey forms were double-keyed using CSPro data entry software that ICF developed and tailored to the household survey questionnaire.

The ICF data entry consultant travelled to Malawi and worked with local staff to install and test the CSPro data entry software and provide training on its use. The hands-on training included instruction on how to resolve inconsistencies the software flagged during the data entry process.

CARD submitted the first five survey EAs for quality review approximately two weeks after data entry started, and then submitted a second data set midway through the data entry. For each data set, ICF ran quality control checks and frequencies on the raw data to ensure that the data were complete. Review of the final data set took place at ICF in Rockville, MD.

E. Data Analysis

This section covers sampling weights, indicator definitions and tabulations, and handling of missing or erroneous data.

Sampling Weights

Sample weights corresponding to a unique sampling scheme were computed for each indicator. The sampling weight is the inverse of the product of the probabilities of selection from each stage of sampling for EA and household selection. Separate weights were derived and adjusted to compensate for household and individual non-response, as shown in Table 2.2. All eligible individuals were selected for Modules D, E, G, J, K and the Women’s Empowerment in Agriculture Index, and therefore, the sampling weights for these modules differed from those for households, which were used in Modules C, F, and H, by an individual non-response adjustment only.

Table 2.2. Survey Response Rates

	Number Sampled	Number Interviewed	Response Rate (%)
Households (Modules C, F, and H)	4,780	4,721	98.8
Children 0-59 months of age (Module D)	3,881	3,848	99.1
Children 0-59 months of age (Anthropometry)	3,848	3,750	97.5
Women 15-49 years of age (Module E)	4,688	4,488	96.1
Non-pregnant women 15-49 years of age (Anthropometry)	3,962	3,866	97.6
Farmers (Module G)	7,495	7,424	99.1
Male cash earners married or in a union (Module J)	2,862	2,602	90.9
Female cash earners married or in a union (Module J)	1,960	1,900	96.9
Fathers of children under two years of age (Module K)	1,030	1,007	97.8
Mothers of children under two years of age (Module K)	1,436	1,431	99.7

Indicator Definitions and Tabulations

Methods for tabulation of all FFP and project-specific indicators are presented in the Data Treatment and Analysis Plan (see Annex 4). The bases for the child stunting and underweight indicators were the WHO child growth standards and associated software.¹⁵ Consumption aggregates—to compute prevalence of poverty, mean depth of poverty, and per capita expenditure indicators¹⁶—followed the World Bank’s Living Standards Measurement Study¹⁷ methodology.

Results for all indicators were weighted to represent the full target population overall and for each FFP project. Variance estimates for each indicator were derived using Taylor series expansion and took into account the design effect associated with the complex sampling design.

Handling of Missing or Erroneous Data

Missing data points were excluded from the denominator and numerator for all FFP and project-specific indicator calculations. The denominator included “Don’t Know” responses, recoded to the null value. For example, the denominator for the household dietary diversity score included “Yes,” “No,” and “Don’t know” responses, but the numerator included only “Yes” responses.

For anthropometry indicators, the WHO software flagged biologically implausible cases according to WHO criteria,¹⁸ and the analysis included only children with valid weight and height scores for the stunting and underweight indicators.¹⁹

2.2 Methods for Qualitative Study

A. Objectives and Design

The two primary objectives of the qualitative study were (1) to collect data and analyze it to complement the household survey and to clarify and enhance the survey quantitative data and (2) to provide a rich, robust understanding of food security, health, and nutrition in selected areas, such as insights into practices and behaviors. A review during the qualitative study design looked at preliminary unweighted indicator estimates. The data review gave context and understanding to the assessment of food security in the *Njira* Project and *UBALE* Project areas. Annex 5 contains the English and Chichewa versions of the interview guide used for all interviews, which were conducted in Chichewa.

B. Site Selection

The Malawi administrative levels are region, district, TA, and EA. The *Njira* Project and *UBALE* Project areas are both in Southern Region districts. The *Njira* Project is implemented in 11 of the 20 TAs in Balaka and Machinga districts. The *UBALE* Project is implemented in all 25 TAs in Blantyre Rural, Chikwawa, and Nsanje districts. The qualitative study collected data in all five districts. In the first site selection phase, two TAs for each of the five districts were purposively selected. In the second site selection phase, one EA in each TA was selected. The decision-making process for purposive site selection was guided by the review of the preliminary unweighted indicator estimates, disaggregated by district, considering the following factors:

¹⁵ WHO. (2011). WHO Anthro and macros, version 3.2.2. Available at <http://www.who.int/childgrowth/software/en/>.

¹⁶ The poverty indicator estimates for the baseline study were generated by the Malawi National Statistics Office.

¹⁷ Living Standards Measurement Study. Available at <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTLSMS/0,,menuPK:3359053~pagePK:64168427~piPK:64168435~theSitePK:3358997,00.html>.

¹⁸ 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.

¹⁹ While excluded from the analysis, implausible cases (i.e. flagged cases) were left in the data set.

- To select TAs where the projects target their interventions
- To incorporate representation from all livelihood zones where the projects are implemented
- To include TAs that are both inland and those that border other countries
- To integrate input from the implementing partners
- To focus on regional crop and livestock variations
- To consider travel, logistics, access, and working within a short timeframe

The qualitative study ultimately collected data in these 10 TAs: Chapananga, Chigaru, Chikweo, Kuntaja, Lundu, Ngaubu, Nsamala, Nsanje Boma, Nyambi, and Sawali. Selection of individual EAs and villages was based on those factors; however, specific names of the villages are not included in this report to protect the anonymity of the study participants. To protect confidentiality, quotes from participants indicate districts, not TAs.

C. Study Participants, Interviewing, and Data Collection

Participants in the qualitative study included community leaders, mothers, pregnant women, and fathers, and farmers was an overlapping category. Three types of interviews were conducted:

- **Focus group discussion (10):** The focus group discussions included four with mothers with children under five years of age, two with fathers with children under five years of age, two with lead farmers, one with pregnant women, and one with community leaders.
- **Program-level interview (10):** The program-level interviews included two with agricultural extension officers, two with health surveillance assistants, two with village development committee representatives, two with water user committee representatives, one with a youth leader, and one with a field agent.
- **Household-level interview (44):** The household-level interviews included pregnant women, mothers with infants 0-5 months of age, mothers with infants 6-23 months of age, mothers with children 24-59 months of age, fathers with infants 6-23 months of age, and fathers with children 24-59 months of age.

ICF subcontracted the Centre for Social Research (CSR), a unit from the University of Malawi, for the qualitative study. Data collection took place November 26 to December 15. Each of the two data collection teams comprised four interviewers, with one of the interviewers serving as a supervisor and recruiter, and one driver. Each team included a balanced number of men and women, all fluent in English and Chichewa. Team 1 worked in Balaka and Machinga. Team 2 worked in Chikwawa and Nsanje. Both teams worked in rural Blantyre.

Before the fieldwork began, the teams received an introductory letter to present to the district commissioner and police station to obtain permission for data collection. After the teams received the letter, they traveled to the selected EAs and recruited study participants. Interviewers obtained oral informed consent from each participant before the focus group discussions and interviews.

The team conducted 10 focus group discussions, 10 project-level interviews, and 44 household-level interviews. The focus group discussions each had six to eight participants. The project-level interviews included four with men and six with women. The household-level interviews included 12 with men and 32 with women. On average, the 44 participants had 3 children. Specifically, 9 of the women were pregnant, 11 participants had a child under six months of age, 9 participants had a child 6-23 months of age, and 25 participants had at least one child 24-59 months of age. Annex 6 provides a full tally sheet of the 64 focus group discussions and interviews. Each focus group discussion lasted approximately 2 hours and 30 minutes, each project-level interview lasted approximately 1 hour, and each household-level interview lasted approximately 1 hour and 20 minutes. All focus group discussions and interviews were conducted in Chichewa and recorded digitally, with the permission of the participant.

D. Data Preparation, Coding, and Analysis

Before data collection was complete, CSR began transcribing and translating the digitally recorded focus group discussions and interviews. ICF worked closely with CSR to ensure that the transcripts from spoken to written Chichewa were verbatim and that the translations from written Chichewa to written English were carefully considered for linguistic nuances, particularly because much of the subject matter related to sensitive topics on food security, nutrition, maternal health, governance, and gender. Transcription and translation began November 30 and was completed January 28.

The ICF qualitative lead established protocols for coding each of the 64 transcripts—the data—in ATLAS.ti software. Data coding typically categorizes and organizes the content of transcripts and is the first step in identifying themes across the data. Establishing codes was an iterative process informed by the *Njira* Project and *UBALE* Project goals, interview guide content, and the preliminary indicator estimates. The codebook is reprinted in Annex 7.

The ICF qualitative lead and three ICF analysts coded the 64 transcripts from January 19 to March 3. After coding was complete, the ICF qualitative lead ran queries on the coded data to analyze the content and themes that emerged from the data to identify data to be used in the interpretation and triangulation of findings from the household survey and to identify data on the food security and malnutrition situation in the project areas.

2.3 Study Limitations and Issues Encountered

The following paragraphs summarize study limitations and issues encountered during the baseline study.

Listing and Difficulty in site Access, Missing Cluster. Recent flooding rendered six EAs in the Nsanje District inaccessible, and secondary EA selections in Nsanje replaced them. Data were not collected in one replacement EA because flooding made it inaccessible. Poor cell phone coverage delayed reporting of the flooded EA to the supervisor at the time of the data collection, and it was logistically impossible to return to collect data from the EA after the problem was identified. The omission of this cluster lowered the response rate by 20 households but otherwise minimally affected indicator estimates.

Length and Complexity of Questionnaire and Interview Guide. The length and complexity of the household survey questionnaire made interviews challenging. The survey took approximately 3 to 3.5 hours to complete on average, and required responses from multiple household members. Interviewers often needed to provide oral explanations for survey questions and wait or return to households to interview appropriate respondents. The qualitative interview guide was also long, particularly for focus group discussions, which took, on average, 2.5 hours.

Validity and Reliability of Self-reported Data. Much of the data collected for the household survey was self-reported, which has several inherent limitations, such as the possibility of exaggeration or omission of information, recall bias, social-desirability bias or reporting of untruthful information, and reduced validity when respondents do not fully understand a question.

Number of Indicators and Extent of Project Goals. The household survey collected data for 36 FFP and project-specific indicators that relate to the *Njira* Project and *UBALE* Project goals and the FFP/Washington monitoring and evaluation objectives. The scope of the qualitative study was large because of the high number of indicators, the extent of the project goals, and the resulting large scope of coding, analyzing, and reporting data. The primary objective, therefore, was breadth, not depth.

Small Sample Sizes for Minimum Acceptable Diet and Exclusive Breastfeeding. The sample sizes for children 6-23 months of age for the MAD indicator and for children under six months of age for the exclusive breastfeeding indicator were small, compared to the sample sizes for all other indicators, and thus, the subgroup analyses for these children in Sections 4.5C and 4.5D should be interpreted with caution because the small sample sizes yield unreliable estimates for these subgroups.

3. Overview of the Food Security Situation in Malawi

3.1 Background

Despite strong agricultural and economic growth in recent years, food insecurity remains a significant problem in Malawi. The Malawi 2014 global hunger index score (13.6) is classified as “serious,” despite significant improvements over the past decade and a half.²⁰ Results from the 2015-16 Demographic and Health Survey (DHS) indicate that 37 percent of children under five years of age are stunted, 11 percent are severely stunted and 12 percent are underweight. Malawi has high levels of anemia; nearly two-thirds (63 percent) of children 6-59 months of age are anemic; 28 percent of non-pregnant women of reproductive age are anemic, and more than one-third (38 percent) of pregnant women are anemic.²¹

Malawi’s food security challenges are related to all three components of food security: (1) availability of food, (2) access to food, and (3) consumption or utilization of food. The limitations to availability of food relate to Malawian agriculture, which is characterized primarily by small-plot, rain-fed farms. Productivity is limited by the availability of critical agricultural inputs, credit, and extension services. Lack of crop diversification also contributes to food insecurity. The Government of Malawi has an extensive agricultural input subsidization program, but the distribution of inputs, such as hybrid seeds and fertilizer, has been highly variable over time due to inefficiencies and budget constraints, thus the use of hybrid seeds and fertilizer remains limited.²²

Maize is the dominant staple crop, and domestic production is supplemented by imports, primarily from neighboring countries. Nationally, three-quarters of the food energy consumed by the population comes from maize.²³ Vegetables and pulses are supplementary foods consumed to a smaller degree. Cotton, groundnuts, tea, and tobacco are the main cash crops. Agriculture is the primary occupation for more than 80 percent of the population, and these households rely on markets for food during about half of the year.²⁴ Purchasing food is a challenge for many families. In 2010, 71 percent of the Malawi population lived below the \$1.90 poverty line.²⁵ Inflation and devaluation of the national currency also contribute to limiting access to purchased food. Prior to 2012, almost half of households in the Southern Region (46 percent) had inadequate food consumption, with higher rates experienced in some districts—Blantyre Rural (48 percent), Chikwawa (79 percent), and Nsanje (80 percent).²⁶

Poor infant and young-child feeding practices, low availability of nutritious foods, high disease burden, and inadequate maternal nutrition all contribute to the high rates of malnutrition.²⁷ Diarrhea, which can be linked to poor sanitation practices, contributes to inefficient utilization of food. The 2010 DHS found that 18 percent of children under five years of age suffered at least one episode of diarrhea in the two weeks preceding the survey and that one-fifth of Malawians lack access to an improved source of

²⁰ Grebmer, K. V. (2014). *2014 Global hunger index: The challenge of hidden hunger*. Washington, DC: International Food Policy Research Institute (IFPRI). Available at <https://www.ifpri.org/publication/2014-global-hunger-index-challenge-hidden-hunger>.

²¹ National Statistical Office (NSO) and ICF Macro. (2016). *Malawi Demographic and Health Survey 2015-16 Key Indicators Report*. Zomba, Malawi, and Rockville, MD, USA. Available at <http://dhsprogram.com/pubs/pdf/PR73/PR73.pdf>.

²² Murphy, Emmet; Erickson, Kali; and Chima, James. (2013). *USAID Office of Food for Peace Food Security Country Framework for Malawi (FY 2014-FY 2019)*. Washington, D.C.: FHI 360/FANTA. Available at <https://www.usaid.gov/sites/default/files/documents/1866/Malawi-FSCF-Final-web.pdf>.

²³ Fintrac, Inc. (2013). *Malawi USAID-BEST Analysis*. Washington, DC. Available at http://pdf.usaid.gov/pdf_docs/PBAAB944.pdf.

²⁴ Ibid.

²⁵ World Bank. (n.d.). *Country Dashboard: Malawi*. Washington, DC. Available at <http://povertydata.worldbank.org/poverty/country/MWI>

²⁶ Government of Malawi, 2012. *Malawi Integrated Household Survey 2010–2011*.

²⁷ USAID 2011. *Feed the Future. Malawi FY 2011–2015 Multi-Year Strategy*. 2011.

drinking water, and nearly all (92 percent) households lack access to an improved sanitation facility. In rural areas, 12.5 percent of households have no facility at all and practice open defecation. Many regions of the country also experience annual cholera outbreaks. In addition, the country's high HIV rate (approximately 10 percent) contributes to food insecurity and malnutrition. Child feeding practices also contribute to the low utilization of available food. While nearly three-quarters (71 percent) of children under six months of age are breastfed exclusively, only one-fifth of children 6-23 months of age are fed appropriately, measured by adequate dietary diversity, minimum number of feedings per day, and inclusion of a dairy product for non-breastfed children.²⁸

Other ongoing challenges threaten food security in Malawi. The country experiences regular flooding and droughts, and climate change is expected to exacerbate these weather events and cause increased temperatures, potentially exceeding the tolerable heat threshold for some crops.²⁹ Malawi also experiences frequent and prolonged dry spells. Chikwawa and Nsanje are two of the top three districts where crop production and livelihoods have been most affected.³⁰ Production is regularly threatened by diseases and pests, such as the red locust and armyworm. Malawi is densely populated with a high population growth rate resulting in increasing demands on the already strained natural resources. The country's vulnerability to natural disasters is exacerbated by widespread deforestation for charcoal production and farmland.

3.2 Current Food Security Summary

The 2015 maize crop performance was significantly below the five-year average. After a late start to the season, severe flooding damaged crops in southern Malawi, which was followed by a period of extended dryness. The poor harvest this year and the resulting high staple food prices led to food insecurity in some regions of the country; however, data collection for the baseline study occurred just after the main annual harvest, from July 27 to September 11, before the effects were beginning to be felt. Despite the recent harvest, many poor households in the data collection areas in southern Malawi were experiencing "Stressed" (IPC Phase 2)³¹ acute food security during this time.³²

In addition to the two FFP projects, various other programs and plans are being implemented in Malawi to alleviate immediate needs and improve the country's long-term food security.³³ Following is a list of some of these programs and plans:

- USAID Feed the Future's Integrating Nutrition in Value Chains. This is a \$27 million, five-year project to improve the country's soy and groundnut value chains and to improve feeding and health practices through community volunteers.
- Malawi Growth and Development Strategy (MGDS) II (2011–2016). The Government of Malawi launched this strategy in 2012 as the national development blueprint. It aims to create wealth and reduce poverty through sustained, inclusive growth. The government also developed the National Agriculture Policy Framework (NAPF 2010) that focuses on national agricultural development and addresses national agriculture and food security goals.

²⁸ National Statistical Office (NSO) and ICF Macro. (2011). *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro. Available at <https://dhsprogram.com/pubs/pdf/FR247/FR247.pdf>.

²⁹ USAID. (2015, March 17). USAID Malawi Climate Change Fact Sheet. Washington, DC: Author. Available at <https://www.usaid.gov/malawi/fact-sheets/usaaid-malawi-climate-change-fact-sheet-2012-13>.

³⁰ Government of Malawi, 2012. *Malawi Sector Performance Report: Irrigation, Water and Sanitation*.

³¹ IPC Global Partners. 2008. *Integrated Food Security Phase Classification Technical Manual*. Version 1.1. FAO. Rome. Available at <http://www.fao.org/docrep/010/i0275e/i0275e.pdf>.

³² FEWS NET. (2015, August). *Malawi Food Security Outlook Update*. Available at http://www.fews.net/sites/default/files/documents/reports/Malawi_FSOU_2015_08.pdf.

³³ For further information see: Murphy, Emmet; Erickson, Kali; and Chima, James. 2013 USAID Office of Food for Peace Food Security Country Framework for Malawi (FY 2014–FY 2019). Washington, D.C.: FHI 360/FANTA

- National Nutrition Policy and Strategic Plan. This plan was developed by the Government of Malawi as a member of the Scaling Up Nutrition Movement since 2011.
- U.N. Food and Agriculture Organization. FAO is conducting several initiatives in coordination with the Government of Malawi to increase access to food security data, strengthen food and nutrition policy, support disaster risk reduction, and improve coordination among stakeholders.
- World Food Program. Protracted Relief and Recovery Operation 200692. This program, started in December 2014, and continuing through December 2017, provides relief assistance as needed and builds resilience to better handle agricultural shocks.

4. Findings

The baseline study findings are organized in six content categories: (1) characteristics of the population; (2) household indicators, which include food access, poverty, and WASH; (3) agricultural indicators; (4) women’s health and nutrition indicators; (5) children’s health and nutrition indicators; and (6) gender indicators. Each section includes results for FFP and project-specific indicators for the overall project area and for the *Njira* Project and *UBALE* Project separately. Annex 8 provides a tabular summary of all indicators along with sampling statistics.

4.1 Characteristics of the Study Population

This section gives an overview of the *Njira* and *UBALE* Project areas. Estimates of the total population and relevant population subgroups are presented in Table 4.1a and household demographic characteristics are presented in Table 4.1b. The results in these tables are based on 2,387 completed household interviews in the *Njira* Project area and 2,334 completed household interviews in the *UBALE* Project area. The population estimates provided in Table 4.1a are based on the person level data collected from the household surveys and weighted to represent the entire project area.

	Overall	<i>Njira</i>	<i>UBALE</i>
Total population	1,818,109	528,049	1,290,060
Males	873,701	247,907	625,794
Females	944,408	280,142	664,266
Women of reproductive age (15-49 years)	362,898	104,072	258,826
Women 15-49 years who are not pregnant	193,703	51,129	142,575
Women 15-49 years who are married or in a union	141,846	49,600	92,246
Women 15-49 years with a live birth within the past five years	216,696	65,862	150,835
Children under 5 years of age	293,798	94,604	199,194
Males under 5 years of age	146,865	44,459	102,406
Females under 5 years of age	146,933	50,145	96,788
Children under 6 months of age	28,174	7,886	20,288
Males under 6 months of age	12,952	3,084	9,868
Females under 6 months of age	15,222	4,802	10,420
Children 6-23 months of age	87,543	27,888	59,654
Males 6-23 months of age	46,587	14,549	32,038
Females 6-23 months of age	40,956	13,339	27,616
Farmers	583,173	174,569	408,604
Males	248,511	70,415	178,097
Females	334,662	104,155	230,507

Source: FFP 2015 baseline survey weighted population estimates

The average household in the combined project areas has 4.9 members (*Njira* Project, 5; *UBALE* Project, 4.84). Most households (73.2 percent) in the combined project areas comprise at least one adult male and female, while 22.5 percent of households comprise at least one adult female but no adult male. Overall in the project areas, 59.3 percent of households comprise children under five years of age. More than two-thirds of households are headed by males. Most heads of household have a primary education or less (79.8 percent) while only 19.4 have a secondary education or higher.

The sociodemographic composition of households and the characteristics of the household head are often correlated with household vulnerability to experiencing hunger, poverty, and poor nutrition. For example, households with young working adults may be able to engage in paid labor and generate income needed to purchase food, particularly if the food cannot be home-grown. Smaller households with fewer dependents may have more resources to go around. Female-headed households or adult female-only households may face obstacles in accessing paid opportunities to generate the cash needed to provide for their households. The presence of adult females in the household, compared to adult male-only households, may be associated with different consumption patterns that could favor more spending on food and health care, particularly in relation to children.

	Overall	<i>Njira</i>	<i>UBALE</i>
Total households (Number of households)	371,990	105,704	266,285
Adult Female no Adult Male	83,678	31,385	52,294
Adult Male no Adult Female	15,202	2,909	12,293
Male and Female Adults	272,411	71,291	201,119
Child No Adults	699	120	579
Average household size (Number of households)	4.89	5.00	4.84
Percent of households with children under 5 years of age	59.3	64.6	57.2
Percent of households with a child 6-23 months of age	22.4	25.1	21.3
Percent of households with a child under 6 months of age	7.7	7.7	7.7
Household headship (percent male)	69.7	61.9	72.8
Education level of head of household (Percent of households)			
No formal education	18.6	22.0	17.2
Pre-primary	0.1	0.0	0.1
Primary	61.2	63.4	60.3
Secondary	18.8	12.3	21.4
Higher	0.6	1.1	0.4
Gendered household type (Percent of households)			
Adult Female no Adult Male	22.5	29.7	19.6
Adult Male no Adult Female	4.1	2.8	4.6
Male and Female Adults	73.2	67.4	75.5
Child No Adults	0.2	0.1	0.2
Number of responding households	4,721	2,387	2,334
Adult Female no Adult Male	1,181	704	477
Adult Male no Adult Female	176	63	113
Male and Female Adults	3,357	1,617	1,740
Child No Adults	7	3	4

4.2 Household Indicators

This section describes the household-level indicators, beginning with the household hunger scale (HHS), followed by the results for the household dietary diversity score (HDDS), the three poverty indicators, and household WASH practices.

A. Household Hunger Scale

Household hunger was measured using the HHS, a perception-based food deprivation scale. The HHS consists of three components to measure inadequate household food access, with each component split into an occurrence question—whether the 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 for a numerical score, with a minimum possible score of 0 and a maximum possible score of 6, representing three levels of hunger: (1) *Little to no hunger* (score = 0 to 1), (2) *Moderate hunger* (score = 2 to 3) and (3) *Severe hunger* (score = 4 to 6).

Table 4.2a illustrates that almost half of households in the project areas suffer from moderate or severe hunger. HHS is based on perceptions of hunger in the past four weeks and, thus, it may be seasonally sensitive. The household survey data were collected from late July to mid-September, during the country’s main harvest when food is likely to be more readily available, compared to the lean season. If the survey had been conducted during the lean season, the prevalence of households with moderate or severe hunger most likely would be higher.

	Overall	<i>Njira</i>	<i>UBALE</i>
Prevalence of households with moderate or severe hunger	47.7	51.9	46.0
Adult Female no Adult Male	59.1	61.8	57.5
Adult Male no Adult Female	40.9	36.5	41.9
Male and Female Adults	44.5	48.2	43.3
Child No Adults	*	*	*
Number of responding households	4,721	2387	2,334
Adult Female no Adult Male	1,181	704	477
Adult Male no Adult Female	176	63	113
Male and Female Adults	3,357	1,617	1,740
Child No Adults	7	3	4

*Too few cases to include estimates for child only households

In both project areas, the prevalence of moderate or severe hunger is highest among adult female-only households compared to adult male-only households and households with male and female adults. Adult female-only households may be more vulnerable to hunger because they may face greater obstacles in accessing nutritious foods, for example, because of barriers to cash-earning opportunities to generate income to purchase produce. Adult female-only households also may lack knowledge of appropriate farming practices or access to resources to improve productivity, particularly if those households are more dependent on home-grown produce. Households with male and female adults may be vulnerable to experiencing hunger because they tend to have a larger number of dependents than adult-male only households.

Most participants in the qualitative study indicated they had experienced hunger, but experiences varied in frequency, ranging from multiple times each week to a few times over the past month. Participants in the qualitative study reported seasonality as a factor in their experiences of hunger, with hunger most often experienced from October to April. Most participants mentioned eating two meals per day and some reported decreasing to one meal per day during the lean period.

Data from the qualitative study reveal that, in general, the lack of sufficient funds to purchase food, smaller harvests due to poor rains, and the inability to purchase fertilizer are the primary causes for hunger. A village development committee chairman in Nsanje noted that the “main problems are resources to acquire food. For example...If you are lacking money, it is difficult to acquire food. Also climate issues. If weather problems occur, the harvests are minimal, which means food shortage.”

As indicated by the household survey data, female-headed households are more likely to experience hunger. Participants in the qualitative study highlighted that because of limited economic opportunities, female-headed households struggle to provide food for their families. This scenario is common also for women whose husbands are away. A female participant in Machinga described a challenging scenario that married women with husbands living elsewhere sometimes face, especially in cases where their husbands cannot send money regularly.

Female participant in Machinga:

When you have nothing, and even when there is no flour or when there is nothing for the children to eat, then you go ahead and search for manual work. When you find it, there you get a little money. You go back home and buy some maize for all to eat on that day. If that is not done, then it is disaster because the children keep crying for food...He [husband] only sent [money] once...He sent MK 8000...He has never sent again. He only calls and tells us that he will send.

Participants reported various ways of coping with hunger: finding piecework to earn money; borrowing money from relatives, friends, and village banks; borrowing food from neighbors and relatives; selling available livestock; or producing cash crops, such as tobacco and cotton.

B. Household Dietary Diversity Score

The HDDS is based on the number of different food groups consumed by all household members in the past 24 hours. The set of 12 food groups included is based on guidance by the U.N. Food and Agriculture Organization (FAO). The HDDS ranges in value 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 an indicator that reflects diet quality; rather, it is an indicator of food access and, thus, it serves as a proxy for socioeconomic status.

The HDDS (see Table 4.2b) shows that each household on average consumed fewer than 4 of the 12 food groups in the past 24 hours, indicating limited access to diverse foods. A comparison of mean HDDS between poor and non-poor households illustrates the relationship between the HDDS and socioeconomic status. In the *Njira* Project area households that are poor, defined as those living below the international USD \$1.90 per capita per day threshold, consume 3 of 12 food groups, compared to households that are not poor, which consume 3.9 of 12 food groups ($p < 0.001$). In the *UBALE* Project area, the mean HDDS for poor households was 3.3 and for non-poor households it was 4.6 ($p < 0.001$).

The most commonly consumed food group in the combined project area is cereal (95.9 percent), which comprises foods made from maize, sorghum and other grains, followed by vegetables (84 percent). About 19.3 percent of households consume roots and tubers, such as cassava and potatoes. Less than a quarter of the households consume fruit. These items are often grown for consumption on the land a household owns. Approximately a quarter of the households consume fresh or dried fish, and a third of

households derive their daily protein from beans and legumes; less than one in ten households consumes meat or poultry. Consumption of eggs (5.4 percent) and dairy products (3.1 percent) is low; these items are usually considered to be food for the wealthiest.

Household dietary diversity is associated with the likelihood of experiencing moderate or severe hunger. Mean HDDS among households that did not experience hunger was higher (*Njira* Project, 3.72; *UBALE* Project, 4.32) than households that did experience hunger (*Njira* Project, 2.92; *UBALE* Project, 3.35); these differences are statistically significant in both project areas ($p < 0.001$).

	Overall	<i>Njira</i>	<i>UBALE</i>
Average Household Dietary Diversity Score¹	3.7	3.3	3.9
Percent of households consuming foods in the past 24 hours			
Cereals	96.1	94.7	96.6
Root and tubers	19.6	21.6	18.8
Vegetables	84.2	78.4	86.6
Fruits	22.6	17.6	24.7
Meat, poultry, organ meat	8.5	5.2	9.8
Eggs	5.4	4.7	5.7
Fish and seafood	24.1	30.4	21.6
Pulses/legumes/nuts	34.6	29.8	36.6
Milk and milk products	3.1	1.7	3.7
Oil/fats	29.3	18.0	33.9
Sugar/honey	34.0	24.6	37.8
Miscellaneous (tea, coffee, condiments, etc.)	10.1	4.2	12.5
Number of responding households	4550.0	2330.0	2220.0

¹ Average number of food groups consumed per household based on 12 food groups. Excludes households that reported that the day before the survey was an unusual or special day (festival, funeral, etc.)

The qualitative study results, like the household survey results, also indicate a lack of diversity in daily diets. All participants said that throughout the year they rely heavily on *nsima*, a thick porridge made from maize meal and that most meals consisted primarily of *nsima*, with a relish of a vegetable, legumes, or dried fish (*matemba*). Participants said they rely on *nsima* because maize is the most common crop, and it provides a feeling of being full and gives energy to perform manual labor.

Female participant in Balaka: It's [*nsima*] the food that is locally available in Malawi, and we have grown up eating it. We got used to it. If we eat something new, we don't get satisfied.

Male participant in Machinga: *Nsima* is the one that we depend on most of the times. Like the works that we do, the timber work, we are supposed to eat *nsima*...If we eat we become energetic. If we eat *nsima* we work extra hard and for long time.

Male participant in Nsanje: People are just used it. When we were born, growing up, and now we are married, *nsima* has been the food that our parents have been depending on. Even our bodies are used to it now.

Findings from the qualitative study also indicate that the selection of the most commonly eaten foods depended on what food households were able to grow in their own gardens or farms and whether money was available to purchase other items, such as dried fish for relish. Seasonality of some foods, such as sweet potato, increased the ability of the household to offer meals that did not consist primarily of *nsima*.

Participants in the qualitative study also discussed foods that were highly desired, but rarely eaten. Rice was the most commonly mentioned food. Excluding participants in a focus group that lived on a rice farm in Balaka, participants were unable to access rice as a substitute for *nsima* because it is not usually grown locally. Other commonly cited foods that are desired but eaten infrequently are meat, fruit, and starches other than rice and *nsima*.

Many participants indicated a strong aversion to certain foods due to local customs or religious beliefs. Discussions revealed that pork is the most commonly forbidden food, followed by catfish, duck, rodents, and wild hare. Most participants who mentioned these foods said it was because of Islamic or Seventh Day Adventist religious beliefs that those animals were too dirty to be consumed. Other participants cited cultural or tribal beliefs.

Some of the participants also discussed taboo foods for pregnant women that are thought to affect the health of the baby. For example, some participants said eggs are believed to cause a baby's head to be bald, bananas cause breech births and infant respiratory distress, and *katsbola* chili causes a rash. Several other participants, however, indicated that belief in these taboos are no longer as common as in past generations and, thus, these beliefs do not play a major role in limiting dietary diversity.

C. Household Poverty Levels

Poverty indicators, based on household expenditures, 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 evenly distributed over time than income data.

The three FFP poverty indicators are (1) daily per capita expenditures, (2) percentage of people living on less than USD \$1.90 per day,³⁴ and (3) mean depth of poverty. Consumption data are collected through a series of five modules related to food, durable assets, housing, occasional expenses, and unusual expenses, which are aggregated to compute a daily per capita expenditure estimate. The prevalence of poverty and mean depth of poverty are, in turn, computed using the daily per capita expenditure figure. The Malawi NSO calculated all three poverty indicator estimates using the FFP baseline study data, in coordination with FFP and the USAID Feed the Future Initiative.

Table 4.2c shows results for the three poverty indicators. Based on the international poverty line of USD \$1.90 per capita per day (2011 PPP), nearly 65 percent of households in the combined Project areas are poor with average daily per capita expenditures at USD \$1.92. Overall, female-adult only households have higher poverty rates (72.5 percent) compared to male-adult only households (45 percent) and households with male and female adults (63.2 percent). Male adult-only households have the lowest prevalence of poverty because their average per capita expenditures on consumption, as a proxy for income, is higher; however, it should be noted that the average per capita expenditure does not necessarily reflect the prevalence of poverty because it is an average of poor and non-poor households. The average value could be influenced by the distribution of expenditures among the poor and non-poor households. For example, male-and-female adult households in the *UBALE* Project area have average per capita expenditures of USD \$2.07, but nearly 61 percent of the households are poor. This indicates that the average per capita expenditure value in the *UBALE* Project is influenced by the remaining 39 percent of households that are not poor.

Mean depth of poverty is defined as the average shortfall of per capita consumption and the poverty line for the target population, with the shortfall of the non-poor equal to zero. The mean depth of poverty is expressed as a proportion of the poverty line, with 0 representing the lowest and 100 representing the highest possible depth of poverty. Mean depth of poverty in the project areas is 26.7 percent. This

³⁴ The World Bank announced a new international poverty line of USD \$1.90 per capita per day (using 2011 purchasing power parity [PPP]) in October 2015. For comparison purposes, poverty estimates using the USD \$1.25 per capita per day (2005 PPP) poverty line are presented in Annex 9, Table A9.1a.

means that on average, individuals in the project area would need to increase their daily expenditures by 26.7/100 * USD \$1.90 or USD \$0.51 per person per day to move out of poverty (or Malawi Kwacha 266.75 at the average exchange rate of USD \$1= Malawi Kwacha 525.83 during the survey period).

Table 4.2c. Food for Peace Indicators - Poverty by Gendered Household Type: \$1.90 International Poverty Line			
Household-level FFP indicators by project [Malawi, 2015]			
	Overall	<i>Njira</i>	<i>UBALE</i>
Per capita expenditures (as a proxy for income) of USG -assisted areas ¹	\$1.92	\$1.63	\$2.04
Adult Female no Adult Male	\$1.65	\$1.46	\$1.78
Adult Male no Adult Female	\$3.03	\$2.57	\$3.16
Male and Female Adults	\$1.96	\$1.67	\$2.07
Child No Adults	*	*	*
Prevalence of poverty: Percent of people living on less than \$1.90/day	64.5	70.2	62.2
Adult Female no Adult Male	72.5	76.5	69.8
Adult Male no Adult Female	45.0	38.9	46.8
Male and Female Adults	63.2	68.7	61.1
Child No Adults	*	*	*
Mean depth of poverty ²	26.7	29.8	25.4
Adult Female no Adult Male	33.4	33.3	33.5
Adult Male no Adult Female	17.1	12.8	18.3
Male and Female Adults	25.4	28.9	24.1
Child No Adults	*	*	*
Number of household members in responding households	23,141	11,983	11,158
Adult Female no Adult Male	4,626	2,912	1,714
Adult Male no Adult Female	363	150	213
Male and Female Adults	18,131	8,912	9,219
Child No Adults	21	9	12

¹ Daily expenditures expressed in constant 2010 USD

² Expressed as percent of poverty line

*Too few cases to include estimates for child only households

NOTE: Poverty estimates are computed based on the purchasing power parity (PPP) derived from 2011 ICP (International Comparison Program) market surveys.

The qualitative study revealed that most participants rely on agriculture for part or all of their household income. Other sources of income include doing piecemeal or manual labor either, in Malawi or in neighboring countries; carpentry; performing repair work and painting; having a business, such as making charcoal or gathering and selling timber; selling foodstuffs or other common household products; or running a salon or shop. A few participants had professions, such as teachers, clerks, and radio operators. Participants tend to favor running a business, which generally involved selling goods or services, and said it is the best potential for income.

The prevalence of poverty in communities and the reasons for poverty were frequently discussed during qualitative data collection. Reasons for poverty included limited income sources and income-generating opportunities, larger family sizes, and the high cost of household necessities. Participants in the qualitative study often mentioned the high cost of food as their primary expense and biggest barrier to getting out of poverty. Agricultural challenges also have a significant impact on household income and experiences of poverty. Participants in the qualitative study reported numerous agricultural challenges, including seasonal variations and climate changes, high and fluctuating costs of agricultural inputs and low market value of agricultural products. Limited agricultural productivity has not only a negative impact on

the households that rely on farming and rearing livestock, but also on the communities as a whole. Focus group discussion participants in Balaka described farmers' experiences after a poor harvest and how it affected their community in other non-agricultural income sources:

Focus Group Participants in Balaka:

Participant 2: The money that I have found in this year is less. This is because people did not harvest enough so they do not come for their bicycle repairs because they do not have money. They simply walk around with their flat tires, failing to get it fixed. At least last year a lot of people came for repairs of their bicycle.

Interviewer: Is there anyone else who earns money in your household?

Participant 2: No, there is no one else.

Interviewer: What about you?

Participant 1: It is hard to get piece work since there is hunger in this year. So people are not willing to offer you work. At least last year was better because we would make a little something.

D. Household WASH Practices

Poor WASH practices are associated with increased morbidity and mortality, particularly for diarrheal diseases. In addition, a fecal-contaminated environment is associated with chronic undernutrition, poor gut health, and suboptimal absorption of nutrients.³⁵ Worldwide, it is estimated that improved water sources reduce diarrheal 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.³⁶

Household WASH practices were assessed based on six FFP indicators as shown in Table 4.2d.

	Overall	Njira	UBALE
Percent of households using an improved drinking water source	61.5	59.0	62.5
Percent of households in target areas practicing correct use of recommended household water treatment technologies	9.0	11.5	8.0
Boiling	5.2	8.3	4.0
Bleaching	3.9	3.4	4.1
Filtration	0.1	0.3	0.1
Solar disinfection	0.0	0.0	0.0
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	49.0	51.7	48.0
Percent of households using improved sanitation facilities	41.0	56.5	34.9
Percent of households in target areas practicing open defecation	9.0	8.1	9.4
Percent of households with soap and water at a handwashing station commonly used by family members	6.4	11.7	4.2
Number of responding households	4,721	2387	2,334

³⁵ USAID. (January, 2015) *WASH and Nutrition: Water and Development Strategy Implementation Brief*. Available at https://www.usaid.gov/sites/default/files/documents/1865/WASH_Nutrition_Implementation_Brief_Jan_2015.pdf.

³⁶ WHO. (2004). *Facts and Figures: Water, sanitation and hygiene links to health*. Available at http://apps.who.int/iris/bitstream/10665/69489/1/factsfigures_2004_eng.pdf.

Water

Improved drinking water sources, as defined by the Joint Monitoring Programme (JMP) for Water Supply and Sanitation,³⁷ are sources that are protected by the nature of their construction or through an active intervention from outside contamination, in particular, contamination from fecal matter. These sources include water piped into dwelling, plot, or yard; public tap or standpipe; tube well or borehole; protected dug well; protected spring; or rainwater collection. An “improved” water source means a household can access water from the source year round without experiencing interruptions of a day or longer in a two-week period. About 61.5 percent of households in the combined project areas use an improved drinking water source (*Njira* Project, 59 percent; *UBALE* Project, 62.5 percent). See Annex 9, Table A9.1b for details on types of water source.

Only 9 percent of households practice correct use of water treatment technologies—chlorination, filtration, solar disinfection, or boiling (*Njira* Project, 11.5 percent; *UBALE* Project, 8 percent). Although not a correct water treatment practice, more than a quarter of the households (26.5 percent) in the survey areas (*Njira* Project, 53 percent; *UBALE* Project, 15.9 percent) reported treating water by covering it. See Annex 9, Table A9.1b. The relatively high percentage of households with an improved water source in the combined project areas (61.5 percent) contrasts with the low percentage of households practicing correct water treatment (9 percent). The reason may be that because household members are aware they are connected to an improved water source, they are less invested in learning about the practices and adopting them to correctly treat drinking water, compared to households without access to an improved water source. A comparison of households illustrates that the prevalence of correct water treatment is actually higher among households without access to an improved water source (11.6 percent), compared to households with access to an improved water source (7.4 percent), and this difference is statistically significant ($p < 0.001$).

Nearly half of the combined project area households (*Njira* Project, 51.7 percent; *UBALE* Project, 48 percent) can obtain drinking water in less than 30 minutes round trip. According to the JMP, if people in rural places can reach a water source and return in 30 minutes, most will fetch at least enough drinking water to satisfy their basic needs for direct ingestion, cooking, and hygiene. If the round trip takes more than 30 minutes, people typically haul less water than they need to meet their basic requirements.

Participants in the qualitative study explained that access to a clean, reliable water source is an ongoing challenge. The main barriers for accessing water that participants mentioned were inadequate local infrastructure, boreholes, and wells. These barriers can cause long lines and travel distances to obtain water. Participants said they consistently request that the government drill additional water sources to provide easier access to drinking water. When typical water sources run dry or are overcrowded, participants said they use alternative water sources, such as rivers, despite their understanding that these are not good sources of clean drinking water.

Data from the qualitative study also indicate that most households obtain drinking water within a short walk from their homes; however, some participants from rural Blantyre, Chikwawa, and Machinga mentioned traveling distances greater than an hour to fetch water. The reason most often cited for the travel was that closer water sources were not working or not available. Participants also mentioned waiting in long lines to obtain water.

Participants in the qualitative study recognized the importance of treating drinking water to prevent disease. Many participants, however, indicated they do not treat water regularly. As indicated by the household survey, many households obtain their water from an improved water source and very few are practicing the correct use of recommended household water treatment technologies. Participants

³⁷ The Joint Monitoring Programme for Water Supply and Sanitation by WHO and UNICEF, <http://www.wssinfo.org/>.

may not feel the need to treat water that comes from an improved source. Additional reasons given for not treating water included lack of access to chemical treatments, such as Water Guard; lack of knowledge or incorrect knowledge on water treatment (e.g., covering the water makes it safe to drink or water from boreholes and taps does not require treatment); and personal taste preference or laziness. Some participants said that covering water with a lid or cloth prevents bugs, dirt, or debris from getting into it, and protecting it by covering is sufficient and further treatment is not necessary.

Although qualitative study participants did mention boiling their water, some participants felt that boiling water does not work as well as chemical treatments and that they prefer using chemicals to treat water instead of boiling. A focus group discussion participant from Blantyre Rural explained, “Boiling water doesn’t work...Because you will boil the water and leave them aside, when a child wants to drink, you will give him or her whilst hot, so I think it doesn’t work better [than] the one of adding water guard.”

Sanitation

Improved sanitation is defined as a toilet facility that is not shared with other households. Improved toilet facilities are flush or pour-and-flush, connected to a piped sewer system or septic system, pit latrine or pit latrine on a slab, composting toilets, and ventilated improved pit latrines. In the combined project areas, the most common type of sanitation facility is a pit latrine with a natural slab. Only 41 percent of households in the combined project areas use a non-shared improved sanitation facility, and 36 percent of households use a shared improved toilet facility (see Annex 9, Table A9.1b). About 9 percent of households (*Njira* Project, 8.1 percent; *UBALE* Project, 9.4 percent) say they practice open defecation in the bush, fields, or other open spaces.

Several participants in the qualitative study expressed interest in building toilets with a more permanent structure to help contain odors and handwashing stations to prevent infections. Although many participants expressed a preference for having non-shared improved sanitation facilities, most said insufficient resources make it difficult to build or improve facilities, citing the upfront cost of constructing and maintaining improved sanitation facilities as an extreme financial challenge. Participants said other barriers to building a latrine are a lack of building materials, a lack of knowledge about the importance of sanitation, and laziness. Most participants in the qualitative study said that open defecating in the bush is not as desirable as using a toilet. Few admitted to openly defecating, and some even hesitated to say they know people who defecate openly. When participants asked why they prefer using the latrine, most cited the negative consequences of using the bush, such as it allows flies to spread disease and contaminates the ground water. A few participants said their village charges fines to deter open defecation.

Handwashing

A handwashing station, defined as a commonly used if the interviewer could easily observe it, includes water and soap or a cleansing agent, and if participants indicated that family members generally use it to wash their hands. Overall in both project areas, 6.4 percent of households (*Njira* Project, 11.7 percent; *UBALE* Project, 4.2 percent) have a handwashing station with water and soap or another cleansing agent.

The qualitative study asked participants about their awareness and frequency of handwashing. Participants said they are aware of the importance of handwashing, and many said handwashing is necessary to prevent the spread of disease and preserve health. They said the appropriate times for handwashing are after using the toilet, after changing diapers, before feeding children or breastfeeding, before cooking and preparing meals, while eating fruit such as mangoes, before and after eating—specifically *nsima*,—after touching animals or garbage, and after returning from the fields. Some participants, however, observed that handwashing compliance is low. When they were asked how they wash their hands, many participants explained that they use only water because soap is not needed or they want to preserve soap to ensure that it lasts longer. A female participant in Chikwawa explained the reasons for using or not using soap.

Female participant in Chikwawa:

Participant: We feel that the water has already been protected and all the germs have been killed. Therefore no need to use soap.

Interviewer: But do you think there is an importance in using soap when washing hands?

Participant: It is important because some germs may be left still, even after using the chlorinated water. Therefore, by using soap, the germs can be eliminated. Only that using the same soap for washing hands, bathing and washing clothes would finish the soap fast.

Participants mentioned finances and laziness as barriers to washing their hands with soap. Several participants explained that buying soap is often a financial challenge and that purchasing food is generally a higher priority. The few participants who manage to purchase soap regularly do so by budgeting for it because they perceive it as a necessary expense.

4.3 Agricultural Indicators

The agricultural component of the household survey was completed by 7,424 farmers in the combined project areas (*Njira* Project, 3,913; *UBALE* Project, 3,511). Of these farmers, about 42 percent were male and 58 percent were female (*Njira* Project, 40 percent male and 60 percent female; *UBALE* Project, 44 percent male and 56 percent female).

This study used the household survey data to calculate FFP agricultural indicators for financial services, value chain activities, and use of sustainable agricultural and improved storage practices. Increased use of financial services can help farmers access inputs and other resources to improve agricultural productivity. Strong agricultural value chains create livelihoods, increase income, and promote economic growth. Use of sustainable agricultural and improved storage practices also help farmers increase agricultural production and provide better protection for crops that are harvested. All of these practices are expected to directly benefit households and lead to increased food security.

Farmers were asked to report the crops they planted in the past 12 months in the plots over which they make decisions (see Annex 9, Table A9.2a). Farmers were also asked to report the livestock they raised or cared for and made decisions about during the past 12 months (see Annex 9, Table A9.2b). There is some overlap in the types of food items households most commonly consume, such as cereals and legumes, and the most commonly planted crops, such as maize, fruits, vegetables, and pigeon peas, which suggests that households rely on both homegrown crops and items purchased from the market.

A. Financial Services

Overall in the project areas, 36.1 percent of the farmers accessed financial services in the past 12 months (*Njira* Project, 40.4 percent; *UBALE* Project, 34.3 percent). Farmers most commonly accessed credit or savings services (see Annex 9, Table A9.3). Overall in the project areas, less than 1 percent of farmers (*Njira* Project, 0.5 percent; *UBALE* Project, 0.1 percent) obtained agricultural insurance.

Table 4.3a. Food for Peace Indicators - Financial Services
FFP agricultural indicators by project and sex [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of farmers who used financial services in the past 12 months ¹	36.1	40.4	34.3
Male farmers	35.5	39.0	34.1
Female farmers	36.5	41.3	34.4
Number of responding farmers	7,424	3,913	3,511
Male farmers	3,109	1,581	1,528
Female farmers	4,315	2,332	1,983

¹ Financial services include savings, agricultural credit, and/or agricultural insurance

Several participants in the qualitative study said no formal loan services are available. Many of them said they rely on friends or family for assistance. A female participant from the *Nsanje* Project area said, “We do not have loan services here. No one gets a loan unless you getting a loan from a friend...For instance, if they have rice, you can borrow a tin and then you tend to repay with a bag of rice.” Men in a focus group discussion in the *Nsanje* Project area also gave examples of alternatives to financial loans.

Men in a focus group in Nsanje:

Interviewer: In this area, is there anyone who is able to get loans using his or her harvest as collateral?

Participant 5: Yes, a lot of people get loans using their harvest as collateral. Sometimes people are able to access loans even before they harvest. It all depends on the understanding between the two parties. People get a loan and promise to give back a certain number of bags of maize. Certain times creditors are told to harvest from the field the level of food they agreed upon giving for the loan. But this is detrimental because the creditor may sometimes get more than what was initially agreed...

Interviewer: These loans happen between friends, yes? How about getting loans from organizations, but using your harvest as collateral?

Participant 5: That has never happened here.

(All focus group participants agreed in unison, saying “that has never happened.”)

Although several participants have heard about various financial services, many have not used them. Reasons participants mentioned for not using financial services included having no access to the service, being afraid of not being able to pay back loans, holding negative perceptions about loans, or having a lack of start-up capital needed to access the service. Several participants expressed their views on the negative aspects of accessing loans.

Female participant in Chikwawa: Sometime it happens that we have borrowed money from the village banks. It is difficult to find the money to pay back, so we take some of the food and sell it so we can pay the debt.

Male Participant in Nsanje: No, there are no such people in this area. The organizations that are here only come and teach people who later form clubs and then they distribute things to the people through these clubs. Only cotton farmers are able to access these loans...but they failed to pay back because cotton did not do well last year because of the rains. This has disappointed the organization and they have refused to give the help again.

Female participant in Balaka: Last year some people accessed loans from the government. Some of these people failed to pay back. They are now running away from the government officials responsible for collecting these debts... I am afraid of taking a loan.

Some participants expressed an interest in receiving financial services, but said that they were not given opportunities to be involved. A female and a male participant from Balaka described their difficulties in accessing loans.

Female participant in Balaka: We lack the means of doing that [accessing loans] or we can say people to tell us. We desire that, but to find the organization that does that, we lack entry points. People from other villages do this, but we lack someone to encourage us and tell us that if we would do this things will work out.

Male participant in Balaka: I can say this. I am a member of this community, but what happens is that sometimes I am discriminated against, yes. Maybe looking at my poverty and thinking that I wouldn't be trustworthy because of my poverty, or that maybe if I would join loan groups I wouldn't manage to repay the loan. I just see people obtaining loans, yes, but I have never obtained a loan before.

Findings from the qualitative study indicate that to reduce the negative perceptions associated with using financial services and to increase participation in accessing them, projects would need to increase the opportunities to access financial services, and then to inform the communities of their benefits.

B. Value Chain Activities

To generate higher returns and improved sales profits, value chain activities should improve the quantity and quality of a product destined for the market. Subsistence agriculture interventions designed to increase staple crop production for home consumption do not qualify as value chain activities. Examples of pre- and post-harvest activities are joint purchase of inputs; activities that increase productivity while maintaining quality; and activities that support bulk transporting, sorting, grading, processing, and trading or marketing for wholesale, retail, or export uses.

Farmers were asked if they practiced any of the following value chain activities in the past 12 months: purchasing inputs through agro dealers or community associations; using financial services; using training and extension services; using contract farming; practicing pen feeding; processing produce by roasting, hulling, milling, or grinding; trading or marketing produce through agro dealers or community associations; using marketing systems for livestock; using a warehouse receipt system; using NGO, government, or mobile market information services; using business development services; using insurance services; or planning and calculating profits. The *Njira Project* and *UBALE Project* are promoting slightly different mixes of these value chain activities, as noted in the Table 4.3b footnote.

In the past 12 months, 45.5 percent of farmers in the combined project areas practiced at least one of the value chain activities to be promoted by the project operating in their area (*Njira Project*, 67.8 percent; *UBALE Project*, 35.9 percent). The most commonly practiced value chain activities in both

project areas were purchase of inputs through agro dealers or community associations (42.9 percent), processing produce (26.9 percent) and use of training and extension services (24.9 percent) (see Annex 9, Table A9.4). Note that the two projects will promote slightly different value chain activities. For example, the *Njira* Project, but not the *UBALE* Project, promotes purchase of inputs. This variation can be attributed to some of the differences in the indicator estimates shown in Table 4.3b.

<u>Table 4.3b. Food for Peace Indicators - Value Chain Activities</u>			
FFP agricultural indicators by project and sex [Malawi, 2015]			
	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of farmers who practiced the value chain activities to be promoted by the project in the past 12 months ¹	45.5	67.8	35.9
Male farmers	45.8	69.4	36.4
Female farmers	45.2	66.8	35.5
Number of responding farmers	7,424	3,913	3,511
Male farmers	3,109	1,581	1,528
Female farmers	4,315	2,332	1,983

¹ Value chain activities promoted by the *Njira Project* include: purchase of inputs through agro-dealers and/or community associations; use of financial services; use of training and extension services; contract farming; trading/marketing produce through marketing groups, agro-dealers or community association; use of marketing systems for livestock; use of a warehouse receipt system (WRS); use of market information services (NGOs, Govt., PSP, mobile); use of business development services; and planning and profit calculations.

Value chain activities promoted by the *UBALE Project* include: use of financial services; use of training and extension services; trading/marketing produce through marketing groups, agro-dealers or community association; use of a warehouse receipt system (WRS); use of market information services (NGOs, Govt., PSP, mobile); use of business development services; use of insurance services, and planning and profit calculations.

Participants in the qualitative study expressed interest in participating in value chain activities, but they also mentioned limited opportunities and financial capital as primary reasons for their limited involvement. For example, one of the value chain activities that participants expressed interest in and that both projects will promote is trading or marketing produce through marketing groups. Participants in the qualitative study viewed marketing groups or clubs as a way to increase profit. However, in both projects, the uptake of marketing produce through marketing groups was low (*Njira Project*, 7.3 percent; *UBALE Project*, 1.2 percent). The interest in marketing produce through marketing groups coupled with the currently low uptake of this practice suggests a potential for improvement and a possible area of focus for the projects.

C. Sustainable Agricultural Practices

The baseline survey asked farmers to report on the use of sustainable agricultural practices or technologies. Sustainable agricultural practices were divided into three subcategories: (1) crop practices, (2) livestock practices, and (3) natural resource management (NRM) practices. Sustainable crop practices include using manure or compost; planting basins; mulching; controlling weeds; using dry planting; incorporating residue; using tied ridges or box ridges; practicing pit planting; using minimum tillage; using chemical, biological, or natural pest control; planting one seed per station for maize (*sasakawa*); and adopting agro forestry. Sustainable livestock practices include using improved animal shelters, vaccinating, deworming, castrating, dehorning, making homemade animal feeds with locally available products, inseminating artificially, using pen feeding, producing fodder, using community animal health workers or para vets, dipping, and raising improved breeds. Sustainable NRM practices include managing or protecting watersheds or water catchments, managing forest plantation, and using sustainable harvesting of forest products.

Each project will promote a slightly different mix of these agricultural practices, as noted in the footnote to Table 4.3c. Controlling weeds, planting with first rains, and ridging are the most commonly used crop practices in both project areas (see Annex 9, Table A9.5). Because adoption of these practices is already common, the projects will focus on promoting other less common sustainable practices. It will be important for farmers to maintain their use of these more common sustainable practices and complement them with newly adopted practices to further increase productivity.

Table 4.3c. Food for Peace Indicators - Sustainable Agricultural Practices

FFP agricultural indicators by project and sex [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of farmers who used at least three sustainable agriculture (crop, livestock, and/or NRM) practices and/or technologies in the past 12 months	60.4	77.9	52.9
Male farmers	62.4	79.1	55.9
Female farmers	58.8	77.1	50.6
Percentage of farmers who used at least two sustainable agricultural (crop) practices in the past 12 months ¹	78.6	86.6	75.1
Male farmers	79.3	86.3	76.5
Female farmers	78.0	86.8	74.1
Percentage of farmers who used at least two sustainable agricultural (livestock) practices in the past 12 months ²	4.1	9.7	1.8
Male farmers	4.5	10.8	2.0
Female farmers	3.9	9.0	1.5
Percentage of farmers who used at least one sustainable agricultural (NRM) practice (past 12 months) ³	26.4	44.6	18.6
Male farmers	29.0	47.7	21.6
Female farmers	24.5	42.5	16.3
Number of responding farmers	7,424	3,913	3,511
Male farmers	3,109	1,581	1,528
Female farmers	4,315	2,332	1,983

¹ Sustainable agricultural practices promoted by the *Njira Project* include: manure, compost, planting basins, mulching, weed control, residue incorporation, crop rotations, intercropping, use of improved crop varieties, contour ridges, pit planting, minimum tillage, biological or natural pest control, Sasakawa (planting of one seed per station for maize), or agro-forestry.

Sustainable agricultural practices promoted by the *UBALE Project* include: planting basins, mulching, weed control, residue incorporation, tied ridges/box ridges, intercropping, use of improved crop varieties, contour ridges, pit planting, minimum tillage, biological or natural pest control, Sasakawa (planting of one seed per station for maize), or agro-forestry.

² Sustainable livestock practices promoted by the *Njira Project* include: use of improved animal shelters, vaccinations, deworming, castration, dehorning, homemade animal feeds made of locally available products, fodder production, use of community animal health workers or paravets, dipping, or raising improved breeds.

Sustainable livestock practices promoted by the *UBALE Project* include: vaccinations, deworming, or use of community animal health workers or paravets.

³ Sustainable NRM practices promoted by the *Njira Project* include: management or protection of watersheds or water catchments, or management of forest plantation.

Sustainable NRM practices promoted by the *UBALE* include: management or protection of watersheds or water catchments.

The breakdown by types of agricultural practice in both project areas indicates that more farmers are using sustainable crop practices compared to sustainable livestock practices and NRM practices. It should be noted that the percentage of farmers using sustainable livestock practices is artificially low

because the denominator for the indicator is all farmers, not just those who raise livestock.³⁸ Although 99 percent of farmers have land and raise crops, only about 55 percent raise livestock. The most commonly reported sustainable livestock practices were vaccinating and using homemade animal feeds with locally available products. As with value chain activities, the two projects will promote different sustainable agricultural, livestock, and NRM practices, which contribute to the differences in the baseline indicators shown in Table 4.3c.

Qualitative study participants were aware of a wide range of sustainable agricultural practices and their value. Some participants said that agricultural facilitators or extension workers provide training and information on some of these practices. An agricultural extension worker in Blantyre Rural explained that some members of the community are taught the sustainable practices and ways to increase their adoption.

Agricultural extension worker in Blantyre Rural:

Interviewer: On the side of agriculture, you have said that people understand and make use of your training. In what field do they make use of this training?

Participant: *Sasakawa* planting. They need to make use of fertilizer or manure. While others who did not use manure, when they see their friends who used manure in the previous year and have harvested good. We take them as a group and go to those who used manure to learn from them. We ask them to teach each other and not us. The ridges should not be made too far apart, and they say it applies too when planting maize.

Interviewer: All right. What can promote these type of agricultural trainings? You talked about some people taking part, while others not taking any part. What can be done to make sure that better agricultural practices are adopted by a lot of people?

Participant: This can be promoted through selecting and using lead farmers. When people see what these lead farmers are doing, they also try out the same procedures used by lead farmers. Or when one has harvested a lot, we use that person to teach others how he or she did it. When others want to learn, they ask us to visit them on a particular day. We go together with that person to teach them and demonstrate how it is done.

Interviewer: So that means you use lead farmers a lot?

Participant: Yes.

Although farmers are knowledgeable about sustainable practices, the practices are not always carried out because of limited skills and training, competing priorities, and the additional time and resources required to carry them out.

D. Improved Storage Practices

Improved storage practices are defined as cost-effective methods and procedures for short-term and long-term storage of seeds, grains, animal feed, and aquaculture products. Improved storage practices help farmers safely store excess harvest from for subsequent sale, consumption, or use as propagative plant material, such as seeds for future planting.

Improved storage practices are defined in the project areas as using Purdue Improved Cowpea Storage (PICS) bags, storing in improved granaries, warehousing or using cereal banks, using traps (for rodents

³⁸ After restricting the denominator to only farmers who own livestock, we get the following averages: 7.5 percent of farmers use at least 2 or more sustainable livestock practices that the projects will be promoting (Njira, 18.7 percent; UBALE, 3.1 percent).

and other pests), or using grain bags treated with pesticides. In the combined project areas, 52.4 percent of all farmers used at least one of these improved storage methods (see Table 4.3d).

	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of farmers who used improved storage practices in the past 12 months ¹	52.4	55.0	51.3
Male farmers	54.6	58.2	53.2
Female farmers	50.7	52.9	49.7
Number of responding farmers	7,380	3,903	3,477
Male farmers	3,088	1,575	1,513
Female farmers	4,292	2,328	1,964

¹ Improved storage practices include use of PICS bags, improved granaries, warehousing or cereal banks, use of traps, and use of grain bags with pesticides.

Overall, respondents to the household survey most frequently reported using grain bags treated with pesticides as a storage practice (*Njira* Project, 50.9 percent; *UBALE* Project, 45.6 percent). Participants in the qualitative study said the cost of chemicals is the primary challenge for storage using grain bags treated with pesticides.

Female participant in Nsanje:

When we harvest maize, we shell it and dry it. When it's dry, we buy chemicals and apply with the aim that it doesn't get attacked by weevils. When we are finished, we put in sacks and sew them up...The problems that we meet when a person has harvested maize are that you don't have money to buy chemicals to apply to your maize, so you just leave it and it gets attacked by weevils.

According to the household survey findings, granaries were among the least used storage practices (see Annex 9, Table A9.6). Participants in the qualitative study said theft is a primary deterrent to storing crops in granaries or outside of their homes, and also mentioned a lack of materials to build appropriate storage facilities as another storage challenge.

E. Extension Services and Livestock Assets

The baseline survey collected information to determine the extent to which farmers in the project areas benefitted from at least one extension service over the past 12 months. Extension services are defined as providing informal education on crop or animal production techniques and practices, managing pests and disease techniques to protect crops and animals, using techniques to increase production and the efficiency of the family farm. In general, using extension services and practicing the techniques can increase the standard of living for a household. As Table 4.3e shows, less than a quarter of the farmers in the combined project areas benefitted from extension services.

The survey also gathered information on the average number of goats, chickens, and pigeons a household owned. This type of information helps determine productivity and income and measures welfare. Table 4.3e indicates that, on average overall, households own fewer than five goats, chickens, or pigeons (*Njira* Project, 4.1; *UBALE* Project, 4.6). In both project areas, households own more chickens than goats or pigeons.

Table 4.3e. Project-specific Indicators - Agricultural extension services and livestock assets
Project-specific agriculture indicators by project and sex [Malawi, 2015]

	Overall	Njira	UBALE
Percentage of farmers who have benefited from at least one extension service in the past 12 months	22.5	29.3	19.6
Male Farmers	24.4	29.6	22.4
Female Farmers	21.0	29.1	17.3
Number of responding farmers	7,424	3,913	3,511
Males	3,109	1,581	1,528
Females	4,315	2,332	1,983
Average number of livestock (goats, chickens, pigeons) per household	4.4	4.1	4.6
Goats	0.9	0.7	1.0
Chickens	2.9	2.5	3.0
Pigeons	0.7	0.9	0.6
Number of responding households	4,721	2,387	2,334

Several participants also said they had no formal agricultural training or that the training available in their communities was limited. Most participants mentioned that they learned to care for their crops or livestock from their parents, elders, or friends. Participants in the qualitative study discussed extension services as an effective means to increase agricultural productivity and expressed interest in these services, but few participants reported using the services. Some participants said the services need to be more easily and widely accessible and that training should be provided so that practices can be easily implemented. Balaka focus group participants discussed this limitation and agreed that the people who receive training are responsible for teaching others in the community.

Focus Group Participants in Balaka:

Participant 7: We have been taught before about different farming methods, like growing *mwantaua khasu*, *mlelanthanga*, and *kalozero*.

Interviewer: Did the others also learn this?

All: Yes.

Interviewer: So what contributed to you or your household to get this kind of training?

Participant 1: People from the village choose the people to go and get the training.

Interviewer: They are not for free, which can be accessed by everybody?

Participant 1: No.

Interviewer: So, like in this group, who got access to receive this training?

[Participants raised their hands.]

Interviewer: The way we are now, it means only two people have never received the training? For those who have never received the training, what is the reason why?

Participant 6: The committee chose six people to go for training, and when they returned, they taught us. So we can say we learned from our friends.

Those that had received some training highlighted the skills learned. A female participant in Balaka said, “They taught us how to care for the chickens, how to feed the chickens, as well as how to inject medicine.” Some participants indicated that when education is communicated to members in the community, the challenge is to ensure that the advice given is followed.

Participants often emphasized the importance of having livestock, specifically chickens and goats, as a source of food, income, or livelihood. Although some participants indicated they received training, others spoke of the need for more education on how to care for their livestock. Those participants who had not benefitted from any training expressed desire for education on caring for livestock. A female participant in Machinga said, “When they get sick, we don’t know what to do, so the livestock dies.” Similar sentiments were echoed by a male participant in Nsanje.

Male participant in Nsanje:

Even though I have a lot of chickens, I still face some challenges. I would love to know how to take care of them, how to feed them, how to identify them when they are sick, the type of disease and the right medication, how to prepare their sleeping places. There are a lot of things I don’t know.

Findings from the qualitative study show that agricultural extension services to project areas have been limited. Vaccinations, while among the most commonly used livestock practices, are quite low at 11.4 percent yet participants identified them as a needed service.

4.4 Women’s Health and Nutrition Indicators

A. Women’s Nutritional Status

The women’s module of the household survey was administered to 4,425 women 15-49 years of age (*Njira* Project, 2,265; *UBALE* Project, 2,160). Valid anthropometry measurements were taken for 3,863 women who were not pregnant (*Njira* Project, 1,987; *UBALE* Project, 1,876).

BMI, expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²) was used to evaluate the nutritional status of women. A BMI below 18.5 indicates underweight or acute malnutrition and is associated with increased mortality. A BMI between 18.5 and 24.9 is considered normal, and a BMI above 24.9 is considered overweight.

This indicator frames the extent to which women’s diets meet their caloric requirements. Undernutrition among women of reproductive age is associated with increased morbidity, poor food security, and adverse birth outcomes in future pregnancies. Improvements in women’s nutritional status are expected to increase women’s productivity, which may also have benefits for agricultural production.

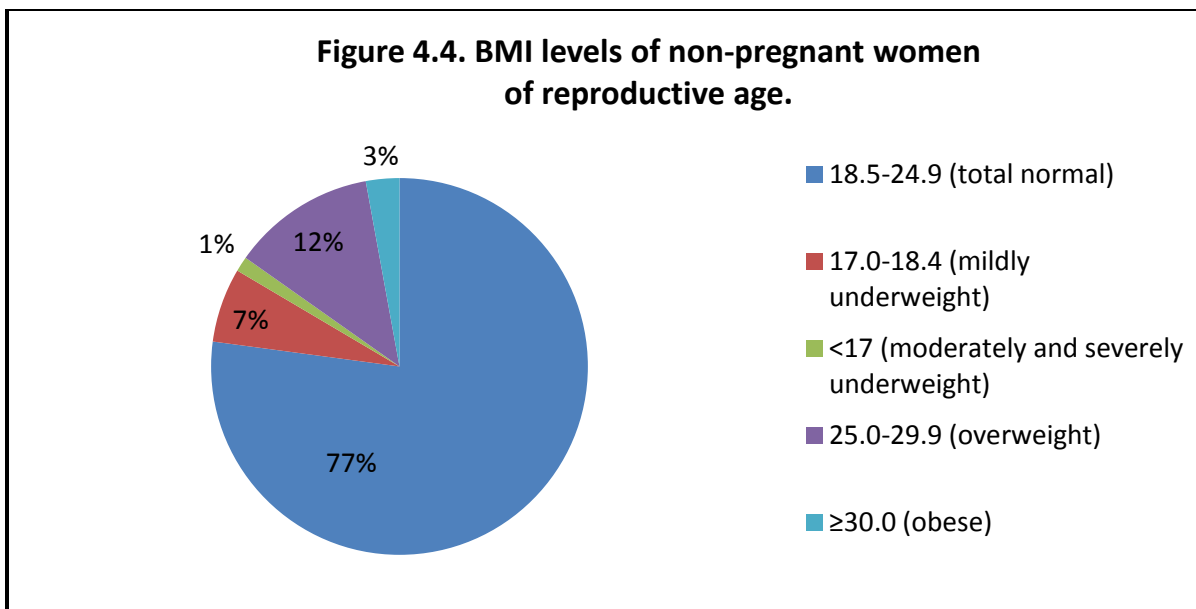
As shown in Table 4.4a, overall in the project areas, 7.7 percent of non-pregnant women 15-49 years of age have a BMI of less than 18.5, and, therefore, are classified as underweight. Figure 4.4 illustrates the distribution of women’s BMI in the combined project areas. The majority of women have a normal BMI (77 percent), 12.3 percent are overweight, and 2.9 percent are obese.

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

Women-level FFP indicators by project [Malawi 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Prevalence of underweight women ¹	7.7	8.1	7.5
Number of women (15-49 years) with valid measurements	3,863	1,987	1,876

¹Percentage of non-pregnant women with a BMI less than 18.5. BMI is defined as weight in kilograms divided by height in meters squared (kg/m²).



B. Women's Dietary Diversity and Consumption of Nutrient-rich Foods

The improvement of women's dietary diversity and the maintenance of a healthy weight contribute to several other factors, including improved pregnancy and child health and nutrition outcomes. Two indicators were used to measure dietary diversity for women: (1) Minimum Dietary Diversity–Women (MDD-W), the proportion of women of reproductive age who are consuming a minimum dietary diversity; and (2) Women's Dietary Diversity Score (WDDS), the mean number of food groups consumed by women of reproductive age. MDD-W is a new version of the WDDS and will replace the WDDS in future years. The MDD-W, developed based on results of recent research to improve the usefulness of the WDDS indicator,³⁹ is more intuitive and easily understood, and thus, it is more useful for reporting and describing progress toward improved nutrition for women than the current WDDS. The two measurements, MDD-W and WDDS, have two main differences: (1) the MDD-W is a proportion and WDDS is a quasi-continuous score; and (2) the food groups used to calculate MDD-W are slightly different from the food groups used to calculate WDDS.

Minimum Dietary Diversity–Women

MDD-W provides the proportion of women of reproductive age who are consuming a minimum dietary diversity; that is, they consumed at least 5 of 10 specific food groups in the previous 24 hours. The 10 food groups include the following:

- Grains, roots, and tubers
- Legumes and beans
- Nuts and seeds
- Dairy products
- Eggs
- Flesh foods, including organ meat and miscellaneous small animal protein
- Vitamin A-rich dark green leafy vegetables
- Other vitamin A-rich vegetables and fruits
- Other fruits
- Other vegetables

³⁹ Introducing the Minimum Dietary Diversity–Women (MDD-W) Global Dietary Diversity Indicator for Women. Available at: http://www.fao.org/fileadmin/templates/nutrition_assessment/Dietary_Diversity/Minimum_dietary_diversity_-_women_MDD-W_Sept_2014.pdf.

Overall in the two project areas, 21.7 percent of women of reproductive age are eating 5 or more of the 10 food groups (*Njira* Project; 18.7 percent; *UBALE* Project, 22.9 percent). See Table 4.4b for a breakdown.

Women's Dietary Diversity Score

The WDDS is computed based on nine critical food groups.⁴⁰ This indicator measures the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women 15-49 years of age. The indicator is tabulated by averaging the number of food groups consumed out of the nine food groups for all women. Table 4.4b indicates that women 15-49 years of age consume, on average, 3.4 of the 9 basic food groups. A higher score indicates better nutrition; therefore, the results of this dietary composition indicate nutrient-deficient diets for most women in the project areas.

	Overall	<i>Njira</i>	<i>UBALE</i>
Minimum Dietary Diversity (MDD-W) ¹	21.7	18.7	22.9
Women's Dietary Diversity Score (WDDS) ²	3.4	3.3	3.5
Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities	17.6	21.2	16.2
Foods made with orange flesh sweet potatoes (OFSP)	15.9	20.4	14.1
Foods made with biofortified beans (NUA)	2.3	1.1	2.7
Number of responding women (15-49 years)	4,425	2,265	2,160

¹ Proportion of women of reproductive age in the project area who are consuming a minimum dietary diversity (5 or more of 10 food groups)

² Mean number of food groups (9 food groups) consumed by women of reproductive age

Targeted Nutrient-Rich Value Chain Commodities

Multiple pathways exist to increase household and individual access to diverse, quality foods and to encourage their consumption to help meet micronutrient requirements. One important approach is to increase the production and marketing of nutrient-rich commodities in the FFP project implementation areas and to increase the consumption of those nutrient-rich commodities to help reduce micronutrient deficiencies. The nutrient-rich value chain commodities that the projects will promote include orange flesh sweet potatoes (OFSP) and biofortified beans. This indicator measures the proportion of women of reproductive age who consume these nutrient-rich commodities, before project implementation. Table 4.4b shows that about 17.6 percent of women in the combined project areas consumed targeted nutrient-rich value chain commodities (*Njira* Project, 21.2 percent; *UBALE* Project, 16.2 percent), the majority consuming OSFP (15.5 percent).

Findings from the qualitative data show that participants are aware of the importance of dietary diversity and meal frequency, especially for pregnant women. Despite this awareness, they must make sacrifices

⁴⁰ The key differences in the WDDS food groups and the MDDS-W food groups are as follows: (1) the WDDS combines legumes, bean, nuts and seeds in one category while the MDDS-W distinguishes between legumes and beans separately; (2) the MDD-W combines organ meat and flesh foods into one group while the WDDS distinguishes between organ meat as one group and flesh foods as another; and (3) the MDD-W treats other fruits and other vegetables as two separate categories while the WDDS combines them into one food group.

sometimes. The food choices participants make are based on what is available, easily accessible, and affordable. A lack of finances is a primary challenge, as described by a male participant in Balaka.

Male Participant in Balaka:

Interviewer: Are there any changes on the type and amount of food a woman should take when pregnant?

Participant: Yes, there are changes, because they are advised to eat six groups of food. Hence, the man is supposed to comply. Sometimes you fail to comply due to money problems, but you are supposed to adhere to the hospital instructions.

Interviewer: Are there people in the house who feel that a pregnant woman should eat or avoid some foods during pregnancy?

Participant: A pregnant woman should not avoid certain foods, she should eat everything.

Interviewer: Is it possible for a family member to skip meals to give a chance for the pregnant woman to eat adequately? Does it happen in your home?

Participant: Me, being the father, when the food is insufficient I offer my share to her so that the woman and the expected baby should have strength.

C. Women’s Antenatal Care and Contraceptive Prevalence Rates

Antenatal Care

Additional data were collected during the household survey to explore the ANC practices of women with at least one live birth in the past five years. A total of 2,693 women with a live birth in the past five years were interviewed (*Njira* Project, 1,441 women; *UBALE* Project, 1,252).

This ANC indicator measures the percentage of women 15-49 years of age who had a live birth in the last five years and who attended antenatal care (ANC) visits four or more times during their most recent pregnancy as recommended by WHO guidelines.⁴¹ This indicator does not measure the quality of the ANC visit, but it is limited to a visit with a skilled health professional (doctor, nurse, midwife, skilled birth attendant or clinical officer).

Table 4.4c shows that in the combined project areas, fewer than half of women (46.3 percent) received at least four ANC visits during pregnancy (*Njira* Project, 54.2 percent; *UBALE* Project, 42.8 percent). In the combined project areas, the average number of ANC visits was 3.7 (*Njira* Project, 3.9; *UBALE* Project, 3.6).

	Overall	<i>Njira</i>	<i>UBALE</i>
Percent of births receiving at least 4 antenatal care (ANC) visits during pregnancy	46.3	54.2	42.8
Number of responding women aged 15-49 with live birth in the past 5 years ¹	2,693	1441	1,252
Contraceptive Prevalence Rate ²	75.3	74.6	75.6
Number of responding women aged 15-49 who are married or in a union	2,308	1,115	1,193

¹ Antenatal care visits are reported for the most recent live birth

² The percentage of women of reproductive age (married or in a union) who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used

⁴¹ The World Health Organization recommends a minimum of four antenatal visits. See, for example, http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/.

Data from the qualitative study indicate some possible reasons why women do or do not attend at least four ANC visits. Most female participants in the qualitative study reported they had attended a clinic or hospital for ANC visits, ranging from two to six visits, during their current or last pregnancy. Female participants who reported more frequent ANC visits, five or six, indicated they went to the clinic or hospital monthly after the initial three-month visit. Although most female participants indicated that hospital or clinic staff told them how many ANC visits they should attend, a female participant from Blantyre Rural said, “I went to the hospital only three times because I felt just fine. So my husband and I decided I did not need to go more than that.” Female participants from a focus group discussion in Machinga said women in their village might not attend the recommended four ANC visits because they delay announcing their pregnancy and do not start visiting the clinic until the second trimester. Participants in the qualitative study in rural Blantyre and Machinga also suggested that the reason some women do not attend ANC visits is the distance to the hospital and because they are too weak. A few participants reported seeing a midwife or traditional healer, although female participant in Blantyre Rural noted that “the government bans people from seeing traditional healers” (no reason was provided.)

A health surveillance assistant in Machinga made the following suggestions to encourage women in the district to attend the four recommended ANC visits.

Health Surveillance Assistant in Machinga:

In terms of health, we in the health sector try to go to households. We also go to homes when women are pregnant to visit them and tell them the benefits of going to the hospital when they are pregnant. Here we encourage that when a woman has realized that they are pregnant, they should come to the hospital in the first three months to start the under-five clinic sessions and also to be telling them the importance of eating a balanced diet with six food groups.

Qualitative study participants also gave several reasons for why they attended ANC visits during their last or current pregnancy: to get advice from the hospital doctors and nurses, to receive information on how to protect themselves during pregnancy, to get test results and diagnoses, and to receive medicine to help their health during pregnancy. A female participant from Chikwawa said she attended all of her ANC visits because she has seen negative things that have happened to women in her village who did not go to the clinic or hospital for care. This female respondent said, “Some of the negative results are giving birth to stillborn babies, mothers dying, frequent sickness, and swollen feet.”

Although the ANC indicator does not measure the quality of ANC visits, qualitative study participants did describe procedures followed and information provided by hospital or clinic staff during ANC visits. Female participants from rural Blantyre, Machinga, and Nsanje reported hospital and clinic staff test their blood at the initial visit, and at subsequent visits they receive the test results and prescriptions for medications, such as iron tablets and antimalarial drugs. Additional ANC services included body weight assessment, advice on WASH practices and behaviors, diet, and how to care for their other children.

Contraceptive Prevalence Rate

The contraceptive prevalence rate, reported for women 15-49 years of age who are married or in a union, is the percentage of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used. This rate is a proxy measure of access to reproductive health services, and it is useful for tracking progress toward achieving targets for access to reproductive health and the quality of family planning services. The contraceptive prevalence rate is the most widely reported measure for population-level family planning programs. The measure indicates the extent of people’s conscious efforts and capabilities to control their fertility.

Users of contraception are defined as women who are practicing, or whose male partners are practicing, any form of contraception. These include female and male sterilization, hormonal methods such as injectable and oral contraceptives and implants, intrauterine devices, diaphragms, spermicide, condoms, rhythm, withdrawal and abstinence, lactation amenorrhea, fertility awareness methods and standard days, among others.⁴² About three-quarters of the women in the combined project areas use some form of contraception (*Njira* Project, 74.6 percent; *UBALE* Project, 75.6 percent). Annex 9, Table A9.8 illustrates that the most common modern method of contraception in both project areas is the use of injectables (*Njira* Project, 67.2 percent; *UBALE* Project, 61.2 percent).

Data from the qualitative study offer insight into the specific contraceptives women and their male partners use, the source, and the reasons for using family planning options. Most female participants in the qualitative study reported they use contraceptives, and monthly injections were the most commonly mentioned. Participants who use injection said their bodies respond well. Male and female participants also reported using condoms as a contraceptive method. One male participant in rural Blantyre said he and his wife use male and female condoms that they receive from the hospital.

Some female participants reported they do not use contraceptives, although they do not intend to become pregnant. A female participant in Balaka said that although she was not using contraceptives, she decided not to have sex with her husband until it was time to try for another child. A female participant in Chikwawa said, “At first we were using the traditional method. But now, maybe we will use this method which the nurse is teaching us, the method of Norplant.” Some female participants in Balaka and Nsanje said they did not use contraceptives because of religious reasons because “God knows the limit of children one is supposed to have, so when you decide that I want two children, how do you know that’s your limit of children?”

Male and female participants in the qualitative study reported that access to contraceptives was easy and that they are available in the community and at hospitals. A participant in Machinga said, “There are health surveillance assistants in the community who do door-to-door family planning. They are the ones who help them [families] and discuss with them.” Other female participants said they receive injections, implants, and birth control pills from health officers in hospitals and that condoms are available in hospitals and community facilities. Participants said they are motivated to use contraceptives because they need to avoid poverty. For example, a female participant in Balaka said, “The main reason is on how we find our finances. We made sure that we have the number of children who we will be able to take care of.”

D. Women’s Knowledge of Key Preconception Health Practices

The baseline survey collected information on knowledge of preconception health practices among women of reproductive age. This knowledge includes dietary diversity, adequate caloric intake, prevention of anemia, hygienic menstrual management, choice in timing of first sexual encounter, and delay of first pregnancy. For this indicator, a woman is considered knowledgeable if she identifies all six topics as somewhat important or very important. Table 4.4d shows that 69.6 percent of women of reproductive age are knowledgeable of all six topics (*Njira* Project, 73.4 percent; *UBALE* Project, 68.1 percent). Knowledge of key preconception topics is lowest among women 15-19 years of age in both project areas, with a gradual increase in knowledge to 44 years of age, when the knowledge level declines among women 45-49 years of age.

⁴² These methods are based on data collected for the Demographic and Health Surveys. Definitions of these methods are listed in the Food for Peace Interviewer’s Manual.

Table 4.4d. Project-specific indicators - Knowledge of pre-conception health practices
Project-specific women's indicators by project and age [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Proportion of women of reproductive age with knowledge of key pre-conception health practices ¹	69.6	73.4	68.1
Age 15-19	62.2	62.6	62.0
Age 20-24	69.3	76.1	66.6
Age 25-29	72.6	78.0	70.3
Age 30-34	71.6	75.9	69.9
Age 35-39	73.1	74.5	72.6
Age 40-44	74.7	78.6	73.0
Age 45-49	70.6	75.3	68.7
Number of responding women	4,425	2,265	2,160

¹ This includes the following: dietary diversity; adequate caloric intake; prevention of anemia; hygienic menstrual management; choice in timing of first sexual encounter; delay of first pregnancy.

Data from the qualitative study indicate some variance in the source of knowledge about contraceptive use. Overall, most male and female participants had a knowledge of the types of contraceptives and their use for family planning. Some participants, however, had some misconceptions. Female participants in Balaka said they heard pills are not good and that contraceptives cause diseases. A male participant in Balaka reported, “My wife uses contraceptives to help her body be energetic and in good health.” Participants said their sources of knowledge were radio, health clinics, friends, and community members.

A male participant in Machinga indicated he and his wife receive family planning counseling information from the radio. He said, “On the radio they say it’s important to do child spacing because you allow your wife to also take care of herself and live healthily other than having a lot of kids, which is very demanding.” Other knowledge sources reported include health information found in clinics and counseling from friends.

Female participants from Chikwawa reported they receive information through access to maternity programs offered by organizations such as PSI, which provides information on contraceptives for local men and women. Focus group participants from Nsanje said they gained contraceptive knowledge by observing large families. For example, one female participant said, “We get good examples from families around us. Those with bigger families, let’s say about 12 children, they find it difficult to feed them than those with a smaller family of children 3 to 5. Those with a smaller number of children can feed their family for weeks with a bucket of maize, longer than those with a bigger family.”

4.5 Children’s Health and Nutrition Indicators

A. Children’s Nutritional Status

Child undernourishment can lead to serious short- and long-term consequences, such as increased susceptibility to disease and infection, impaired cognitive development, and a higher risk for mortality. Children who are stunted (height-for-age), underweight (weight-for-age), or wasted (weight-for-height), are considered undernourished. Nutritional status can be evaluated through anthropometric indicators for children under five years of age. Height or length and weight measurements are taken using standardized procedures, and then compared with the 2006 WHO child growth standards, which are based on an international sample of ethnically, culturally, and genetically diverse healthy children living

under optimum conditions that are conducive to achievement of a child's full genetic growth potential.⁴³ 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 similar growth patterns before puberty.

Weight-for-age (or underweight) takes into account both chronic and acute malnutrition and is often used to monitor nutritional status longitudinally. Children who are below minus two standard deviations (SDs) from the median of the WHO child growth standards population for weight-for-age are considered underweight. The prevalence of underweight among children under five years of age is a strong indicator of undernourishment and food insecurity.

The height-for-age index provides an indicator of linear growth retardation (stunting) among children. Children who are below minus two SDs from the median of the WHO child growth standards population for 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 the effect of 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.

Weight-for height (wasting) is a robust predictor of under-five mortality and often is a consequence of acute and dire food shortage or disease. Children who are below minus two SDs from the median of the WHO child growth standards population for weight-for-height are considered wasted.⁴⁴

Overall in the project areas, age, height or length, and weight measurements were obtained for 3,750 children under five years of age (*Njira* Project area, 2,125 children; *UBALE* Project area, 1,624 children). Table 4.5a summarizes survey results for these anthropometric indicators. These results are similar to 2015-2016 DHS results for the Southern Region of Malawi, which show 11.7 percent of children under five years of age are underweight, 37.1 percent are stunted, and 2.7 percent are wasted.⁴⁵

Overall in both project areas, boys are more likely to be stunted than girls ($p < .01$) while gender differences in wasting and underweight are not statistically significant. Stunting in the *Njira* Project is about 5 percentage points higher among boys than girls ($p < 0.05$); stunting in the *UBALE* Project is about 8 percentage points higher among boys than girls ($p < 0.001$). The results of the qualitative analysis suggest that households tend to feed boys and girls the same amount of food, and in some instances might give boys more to eat, based on the assumption that they have larger appetites. Although some boys may receive more food, these foods may not necessarily be more nutritious.

Rates of stunting, underweight, and wasting by six-month age groups are shown in Figure 4.5a. The age trends observed in the baseline data are similar to those found in the Malawi DHS 2015–2016. Age differences in the prevalence of stunting are statistically significant ($p < 0.001$): the prevalence of stunting increases as the age of the child increases, with the highest prevalence in children 36-41 months of age (48.8 percent). The rate of stunting gradually decreases with age and levels off at 48-53 months of age. Although the prevalence of underweight has several spikes, rates for underweight do not differ statistically by age. Although the rates of wasting appear steady, the prevalence of wasting is highest among the youngest and oldest age groups, and these differences are statistically significant ($p < 0.001$). Results are similar for both project areas (see Annex 9, Table A9.9).

⁴³ World Health Organization 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: WHO.

⁴⁴ http://www.unicef.org/progressforchildren/2007n6/index_41505.htm.

⁴⁵ National Statistical Office (NSO) [Malawi] and ICF International. 2016. Malawi Demographic and Health Survey 2015–2016: Key Indicators Report. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF International.

Table 4.5a. Food for Peace Indicators - Children's Nutritional Status

Child-level FFP indicators by project and sex [Malawi, 2015]

	Overall	Njira	UBALE
Prevalence of underweight children under 5 years of age ¹	11.7	11.1	12.0
Male	12.6	11.9	12.9
Female	10.9	10.4	11.2
Prevalence of stunted children under 5 years of age ²	37.8	37.9	37.7
Male	41.5	40.7	41.8
Female	34.2	35.5	33.4
Prevalence of wasted children under 5 years of age ³	1.8	1.6	2.0
Male	1.9	2.0	1.9
Female	1.8	1.2	2.1
Number of children under 5 years of age with valid measurements	3,750	2,125	1,624
Male	1,785	979	806
Female	1,964	1,146	818

*p<0.5, ** p<0.01, *** p<0.001

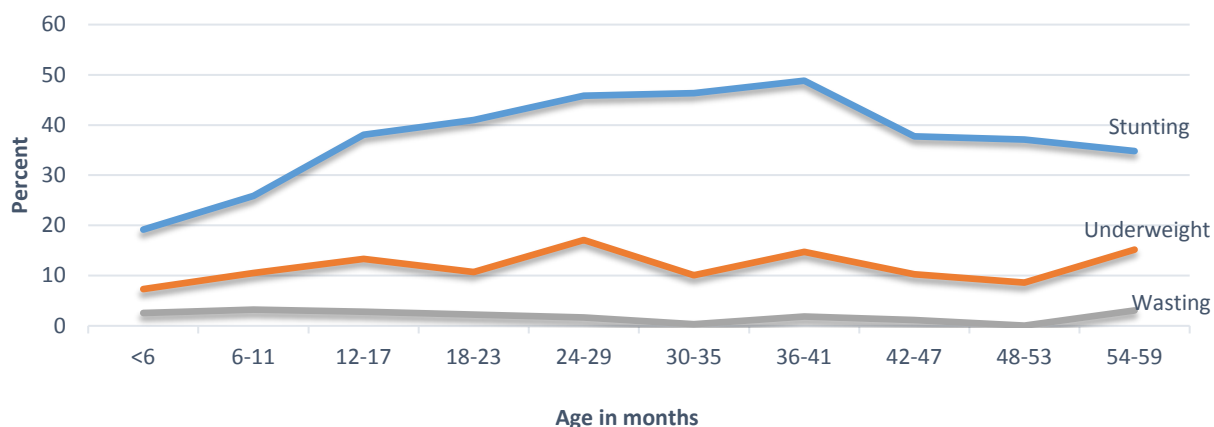
NOTE: For all measures, children must have valid height AND weight measurements to be included. Children with biologically implausible measurements according to WHO criteria are excluded from the calculations.

¹ Percentage of children whose weight-for-age is below two standard deviations (-2 SD) from the median of the WHO 2006 reference population.

² Percentage of children whose height-for-age is below two standard deviations (-2 SD) from the median of the WHO 2006 reference population.

³ Percentage of children whose weight-for-height is below two standard deviations (-2 SD) from the median of the WHO 2006 reference population. This is not a required FFP indicator.

Figure 4.5a. Prevalence of undernutrition among children under five years of age in the combined project areas by age in months.



Data from the qualitative study indicate an understanding of the relationship between nutrition and the weight and height of a child. Many participants reported taking children to under-five clinics to have them weighed. As a female participant in a focus group discussion in Balaka explained, “When you measure the child’s body weight on the scale, they tell you that your child is not growing well, his or her body weight has decreased or not.” Participants in the qualitative study indicated that it is generally the mother who takes the child to the clinic to be weighed. A male participant in a focus group in Nsanje noted that although most men do not go, “sometimes we check the hospital card of the baby to see how he or she is doing by checking changes in weight. It’s the wife who knows much about your child.”

Participants reported being given different advice, depending on the metrics of the child being weighed. A male participant in a household-level interview in Machinga summarized what is to be done if the child's weight is assessed as low: "We know that if the child's weight drops, then there is a problem. Hence, if we also receive the same advice, we just follow suit." A female participant in an interview in Chikwawa explained that if the weight is registered as low, "We have to give him or her more foods, feeding him or her frequently," and when the weight is high, "It means he or she is eating well." Several participants reported agreeing with the assessment of the person doing the weighing, simply because that is what they are supposed to do. For example, a female participant in a focus group in Chikwawa explained that, "I agreed because there's nothing I can disagree to when doctors say properly." A male health surveillance assistant in an interview in Chikwawa explained what healthcare workers tell parents when they come to have their child weighed.

Health Surveillance Assistant in Chikwawa:

We tell them according to the health monitor, their child is supposed to eat a variety of food and things that are not too expensive. We tell them to buy maize, fish, and beans. On top of that, we encourage them to feed the children. We don't say expensive stuff because when we do that, they cannot manage that.

Participants noted that although they agree with the assessment and advice they receive when their children are weighed, they cannot always follow through with increasing their child's food intake. A female participant in Blantyre Rural explained this.

Female participant in Blantyre Rural:

Interviewer: Did you go to under-five clinic?

Participant: Yes, I do go with her.

Interviewer: How she is growing? What did they say?

Participant: Each time we go, she weighs 10.4 kg. They asked me if she eats adequately and advised me to give her six groups of foods.

Interviewer: Did you follow on this advice?

Participant: I don't follow because on those six groups of foods, there are other foods which I cannot manage.

A female participant in Nsanje noted that, depending on the child's weight, the child may be eligible to receive food supplementation.

Female Participant in Nsanje:

When they see that the child's weight has reduced, they tell you the child's weight has decreased and that we should visit again someday to receive *chiponde* [a peanut butter-based therapeutic food] for the child to be fed on. When weight changes after feeding *chiponde*, they stop providing you with it.

Overall, participants in the qualitative study had an understanding of the relationship between adequate nutrition and the growth of their children. They understand the need to give children food from multiple food groups and supplement their diet if they are not growing adequately. Limited finances and access, however, are the primary reasons parents were unable to follow recommendations.

B. Diarrhea and Oral Rehydration Therapy

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with ORT. Exposure to diarrhea-causing agents is frequently related to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. Caregivers were asked whether any children under five years of age had diarrhea at any time during the two-week period preceding the survey. If the child had diarrhea, the caregiver was asked about feeding practices during the diarrheal episode, whether they sought advice or treatment, and whether ORT was given to the child. Types of ORT included oral rehydration solution (ORS) or a homemade sugar-salt-water solution. Caregivers were also asked whether blood appeared in the child's stools. Diarrhea with blood in the stools indicates other more serious conditions, such as dysentery, which may require treatment in addition to ORT.

Table 4.5b shows 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 who were treated with ORT. Overall in the combined project areas, 21.7 percent of children under five years of age had diarrhea in the two weeks preceding the survey (*Njira* Project, 27.2 percent; *UBALE* Project, 19 percent) and 68.9 percent were treated with ORT (*Njira* Project, 68.6 percent; *UBALE* Project, 69.2 percent). There were no statistically significant gender differences for the prevalence of diarrhea or ORT. Of the children with diarrhea, 14.4 percent had blood in their stools.

Poor WASH practices are associated with increased morbidity and mortality, particularly for diarrheal diseases. Tests of statistical significance between the prevalence of diarrhea and WASH indicators show that in the *UBALE* Project area, children in households with an improved drinking water source had a significantly lower prevalence of diarrhea than those in households that do not use an improved drinking water source (see Annex 9, Table A9.10). Test results were inconclusive for other WASH indicators.

	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of children under age 5 who had diarrhea in the prior two weeks	21.7	27.2	19.0
Male	22.7	28.8	20.1
Female	20.6	25.9	17.9
Number of children under age 5	3,848	2153	1,695
Male	1,859	1010	849
Female	1,989	1143	846
Percent of children under age 5 with diarrhea treated with ORT ¹	68.9	68.6	69.2
Male	66.1	67.7	65.1
Female	72.0	69.5	73.9
Number of children under age 5 with diarrhea	903	580	323
Male	458	289	169
Female	445	291	154

¹ Includes oral rehydration salts (ORS) or home-made sugar-salt water solution.

In general, participants from the qualitative study were aware of diarrhea causes, prevention, and treatment. Among participants in the qualitative study, the most common causes of diarrhea include exposure to untreated water, poor handwashing behavior, and poor hygiene overall. Other perceived

causes of diarrhea mentioned to a lesser degree included eating uncovered or dirty food, eating with dirty utensils, being exposed to house flies, having malaria, having an uncovered latrine or no toilet facility, being over-exposed to dirt, sharing food, using unclean water, and teething in young children. Participants also indicated that occurrences of diarrhea are often seasonal, occurring either during the rainy season or the mango season. Some participants said they are aware of what diarrhea is, but they were unable to identify its causes. Participants mentioned diarrhea prevention strategies, such as maintaining cleanliness during breastfeeding, eating well-cooked or washed food, practicing food hygiene and sanitation, handwashing before cooking and breastfeeding, using toilets for defecation, and washing after using the toilet or changing diapers. Some participants, however, said they do not always adhere to the prevention strategies due to inconvenience surrounding the implementation of that practice; for example, waiting for boiled water to cool down or having to find a water source to wash fruit prior to eating. Participants had varying degrees of knowledge of treatment options for diarrhea. Many participants mentioned receiving ORS, or *thanzi*, as a treatment. Most participants said they received recommendations, prescriptions, or treatment from a clinic, doctor, or hospital. Other treatments mentioned included local herbal remedies and an antacid, *Tumbocid*.

C. Minimum Acceptable Diet

Adequate nutrition from birth to two years of age is critical for a child's optimal growth, health, and development. This period is marked for growth faltering, micronutrient deficiencies, and common childhood illnesses, such as diarrhea and acute respiratory infection. Adequate nutrition requires a minimum dietary diversity and a minimum feeding frequency including the consumption of other types of milk or milk products apart from breast milk for non-breastfed children. All three dimensions are aggregated in the Minimum Acceptable Diet (MAD) indicator. The MAD indicator measures the minimum feeding frequency and minimum dietary diversity, as appropriate for: (1) breastfed children 6-8 months, (2) breastfed children 9-23 months, and (3) non-breastfed children 6-23 months. A child is considered to receive a MAD if he/she meets minimum feeding frequency⁴⁶ and minimum dietary diversity⁴⁷ for his/her age group and breastfeeding status.

As shown in Table 4.5c, only 14 percent of children 6-23 months of age in the combined project areas receive a MAD (*Njira* Project, 10 percent; *UBALE* Project, 15.8 percent), which is considered a low baseline. Figure 4.5b illustrates the low proportion overall in both project areas of children by age group and breastfeeding status with consumption of four or more food groups for a MAD: 14.7 percent for breastfed children 6-8 months of age, 32.7 percent for breastfed children 9-23 months of age, and 21.7 percent for non-breastfed children 6-23 months of age (see Annex 9, Table A9.11). The percentage of children that meet the minimum meal frequency requirements is dramatically higher for breastfed children 6-8 months of age (67.9 percent) and breastfed children 9-23 months of age (36.2 percent), compared to non-breastfed children 6-23 months of age (1.3 percent). Because thresholds for minimum feeding frequency are lower for breastfed children, achieving the minimum feeding frequency threshold may be easier for breastfed children than for non-breastfed children, particularly if resources are limited and household food is scarce. The food groups consumed follow similar patterns among all three groups of children and indicate that nutrient-rich foods, such as vitamin A-rich fruits and vegetables and other fruits and vegetables, are commonly eaten, but eggs, dairy, and animal-based protein foods are less

⁴⁶ Minimum meal frequency for breastfed children is defined as two or more feedings of solid, semi-solid, or soft food for children 6-8 months and three or more feedings of solid, semi-solid, or soft food for children 9-23 months of age. Minimum meal frequency for non-breastfed children is defined as four or more feedings of solid, semi-solid or soft food, or milk feeds for children 6-23 months of age, with at least two of these feedings being milk feeds.

⁴⁷ Minimum dietary diversity for breastfed children 6-23 months of age is defined as four or more food groups out of seven food groups. Minimum dietary diversity for non-breastfed children is defined as four or more food groups out of six food groups.

common. Note that these results are based on small sample sizes and may not be reliable for establishing differences among groups.

As shown in Table 4.5c, the percentage of children 6-23 months of age that consume targeted nutrient-rich value chain commodities is low in both project areas (*Njira* Project, 10.2 percent; *UBALE* Project, 8.7 percent). Similar to women of reproductive age, most children 6-23 months consume foods made with OFSP (8.0 percent) with few consuming foods made with biofortified beans (1.2 percent).

Table 4.5c. Food for Peace Indicators - Minimum Acceptable Diet (MAD)

Child-level FFP indicators by project and sex [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Prevalence of children 6-23 months receiving a minimum acceptable diet ¹	14.0	10.0	15.8
Male	12.1	8.4	13.8
Female	16.1	11.8	18.1
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities	9.2	10.2	8.7
Male	9.9	9.8	10.0
Female	8.3	10.7	7.2
Foods made with orange flesh sweet potatoes (OFSP)	8.0	10.1	7
Male	8.3	9.8	7.6
Female	7.6	10.4	6.3
Foods made with biofortified beans (NUA)	1.2	0.3	1.7
Male	1.6	0.0	2.4
Female	0.8	0.6	0.9
Number of children 6-23 months	1,141	634	507
Male	594	330	264
Female	547	304	243

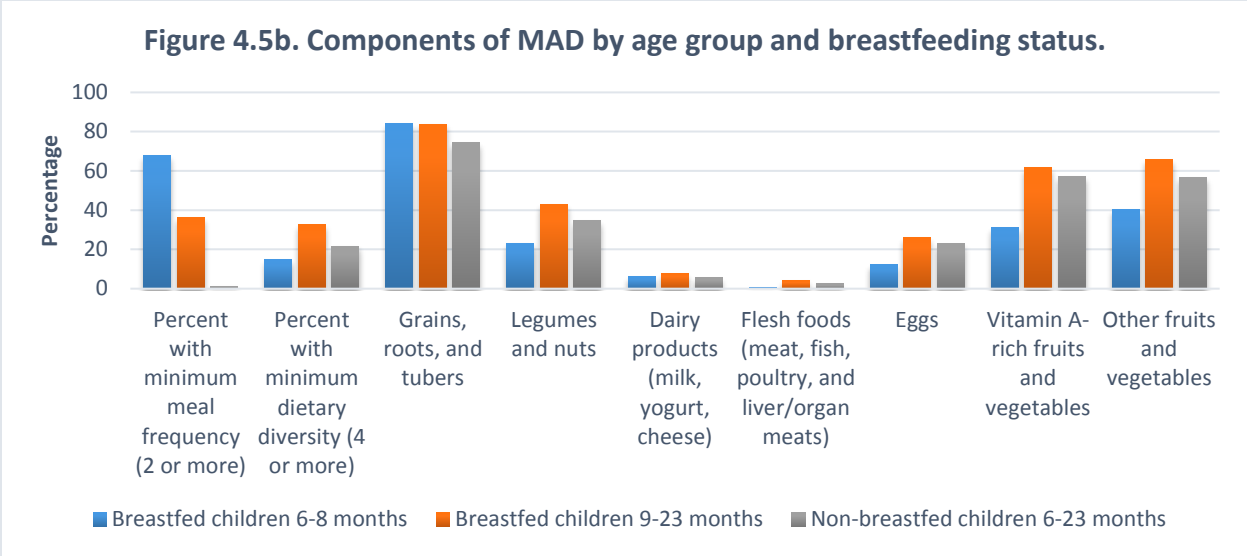
¹A child must meet the minimum feeding frequency and minimum dietary diversity requirements for his or her age group and breastfeeding status to be considered as receiving a MAD.

Minimum meal frequency for breastfed children is defined as two or more feedings of solid, semi-solid, or soft food for children 6–8 months and three or more feedings of solid, semi-solid, or soft food for children 9–23 months.

Minimum meal frequency for non-breastfed children is defined as four or more feedings of solid, semi-solid, soft food, or milk feeds for children 6–23 months, with at least two of these feedings being milk feeds.

Minimum dietary diversity for breastfed children 6–23 months is defined as four or more food groups out of seven food groups.

Minimum dietary diversity for non-breastfed children is defined as four or more food groups out of six food groups.



Data from the qualitative study indicate that children eat two to three times a day, depending on their age. When they first begin to eat solid foods, they receive food only once or twice a day. Participants said they give small babies anywhere from one to four teaspoons of porridge at a meal, and older children receive up to six full tablespoons of porridge. Participants said that as children age, they begin to eat solid foods more frequently until their eating schedule closely matches that of the rest of the family, when they eat in the morning, afternoon, and evening. A female participant in Balaka said, “When he reached six months, I was giving him porridge, two handfuls. That was enough... When he just started, I was giving him twice a day, but now he eats thrice a day.” Data from the qualitative study indicate that if a child is not eating solid foods frequently, it may be because the family lacks access to food. This may partially explain why meal frequency is lower among non-breastfed children, compared to breastfed children, because the meal frequency for non-breastfed children depends on the ability of a household to find and afford food or substitutes to breast milk. A female participant in Balaka offered the following explanation.

Female Participant in Balaka:
 The time a child is not being given enough food is when we are having problems finding food. You are supposed to get busy and run up and down for the child to eat. It’s not good for the sun to rise and set without the child eating. That means things are not going on well. Sometimes you go to your mother to ask for maize flour to cook porridge, and if they are loving, they share with you.

Overall, participants in all districts most commonly mentioned porridge mixed with crushed groundnuts or groundnut flour as the food given to children. The porridge can be made from sugar and flour—either maize or soya—bought from the market or given at the hospital. Some participants mentioned mixing the porridge with ground fish material or crushed groundnuts. A female participant in Chikwawa said, “Soya porridge is very important so that the child grows well nourished.” A female participant in Chikwawa added, “When we are giving them a porridge, we should add different things. We should not give them plain porridge, but mostly we should be putting something in.” Frequently children eat what the rest of the family is eating. A male participant in a focus group in Nsanje gave the following example.

Male Participant in Nsanje:

It's not common that families will buy food special for the baby. Most of them time, they feed them with what they eat. For instance, when they are preparing *nsima*, they will just take a share of porridge from the pot, put sugar in it, and feed the child. Unless your financial hub are really strong, otherwise most children grow eating what we eat.

Participants named some of the following foods as being important for children or foods that are frequently fed to them: beans, ideally with oil if the family can afford it; eggs; fish; fruits that vary seasonally, such as bananas, mangoes and paw paws; maize porridge; meat, primarily chicken if the family can afford it; *nsima*; soya flour; soya porridge; and vegetables. Less frequently mentioned foods were biscuits, *sangowa*, a sweet beer called *nthombwa*, tea, and yogurt.

Data from the qualitative study indicates that participants have a good knowledge of the foods children need, but that funds to buy them are limited. For example, a male participant in Machinga said milk is a nutrient-rich food, but he added, "It is not affordable to us." Participants indicated that a lack of money is one of the major factors that prevents them from feeding their children a more varied diet, more frequently, or in larger quantities. Several participants said that to provide adequate nutrition for their children, they feed them more frequently than they eat themselves. For example, a male participant in Machinga said, "Because of a lack of food, we just decided we should eat twice and only the children should eat in the morning." A female participant in a focus group in Blantyre Rural said, "We try hard to make sure that they eat, even if we adults don't eat." Although parents do usually sacrifice so that their children can eat more, participants described feelings of hopelessness when they are unable to provide for their children.

Most participants in the qualitative study said male and female children should be fed equally, although the survey data indicate that female children are slightly more likely to receive a MAD, compared to male children. A female participant in a Balaka focus group of mothers of children 0-59 months of age explained that male and female children should be fed the same way "because what the male child needs is the same with what the female child wants." A male participant in Balaka said that "the amount has to always be the same, unless when they are of different ages."

D. Breastfeeding

Breastfeeding is an important factor in predicting the future health of children. Research indicates a strong link between breastfeeding and the development of a child's immune system. Breastfeeding can protect against disease, such as diarrhea, and respiratory infections, such as pneumonia, thereby lowering the chances of infant mortality and morbidity.^{48,49,50} Breastfeeding has also been linked to child cognitive development,⁵¹ and longer durations of breastfeeding have been associated with reduced risk of obesity in later life.⁵²

⁴⁸ Debes, Amanda K, Anjalee Kohli, Neff Walker, Karen Edmond, and Luke C Mullany. 2013. "Time to initiation of breastfeeding and neonatal mortality and morbidity: a systematic review." *BMC public health* 13(3):1-14.

⁴⁹ Khan, Jehangir, Linda Vesel, Rajiv Bahl, and José Carlos Martines. 2015. "Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis." *Maternal and Child Health Journal* 19(3):468-79.

⁵⁰ Lamberti, Laura M, Christa L Fischer Walker, Adi Noiman, Cesar Victora, and Robert E Black. 2011. "Breastfeeding and the risk for diarrhea morbidity and mortality." *BMC public health* 11(3):1-12.

⁵¹ Kramer, M. S., F. Aboud, E. Mironova, and et al. 2008. "Breastfeeding and child cognitive development: New evidence from a large randomized trial." *Archives of General Psychiatry* 65(5):578-84.

⁵² Harder, Thomas, Renate Bergmann, Gerd Kallschnigg, and Andreas Plagemann. 2005. "Duration of Breastfeeding and Risk of Overweight: A Meta-Analysis." *American journal of epidemiology* 162(5):397-403.

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 or semisolid complementary food, in addition to continued breastfeeding, beginning when the child is six months of age and continuing to two years of age and beyond. Introducing breast milk substitutes to infants before six months of age can contribute to limiting breastfeeding, which has negative implications for a child’s health and development. Substitutes, such as formula and other kinds of milk and porridge, are often watered down, easily contaminated during preparation, and provide insufficient calories. The lack of appropriate complementary feeding may lead to malnutrition, frequent illnesses, and possibly death.

Table 4.5d shows the results of the household survey for the prevalence of exclusive breastfeeding in the last 24 hours. Breastfeeding in the past 24 hours serves as a proxy for long-term breastfeeding behavior, which is difficult to measure due to recall issues. In the combined project areas, approximately 70 percent of children under six months of age are exclusively breastfed (*Njira* Project, 66 percent; *UBALE* Project, 70.8 percent). The relatively high prevalence of exclusive breastfeeding among children under six months of age (69.5 percent in the combined project areas) contrasts starkly with the low percentage of children 6-23 months of age who receive a MAD (14 percent in the combined project areas). While these indicators are based on two different age groups, the difference between the two may be a reflection of household resources rather than awareness of the importance of diverse and nutritious diets. The results of the qualitative study indicate that low MAD rates may result from the inability of a household to afford more diverse and nutritious foods, rather than a lack of knowledge of the importance of dietary diversity.

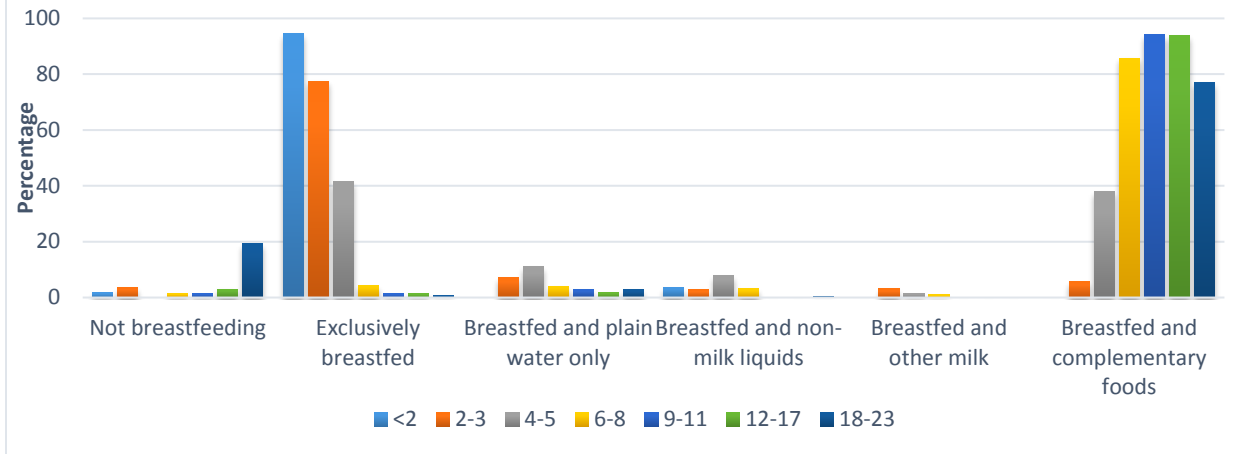
Figure 4.5c illustrates the results for breastfeeding by age group in the combined project areas. Exclusive breastfeeding is pervasive, particularly in younger age groups, and is highest among infants under two months of age (94.8 percent). Breastfeeding with complimentary foods begins in the 4-5 month age range and increases thereafter. About 20 percent of children 18-23 months of age are no longer breastfed. Annex 9, Table A9.12 lists results for breastfeeding practices by age group in both project areas.

Table 4.5d. Food for Peace Indicators - Exclusive Breastfeeding
Child-level FFP indicators by project and sex [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Prevalence of exclusive breastfeeding of children under 6 months of age ¹	69.5	66.0	70.8
Male	70.6	59.8	74.0
Female	68.5	70.0	67.8
Number of children under 6 months of age	349	182	167
Male	151	69	82
Female	198	113	85

¹ Percent of children exclusively breastfed in the last 24 hours. Breastfeeding in the past 24 hours serves as a proxy for long-term breastfeeding behavior, which is difficult to measure due to recall issues.

Figure 4.5c. Breastfeeding status for children ages 0-23 months by age in months.



Participants in the qualitative study appeared to be well aware that women are encouraged to breastfeed, and to do so exclusively for six months. When asked why it is important for a woman to breastfeed, by far the most common reason given by participants was “so that the child can grow healthy.” Some participants explained that breastfeeding the baby helps the child to be well nourished, grow well, and have a nice appearance. Participants in the qualitative study agreed that both male and female children should be breastfed equally. A female participant in Nsanje explained that this is “because they are supposed to be loved the same way.” Several participants, however, said they believe male children eat more. A female participant in Blantyre Rural explained, “They should be breastfed in the same manner, though a male child sucks a lot more than a female child.”

Most female study participants said they managed to breastfeed exclusively for six months, although a few admitted to giving children complementary foods earlier than six months of age. Many women acknowledged that some women do not manage to breastfeed exclusively. When asked what challenges women face when breastfeeding their children or why some women do not do it, many participants said they could not think of anything. Other participants, however, gave insight on the difficulties. The most common reason participants gave was the lack of maternal nutrition. A female participant in Balaka said, “It doesn’t work to breastfeed when you are eating inadequately.” Another participant in Machinga said, “We don’t have enough food, and we are unable to breastfeed.” Other common reasons participants gave for not breastfeeding or not breastfeeding exclusively were a lack of milk in the breast or a perceived inadequacy to satisfy the baby.

Participants said when milk is lacking or perceived as inadequate, mothers turn to complementary foods to satisfy the baby. The most commonly mentioned were porridge and *nsima*. Other foods mentioned include diluted glucose, purchased milk, *thobwa*, water, and yogurt. Participants explained that for some women, their milk does not come in immediately. Several participants said that complementary foods are given before six months of age when children cry continuously, which leads parents to believe the child is in need of more food. A female focus group participant in Balaka said, “Some children just cry, so the parents think that maybe they want porridge, they are not getting full with the milk. So it happens that when the child is given porridge, he drinks.”

Participants also mentioned scheduling as a reason some women do not breastfeed exclusively. Scheduling conflicts can result from household demands or outside work. A female participant in Nsanje described how this can happen.

Female Participant in Nsanje:

They do not manage to breastfeed the child exclusively because when a person is busy with working, whether in the farm field or elsewhere working, to carry the baby it will make you busy... There are sometimes that you are working, whether it's cleaning plates or washing clothes, so you sometimes stay at home. You can pick the child up that he or she should breastfeed exclusively, and another day it may happen that you are busy.

4.6 Gender

Gender equality and female empowerment are core development objectives, fundamental for the realization of human rights and key to effective and sustainable development outcomes. Although many gender gaps have narrowed over the past two decades, substantial inequalities remain across all sectors in which USAID works, particularly in low-income and conflict-affected countries and among disadvantaged groups. To evaluate gender equality in FFP project areas, FFP developed two sets of cross-cutting gender indicators on self-earned cash and maternal and child health knowledge and practices. The following sections describe these indicators.

A. Self-earned Cash Decision-making

Many FFP development food assistance projects promote men and women's access to income-generating opportunities and activities to earn cash. Measuring the extent to which men and women earn cash is an important gender indicator because cash can provide a relatively rapid pathway to women's empowerment and gender equality. As women gain access to more income, their household financial contribution increases, potentially resulting in increased household decision-making authority.

In some places, such as parts of West and East Africa, if women are permitted to earn cash, they usually have control over how to spend it. In various country contexts, women's control over earned income or household spending is associated with expenditure and consumption patterns that tend to favor children, such as increased spending on health care, child care, and children's clothing and education.^{53,54,55,56,57,58,59,60} In other contexts, women may be permitted to earn cash, but then they do not have control over spending. These cases indicate that promoting women's control over income is one pathway for empowering them. Several individual-level household and community-wide factors can contribute to the low levels of women's participation in cash-earning opportunities, such as the availability of suitable opportunities, household roles and responsibilities, and gender norms.

⁵³ Blumberg, Rae Lesser. 1988. "Income Under Female Versus Male Control: Hypotheses from a Theory of Gender Stratification and Data from the Third World." *Journal of Family Issues* 9(1):51-84.

⁵⁴ Doss, Cheryl. 2013. "Intrahousehold Bargaining and Resource Allocation in Developing Countries." *The World Bank Research Observer* 28(1):52-78.

⁵⁵ Engle, Patrice L. 1993. "Influences of mothers' and fathers' income on children's nutritional status in Guatemala." *Social Science & Medicine* 37(11):1303-12.

⁵⁶ Gitter, Seth R., and Bradford L. Barham. 2008. "Women's Power, Conditional Cash Transfers, and Schooling in Nicaragua." *The World Bank Economic Review* 22(2):271-90.

⁵⁷ Lundberg, Shelly J., Robert A. Pollak, and Terence J. Wales. 1997. "Do Husbands and Wives Pool Their Resources? Evidence from the United Kingdom Child Benefit." *The Journal of Human Resources* 32(3):463-80.

⁵⁸ Phipps, Shelley A., and Peter S. Burton. 1998. "What's Mine is Yours? The Influence of Male and Female Incomes on Patterns of Household Expenditure." *Economica* 65(260):599-613.

⁵⁹ Quisumbing, Agnes R, and John A Maluccio. 2000. *Intrahousehold allocation and gender relations: New empirical evidence from four developing countries*: International Food Policy Research Institute Washington, DC.

⁶⁰ Thomas, Duncan. 1990. "Intra-Household Resource Allocation: An Inferential Approach." *The Journal of Human Resources* 25(4):635-64.

Understanding the determinants of household decision-making in the Malawi context and knowing the factors that influence women’s cash-earning activities can help inform integrated programming to achieve gender equality, empower females, and improve maternal and child health.

The FFP indicators on self-earned cash and decision-making focus on access to cash, not on other productive assets. Because women are more likely to perform unpaid work or work for in-kind payment, this indicator may understate the extent of women’s work in the project areas. Table 4.6a shows that 56.4 percent of men and women over 15 years of age engage in paid work (*Njira* Project, 65.6 percent; *UBALE* project, 53.1 percent). Among men, 64 percent earned cash, compared to 49.6 percent of women.

In the *Njira* Project area, about 35.7 percent of men and 35.5 percent of women make decisions jointly on the use of self-earned cash. In the *UBALE* Project area, 32.2 percent of women make decisions jointly, compared to 26.7 percent of men. In both project areas, cash-earning men are more than twice as likely to report deciding alone on how to spend cash, compared to cash-earning women, indicating that many cash-earning women are likely to have little control over how self-earned cash is spent. Further analyses are needed to identify factors such as age, education, length of marriage, age difference with spouse, number of children, etc. that are associated with cash decision-making in these households.

	Overall	<i>Njira</i>	<i>UBALE</i>
Percentage of men and women who earned cash in the past 12 months ¹	56.4	65.5	53.1
Men	64.0	67.9	62.7
Women	49.6	63.6	44.1
Number of men and women (age 15 or older) in the project area	11,255	5,531	5,724
Men	5,258	2,495	2,763
Women	5,997	3,036	2,961
Percentage of men/women in union and earning cash who make decisions alone about the use of self-earned cash			
Men	60.2	51.7	63.2
Women	25.4	26.8	24.6
Percentage of men/women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash			
Men	29.0	35.5	26.7
Women	33.4	35.7	32.2
Number of men/women in union and earning cash in the past 12 months			
Men	2,615	1,272	1,343
Women	1,882	1,099	783

¹ Includes all household members who are 15 years or older, have worked in the past 12 months and were usually paid in cash for this work during the 12-month period

Findings from the qualitative study highlight that multiple factors influence decision-making and that the dynamics around it are complex. Participants in the qualitative study discussed opportunities for men and women to earn cash, but some said that opportunities for married women are limited. Participants said that earning income should be the primary responsibility of men, and that married women should not participate in certain jobs, such as working in the markets. Although both men and women earn cash, as indicated by the survey results, men tend to make more decisions about cash alone.

Men in Focus Group Discussion in Nsanje:

Participant 6: In my family, as a head of the family, I take the first role on deciding how the money should be spent. I decide how much should be allocated for food, buying timber for my job, and how much for my children.

Participant 8: I am in agreement with [participant 6]. I decide on how the money should be spent. For instance, when I get Mk 10,000.00, I decide on whether I should buy a bag of maize, spend some money on soap, toothbrush, Colgate, and some other necessities.

Some of the participants in the qualitative study said that although women may be involved in the discussion about a particular decision, the final decision is up to the man. They indicated that men are viewed as the head of the household, and thus, they have the responsibility for making the final decision.

B. Maternal and Child Health and Nutrition Decision-making

FFP development food assistance projects provide education and training to improve knowledge and skills on specific behaviors and practices, such as maternal and child health and nutrition (MCHN). The four MCHN practices of focus are (1) making at least four antenatal visits during pregnancy, (2) eating more during pregnancy, (3) initiating breastfeeding early, and (4) introducing complementary foods at six months of age. The practices in these focus areas are not intended to be comprehensive, but instead they represent a selection of practices that are relevant to the 1,000-day window from pregnancy to a child's second birthday.

Women tend to be the main recipients of social and behavior change messages on health. Ensuring that a project promotes equity between men and women in accessing resources, such as MCHN information, knowledge, and skills, is an important step in gender integration. Men can support their partners by creating an enabling environment for adopting new practices.

Overall in the project areas, the majority (82.3 percent) of mothers and fathers of children under two years of age have knowledge of MCHN topics; that is, they can correctly answer three of four questions on core MCHN practices (see Table 4.6b). In both project areas, knowledge of MCHN practices is higher among women than men.

The survey results indicate that mothers and fathers of children under two years of age are more likely to make maternal health and nutrition decisions alone than jointly with a spouse or partner, but fathers are more likely to decide on their own (51.5 percent) than mothers (42.4 percent). About one-fifth of mothers and fathers of children under two years of age make maternal health and nutrition decisions jointly. These results imply that many women do not participate in making decisions over their own health, indicating a priority area of focus in future efforts.

About one third of mothers and fathers of children under two years of age report making child health and nutrition decisions jointly with their spouse or partner. More mothers (38 percent) than fathers (29.2 percent) make child health decisions alone.

For these MCHN decision-making indicators, the expectation is that women should have more responsibility for making health decisions for themselves and their children, thus the desired direction of change for making decisions alone is higher for women and lower for men. For joint decision-making, higher rates are better for both men and women since joint decision-making is encouraged.

Table 4.6b. Food for Peace Indicators - Maternal and Child Health and Nutrition Decision-Making
Gender FFP indicators by project and sex [Malawi, 2015]

	Overall	Njira	UBALE
Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices ¹	82.3	85.7	81.0
Men	74.1	75.5	73.5
Women	88.6	92.6	86.8
Number of men and women with children under two	2,422	1,271	1,151
Men	1,006	507	499
Women	1,416	764	652
Percentage of men/women in union with children under two who make maternal health and nutrition decisions alone			
Men	51.5	45.5	53.8
Women	42.4	39.2	43.7
Percentage of men/women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner			
Men	21.9	26.5	20.1
Women	20.7	24.4	19.2
Percentage of men/women in union with children under two who make child health and nutrition decisions alone			
Men	29.2	19.0	33.0
Women	38.0	35.9	38.9
Percentage of men/women in union with children under two who make child health and nutrition decisions jointly with spouse/partner			
Men	34.8	42.2	32.1
Women	35.9	42.1	33.4
Number of men/women in union with children under two			
Men	996	502	494
Women	1,077	559	518

¹ Correctly answered at least 3 of the 4 MCHN questions

Analysis of the qualitative data highlights the complexity of making decisions jointly and the somewhat contradictory nature of this concept. For example, although participants said that decisions are made jointly, they also said that the final decision tends to be the responsibility of the man.

Female Participant in Machinga:

Interviewer: To what extent are women in your household involved in decision-making, or should I say are women given a chance to make decisions?

Participant: We are not given such chances.

Interviewer: But I thought you said that you make most decisions together with your husband?

Participant: Yes, but most times he makes the decisions and tells me what to do, and as a woman, I only follow.

Interviewer: So women are not given a chance to make decisions?

Participant: Yes.

C. Project-specific Gender Indicators

The household survey collected information on the extent of women's participation in decisions on resources allocation. This indicator evaluates the effect of decision-making on the control of productive

capital, such as the right to sell, give, rent, and buy an agricultural asset. Table 4.6c indicates that most primary adult female decision-makers in the combined project areas (77.5 percent) have some control over how household resources are managed; that is, they decide either alone or jointly with their spouses or partners (*Njira* Project area, 84.4 percent; *UBALE* Project area, 74.8 percent). These are relatively high baselines and stand in stark contrast to the percentage of cash-earning women and men who reported joint decision-making over cash earnings and the percentage of women and men with children under two who reported joint decision-making on MCHN decisions.

The baseline survey also collected information on women’s leadership in the community and support for women’s participation and leadership in community-level activities. The leadership indicator serves as a proxy for women’s potential for leadership and influence in the communities where they live. The results are based on active membership in community groups and comfort with public speaking, how a community supports women’s leadership, and activities such as organizing community meetings where women are invited, scheduling community meetings when women can attend; sensitizing communities on the importance of female participation; participating in selection of executive committees to ensure that women are included; and ensuring discussion of topics important to women.

Table 4.6c shows that half of adult primary female decision makers in both project areas (*Njira* Project, 49.1 percent; *UBALE* Project, 50.1 percent) demonstrate individual leadership and influence in the community. In the combined project areas, about two-thirds of the respondents (70.9 percent men; 68.4 percent women) believe that community leaders support women’s participation and leadership in community-level activities.

<u>Table 4.6c. Project-specific indicators - Gender</u>			
Project-specific gender indicators by project and sex [Malawi, 2015]			
	Overall	<i>Njira</i>	<i>UBALE</i>
Percent of women making decisions regarding household resources (alone/jointly)	77.5	84.4	74.8
Percent of women demonstrating individual leadership and influence in the community	49.9	49.1	50.1
Number of responding women (primary adult female decision-makers)	4,233	2,147	2,086
Percentage of male/female farmers reporting that community leaders support women's participation and leadership role in community-level			
Male farmers	70.9	73.6	67.7
Female farmers	68.4	72.9	70.1
General self-efficacy score ¹			
Male farmers	31.0	32.0	30.6
Female farmers	28.1	29.1	27.7
Number of responding farmers	7,424	3,913	3,511
Men	3,109	1,581	1,528
Women	4,315	2,332	1,983

¹The score is based on responses to 10 self-efficacy items and ranges from 10 to 40 with higher values indicating higher levels of self-efficacy.

The survey also collected information from male and female farmers for a ten item General Self-Efficacy Scale to measure personal agency, or the extent of belief that an individual’s actions are responsible for successful outcomes (see Table 4.6c). This indicator measures optimistic self-beliefs in the ability to cope with various difficult demands in life. The scale ranges from 10 to 40, with lower scores indicating lower levels of self-efficacy. Male farmers scored 31 and female farmers scored 28.1, which indicates that both

men and women believe they are moderately capable of coping with difficult circumstances. Respondents scored items having to do with handling unexpected or unforeseen events lower compared to other items, indicating they have less confidence in their ability to handle these types of circumstances.

Findings from the qualitative study indicate that women's involvement in decision-making is increasing. An agricultural extension worker in Machinga discussed the change that is occurring.

Agricultural Extension Worker in Machinga:

The woman in most of the times just isolates herself. So that the man should be one to make most decisions. It's not a law that was established, but it's just that the woman suffers from inferiority complex, which has been there since the past until now. They are still taking it that the man should be the one on the front. Since there is sensitization now, this is ending. We have a chance that we can still change.

Participants discussed that it is common to see women in leadership positions. They discussed women's increased participation in leadership as an ongoing change, which has increasing community support; however, women still face barriers in taking on leadership positions. A male participant from Machinga explained, "Mostly we men believe that leadership belongs to us, hence at times women in leadership roles are deliberately neglected or not supported so that our fellow men should take over. This is bad practice."

Data from the qualitative study indicate that although women have decision-making capacity, underlying cultural traditions and beliefs are still salient and play a critical role in the execution of decision-making. This point is summarized by a village committee chairman from Nsanje.

Participant from Village Committee in Nsanje:

From cultural backgrounds, a man is supposed to provide everything for its family. A man is supposed to provide even guidance on the money the wife makes after selling sweet potatoes or any other business. When she gets home from the business, the man becomes the in-charge of the money.... So, culturally a man is much respected, which makes women more vulnerable.

D. Abbreviated Women's Empowerment in Agriculture Index

While women play a prominent role in agriculture, they face persistent economic and social constraints. The WEAI was developed to track the change in women's empowerment that occurs as a direct or indirect result of interventions and as a programming tool to identify and address the constraints that limit women's full engagement in the agriculture sector.⁶¹ For more information, the WEAI questionnaires and manual can be found online.⁶²

The WEAI measures empowerment in five domains. The *Production* domain assesses the ability of individuals to provide input and autonomously make decisions about agricultural production. The *Resources* domain reflects individuals' control over and access to productive resources. The *Income* domain monitors individuals' ability to direct the financial resources derived from agricultural production or other sources. The *Leadership* domain reflects individuals' social capital and comfort speaking in public

⁶¹ Alkire, S. Malapit, H., et al. (2013). Alkire, S., Malapit, H., Meinzen-Dick, R., Peterman, A., Quisumbing, A., Seymour, G., & Vaz, A. (2013). *Instructional Guide on the Women's Empowerment in Agriculture Index*. International Food Policy Research Institute (IFPRI). (2013). Retrieved from <http://www.ifpri.org/publication/womens-empowerment-agriculture-index>.

⁶² IFPRI. (2013). <http://feedthefuture.gov/lp/womens-empowerment-agriculture-index>

within their community. The *Time* domain reflects individuals' workload and satisfaction with leisure time. The WEAI aggregates information collected for each of the five domains into a single empowerment index.

The index is composed of two subindices: the Five Domains of Empowerment subindex (5DE), which measures the empowerment of women in the five empowerment domains, and the Gender Parity Index (GPI), which measures the relative empowerment of men and women within the household. The WEAI questionnaire is asked of the primary adult male and female decision maker in each household and compares the 5DE profiles of women and men in the same household.⁶³ The WEAI score is computed as a weighted sum of the 5DE and the GPI.

The baseline survey collected data for the abbreviated WEAI which is only administered to females and allows for calculation of nine of the 10 individual empowerment indicators for primary adult female decision makers.⁶⁴ This section presents findings on these nine indicators.

Table 4.6d presents the percentage of women who achieve adequacy in the nine indicators assessed in the household survey that correspond to the five empowerment domains. Because it was not possible to calculate whether a woman is empowered or not due to incomplete information on the set of 10 indicators that comprises the 5DE, the percentages presented reflect the proportion of all surveyed women with adequacy in individual indicators regardless of their empowerment status (i.e., the uncensored headcount) and not the proportion of surveyed women who are disempowered and achieve adequacy in individual indicators (i.e., the censored headcount).⁶⁵

The majority of women (93 percent) in the project area have achieved adequacy in providing sole or joint decision-making input for agricultural production decisions over food and cash crop farming, livestock, and fisheries. An even higher percentage of women (97 percent) are adequate in their control over use of income from agriculture. Control over productive resources is measured by three indicators: ownership of assets, purchase sale or transfer of assets and access to and decisions on credit. Of these three indicators, women scored lowest in access to and decisions on credit; these findings align with the findings that only about 21 percent of farmers in the project areas accessed financial credit. With regard to the leadership domain, women scored well, with 4 in 5 having membership in social or economic groups and 3 in 5 feeling comfortable speaking in public. For the time domain, about 80 percent of women were adequate in allocating their time between work and domestic tasks and 83 percent were satisfied with the amount of time available for leisure activities. More detailed information with respect to these five domains is provided in Annex 10.

⁶³The respondents of the WEAI questionnaire are the self-identified primary decision makers in the household and, therefore, may not be representative of the entire female and male populations in the surveyed area.

⁶⁴ The abbreviated WEAI was developed to shorten the time to implement the WEAI interviews by roughly 30 percent and to address challenges that had arisen during the baseline surveys of the original WEAI.

⁶⁵ Refer to the *Instructional Guide on the Women's Empowerment in Agriculture Index*, IFPRI, 2013 for a detailed description of calculations for the WEAI and the criteria for determining adequacy in each domain. See Footnote 57.

Table 4.6d. Achievement of adequacy on Women's Empowerment in Agriculture Index indicators*
Project-specific WEAI indicators by domain of empowerment and project [Malawi, 2015]

	Overall	Njira	UBALE
Percent of women 18 years and older achieving adequacy:			
Production Domain¹			
Input in productive decisions	93.3	94.4	92.9
Autonomy in production	n/a	n/a	n/a
Resources Domain²			
Ownership of assets	84.9	88.6	83.3
Purchase, sale or transfer of assets	73.4	79.4	70.9
Access to and decisions on credit	34.9	34.3	35.1
Income Domain³			
Control over use of income	97.2	97.8	96.9
Leadership Domain⁴			
Group member	82.7	75.8	85.6
Speaking in public	61.7	63.6	60.9
Time Domain⁵			
Workload	79.2	81.6	78.2
Leisure	83.2	82.1	83.6
Number of responding women 18 years and older	3,817	1,991	1,826

* The abbreviated WEAI survey does not collect data for men and does not include questions to measure autonomy in production. Due to these omissions, censored headcounts and the 5DE cannot be calculated.

¹Sole or joint decisionmaking over food and cash crop farming, livestock, and fisheries, and autonomy in agricultural production

²Ownership, access to, and decisionmaking power over productive resources such as land, livestock, agricultural equipment, consumer durables, and credit

³Sole or joint control over income and expenditures

⁴Membership in economic or social groups and comfort in speaking in public

⁵Allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities

5. Conclusions and Recommendations

The population-based baseline survey for the FFP development food assistance projects in Malawi collected data from July to September 2015, and the qualitative study data collection took place from November to December 2015. Complete survey data are publicly available in the USAID Development Data Library (DDL).⁶⁶ This final section of the report includes 1) conclusions based on key findings and 2) recommendations for the FFP development food assistance projects in Malawi to consider in relation to the targeting and design of programmatic activities.

5.1 Conclusions

A tabular summary of all indicators collected for the baseline survey for the combined project areas and each project separately is provided in Annex 8.

⁶⁶ The Development Data Library (DDL) is the USAID public repository of Agency-funded, machine-readable data. The DDL is part of the USAID commitment to evidence-based programming and rigorous evaluation, while also supporting the principle of the President's Open Government Initiative. The DDL can be found at www.usaid.gov/data.

Food Security and Poverty

Almost half of all households in the project areas suffer from moderate or severe hunger. If the survey had been conducted during the lean season before the harvest, the prevalence of households with moderate or severe hunger most likely would have been higher. The relatively low HDDS (3.7 out of 12) reflects poor access to diverse foods. These findings, along with the poverty results, which show close to two thirds of individuals live on less than USD \$1.90 per day with an average per capita expenditure of USD \$1.92 per day, indicate that food security in the project areas is in need of improvement. The prevalence of moderate or severe hunger and the prevalence of poverty is highest among female adult-only households. Data from the qualitative study also indicate that households headed by females face additional challenges, such as limited economic opportunities and reliance on unstable income from male partners who are not living at home.

Agriculture and Livestock

A significant proportion of households in the *Njira* and *UBALE* Project areas rely on agriculture as their primary form of livelihood, and agricultural productivity is closely linked to poverty and food security. According to the theory of change for the FFP development food assistance projects, agricultural financial services, value chain activities, the use of sustainable agricultural practices, and improved storage are expected to directly benefit households and lead to increased food security. About one third of farmers use financial services, and about one in five farmers take agricultural credit. Data from the qualitative study indicate that although participants are aware of financial services, their reasons for limited use of these services are a lack of availability in their communities, fear of not being able to repay loans or debts, negative perceptions of financial services, and limited financial resources required to access loans. Participants often cited stories of people in the community that were negatively affected by loans.

Overall in the project areas, the use of sustainable crop practices is relatively high (78.6 percent), but the use of sustainable livestock practices is low (4.1 percent of all farmers and 7.5 percent of farmers who raise livestock). About half of farmers with animals use the services of paravets and 22.5 percent of all farmers use agricultural extension services. Participants in the qualitative study said agricultural extension workers play an important role in the uptake of sustainable agricultural practices and acknowledged the need for training in the appropriate care of their livestock. More than half of the farmers in the combined project areas do not engage in value-chain activities or use improved storage practices.

Health, Nutrition, and WASH

The majority of women of reproductive age in the combined project areas (77 percent) have a normal BMI and more women are overweight or obese (15.2 percent) compared to those underweight (7.7 percent). Only 21.7 percent of women have a minimum dietary diversity, indicating that consumption of diverse nutritious foods is a challenge in the project areas. Women's consumption of targeted nutrient-rich value chain commodities is also low, only 17.6 percent of women consumed foods made with orange-flesh sweet potatoes or biofortified beans. Less than half of women of reproductive age (46.3 percent) received the minimum recommended four antenatal care visits during their last pregnancy and knowledge of preconception health practices was lowest in younger women compared to older women.

The results of the baseline survey for underweight (11.7 percent), stunting (37.7 percent), and wasting (1.8 percent) among children under five years of age are similar to the DHS 2015–2016 results for the Southern Region of Malawi. Although roughly 70 percent of children under six months of age are breastfed, only 14 percent of children 6-23 months of age are receiving a MAD and only 9 percent consume targeted nutrient-rich value-chain commodities. Data from the qualitative study indicate that a low MAD and meal frequency can be attributed mainly to the inability of a household to afford more

diverse and nutritious foods and more frequent feeding, rather than a lack of knowledge of the importance of dietary diversity and meal frequency.

Increased risks of morbidity, particularly for diarrheal disease, and mortality are related to health, nutrition, and WASH practices. On average, 3 out of 5 households use an improved drinking water source but only 9 percent of households practice correct use of water treatment technologies. Handwashing is a basic health practice to prevent diarrhea, but the baseline study results indicate that few households have a handwashing station with soap and water present (6.4 percent). Household access to proper sanitation facilities is also a challenge; 41 percent of households use an improved non-shared sanitation facility, 37 percent use an improved shared sanitation facility, 13 percent use a non-improved sanitation facility, and 9 percent reported practicing open defecation. Data from the qualitative study suggest an understanding of the relationship between poor sanitation and health, and that open defecation is not favorable.

Gender

Gender indicators are cross-cutting and provide insight into gender equality along with livelihoods dynamics; and maternal and child health and nutrition. The salient highlights from the gender indicator estimates include:

- A higher percent of adult men (64 percent) earn cash than adult women (49.6 percent)
- On average, 4 out of 5 fathers and mothers of children under two years of age have knowledge of at least three of four core MCHN practices.
- For those women and men married or living in a union, more men make decisions about self-earned cash alone and about their partner's health alone compared to women; but more women make decisions about their child's health alone compared to men.
- A comparable percent of men and women who are married or in a union make decisions about cash jointly (29 percent of men and 33.4 percent of women), about maternal health jointly (21.9 percent of men and 20.7 percent of women) and about the health of their children under two years of age jointly (34.8 percent of men and 35.9 percent of women).
- On average, 3 of 4 female primary decision-makers 18 and older make decisions alone or jointly about productive capital and half of female primary decision-makers demonstrate individual leadership and influence in the community.
- About two-thirds of respondents (70.9 percent men; 68.4 percent women) believe that community leaders support women's participation and leadership in community-level activities.

These results indicate that only about 1 of 3 couples jointly make decisions about self-earned cash and that males make more decisions alone than females which signifies a gender imbalance in this aspect of household decision-making. With regard to MHN practices, only 1 in 5 couples make decisions jointly and more men make decisions alone compared to women, again signifying a gender imbalance which is more striking given that one third of women do not participate at all in making decisions about their own health and nutrition practices. For CHN practices, 1 in 3 couples make decisions jointly and more women make decisions alone than men, indicating that women play a larger role in CHN decision-making.

5.2 Recommendations

The results of the baseline study are intended to provide baseline estimates for impact and outcome indicators to serve as a point of comparison for a final evaluation. In addition, the indicator values as well as the data from the qualitative study provide insights for program strategies and monitoring. The recommendations noted below are based on ICF's interpretation of the findings from the household survey and the qualitative study.

Food Security and Poverty

Improving access to cash-earning opportunities can help households improve their food security by enabling them to purchase more diverse and nutritious foods. It is important to note that the purchase of nutrient-rich foods may not be a top priority for households that are trying to meet other basic needs; this may indicate a need for further education of household decision-makers so that they understand the importance of a nutritious diet. Adult-female only households are more likely to experience hunger and poverty; increased attention may be needed for these households.

Agriculture and Livestock

The baseline survey results suggest an opportunity to improve access to financial services by improving financial literacy on the demand side, and improving access to and delivery of services and products offered on the supply side. Findings from the qualitative study indicate that to reduce the negative perceptions associated with using financial services and to increase participation in accessing them, better education for farmers and their communities with regard to the benefits of agricultural credit is needed. Some participants mentioned that although few people in their community received trainings, those that did shared the information with others in the community. Projects can capitalize on such efforts by emphasizing the importance of knowledge and information sharing among members of the community. Participants in the study who received agricultural extension services valued them and those that had not benefited from these services, expressed interest. However, there was also an indication that some participants that received these services did not follow the advice given. Projects can consider carrying out research on the barriers to uptake of recommended agricultural practices and incorporate messaging that addressed these barriers into their programs.

Participants in the qualitative study indicated an understanding of the benefits of engaging in value-added activities, but they reported a low uptake of these practices because of a lack of capital and limited access to inputs such as seeds and fertilizer. Increased access to lines of credit may help bolster crop production and the uptake of value-chain activities. Increased opportunities for farmers to receive agricultural extension services will also help farmers to learn more about sustainable agricultural practices-particularly for the care of livestock and improved storage practices to protect their yields, as expressed by participants in the qualitative study. Further, promoting under-utilized yet desired practices such as the trading and marketing of produce through marketing groups can help improve household income. Programs should also consider the contextual factors that limit the uptake of recommended agricultural practices and design their interventions and messaging accordingly.

Health, Nutrition, and WASH

The household survey data indicate that although rates of underweight for women 15-49 years of age and children under five years of age are not alarmingly high, dietary diversity is low and consumption of nutrient-rich foods is insufficient. Participants stated limited resources as the primary reason for low dietary diversity. Investment in efforts that enhance the capacity of households to grow and consume diverse, nutritious food on their farms and increase the ability to earn cash to purchase the food not grown can improve nutrition intake. Programs should look to promote low-cost and practical practices to increase agricultural productivity in addition to increasing access to agricultural inputs, agricultural lines of credit, and extension services. Further education is needed for mothers to understand the requirements for a minimum acceptable diet so they can successfully transition from exclusive breastfeeding to the introduction of appropriate nutrient-rich foods given at appropriate times each day, and commencing at the recommended age (after 6 months).

Support to local health providers in their efforts to reach and educate women can help improve the use of ANC services, which in turn helps improve maternal and child health, and reduce infant mortality. Women in the 15-19 years of age group in particular need improved knowledge of preconception health practices. Women should be educated on the importance of starting ANC visits early in their

pregnancies, seeing a trained service provider and continuing ANC visits even when they are feeling well.

The results of the WASH indicators suggest an opportunity to expand access to improved water sources, especially targeting households that are unable to obtain drinking water in less than a 30 minutes round trip (50 percent) and households with an unimproved source of water (38.5 percent). Efforts are needed to improve the understanding and use of correct water treatment technologies and to improve access to soap or locally available cleaning agents which will help to decrease the incidence of diarrhea.

Gender

Data from the qualitative study highlight the complexity in joint decisions. Although participants said some decisions are made jointly, they also said that men tend to make the final decision. Life skills programming with men and women would potentially be beneficial, particularly because this type of programming tends to include focus on negotiation skills and describing ways for husbands and wives to manage cash and other resources together.

Shifts in gender norms and attitudes may take a long time. As long as men are the key decision makers or sole decision makers, it is important to improve their knowledge of the importance of a diverse diet and core maternal and child health issues. Although the baseline survey results indicate that correct knowledge of core MCHN practices is relatively high, opportunities exist to target men and women in the project areas with social and behavior change messages to encourage more female participation, particularly for MHN practices where one third of women do not participate in making decisions about their own health and nutrition.

ANNEXES

ANNEX I
Statement of Work
Baseline Study of Food for Peace Development Food Assistance
Projects in Malawi

Statement of Work

Baseline Study of FY 2014 Food for Peace Development Food Assistance Programs

I. Introduction

A. Overview

In FY 2014, USAID's Office of Food for Peace (FFP) plans to enter into new awards for development food assistance programs in Burundi, Madagascar, Malawi, and Nepal. Subject to the availability of funds and commodities, FFP anticipates funding the following:

- in Burundi, up to one award totaling \$50 million in Title II resources over a five-year period, with approximately \$7.5 million in FY 2014;
- in Madagascar, up to two awards totaling \$75 million in Title II resources over a five-year period, with approximately \$11.5 million in FY 2014;
- in Malawi, up to two awards totaling \$30 million in Title II resources and \$60 million in Community Development Funds (CDF) over a five-year period, with \$4 million in Title II resources and \$12 million in CDF available in FY 2014; and
- in Nepal, up to two awards totaling \$70 million in CDF and USAID/Nepal resources over a five-year period, with approximately \$14 million in FY 2014.

FFP is currently reviewing applications from private voluntary organizations and cooperatives submitted in response to a Request for Applications (RFA) for FFP Development Food Assistance Programs in Burundi, Madagascar, and Malawi, and Nepal.¹ The RFA provided information on funding opportunities for multi-year, development food assistance programs that are integrated with USAID strategies to address the underlying causes of chronic food insecurity. FFP's goal for multi-year development programming is to reduce risks and vulnerabilities to food insecurity and increase food availability, access, and utilization. FFP anticipates issuing awards for programs in Burundi, Madagascar, and Malawi by August 1, 2014, and in Nepal by September 15, 2014.

Through this solicitation, FFP seeks a firm (referred to in this document as "the Contractor") to conduct a mixed-method baseline study to determine conditions in Burundi, Madagascar, Malawi, and Nepal prior to the start of the new development food assistance programs. FFP requires a representative population-based quantitative household survey to collect data for required impact and outcome indicators for the FFP program implementation areas. The study will also include a purposively-sampled qualitative study to help interpret the quantitative data; provide insights and

¹ The FY 2014 RFA for Food for Peace Development Food Assistance Programs can be found at www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/programs/development-programs.

community perceptions about practices and behaviors; add depth, richness, and context; and triangulate information from quantitative findings.

FFP intends to have the mixed-method baseline study conducted in the programs' first year, ideally prior to the start of program implementation and during the hunger season, in the areas in which the development programs will be working. The Contractor must anticipate that the study may be conducted concurrently in two or more countries. After contract issuance, the Contractor must confirm with FFP and the USAID Mission in each country when data collection will take place.

The period of performance for this contract will be October 1, 2014 to April 30, 2016.

B. Program Background

While specific information on the development food assistance programs in each country is not yet available, the Country-Specific Information documents provide information on the food security situation and programming priorities for FFP and USAID Mission in each country. Please refer to the FY 2014 Country-Specific Information documents for additional detail.² Program-specific information will be available to the Contractor when FFP awards cooperative agreements for the new development food assistance programs.

C. Purpose and Objectives of the Baseline Study

The purpose of the baseline study is two-fold:

1. Provide a baseline for impact and outcome indicators to serve as a point of comparison for a final evaluation and
2. Inform program targeting and, where possible, program design.

The baseline study is designed as the first step in a two-part evaluation process, with the final evaluation at program end as the second step. Both steps will be conducted at approximately the same time of the year. Ideally, data collection associated with both steps will take place during the lean season. Given that the lean season coincides with the rainy season, the Contractor should be aware that rain may make access to certain areas of data collection difficult. FFP expects to conduct the final evaluation as close as possible to the end of the program four or five years later, depending on prevailing conditions at that time.³

The specific objectives of the baseline study are the following:

² The FY 2014 Country-Specific Information for each country can be found at www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/programs/development-programs.

³ The issuance of this contract does not determine or guarantee that the Contractor will be selected in the future to conduct the programs' final evaluations.

1. Determine baseline values of key impact, outcome, and contextual indicators stratified by awardee and disaggregated by sex and gendered household type as appropriate in implementation areas. In addition to baseline values, collect demographic information and household composition data from sampled households;
2. Conduct bivariate and multivariate analyses using key impact and outcome indicators as dependent variables for the overall FFP country program area and for each awardee's implementation area;
3. Collect qualitative information to complement the quantitative data and provide insights and community perceptions about practices and behaviors, as well as provide contextual information on the overall food insecurity and malnutrition situation;
4. Help awardees, where possible, refine program design and targeting; and
5. Provide lessons learned and considerations for future mid-term and final evaluations.

While the baseline study will be externally designed, led, and reported on by the Contractor, staff from FFP, the USAID Mission in each country, and the Food and Nutrition Technical Assistance III (FANTA) Project⁴ will provide input and be involved during all stages. The Contractor will also be required to coordinate with USAID's Bureau for Food Security (BFS) and its M&E contractor, FTF FEEDBACK, to ensure cost-effective and non-duplicative data collection and timely data availability in Malawi and Nepal. In addition, the Contractor will consult the FFP awardees to better understand the context, their programs, and theories of change, and properly develop data collection, sampling, and logistics plans. In discussion and coordination with FFP, the Contractor will provide draft and final versions of specific deliverables to the awardees for review and information.

II. Indicators for Collection and Baseline Evaluation Questions

A. Indicators for Collection

In each country, the Contractor will be responsible for collecting data on all applicable indicators listed below, plus a limited number of additional indicators, for each development food assistance program awardee. The Feed the Future's (FTF) Women's Empowerment in Agriculture Index (WEAI)⁵ will be collected using an abridged questionnaire module in Malawi and possibly Nepal. The final list of indicators to be collected will be discussed and agreed upon in consultation with FFP, the USAID Mission in each country, and each of the FFP awardees.

The FFP indicators for baseline and final evaluations are:

⁴ The Food and Nutrition Technical Assistance III (FANTA) Project provides technical support to FFP on monitoring and evaluation.

⁵ For information and guidance on the Women's Empowerment in Agriculture Index (WEAI), visit (<http://feedthefuture.gov/article/release-womens-empowerment-agriculture-index>).

1. Prevalence of underweight children under five years of age
2. Prevalence of Poverty: Percent of people living on less than \$1.25/day
3. Mean depth of poverty
4. Per capita expenditures (as a proxy for income) of USG targeted beneficiaries
5. Prevalence of stunted children under five years of age
6. Prevalence of underweight women (of reproductive age)
7. Percentage of farmers who used at least [a program-defined minimum number of] sustainable agriculture (crop/livestock and/or NRM) practices and/or technologies in the past 12 months
8. Percentage of farmers who used improved storage techniques in the past 12 months
9. Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months
10. Percentage of farmers who practiced the value chain activities promoted by the program in the past 12 months
11. Household Hunger Scale (HHS): Prevalence of households with moderate or severe hunger
12. Average Household Dietary Diversity Score (HDDS)
13. Percentage of children 6-23 months of age receiving a minimum acceptable diet
14. Women's Dietary Diversity Score (WDDS): Mean number of food groups consumed by women of reproductive age
15. Prevalence of exclusive breastfeeding of children under six months of age
16. Percentage of children under age five who had diarrhea in the prior two weeks
17. Percent of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)
18. Percentage of households using an improved drinking water source
19. Percentage of households with access to an improved sanitation facility
20. Percent of households with soap and water at a handwashing station commonly used by family members
21. Percentage of men and women who report having control over their own income
22. Percentage of men and women who discuss use of income with household member in the past 12 months
23. Percentage of men and women who earn income
24. Percentage of men and women with group membership related to income generation and agricultural productivity
25. Percentage of men and women participating in decisions around adoption of optimal maternal and/or infant and young child nutrition behaviors and practices
26. Percentage of men and women discussing optimal maternal and/or infant and young child nutrition behaviors and practices with household member
27. Percentage of men and women with knowledge of optimal maternal and/or infant and young child nutrition behaviors and practices
28. Percentage of men and women with group membership related to maternal and/or infant and young child nutrition

The Contractor will closely follow the “FFP Indicators Handbook” for definition, collection, and analysis of the indicators listed above.⁶ In several instances, the Contractor will have to refer to the source documents used to develop the indicators handbook for instructions on adapting questionnaires to the local context, and other important details on data collection and tabulation. The Contractor will also work closely with FFP, the USAID Mission in each country, and FFP awardees to develop questionnaires and tabulation instructions for the agriculture indicators (#7-10), gender equality and/or women’s status and empowerment indicator(s) (#21-28), and any additional program-specific indicators⁷ not specified in the handbook.

For the poverty indicators, the Contractor will closely follow FTF guidance for indicator definition, collection, and analysis.⁸ To derive the prevalence of poverty, mean depth of poverty, and per capita indicators, the Contractor will use the expenditure data collected in the poverty module. The Contractor will work closely with FFP 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 III of this Statement of Work (SOW) for further information on the required quantitative methodology.

III. Baseline Study Design and Methodology

The baseline study will consist of the following data collection activities: a representative population-based household survey and purposively sampled qualitative study.

A. Representative, Population-based Household Survey

The Contractor must design and execute all aspects of a representative, population-based household survey. These include developing a sampling plan, questionnaires, and field procedure manuals for enumerators and supervisors; training enumerators, supervisors, and anthropometrists to administer the questionnaires and take anthropometric measures; piloting and refining questionnaires; arranging logistics for field work; pre-testing the survey rollout; supervising data collection; and ensuring data entry, cleaning, tabulation, and analyses.

1. Sampling Design: Before embarking on sample design, the Contractor will become familiar with the FANTA Sampling Guide (1997)⁹ and Addendum (2012)¹⁰. The former provides an overview of design features recommended for Title II baseline and final evaluation surveys. The 2012 Addendum provides important corrections to the guide, which the Contractor must follow closely. The sampling frame for

⁶ The FFP Standard Indicators Handbook for Baseline and Final Evaluation can be found at <http://www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/guidance/food-peace-information-bulletins>. An updated version will be available in early FY 2015.

⁷ In Nepal, F indicators related to global climate change adaptation will also be included.

⁸ For information and guidance on FTF indicators, visit <http://feedthefuture.gov/progress>.

⁹ Although the FANTA Sampling Guide presents random walk as an acceptable sampling method, it is no longer considered acceptable and will not be accepted as a proposed second stage method.

¹⁰ The FANTA Sampling Guide and Addendum can be found at <http://www.fantaproject.org/publications/sampling.shtml>.

the survey is the population living in geographic areas where the development programs will be implemented, i.e., the FFP implementation areas.

However, in Malawi, the baseline survey must produce estimates at the district level for the two current FTF priority districts of Balaka and Machinga, in addition to producing estimates for the FFP implementation area in those districts. The FFP implementation area encompasses only portions of those districts, while the FTF program covers the entire districts. This will have implications on the sample size determination. Note that FFP expects the second award to reach the majority of three districts in southern Malawi.¹¹

The Contractor must use a multi-stage cluster design with each awardee's implementation area representing a stratum in the design. FFP requires that the final evaluation for most programs—which will be implemented between four and five years after the baseline study—be a performance evaluation, rather than an impact evaluation. This implies that a simple pre-post design without control groups or randomization will be used at baseline and final evaluation. However, for Nepal, FFP plans to conduct an impact evaluation.¹² Therefore, an experimental or quasi-experimental design using control groups must be used at baseline and final evaluation.

The Contractor must provide a sampling plan before beginning the survey. The sampling plan must include all of the following:

- Base sample size at both the awardee and country overall levels. The Contractor must indicate the equation used to calculate the sample sizes, where the basis of the calculation is a test of differences of proportions over two time points. The parameters in the equation, including the design effect, confidence level, and statistical power, must be specified and justified. The Contractor must provide a table comparing sample sizes for different “candidate indicators” under consideration for taking on the role of “principal indicator to drive the overall sample size.” The Contractor must present sample size calculations separately for each awardee and then sum the samples to obtain the overall sample size for each country survey. The Contractor must take into account the increased sample size requirements in Nepal owing to the impact evaluation approach that will be used and in Malawi due to the need to produce estimates at both the district and sub-district or enumeration area level for two distinct geographic areas.

¹¹ For more information on the geographic priorities for the FFP development food assistance programs in Malawi, refer to the Malawi Country-Specific Information – FY 2014 RFA (<http://www.usaid.gov/malawi/food-assistance>). The two FFP development program awards will encompass two distinct geographic areas in Malawi, covering five districts—the first with two districts and the second with three districts. For additional information on the FTF program in Malawi, visit <http://www.feedthefuture.gov/country/malawi>.

¹² As per USAID's Evaluation Policy, “Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. Impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change.”

- Rationale for the final choice of principal indicator to drive the base sample size calculation for the entire survey and associated target group. In terms of associated target group, if stunting is the principal indicator, the target group will be children 0-59 months, for example.
- Description of how the base sample sizes for target groups of individuals are translated to number of households that must be visited to ensure that the desired number of target individuals is reached, considering that:
 - Households may contain more than one or no eligible members from the target group. See the FANTA 2012 Addendum for more details.
 - Some households will not respond. The Contractor must indicate by how much the number of households to be sampled will be pre-inflated to account for household non-response.¹³
- Explanation on the source of the information for the sampling frame, e.g., census lists or national or internationally sponsored surveys, such as the Demographic Health Surveys (DHS). The Contractor must indicate the date and perceived reliability of this information.
- Geographic or other stratification. At a minimum, the sample will be stratified by awardee in countries where multiple awards are made. Additional strata are not required but may be considered. Note that estimates must be produced at both the awardee and combined FFP country program level. However, when additional stratification is included in the design, sample sizes do not have to allow for precise estimates at the level of the lower strata.
- Number of stages of sampling to be used
- Explanation of how the numbers of clusters and households per cluster in the sample will be determined.
- Probability Proportionate to Size (PPS), PPS systematic or another appropriate first-stage sampling mechanism must be used to randomly select the clusters.
- Indication that the Contractor will use systematic sampling (or another probability-based sampling technique such as Simple Random Sampling) to select dwellings within clusters. This implies that a list of all households, with household and location identifiers, must be obtained for the sampled clusters through either a mapping and listing operation in the cluster prior to interviewing (preferred), or through other existing reliable sources.
- Indication of how the Contractor will treat cases where there are multiple households per dwelling. The Contractor must include an explanation of how households are defined by the Census office in the country in question and how polygamous households will be treated.
- Indication that the Contractor will adopt a “take-all-individuals” approach to collect data for all individuals within sampled households who are in rare target groups in the population, such as, for example, children aged 0-5 months in the case of the exclusive breastfeeding indicator. Indication that the Contractor will use a Kish Grid or another equivalent means to collect data for select individuals within sampled households who are in common target groups in the population, such as, for example, women of reproductive age in the case of the women’s underweight indicator.

¹³ The Contractor must pre-inflate the sample size by 5 percent to account for household non-response.

The Contractor must collect geographic information system (GIS) information using GPS equipment to locate dwellings during the listing process. GPS units must be used to capture the precise longitude and latitude of each household surveyed. These values may then be randomly displaced by a given distance or aggregated up to a higher administrative unit as needed.

Questionnaire Instrument: The Contractor must develop a questionnaire instrument in English and ensure accurate translation to key local languages in the areas in which the survey will be conducted and back translation from the local languages to English. The questionnaire must incorporate all modules specified in the “FFP Indicators Handbook” (referenced above) that are relevant to the FFP development programs in the country and USAID’s needs. Some of the modules associated with various FFP Indicators, such as HDDS and the poverty and agriculture indicators, will require country-specific adaptation, which must be done in consultation with FFP and the awardees. Note that questionnaire modules for most FFP indicators have been developed and are readily available¹⁴.

It is recommended that the Contractor consider using an electronic data collection instrument, e.g., tablets. The questionnaire must include an informed consent statement for each respondent and begin with questions to establish a household roster. The questions within the questionnaire must be organized by respondent type¹⁵ and questions must follow international standard format, e.g., DHS, wherever possible. In general, the Contractor must ensure that questions follow established questionnaire design principles and that rigorous practices are used to collect, tabulate, and analyze indicator data. Each page and module of the questionnaire(s) must include sufficient identifiers, such as cluster number, household number, and respondent identification number (line number from household roster). This will help ensure that pages related to a given individual or household can be correctly associated and enable the derivation of household-level sampling weights and household non-response adjustments in all data analyses. The Contractor must ensure that the questionnaire is piloted and validated in communities not included in the sample frame prior to commencement of data collection.

2. Field Procedure Manuals for Enumerators and Supervisors: The Contractor will develop two field manuals as part of the training materials and as reference material for field staff conducting the survey: one for enumerators and editors, and one for supervisors of enumerators. The enumerator field manual must explain in detail how to properly administer each question in the questionnaire, recommend best practices for conducting interviews, and suggest ways to handle challenging situations.

¹⁴ Questionnaires used in baseline studies of FFP development programs conducted in Guatemala, Niger, and Uganda are available in the final study reports, which can be found at USAID’s Development Experience Clearinghouse (DEC) (dec.usaid.gov).

¹⁵ 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).

The supervisor field manual may contain some of the same material as the enumerator manual. The supervisor manual must also describe the roles and responsibilities of field staff and outline the chronology of field work, including training, piloting of questionnaires, pre-testing of the survey, protocol, and data collection. The manual must include instructions for mapping and listing clusters; adding identifiers to dwellings, households, and individuals; using GPS equipment; sampling dwellings within clusters, households within dwellings, individuals within households; monitoring enumerators for quality assurance; procedures for editing questionnaires and re-interviewing; and any administrative and logistics responsibilities.

Note that field procedure manuals and training materials from baseline studies of FFP development programs recently conducted in Guatemala, Haiti, Niger, Uganda, and Zimbabwe will be available to the Contractor.

3. Anthropometry: Prior to quantitative data collection, the Contractor will ensure that an anthropometry expert properly trains and conducts standardization testing of the anthropometrists who will be taking the measurements required for the stunting and underweight indicators. The anthropometry expert must provide oversight and feedback to the anthropometrists in the field during a portion or the entire period of data collection. The Contractor will provide a short guide and/or other materials to support this training.

The training will include instructions on how to take measurements on height and weight for women and children under five years of age, citing a reference for the methodology to be used. It will also include instructions on developing methods, e.g., event calendars, which will be used to ascertain the age of individuals whose measurements are being taken. The training must include standardization testing of trainees' measurements, including assessments of each individual trainee's precision and validity of each type of measure. A standard for performance must be established in agreement with FFP, and trainees who are unable to reach high performance standards must not be included in the survey teams. In the survey, each measure must be repeated multiple times by at least two enumerators, and all values must be recorded. An average of the values must be used in the analyses. Finally, the training must include procedures for the anthropometrists to identify children suffering from wasting or exhibiting bilateral pitted edema and make referrals to appropriate health clinics.

The Contractor will provide the equipment necessary for accurate anthropometric measures (height and weight) of women and children under five years of age. The equipment must be portable and of sufficient durability to withstand the survey process and difficult terrain conditions.

4. Data Treatment and Analysis Plan: 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. Double-data entry is required if the Contractor uses a paper and pencil questionnaire instrument;

- Descriptions of data quality checks that will be built into the data entry processes; of tests and edits (data cleaning) planned to ensure logical consistency and coherence across records; and of manipulations, conditional tests, and combinations of data to create new variables. A data dictionary must include definitions of all the variables created from the raw data that describe how they were derived and why;
- Sampling weights to be applied in the separate analyses of each awardee's implementation area and the aggregate data base. The formulae used to calculate the sampling weights must be included as part of a data dictionary document. A household non-response adjustment must be made to the sampling weights as part of the final weighting system. In addition, there must be a separate adjustment to compensate for individual non-response for the different target groups, e.g., children 0-5 months, children 6-23 months, and children 24-59 months;
- Indicator tabulation plan. Estimates must be produced for each awardee stratum and for the overall level;
- Descriptions of sub-groups, e.g., age, sex or other geographic breakdowns, if any, for which the Contractor will produce estimates, provided the associated precision levels are sufficient;
- Planned data analyses. The Contractor must specify all methods of intended bivariate and multivariate analyses;
- Computed Design Effect of the survey based on data from field work;
- Confidence intervals associated with the indicator estimates, and an explanation of how the confidence intervals will account for the design effect associated with the complex sampling design;
- Identification of the software to be used for all steps of data entry, cleaning, and analysis, including the software used to convert anthropometric data into Z-scores (WHO's Anthro is recommended but not mandatory);
- Specification of how location data will be adjusted to protect personally identifiable information in accordance with the research protocol submitted to the Institutional Review Board (IRB). Note that the Contractor will be responsible for adhering to and obtaining all necessary US and host country IRB approvals. Upon completion of the survey, location information and associated data collected with GPS units as part of this contract will be delivered to FFP; and
- Specification of how the datasets will be anonymized to protect individual confidentiality, given that these datasets will be available to the public through the USAID Open Data warehouse.

In addition, the Contractor will provide a report indicating the average completion time for each of the survey modules in each of the countries upon completion of the household surveys.

The Contractor will ensure that the labeling and architecture of all datasets is consistent to facilitate meta-analyses of datasets across FFP development programs and countries at a later date. FFP will

provide the Contractor specific details about the requested architecture of the datasets. To the extent possible, the Contractor must follow the same database architecture used for baseline studies conducted in Guatemala, Niger, and Uganda in FY 2013, and in Haiti and Zimbabwe in FY 2014. The meta-analysis is not part of this SOW.

B. Qualitative Study

The Contract must design the qualitative study as an integral part of a mixed-method baseline study. The main objective of the qualitative study is to help interpret the quantitative data and provide insights and community perceptions about practices and behaviors, as well as provide a deeper understanding of the food security situation in the program implementation area, including perceptions of the communities and potential beneficiaries. Qualitative information provides insights, adds depth, richness, and context and will serve to triangulate and interpret information from the household survey. In the final reports, quantitative and qualitative results must be used together to provide a more complete picture of the overall food security situation. The qualitative study described in this SOW is not expected to replace any in-depth qualitative assessments or formative research that FFP awardees may conduct to inform specific aspects of program design.

The Contractor must take responsibility for the design and execution of all aspects of the qualitative study. The Contractor must submit a proposed plan of inquiry for approval by FFP prior to beginning the baseline studies. This plan must include the following elements:

1. Purposes and objectives that clearly show how the inquiry will complement the quantitative survey, related key study questions, and timing of the inquiry components. The inclusion of components of qualitative inquiry for different purposes at different times is acceptable, e.g., before the quantitative survey to develop code lists of potential responses to survey questions, after the survey to investigate inconsistencies in recorded responses across geographic areas or enumerators, or during the household survey to investigate questions that are not well enough defined to include in the survey;
2. Conceptual framework showing how the objectives are relevant to the programs' theories of change and how the inquiry will improve understanding of the conditions in the context before the programs begin;
3. Detailed methodology including illustrative methods that will be used to answer each study question;
4. Approximate numbers and types of informants who will be addressed to answer each study question, ways in which they will be engaged, e.g., individual or group interviews, focus groups, etc., and how they will be selected;
5. Types and roles of observation planned for the inquiry process and descriptions of other methods that will be used in triangulation to verify the information received from informants;
6. Descriptions of the instruments that will be developed to ensure consistency of inquiry by different investigators, e.g., interview and focus group guides, organizational capacity assessment questionnaires, observation checklists, etc.;

7. Description of the purposeful sampling approach for selecting the number and locations of sites for interviews, discussions, and observation;
8. Plans for data management, coding, and analysis, specifying how collected data will be recorded, translated, transcribed, coded, and analyzed, and which software will be used; and
9. Timeline for data collection, transcription, coding, and analysis.

Sample site selection: The Contractor must indicate the site selection methodology for the qualitative study, which is not required to be a probability sampling strategy. While qualitative samples must be large enough to ensure that most or all of the community and beneficiary perceptions that might be important are uncovered, a sample size that is too large may result in repetitive and superfluous information. The Contractor must indicate the factors under consideration in classifying the baseline population to ensure that the qualitative study captures the wide range of community and beneficiary perceptions.

Timing: Since the primary objective of the qualitative study is to gather insights and perceptions of the communities to interpret quantitative data, the ideal timing of the data collection is after the preliminary analysis of the quantitative survey is completed. The analysis must be used to classify communities and to identify and select sample sites. However, if the timing does not allow the qualitative study team to wait for all of the quantitative data to be processed, the Contractor must arrange for partial analysis of the quantitative data. The results must be used to classify the baseline study population.

IV. Baseline Study Deliverables and Report Outline

A. Deliverables

The Contractor is responsible for the following deliverables:

¹⁶ The Contractor must provide written notice by email to FFP in advance if it encounters difficulties or anticipates minimal or significant delays in meeting the specified deadlines.

	Details	Deliverables	Deadline¹⁶
1) Pertinent permissions, approvals, insurance, and other required permits	<p>a. Obtain all necessary permissions for implementing the baseline data collection.</p> <p>b. Adhere to Governments of the U.S., Burundi, Malawi, Madagascar, and Nepal national and local formalities. Obtain all required permits related to data collection from human subjects and logistics of survey implementation, including necessary IRB approvals, health and accident insurance, salary and taxes for all enumerators, supervisors and anthropometrists.</p>	Evidence of permits, approvals, and insurance for implementing survey and other data collection activities	Evidence submitted and approved prior to FFP granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors and anthropometrists.
2) Work plan	<p>a. Work plan must specify details for critical tasks, anticipated outputs, date-bound timelines, resource needs, and responsible person(s) and include a Gantt/flow chart of activities over the lifetime of the study. Composition of a standard field survey team, including expected tasks and responsibilities of each team member, must also be described.</p>	Work plan approved by FFP	Draft of work plan submitted four weeks after contract issuance. Draft reviewed, revised, finalized, and approved within eight weeks of contract issuance.

	Details	Deliverables	Deadline ¹⁶
3) In-country baseline workshop	<p>a. Organize, develop materials for, and conduct a three- to four-day in-country workshop in English that brings together staff from the Contractor, FFP awardees, FFP, USAID Mission in each country, and FANTA.</p> <p>b. Purpose is to glean information on program implementation and country-specific realities in relation to survey sampling and fieldwork logistics planning; define questions for qualitative study, and vet the quantitative instrument and qualitative methodology plan.</p> <p>c. Contractor staff who must attend include those responsible for developing the sampling plan, quantitative instrument, qualitative methodology, and overseeing fieldwork. Staff from sub-contractor firms must also attend the workshop.</p> <p>d. Participants from FFP, USAID, FANTA, and FFP awardees will fund their attendance at the workshop. However, the Contractor will bear the costs of travel and attendance, in addition to the costs of venue rental, catering, simultaneous translation as needed, etc.</p>	<p>Workshop conducted in line with requirements</p> <p>Notes on the entire workshop proceedings and plan of action indicating next steps, due dates, and responsible party(ies)—from the Contractor, USAID, FFP awardees or FANTA—for each step.</p>	<p>Between one and two months after the conclusion of the M&E workshop organized by FANTA on behalf of FFP. The M&E workshops in the four countries are tentatively scheduled between November 2014 and January 2015.</p> <p>Additional information on the workshop will be provided after contract issuance.</p> <p>Notes and plan of action within five business days of the end of the in-country workshop.</p>

	Details	Deliverables	Deadline¹⁶
4) Quantitative survey questionnaire instrument	<p>a. Draft a questionnaire instrument in English adapted to each country context that responds to the elements specified in Section III - A.</p> <p>b. Translate the approved questionnaire instrument from English into the local languages in which the survey will be administered. If oral (non-written) languages are needed, a phonetic translation will be required and additional training of enumerators will be necessary.</p> <p>c. Back-translate the questionnaire from the local language(s) to English with a second translator to ensure accurate translation.</p> <p>d. Pilot the survey instrument in all the languages in which the survey will take place. (More details under deliverable #9).</p>	<p>Final English, corresponding local language, and back-translated questionnaires approved by FFP</p> <p>Programmed survey files from the electronic data collection instrument.</p>	<p>Draft English version of instrument submitted two weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3).</p> <p>Local language versions of questionnaire instrument to be submitted after English version approved. Date TBD.</p> <p>Draft versions reviewed, revised, finalized, and approved by FFP prior to granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors, and anthropometrists.</p>
5) Qualitative data collection methodology	<p>a. Draft a detailed qualitative data collection methodology and timeline that responds to the elements specified in Section III – B and incorporates the findings— preliminary or final—of the household survey.</p>	<p>Qualitative data collection materials approved by FFP</p>	<p>Draft materials to be submitted to FFP three weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3).</p> <p>Draft version of materials reviewed, revised, and approved by FFP prior to granting permission to the Contractor to commence qualitative data collection.</p>

	Details	Deliverables	Deadline¹⁶
6) Sampling plan	a. Draft sampling plan for the household survey that responds to the elements specified in Section III - A.	Sampling plan approved by FFP	Draft to be submitted two weeks after in-country workshop. List of sampled and replacement villages may follow as a separate appendix but to be submitted and approved prior to FFP granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors, and anthropometrists.
7) Field procedure manuals for a) enumerators and editors and b) supervisors	a. Draft two field procedure manuals for the quantitative population-based household survey that respond to the elements specified in Section III - A.	Two field procedure manuals—one for enumerators and editors and another for supervisors—approved by FFP	Drafts of both manuals submitted three weeks after conclusion of the in-country workshop. Drafts reviewed, revised, finalized, and approved prior to FFP granting permission to the Contractor to commence pre-data collection, including training of enumerators, supervisors, and anthropometrists.

	Details	Deliverables	Deadline¹⁶
8) Data treatment and analysis plan	a. Detailed data treatment and analysis plan that responds to the elements specified in Section III - A.	Data treatment and analysis plan approved by FFP	<p>Draft submitted three weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3).</p> <p>Draft reviewed, revised, finalized, and approved prior to FFP granting permission to the Contractor to commence pre-data collection, including training of enumerators, supervisors, and anthropometrists.</p>

	Details	Deliverables	Deadline¹⁶
9) Training curriculum and pre-data collection activities	<p>a. Develop training materials and conduct training to address the household survey and the qualitative components, including anthropometry training and standardization testing materials, as outlined in Section III - A.</p> <p>b. Pilot test the survey instrument in each of the local languages following enumerator and supervisor training with a small number of non-sampled households. This will serve as an opportunity to verify that skip patterns, flow, wording, and translation of the questionnaire instrument are working well. Each enumerator team must interview at least two households during the pilot test.</p> <p>c. Pre-test the survey procedures using the finalized survey instrument in all languages in which the questionnaire will be administered in a small number of households in non-sampled communities, prior to starting data collection. This will serve as an opportunity to verify that enumerators and supervisors have understood their roles and responsibilities and all survey procedures prior to “going live.” Each enumerator team must interview at least two households during the pre-test.</p> <p>d. Develop field movement plan indicating clear intended chronology of interviewing through list of sampled villages, as well as associated assignments of enumerator teams to sampled villages.</p>	Training materials approved by FFP	<p>Draft training materials submitted at least four weeks prior to commencement of pre-data collection activities, including training of enumerators, supervisors, and anthropometrists.</p> <p>Draft training materials reviewed, revised, finalized, and approved prior to FFP granting permission to the Contractor to commence pre-data collection activities, including training of enumerators, supervisors, and anthropometrists.</p>

	Details	Deliverables	Deadline¹⁶
10) Sampling frame, indicator estimates, data sets, data dictionary, and other data files	<ul style="list-style-type: none"> a. Sampling frame b. Raw data set c. Edit rules for cleaning data d. Data dictionary/codebook e. Syntax and output for all analyses and variable transformations f. Final data set including cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators g. Second final data set that has been anonymized to protect individual confidentiality for use as a public data file in the USAID Open Data warehouse. <p>Programming specifications for data cleaning to be submitted and approved prior to commencement of programming.</p> <p>Final submission of the data sets must be in the format required by FFP Information Bulletin 11-02 (August 11, 2011).</p> <p>Data sets must also be submitted in CSV format for inclusion in the USAID Open Data warehouse (www.usaid.gov/data).</p>	<ul style="list-style-type: none"> a. Sampling frame b. Raw data set in SPSS format c. Cleaned final data files in SPSS and CVS formats with all computed variables, including age in months for children under five years of age d. Anonymized final data file e. Edit rules f. Data dictionary / codebook in CSV format g. SPSS Syntax Files h. Weighting files in CSV format i. Text file with names and descriptions for all data files to allow others to easily recognize them j. Location information and associated data collected using GPS units 	<p>All files at same time as the final baseline study report.</p> <p>Indicator estimates submitted to FFP and awardees at the latest by August 15, 2015.</p>
11) Sample site selection and transcribed data for qualitative study	<ul style="list-style-type: none"> a. Site selection methodology and factors considered b. List of communities selected c. Groups to be interviewed d. Criteria used to select respondents 	<ul style="list-style-type: none"> a. Site selection methodology b. Criteria or factors used to classify communities c. Transcribed data 	<p>All files at same time as the final baseline study report.</p>

	Details	Deliverables	Deadline¹⁶
12) Briefings	<p>a. Weekly phone briefings with FFP and other stakeholders, such as FANTA, to include a progress report and discussion on any difficulties related to the study. The Contractor will take notes on points and actions items discussed during each briefing. During data collection period, electronic material accompanying briefings must include short field progress reports with number of clusters completed, non-response rates, re-interview rates, enumerator drop-out rates, data entry status, and proposed corrective actions if necessary.</p> <p>b. Monthly phone briefings with FFP and the USAID Mission in each country. These briefings should follow the same format as the weekly briefings. The Contractor will take notes on the points and actions items discussed during each briefing.</p> <p>c. Formal, final in-country briefing(s) for the USAID Mission in each country, FFP, awardees, and, as requested, other stakeholders to include a PowerPoint presentation. The briefing must cover the contents of the baseline study report, including findings, conclusions, lessons learned, and recommendations. The Contractor must anticipate conducting a minimum of two briefings per country and bearing the costs of travel, attendance, venue rental, catering, and simultaneous translation as needed.</p> <p>d. Formal, final briefing for FFP in Washington, DC, to include the same elements as the final in-country briefings.</p>	<p>Weekly phone briefings with FFP and other stakeholders.</p> <p>Template for field progress reports to be determined jointly by FFP and Contractor.</p> <p>Notes on points and action items discussed during all the briefings recorded and emailed to FFP.</p> <p>Monthly phone and final in-country briefings with FFP, USAID Missions in Burundi, Madagascar, Malawi, and Nepal, and awardees.</p>	<p>Schedule of briefings to be determined jointly by Contractor and FFP.</p> <p>Notes from weekly and monthly briefings to be submitted within three business days.</p>

	Details	Deliverables	Deadline¹⁶
13) Draft baseline study report	<p>a. Draft report, not to exceed 50 pages, excluding appendices and attachments. The report must be presented in English and must include the results of both the quantitative and qualitative components of the study.</p> <p>b. Must follow the report outline in this Scope of Work.</p>	Draft report reviewed by FFP	Submitted 14 weeks after completing data collection in the field. Contractor must allocate sufficient time to allow for several rounds of review by FFP, each USAID Mission, FANTA, and FFP awardees prior to issuing the final report.

	Details	Deliverables	Deadline¹⁶
I4) Final baseline study report	<p>a. A revised version of the draft report that incorporates comments from FFP, the USAID Missions in Burundi, Madagascar, Malawi, and Nepal, FANTA, and FFP awardees.</p> <p>b. The final report must be presented in English and follow the reporting format given in Section IV B of this SOW. For the Burundi and Madagascar reports, the executive summary of the must be translated into French.</p> <p>c. The final report must 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).</p> <p>d. The approved final report must be submitted to USAID’s Development Experience Clearinghouse (DEC) and a cover sheet attached indicating the type of evaluative work conducted and design.¹⁷</p> <p>e. The completed baseline study report must include a three- to five- page summary of the purpose, background of the project, methods, findings, and, if applicable recommendations.</p>	Final report reviewed and approved by FFP and submitted to the DEC	Submitted two weeks after receiving comments from FFP, the USAID Missions in Burundi, Madagascar, Malawi, and Nepal, FFP awardees, and FANTA on draft final report (see Deliverable 13).

¹⁷ All DEC submissions must follow the requirements established in USAID’s “ADS Chapter 540 - USAID Development Experience Information.” (http://pdf.usaid.gov/pdf_docs/PDACQ251.pdf).

	Details	Deliverables	Deadline ¹⁶
15) Lessons Learned and Best Practices Document	a. Draft a lessons learned and best practices document, not to exceed five pages, related to the Contractor's overall experience in conducting the baseline study as an independent third-party to FFP and the awardees. The document must include recommendations for FFP on areas of improvement for future third-party baseline studies and final evaluations.	A five-page lessons learned and best practices document	Submitted one week after FFP approval of the final evaluation report.

B. Outline of Baseline Study Report

The recommended outline for each country's baseline study report, which must not exceed 50 pages (excluding the annexes), is the following:

1. **Cover page, Table of Contents, List of Acronyms;**
2. **Executive Summary** must 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 three to five pages. The Executive Summary helps readers to build a mental framework for organizing and understanding the detailed information within the report;
3. **Introduction** must include purpose, audience, and synopsis of task;
4. **Methodology and Study Design** must describe the methodology and design of the household survey and qualitative component, constraints and limitations to the study process and rigor, and issues in carrying out the study;
5. **Overview of the Current Food Security Situation** must provide a brief overview of the current food security situation in each country related to food availability, access, and utilization; current and anticipated programming; and stakeholders. A desk review of information already available will suffice;
6. **Tabular summary of quantitative survey results** must present findings of the household survey in table form for all the indicators by awardee and for the aggregate FFP development program area in each country. Results of bivariate and multivariate analysis undertaken must also be included;
7. **Findings** must present results from the household quantitative survey and qualitative study. Results must be analyzed and discussed, using findings from the qualitative and quantitative investigations in a complementary fashion. The source of each finding must be clearly identified;
8. **Conclusions and Recommendations** must provide high-level conclusions about the food security situation, vulnerabilities, and capacities of the population and sub-groups, and contextual, cultural, and individual factors that influence the current situation. All conclusions must be based solidly on the presented findings. If information from other sources is used to reach these

conclusions, references must be provided, and reference documents or internet links to the these included. Recommendations for the targeting and design of programmatic activities, target setting for indicators, and design and implementation of future mid-term and final evaluation surveys and studies in each country must be derived from and supported by the findings and conclusions presented. Recommendations must be relevant to program and context and include concrete and realistic steps for implementing or applying the recommendation;

9. **Limitations** must provide a list of key technical and/or administrative limitations, if any, that the FFP programs should consider; and

10. **Annexes** must document the following and be succinct, pertinent, and readable:

- a. References, including bibliographical documentation;
- b. List of data collection activities, including meetings, interviews, focus group discussions, observations, and other activities with dates and numbers of participants;
- c. Quantitative survey instruments in English and applicable local languages;
- d. Sampling and Data Treatment and Analysis plans for the quantitative survey;
- e. Results of bivariate and multivariate analysis undertaken;
- f. Results of the standardization tests of performance of anthropometrists who took measurements at the end of their training;
- g. Quantitative data sets and qualitative data transcripts in electronic format;
- h. Data dictionary and program files used to process the data in electronic format;
- i. Qualitative study methodology and instruments used;
- j. Expanded details of qualitative findings, including photos, as appropriate;
- k. Baseline study SOW; and
- l. Other special documentation identified as necessary or useful.

V. **Contractor Qualifications**

The selected firm/consortium shall possess the following qualifications:

- a. Legal status recognized to work in the country or demonstrated ability to successfully identify and negotiate needed permits, enabling the organization to perform the above-mentioned tasks;
- b. Demonstrated experience and strong internal capacity in designing, organizing, and managing the implementation of large-scale population-based household surveys in developing countries within the past five years;
- c. Demonstrated experience and strong internal capacity in designing, organizing, and conducting qualitative study, data collection, and analysis in developing countries within the past five years;
- d. Demonstrated experience and strong internal capacity in the statistical analysis of complex survey data and in analyzing data from mixed-method studies;
- e. Demonstrated ability to effectively recruit and manage skilled enumerators, supervisors, and data entry clerks in developing countries;
- f. Experience engaging and managing statistical or evaluation firms and/or institutions in Burundi, Madagascar, Malawi, Nepal or other developing countries; and
- g. Ability to deliver high-quality written and oral products.

Sub-Contractor Firms:

If the Contractor plans to sub-contract a local research and/or survey firm, the Contractor must provide the criteria used for identifying and hiring the firms selected for each country. In addition, the Contractor must describe the proposed firms' experience and capacity to manage and conduct assigned activities—both for the quantitative and qualitative components. The Contractor must include a description of each firm's hiring and management of staff for supervision, data collection, and data entry staff. FFP will review and concur on all proposed sub-contractor firms in each country—whether identified prior to or after contract issuance.

VI. 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 must include local consultants with expertise, knowledge, and experience in Burundi, Madagascar, Malawi, and Nepal. Offerors may propose an alternative personnel configuration to implement the study based on the approach provided in their proposals.

The team composition must reflect the multi-sectoral nature of FFP development food assistance programs and include expertise in the following: design and execution of population-based household surveys; analysis of complex survey data; qualitative data collection methods and analysis; food security programming; agriculture; maternal and child health and nutrition; and gender integration.

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. 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 report. The incumbent must meet the following criteria:
 - At least 10 years of project management experience, preferable in senior positions, particularly in managing large-scale, mixed-methods surveys;
 - Directly managed the design and implementation of at least two food security-related, large-scale household surveys with complex designs;
 - Broad range of subject matter expertise and demonstrated experience in the area of food security;
 - Excellent organization and writing skills and a demonstrated ability to deliver a quality written product (Evaluation Report and PowerPoint);
 - Excellent oral communication, presentation, and inter-personal skills;
 - 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;
 - Master's degree in development studies, management, program evaluation, or other relevant field of study; and
 - Experience on past FFP baseline surveys or final evaluations would be a plus.

- 2. Senior Survey Specialist** – This individual will be responsible for designing, managing, and coordinating the population-based household survey and analysis of the survey data. The incumbent must meet the following criteria:

- At least eight years of experience designing, managing, leading, and coordinating representative population-based household surveys in developing countries;
 - Extensive knowledge of and experience in sample design for complex surveys and complex survey data analysis;
 - Extensive experience with the design and development of quantitative survey questionnaire instruments;
 - Extensive experience with data management and database organization, including developing data entry programs and supervising data entry, cleaning, and quality control;
 - Demonstrated ability to use multivariate analyses, including multiple regression, factor analysis, principal component analysis, and cluster analysis, to answer complex questions;
 - Strong working knowledge and experience of software for statistical analysis (e.g., SPSS, STATA, or SAS) and data entry software that supports robust validity checking capabilities (e.g., SAS, EpiData, or StatPac);
 - Extensive expertise in anthropometric software (e.g., WHO Anthro or EpiInfo) is preferred;
 - Excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product;
 - Master's degree in statistics, survey methodology, epidemiology or other relevant field of study; and
 - Experience on past FFP baseline surveys or final evaluations would be a plus.
3. **Qualitative Study Specialist** – This individual will be responsible for designing, managing, conducting, and supervising the qualitative study; training the qualitative study team members; analyzing and interpreting quantitative results for use in the qualitative study; and integrating qualitative findings with quantitative data. The incumbent must meet the following criteria:
- At least eight years of experience designing, conducting, and implementing qualitative studies in developing countries;
 - Extensive experience with a diverse range of qualitative inquiry and analysis;
 - Extensive experience designing and conducting qualitative studies as a part of mixed-method studies and integrating qualitative findings with quantitative survey data;
 - Strong working knowledge of software packages;
 - Excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product;
 - Familiarity with a broad range of subject matter in the areas of food security, agriculture development, nutrition, and health; and
 - Experience on past FFP mixed-methods studies or final evaluations would be a plus.
4. **Field Operation Manager** – This individual will be responsible for planning, managing, and supervising the household survey data collection in country. The incumbent must meet the following criteria:
- Undergraduate degree in a social science discipline;
 - Eight years of experience managing the logistics of large-scale survey field work in developing countries, preferably involving anthropometric data collection; and
 - Experience hiring, training, and overseeing field supervisors and enumerators; coordinating field logistics, schedules, and equipment; and managing data quality control in the field.

Other Team Members:

Country Field Manager(s) – This individual will be responsible for overseeing the sub-contractor firm, managing all activities related to data collection for the quantitative and qualitative components, and ensuring all technical and administrative aspects of the baseline study in the assigned country. The incumbent must be in-country during all training of field teams and the data collection process and have fluency in the relevant national language.

The Contractor should ensure that at least one team member has extensive expertise and knowledge of anthropometric software (e.g., WHO Anthro or EpilInfo). The Contractor 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 criteria presented above and given the multi-sectoral approach of FFP development programs, the Contractor should involve sectoral experts in the areas of agriculture, livelihoods, 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 FFP development program activities.

Agriculture Expert – This expert will provide technical guidance related to agriculture and agribusiness during the study. The incumbent must meet the following criteria:

- At least five years of food security implementation experience in developing countries;
- Master’s or PhD degree in agriculture-related field of study;
- Strong knowledge of agriculture indicators, agriculture extension, conservation agriculture, input management, post-harvest handling, livestock management, and agricultural marketing;
- Excellent writing and organization skills;
- Excellent oral communication, presentation, and inter-personal skills;
- Excellent analytical and technical skills; and
- Strong knowledge of Title II programming, experience on past Title II baseline surveys or final evaluations would be a plus.

Health and Nutrition Expert – This expert will provide technical guidance related to maternal and child health and nutrition during the study. The incumbent must meet the following criteria:

- At least five years of maternal and child health and nutrition expertise in developing countries;
- Master’s or PhD degree in international public health, international nutrition or other relevant field of study;
- At least three years of emergency or development food security implementation experience;
- Strong knowledge of health and nutrition indicators for infant and young child feeding, Essential Hygiene Actions, Essential Nutrition Actions, maternal health care, and community healthcare capacities;
- Excellent oral communication, presentation, and inter-personal skills;
- Excellent analytical and technical skills; and
- Strong knowledge of Title II programming, experience on past Title II baseline surveys or final evaluations would be a plus.

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 programs for which the baseline study is being conducted.

VII. Baseline Study Management

A. Logistics

FFP will provide overall direction to the Contractor, identify key documents, and assist in facilitating a work plan. Staff from FFP in Washington and the USAID Missions in Burundi, Madagascar, Malawi, and Nepal 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 study and advising FFP prior to each of those meetings. The Contractor is also responsible for making all logistical and administrative arrangements, such as vehicle rental and drivers as needed for site visits and field work, lodging, work/office space, computers, internet access, printing, and photocopying. The Contractor will be required to make its own payments. Staff from FFP, FANTA, and the USAID Missions in Burundi, Madagascar, Malawi, and Nepal will be made available to the team for consultations regarding sampling, geographical targeting, sources, and technical issues before and during the baseline study process.

VIII. 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.

ANNEX 2

Sampling Plan for Population-Based Household Survey Baseline Study of Food for Peace Development Food Assistance Projects in Madagascar

Background

In accordance with the U.S. Agency for International Development (USAID) Evaluation Policy, the Office of Food for Peace (FFP) contracted with ICF International to conduct baseline studies for FY2014 project awards in Burundi, Madagascar, Malawi and Nepal. In Malawi, the UBALE project will be implemented by CRS and the *Njira* project will be implemented by PCI. The baseline household survey will be standardized across participating countries and will collect data for FFP indicators as described in the USAID FFP *Standard Indicator Handbook*¹. 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, gender and measurements of poverty. In addition to required FFP indicators, the baseline household surveys will also include project-specific indicators identified as key measures for each project. This report describes the sampling plan for the baseline household surveys in Malawi.

Survey Research Design

The baseline household surveys serve as the first phase of a pre-post survey cycle with the second phase being conducted upon completion of the project. Thus, the primary objective of the baseline household surveys is to assess the status of FFP and project-specific indicators prior to project implementation. The baseline measurements will then be used to calculate change in these indicators (using a statistical test of differences) at completion of the project when the same survey will be conducted again in the project areas. This pre-post design will allow for the determination of statistically significant change in indicators between the baseline and final evaluation; but will not allow statements about attribution or causation relating to project impact to be made.

The FFP baseline household surveys will be designed as population-based surveys in the implementation areas selected by the projects. The sample for each project will be statistically representative of all households within the project-defined implementation area.

Malawi – Coordination with Feed the Future

In Malawi, the FFP project implementation areas for the *Njira* project are located in the Balaka and Machinga Districts, but do not cover the entire districts. These two districts are also part of Feed the Future's (FTF) seven district zone of influence (ZOI) in Malawi. FTF FEEDBACK² is conducting an interim evaluation and will be conducting a household survey in the ZOI during the same months as FFP. Due to the overlapping districts and timeframe of the two data collection activities, FFP is coordinating with FTF to collect survey data for the areas in Balaka and Machinga that are outside the FFP project implementation areas but included in the FTF ZOI.

Several coordination meetings have taken place to discuss the sampling strategies for Balaka and Machinga in order to serve the purpose of providing indicator estimates for the FFP *Njira* baseline study as well as indicator estimates for the overall Balaka and Machinga districts for the FTF FB interim

¹ FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys. April 2015. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA III), 2015.

² The Feed the Future (FTF) FEEDBACK activity is funded by the United States Agency for International Development (USAID) to implement specific elements of the monitoring and evaluation (M&E) agenda for FTF, the U.S. Government's Global Hunger and Food Security initiative.

evaluation. A summary of the overall sampling strategy is provided in Appendix A. The remainder of this document focuses on the sampling plan for the two FFP project awards.

Sampling Frame

The sampling frame for each FFP project will be constructed from the implementation areas defined by the project and will be complemented with census-level household and population data. The last available census level information at the lowest enumeration level will be used.

In Malawi, the last decennial Population and Housing Census was conducted in June 2008 by the National Statistical Office (NSO). The administrative levels for the Malawi census are as follows:

- Region
- District
- Traditional Authority (TA)
- Enumeration Area (EA)

The implementation area for the UBALE project includes all TAs in the districts of Blantyre Rural, Chikwawa and Nsanje in the Southern Region. The implementation area for the *Njira* project includes 11 TAs in the districts of Balaka and Machinga in the Southern Region.

A complication for defining the sampling frame for the *Njira* project arose due to the division of existing TAs and establishment of new TAs since the 2008 census. The project area for *Njira* was selected based on the new TA structure which was not accounted for in the 2008 census file. Given that household counts for the various TAs were only available for the 2008 census file (and not for the new TA structure), a mapping between the old and new geographic designations was needed. See Appendix B for a crosswalk between the old and new census TA designations and the selected TAs for the *Njira* project. ICF contacted the NSO for an updated census file based on the new TA structure but they were only able to provide updates for the new TAs in the Balaka district. In order to subdivide the EAs in the 2008 TA in the Machinga district that split into three TAs and where the *Njira* project will be implemented in only two of these three TAs, ICF consulted with the *Njira* project team to identify the villages selected by the project in the two new TAs. These villages were then identified on census EA maps and those EAs that included project villages were designated as EAs in the project area and the remaining EAs were designated as outside of the project area. After assignment of EAs to the project area/non project area based on the new TA structure, the sampling frame consisted of a total of 350 EAs within the 11 TAs in the *Njira* project area.

Sample Size

The sample size for each project is based on adequately powering a statistical test of differences in the prevalence of stunting because stunting is one of several key measures of food insecurity.

The following criteria were used for deriving the sample size for each project:

- Design effect of 2
- Confidence level of 95 percent
- Power level of 80 percent
- Expected reduction in stunting over the life of the project of 6.5 percentage points

- Use of the Stukel/Deitchler Inflation and Deflation Factors (see the Addendum to the FANTA Sampling Guide³) to determine the number of households with children under five years of age
- Inflation of the sample size of households by 2.5 percent to account for estimated household non-response

The formula used for deriving the sample size is based on a statistical test of the difference of proportions (or prevalences) for an indicator (e.g., from baseline to final evaluation), controlling for inferential error as described in Appendix I of the Addendum to the FANTA Sampling Guide. Table I provides the target sample size using estimates from the most recent Demographic and Health Survey (DHS) for the prevalence of stunting in rural households, proportion of children aged 0–59 months in rural households, and average rural household size.

Table I. Target sample size for Malawi

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 non-response adjustment	Number of Clusters Needed	Number of Households
Children 0-59 months	0.173	4.7	0.813	0.482	0.065	1,442	2,338	2,396	120	2,400

Source: 2010 DHS

** Includes Stukel/Deitchler inflation and deflation factors

Based on the target sample size calculated above, ICF will sample 120 clusters with 20 households per cluster for the *Njira* and UBALE projects in Malawi, for a total of 240 clusters and 4,800 households.

Sample Selection

The sample for each project will be selected using multi-stage cluster sampling with three stages of sampling: 1) selection of EAs or Wards, 2) selection of households, and 3) selection of individuals within households.

First stage sampling of enumeration areas

One consideration for the first stage of sampling is to ensure that some sampled EAs fall within each of the districts where each project will be implemented. In order to ensure representation in each of the districts, the frame of EAs will be stratified by district for each project. A fraction of the total EAs for each project will be allocated proportionately to each stratum based on the distribution of households in the sampling frame. Then the frame of EAs within each stratum will be sampled using probability proportional to size (PPS). Although EAs tend to be roughly similar in size, a review of the sampling frame for the project areas indicates there is enough variation in the number of households for each EA to warrant use of PPS sampling. Tables 2A and 2B provide summary EA and population counts by district for each project. Appendices C1 and C2 show the list of sampled EAs for each project.

³ Magnani, Robert. *Sampling Guide (1999) and Addendum (2012)*. Washington, D.C.: FHI 360/FANTA. Available at <http://www.fantaproject.org/monitoring-and-evaluation/sampling>.

Table 2A. EAs and households included in the UBALE sampling frame and sample

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Blantyre Rural	381	80,879	42	840
Chikwawa	396	98,035	51	1,020
Nsanje	255	52,600	27	540
Total	1,032	231,514	120	2,400

Table 2B. EAs and households included in the Njire sampling frame and sample

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Balaka	192	51,798	65	1,300
Machinga	158	43,828	55	1,100
Total	350	95,626	120	2,400

Second stage sampling of households

The second stage sampling will entail selection of 20 households within each EA. Before the selection of households can take place, a listing exercise is needed in order to determine the current number of households in each selected EA. This involves making contact with HH members in each dwelling (physical structure) to determine the household structure and identify and count the number of households. The listing procedure has the benefit of eliminating the need for an intermediate stage of sampling (HHs within sampled dwellings) that is often needed in traditional sampling schemes. GPS coordinates will be taken and the name of the head of household will be recorded for each identified household.

For the purposes of the household survey a household will be defined as follows:

A person or group of people who live together and share meals (“eating from the same pot”).

This is not the same as a family. A family includes people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered one household.

For men with more than one wife (polygamous situations), households will be treated in accordance with the above definition as follows:

If the wives live in the same homestead and also share the same eating arrangements, they will be treated as the same household. But if the wives live independently and do not share the same eating arrangements they will be treated as separate households.

Once the listing exercise is completed and a full list of all households is available, 20 households per EA will be selected using systematic sampling.

Third stage of sampling: Selection of individuals within households

The household 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 under 6 months (relevant to exclusive breastfeeding indicator), children aged 6-23 months (relevant to minimum acceptable diet (MAD) indicator and the consumption of targeted nutrient-rich value chain commodities (TNRVCC) indicator), children aged 0-59 months (relevant to the diarrhea, oral rehydration therapy, stunting and underweight indicators), women of reproductive age (relevant to the women's dietary diversity indicators and TNRVCC indicator), non-pregnant women of reproductive age (relevant to the underweight indicator), women of reproductive age who have had a live birth in the past five years (relevant to the ante-natal care (ANC) indicator), women of reproductive age who are married or in union (relevant to the contraceptive prevalence indicator), farmers (relevant to agricultural indicators), male and female cash earners (relevant to the cash earner gender indicators), and male and female parents of children under two years of age (relevant to the maternal and child health nutrition gender indicators).

The household roster will be completed at the beginning of the interview, thus identifying all members of the selected household. Individuals are considered household members if they have lived in the household for at least 6 of the past 12 months. The protocol for the selection of individuals for sampling is as follows:

- For the children's module and anthropometry, *all* children 0-59 months will be selected (for the corresponding relevant indicators). For exclusive breastfeeding, a filter will be applied to select children 0-5 months; for the MAD and TNRVCC indicators, a filter will be applied to select children 6-23 months.
- For the women's module (WDDS, MDD-W, and TNRVCC indicators), *all* women between the ages of 15-49 years are selected.
- For the women's module (ANC visits), *all* women between the ages of 15-49 years who have had a live birth in the past 5 years are selected
- For the women's module (contraceptive prevalence), *all* women between the ages of 15-49 years who are married or in a union are selected
- For anthropometry (underweight), *all* women between the ages of 15-49 years who are not pregnant are selected
- For the farmer's module, *all* eligible farmers will be selected.
- For the cash earner gender module, *all* male and female household members who work and are paid in cash or in kind will be selected.
- For the gender module regarding knowledge of and decision-making on maternal and child health practices, *all* male and female parents of children under two years of age will be selected. If a household contains both males and females, all will be interviewed, but if a household has only males or females, only these will be interviewed.

The protocol for identification of (proxy) respondents to be interviewed on behalf of sampled individuals within households is defined as follows:

- For the household level modules (relevant to the food access indicators, the WASH (water, sanitation and hygiene) indicators, and the poverty indicators), the head of household or a responsible adult in the household will be interviewed.
- For the children’s module, the mother or caregiver of each child 0-5 months, 6-23 months and 0-59 months (depending on the relevant indicators) will be interviewed. Note that there may be more than one mother or caregiver. There should be no substitute respondents.
- For children’s anthropometry, all children 0-59 months will be measured.
- For the women’s module and anthropometry, all appropriate subsets of women between the ages of 15-49 will be interviewed and measured (see the above section for details). There should be no substitutes.
- For the farmer’s module, all farmers will be interviewed. A responsible adult who is knowledgeable of the farming practices can be interviewed in cases where a farmer is not available or when the farmer has migrated for an extended period.
- For the gender module, if male and female cash earners or male and female parents of children under two years of age are not available, no other individuals should be interviewed.

Sampling Weights

Sample weights will be computed and used in the data analyses. This will involve computing an overall sampling weight for each indicator corresponding to a unique sampling scheme. The sampling weight will consist of the inverse of the product of the probabilities of selection from each of the stages of sampling (EA selection and household selection). Different sampling weights will be calculated for separate analyses of each project and for the overall aggregate. Weights will also be adjusted to compensate for household and individual level non-response where appropriate. Because of the need to account for differing levels of non-response at the individual level, a series of different weights are required for data analysis. Separate weights will be calculated for:

- 1) Households (used for household indicators derived from Modules C, F, H)
- 2) Children 0-59 months (Module D – for all children’s indicators)
- 3) Women 15-49 years (Module E – dietary indicators)
- 4) Women 15-49 years with a live birth in the past five years (Module E – ANC indicator)
- 5) Women 15-49 years married or in a union (Module E – contraceptive prevalence indicator)
- 6) Women 15-49 years who are not pregnant (Anthropometry – underweight indicator)
- 7) Farmers (Module G – all agricultural indicators)
- 8) Male and female cash earners (Module J – cash earner indicators)
- 9) Male and female parents of children under two years of age (Module K – MCHN indicators)

Given that all eligible individuals will be selected for Modules D, E, G, J and K, the sampling weights for these modules will differ from those for households (used in Modules C, F, and H) by an individual non-response adjustment only. For children 0-5 months, and children 6-23 months, the overall non-response adjustment for all children 0-59 months will be used.⁴ Single questionnaire items that are missing responses will not be imputed for and will not be included in the calculations for relevant indicators.

⁴ Strictly speaking, a separate non-response adjustment should be made for children 0-5 months and 6-23 months. However, it has been determined that non-response for children 0-59 months (in general) is so minimal that it will suffice to apply one non-response adjustment for all children aged 0-59 months instead.

APPENDIX A – SUMMARY NOTES ON SAMPLING COORDINATION WITH FTF

- The total sample size for the FTF FB interim population-based survey is 1,007 households across the 7-district zone of influence (ZOI)
- FTF FB will collect data for the 5-district ZOI (n=825 households), and FFP will collect data for the two districts of Balaka and Machinga (n=182 households)
- Currently, there are a total of 22 Traditional Authorities (TAs) in the Balaka and Machinga districts and 4 other administrative areas (urban centers and national parks) that are not included as part of the FTF ZOI.
 - The FFP *Njira* project will be implemented in 11 of these TAs
 - The remaining 11 TAs encompass the area outside of the FFP *Njira* project area that are included in the FTF ZOI.
- The sample needed for FTF FB will be 105 households in the 11 TAs in the FFP *Njira* project area and 77 households in the 11 TAs outside the *Njira* project area.
- The FFP *Njira* project has a sample size requirement of 2,396 based on a test of differences.
- The multi-stage cluster sample design requires selection of clusters and then households within clusters. Clusters will be census enumeration areas (EA) based on the Malawi 2008 Population and Housing Census. FFP FB requires a cluster size of 20 households per EA.
- A two-phased sampling approach will be used to satisfy the needs for FFP *Njira* project estimates and FTF FB 7-district estimates:
 - In the first phase, ICF will select a PPS sample of 120 EAs (2,400 households). EAs will be allocated proportionately across the two districts based on the number of households in each district. This sample will be used to construct FFP *Njira* project estimates. Additionally, FTF will select 6 EAs in the area outside of the *Njira* project area for FTF FB 7-district estimates.
 - In the second phase, FB will select a subsample of 105 households (64 in the Machinga district and 41 in the Balaka district, regardless of EA) directly from the first phase sample of 120 EAs for FTF FB estimates. These households (appropriately weighted to reflect the two phases of sampling) will be used in the construction of the FTF 7-district estimate (which includes Machinga and Balaka plus the 5-district ZOI)

APPENDIX B – TA STRUCTURE IN BALAKA AND MACHINGA: 2008 AND CURRENT

DISTRICT	OLD TAs - 2008	Current TAs (2015)
Balaka	TA Nsamala	TA Chanthunya
		TA Nkaya
		TA Nsamala
		TA Sawali
	TA Kalembo	Sub TA Kachenga
		TA Kalembo
		TA Amidu
Balaka Boma	Balaka Boma	
Machinga	TA Liwonde	TA Liwonde Sub TA Nsanama
	TA Kawinga	TA TA Kawinga
		Sub TA Nchinguza
		Sub TA Nkoola
	TA Nyambi	TA Nyambi
		TA Kapoloma
	TA Sitola	TA Sitola TA Nkula
	TA Mlomba	TA Mlomba
	TA Chikweo	TA Chikweo
	TA Chiwalo	TA Chiwalo
	TA Ngokwe	TA Ngokwe
	TA Mposa	TA Mposa
	TA Chamba	TA Chamba
	Liwonde National Park	Liwonde National Park
	Liwonde Town	Liwonde Town
Machinga Boma	Machinga Boma	
TA in FFP project area		
TA outside of FFP project area		
TA split - some parts in FFP project area		

APPENDIX C I – SAMPLED EAs FOR THE UBALE PROJECT

Malawi UBALE Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	301	190
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	302	112
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	303	190
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	304	229
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	305	402
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	306	281
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	307	135
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	308	411
FFP-CRS	Southern	Blantyre Rural	30501	Kapeni	309	267
FFP-CRS	Southern	Blantyre Rural	30502	Lundu	310	276
FFP-CRS	Southern	Blantyre Rural	30502	Lundu	311	245
FFP-CRS	Southern	Blantyre Rural	30502	Lundu	312	195
FFP-CRS	Southern	Blantyre Rural	30503	Chigaru	313	245
FFP-CRS	Southern	Blantyre Rural	30503	Chigaru	314	162
FFP-CRS	Southern	Blantyre Rural	30503	Chigaru	315	284
FFP-CRS	Southern	Blantyre Rural	30503	Chigaru	316	343
FFP-CRS	Southern	Blantyre Rural	30503	Chigaru	317	369
FFP-CRS	Southern	Blantyre Rural	30504	Kunthembwe	318	242
FFP-CRS	Southern	Blantyre Rural	30504	Kunthembwe	319	334
FFP-CRS	Southern	Blantyre Rural	30504	Kunthembwe	320	393
FFP-CRS	Southern	Blantyre Rural	30504	Kunthembwe	321	379
FFP-CRS	Southern	Blantyre Rural	30505	Makata	322	159
FFP-CRS	Southern	Blantyre Rural	30505	Makata	323	186
FFP-CRS	Southern	Blantyre Rural	30505	Makata	324	171
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	325	207
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	326	392
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	327	469
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	328	733
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	329	231
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	330	502
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	331	673
FFP-CRS	Southern	Blantyre Rural	30506	Kuntaja	332	136
FFP-CRS	Southern	Blantyre Rural	30507	Machinjili	333	275
FFP-CRS	Southern	Blantyre Rural	30507	Machinjili	334	229
FFP-CRS	Southern	Blantyre Rural	30507	Machinjili	335	243
FFP-CRS	Southern	Blantyre Rural	30508	Somba	336	220
FFP-CRS	Southern	Blantyre Rural	30508	Somba	337	387
FFP-CRS	Southern	Blantyre Rural	30508	Somba	338	281
FFP-CRS	Southern	Blantyre Rural	30508	Somba	339	224
FFP-CRS	Southern	Blantyre Rural	30508	Somba	340	225
FFP-CRS	Southern	Blantyre Rural	30508	Somba	341	261
FFP-CRS	Southern	Blantyre Rural	30508	Somba	342	152

APPENDIX C I – SAMPLED EAs FOR THE UBALE PROJECT

Malawi UBALE Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-CRS	Southern	Chikwawa	31001	Ngabu	343	135
FFP-CRS	Southern	Chikwawa	31001	Ngabu	344	261
FFP-CRS	Southern	Chikwawa	31001	Ngabu	345	395
FFP-CRS	Southern	Chikwawa	31001	Ngabu	346	385
FFP-CRS	Southern	Chikwawa	31001	Ngabu	347	279
FFP-CRS	Southern	Chikwawa	31001	Ngabu	348	261
FFP-CRS	Southern	Chikwawa	31001	Ngabu	349	204
FFP-CRS	Southern	Chikwawa	31001	Ngabu	350	188
FFP-CRS	Southern	Chikwawa	31001	Ngabu	351	304
FFP-CRS	Southern	Chikwawa	31001	Ngabu	352	291
FFP-CRS	Southern	Chikwawa	31001	Ngabu	353	160
FFP-CRS	Southern	Chikwawa	31001	Ngabu	354	183
FFP-CRS	Southern	Chikwawa	31001	Ngabu	355	167
FFP-CRS	Southern	Chikwawa	31001	Ngabu	356	219
FFP-CRS	Southern	Chikwawa	31001	Ngabu	357	229
FFP-CRS	Southern	Chikwawa	31001	Ngabu	358	227
FFP-CRS	Southern	Chikwawa	31002	Lundu	359	304
FFP-CRS	Southern	Chikwawa	31002	Lundu	360	334
FFP-CRS	Southern	Chikwawa	31002	Lundu	361	185
FFP-CRS	Southern	Chikwawa	31002	Lundu	362	331
FFP-CRS	Southern	Chikwawa	31002	Lundu	363	308
FFP-CRS	Southern	Chikwawa	31002	Lundu	364	923
FFP-CRS	Southern	Chikwawa	31003	Chapananga	365	143
FFP-CRS	Southern	Chikwawa	31003	Chapananga	366	500
FFP-CRS	Southern	Chikwawa	31003	Chapananga	367	179
FFP-CRS	Southern	Chikwawa	31003	Chapananga	368	375
FFP-CRS	Southern	Chikwawa	31003	Chapananga	369	396
FFP-CRS	Southern	Chikwawa	31003	Chapananga	370	276
FFP-CRS	Southern	Chikwawa	31003	Chapananga	371	387
FFP-CRS	Southern	Chikwawa	31003	Chapananga	372	200
FFP-CRS	Southern	Chikwawa	31003	Chapananga	373	232
FFP-CRS	Southern	Chikwawa	31003	Chapananga	374	219
FFP-CRS	Southern	Chikwawa	31003	Chapananga	375	230
FFP-CRS	Southern	Chikwawa	31004	Maseya	376	199
FFP-CRS	Southern	Chikwawa	31004	Maseya	377	326
FFP-CRS	Southern	Chikwawa	31004	Maseya	378	167
FFP-CRS	Southern	Chikwawa	31005	Katunga	379	596
FFP-CRS	Southern	Chikwawa	31005	Katunga	380	484
FFP-CRS	Southern	Chikwawa	31005	Katunga	381	245
FFP-CRS	Southern	Chikwawa	31006	Kasisi	382	293
FFP-CRS	Southern	Chikwawa	31006	Kasisi	383	235
FFP-CRS	Southern	Chikwawa	31006	Kasisi	384	242

APPENDIX C I – SAMPLED EAs FOR THE UBALE PROJECT

Malawi UBALE Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-CRS	Southern	Chikwawa	31006	Kasisi	385	457
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	386	205
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	387	630
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	388	285
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	389	366
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	390	161
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	391	344
FFP-CRS	Southern	Chikwawa	31007	Mankhwira	392	217
FFP-CRS	Southern	Chikwawa	31020	Chikwawa Boma	393	148
FFP-CRS	Southern	Nsanje	31101	Ndamera	394	148
FFP-CRS	Southern	Nsanje	31101	Ndamera	395	195
FFP-CRS	Southern	Nsanje	31101	Ndamera	396	126
FFP-CRS	Southern	Nsanje	31102	Chimombo	397	94
FFP-CRS	Southern	Nsanje	31102	Chimombo	398	97
FFP-CRS	Southern	Nsanje	31104	Mlolo	399	221
FFP-CRS	Southern	Nsanje	31104	Mlolo	400	70
FFP-CRS	Southern	Nsanje	31104	Mlolo	401	322
FFP-CRS	Southern	Nsanje	31104	Mlolo	402	182
FFP-CRS	Southern	Nsanje	31104	Mlolo	403	131
FFP-CRS	Southern	Nsanje	31104	Mlolo	404	236
FFP-CRS	Southern	Nsanje	31104	Mlolo	405	253
FFP-CRS	Southern	Nsanje	31105	Tengani	406	109
FFP-CRS	Southern	Nsanje	31105	Tengani	407	409
FFP-CRS	Southern	Nsanje	31105	Tengani	408	380
FFP-CRS	Southern	Nsanje	31105	Tengani	409	201
FFP-CRS	Southern	Nsanje	31106	S/C Mbenje	410	302
FFP-CRS	Southern	Nsanje	31106	S/C Mbenje	411	211
FFP-CRS	Southern	Nsanje	31106	S/C Mbenje	412	508
FFP-CRS	Southern	Nsanje	31106	S/C Mbenje	413	160
FFP-CRS	Southern	Nsanje	31107	Malemia	414	178
FFP-CRS	Southern	Nsanje	31107	Malemia	415	169
FFP-CRS	Southern	Nsanje	31108	Ngabu	416	194
FFP-CRS	Southern	Nsanje	31108	Ngabu	417	267
FFP-CRS	Southern	Nsanje	31109	S/C Makoko	418	147
FFP-CRS	Southern	Nsanje	31120	Nsanje	419	258
FFP-CRS	Southern	Nsanje	31120	Nsanje	420	325

APPENDIX C2 – SAMPLED EAs FOR THE *Njira* PROJECT

Malawi <i>Njira</i> Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-PCI	Southern	Balaka	31204	Kalemebo	101	277
FFP-PCI	Southern	Balaka	31204	Kalemebo	102	385
FFP-PCI	Southern	Balaka	31204	Kalemebo	103	187
FFP-PCI	Southern	Balaka	31204	Kalemebo	104	371
FFP-PCI	Southern	Balaka	31204	Kalemebo	105	498
FFP-PCI	Southern	Balaka	31204	Kalemebo	106	200
FFP-PCI	Southern	Balaka	31204	Kalemebo	107	309
FFP-PCI	Southern	Balaka	31204	Kalemebo	108	200
FFP-PCI	Southern	Balaka	31204	Kalemebo	109	212
FFP-PCI	Southern	Balaka	31204	Kalemebo	110	296
FFP-PCI	Southern	Balaka	31204	Kalemebo	111	308
FFP-PCI	Southern	Balaka	31204	Kalemebo	112	316
FFP-PCI	Southern	Balaka	31204	Kalemebo	113	306
FFP-PCI	Southern	Balaka	31204	Kalemebo	114	376
FFP-PCI	Southern	Balaka	31204	Kalemebo	115	283
FFP-PCI	Southern	Balaka	31204	Kalemebo	116	301
FFP-PCI	Southern	Balaka	31204	Kalemebo	117	329
FFP-PCI	Southern	Balaka	31204	Kalemebo	118	239
FFP-PCI	Southern	Balaka	31204	Kalemebo	119	301
FFP-PCI	Southern	Balaka	31204	Kalemebo	120	164
FFP-PCI	Southern	Balaka	31204	Kalemebo	121	285
FFP-PCI	Southern	Balaka	31204	Kalemebo	122	615
FFP-PCI	Southern	Balaka	31204	Kalemebo	123	258
FFP-PCI	Southern	Balaka	31204	Kalemebo	124	244
FFP-PCI	Southern	Balaka	31204	Kalemebo	125	371
FFP-PCI	Southern	Balaka	31204	Kalemebo	126	348
FFP-PCI	Southern	Balaka	31204	Kalemebo	127	297
FFP-PCI	Southern	Balaka	31204	Kalemebo	128	295
FFP-PCI	Southern	Balaka	31204	Kalemebo	129	305
FFP-PCI	Southern	Balaka	31204	Kalemebo	130	566
FFP-PCI	Southern	Balaka	31204	Kalemebo	131	431
FFP-PCI	Southern	Balaka	31204	Kalemebo	132	398
FFP-PCI	Southern	Balaka	31204	Kalemebo	133	406
FFP-PCI	Southern	Balaka	31204	Kalemebo	134	233
FFP-PCI	Southern	Balaka	31204	Kalemebo	135	323
FFP-PCI	Southern	Balaka	31204	Kalemebo	136	275
FFP-PCI	Southern	Balaka	31204	Kalemebo	137	580
FFP-PCI	Southern	Balaka	31201	Nsamala	138	376
FFP-PCI	Southern	Balaka	31201	Nsamala	139	352
FFP-PCI	Southern	Balaka	31201	Nsamala	140	296
FFP-PCI	Southern	Balaka	31201	Nsamala	141	552
FFP-PCI	Southern	Balaka	31201	Nsamala	142	224

APPENDIX C2 – SAMPLED EAs FOR THE *Njira* PROJECT

Malawi <i>Njira</i> Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-PCI	Southern	Balaka	31201	Nsamala	143	291
FFP-PCI	Southern	Balaka	31201	Nsamala	144	286
FFP-PCI	Southern	Balaka	31201	Nsamala	145	423
FFP-PCI	Southern	Balaka	31201	Nsamala	146	252
FFP-PCI	Southern	Balaka	31201	Nsamala	147	273
FFP-PCI	Southern	Balaka	31201	Nsamala	148	316
FFP-PCI	Southern	Balaka	31201	Nsamala	149	192
FFP-PCI	Southern	Balaka	31201	Nsamala	150	251
FFP-PCI	Southern	Balaka	31201	Nsamala	151	266
FFP-PCI	Southern	Balaka	31201	Nsamala	152	203
FFP-PCI	Southern	Balaka	31201	Nsamala	153	209
FFP-PCI	Southern	Balaka	31201	Nsamala	154	177
FFP-PCI	Southern	Balaka	31201	Nsamala	155	332
FFP-PCI	Southern	Balaka	31201	Sawali	156	363
FFP-PCI	Southern	Balaka	31201	Sawali	157	271
FFP-PCI	Southern	Balaka	31201	Sawali	158	227
FFP-PCI	Southern	Balaka	31201	Sawali	159	264
FFP-PCI	Southern	Balaka	31201	Sawali	160	325
FFP-PCI	Southern	Balaka	31201	Sawali	161	336
FFP-PCI	Southern	Balaka	31201	Sawali	162	307
FFP-PCI	Southern	Balaka	31201	Sawali	163	316
FFP-PCI	Southern	Balaka	31201	Sawali	164	237
FFP-PCI	Southern	Balaka	31201	Sawali	165	186
FFP-PCI	Southern	Machinga	30203	Nchinguza	166	268
FFP-PCI	Southern	Machinga	30203	Nchinguza	167	129
FFP-PCI	Southern	Machinga	30203	Nchinguza	168	298
FFP-PCI	Southern	Machinga	30203	Nchinguza	169	247
FFP-PCI	Southern	Machinga	30203	Nchinguza	170	246
FFP-PCI	Southern	Machinga	30203	Nchinguza	171	408
FFP-PCI	Southern	Machinga	30203	Nkoola	172	251
FFP-PCI	Southern	Machinga	30203	Nkoola	173	417
FFP-PCI	Southern	Machinga	30203	Nkoola	174	281
FFP-PCI	Southern	Machinga	30203	Nkoola	175	302
FFP-PCI	Southern	Machinga	30203	Nkoola	176	276
FFP-PCI	Southern	Machinga	30203	Nkoola	177	427
FFP-PCI	Southern	Machinga	30203	Nkoola	178	401
FFP-PCI	Southern	Machinga	30203	Nkoola	179	374
FFP-PCI	Southern	Machinga	30203	Nkoola	180	310
FFP-PCI	Southern	Machinga	30203	Nkoola	181	279
FFP-PCI	Southern	Machinga	30203	Nkoola	182	369
FFP-PCI	Southern	Machinga	30212	Nyambi	183	411
FFP-PCI	Southern	Machinga	30212	Nyambi	184	248

APPENDIX C2 – SAMPLED EAs FOR THE *Njira* PROJECT

Malawi <i>Njira</i> Project - Sampled Enumeration Areas						
Project	REGION	Dist_Names	TA2	TA Names	EA_CODE	Households
FFP-PCI	Southern	Machinga	30212	Nyambi	185	526
FFP-PCI	Southern	Machinga	30212	Nyambi	186	357
FFP-PCI	Southern	Machinga	30212	Nyambi	187	350
FFP-PCI	Southern	Machinga	30212	Nyambi	188	163
FFP-PCI	Southern	Machinga	30212	Nyambi	189	304
FFP-PCI	Southern	Machinga	30212	Nyambi	190	442
FFP-PCI	Southern	Machinga	30212	Nyambi	191	676
FFP-PCI	Southern	Machinga	30212	Nyambi	192	414
FFP-PCI	Southern	Machinga	30212	Nyambi	193	523
FFP-PCI	Southern	Machinga	30212	Nyambi	194	489
FFP-PCI	Southern	Machinga	30212	Nyambi	195	509
FFP-PCI	Southern	Machinga	30212	Nyambi	196	492
FFP-PCI	Southern	Machinga	30212	Nyambi	197	396
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	198	334
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	199	288
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	200	284
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	201	276
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	202	346
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	203	426
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	204	395
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	205	364
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	206	343
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	207	380
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	208	385
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	209	267
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	210	260
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	211	184
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	212	369
FFP-PCI	Southern	Machinga	30207	S/C Chikweo	213	246
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	214	298
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	215	286
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	216	439
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	217	353
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	218	303
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	219	345
FFP-PCI	Southern	Machinga	30208	S/C Ngokwe	220	244

ANNEX 3

Population-Based Household Survey Questionnaire Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Module A. Identification and Informed Consent (Head of HH or Responsible Adult)

[NAME OF COUNTRY]

IDENTIFICATION (1)																				
<p>A01 ENUMERATION AREA (EA) or CLUSTER CODE</p> <p>A02 HOUSEHOLD NUMBER (HH)</p> <p>A03a TRADITIONAL AUTHORITY CODE (SEE LIST)</p> <p>A03b DISTRICT CODE (CIRCLE BELOW)</p> <p> <input type="checkbox"/> Machinga <input type="checkbox"/> 302 <input type="checkbox"/> Blantyre <input type="checkbox"/> 305 <input type="checkbox"/> Chikwawa <input type="checkbox"/> 310 <input type="checkbox"/> Nsanje <input type="checkbox"/> 311 <input type="checkbox"/> Balaka <input type="checkbox"/> 312 </p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
INTERVIEWER VISITS																				
	FIRST VISIT	SECOND VISIT	THIRD VISIT	FINAL VISIT																
<p>A05 DATE</p> <p>A06 ENUMERATOR</p> <p>A07 DAY OF VISIT</p> <p>A08 RESULT USE CODES BELOW</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>A09 DAY</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p>A10 MONTH</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p>A11 YEAR</p> <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">2</td> <td style="width: 15px; text-align: center;">0</td> <td style="width: 15px; text-align: center;">1</td> <td style="width: 15px; text-align: center;">5</td> </tr> </table> <p>A12 INT. NO.</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>									2	0	1	5				
2	0	1	5																	
<p>NEXT VISIT: DATE</p> <p style="text-align: right;">TIME</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>A13 TOTAL NUMBER OF VISITS</p> <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td></tr> </table>																
<p>A14 FINAL OUTCOME OF INTERVIEW (CIRCLE ONE)</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>9 OTHER _____ (SPECIFY)</p>			<p>A17 TOTAL PERSONS IN THE HOUSEHOLD</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> <p>A18 LINE NO. OF RESPONDENT TO HOUSEHOLD ROSTER</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table> <p>A19 TOTAL CHILDREN UNDER FIVE</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																	
<p>A15 HEAD OF HOUSEHOLD: NAME & LINE NUMBER (B01)</p> <p>_____</p>			<p>A20 TOTAL ELIG. WOMEN 15-49 YRS</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																	
<p>A16 PRIMARY FEMALE DECISION-MAKER* NAME & LINE NUMBER (B01)</p> <p>_____</p>			<p>A21 TOTAL NO. OF FARMERS</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																	
<p>LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table></p> <p>LANGUAGE OF QUESTIONNAIRE** ENGLISH</p> <p style="text-align: right; font-size: small;">**LANGUAGE CODES: 01 ENGLISH 02 CHICHEWA</p>					0	1														
0	1																			
<p>SUPERVISOR</p> <p>_____</p> <p style="text-align: center;">NAME</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>				<p>FIELD EDITOR</p> <p>_____</p> <p style="text-align: center;">NAME</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>				<p>OFFICE EDITOR</p> <p>_____</p> <p style="text-align: center;">NAME</p>										
<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>					<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>					<p>KEYED BY</p> <p>_____</p> <p style="text-align: center;">NAME</p>										
<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>					<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>					<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <p style="text-align: center;">NUMBER</p>										

*THE PRIMARY FEMALE DECISION MAKER IS THE FEMALE WHO SELF-IDENTIFIES AS BEING RESPONSIBLE FOR DECISION MAKING (ALONE OR JOINTLY), BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD. IN MALE AND FEMALE ADULT HOUSEHOLDS, SHE IS USUALLY THE WIFE; HOWEVER SHE CAN ALSO BE ANOTHER HOUSEHOLD MEMBER AS LONG AS SHE IS AGED 18 AND OVER.

INFORMED CONSENT

A00: START TIME
[] [] : [] []
HOUR MINUTE

IT IS NECESSARY TO INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF ALL RESPONDENTS. FIRST IDENTIFY THE HEAD OF HOUSEHOLD AND CONDUCT THE INFORMED CONSENT WITH HIM/HER. THEN BEGIN THE INTERVIEW. AS YOU IDENTIFY NEW RESPONDENTS FOR SUBSEQUENT MODULES, RETURN TO THIS PAGE AND OBTAIN THEIR CONSENT BEFORE INTERVIEWING THEM.

INTRODUCTION AND CONSENT Hello. My name is _____. I am working with (ICF). We are conducting a survey to learn about food security, food consumption, nutrition, and well-being of households in Malawi. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 2 hours. We can return tomorrow if you don't have time to finish all the questions today. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are 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. Do you have any questions about the study or about your participation? You or other respondents can ask any questions you maybe have about the study at any time. Do you agree to participate in the survey?

Do you have any questions about the study or about your participation?
You or other respondents can ask any questions you may have about the study at any time.

AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.

1. NAME _____ Do you agree to participate in the survey?

RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

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

[NAME], do you agree to participate in the survey?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

3. PRIMARY CAREGIVERS FOR CHILDREN UNDER FIVE YEARS OF AGE

[NAME], do you agree to participate in the survey and allow your child to be weighed and measured?

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____

NO CHILDREN UNDER FIVE IN THE HOUSEHOLD _____

ADDITIONAL ELIGIBLE HOUSEHOLD MEMBERS

RESPONDENT AGREED RESPONDENT DID NOT AGREE

4. NAME _____ Do you agree to participate in the survey?

5. NAME _____ Do you agree to participate in the survey?

6. NAME _____ Do you agree to participate in the survey?

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.

INTERVIEWER'S NAME AND CODE _____ [] [] [] []

SIGNATURE AND DATE _____ DAY MONTH YEAR
[] [] . [] [] . 2 0 1 5

INTERVIEWER'S NAME AND CODE _____ [] [] [] []

SIGNATURE AND DATE _____ DAY MONTH YEAR
[] [] . [] [] . 2 0 1 5

INTERVIEWER'S NAME AND CODE _____ [] [] [] []

SIGNATURE AND DATE _____ DAY MONTH YEAR
[] [] . [] [] . 2 0 1 5

A26: END TIME [] [] : [] []
HOUR MINUTE

MODULE B. HOUSEHOLD ROSTER (HEAD OF HH OR RESPONSIBLE ADULT)					B00: START TIME				HOUR	MINUTE		IF AGE 15 OR OLDER				IF AGE 15 OR OLDER			IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	ELIGIBILITY										MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				
					MODULE C. H1	MODULE D. B06	PRIMARY CAREGIVER B08	MODULE E. B09	MODULE F. H2-H7 B10	MODULE J. B11	MODULE K. B12	MODULE L. B13	MODULE M. B14	MODULE N. B15		B16	B17	B18	B19	B20	B21	B22	B23		
B01	Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for at least 6 of the last 12 months, but it does not include anyone who lives here but eats separately. AFTER LISTING NAMES, RELATIONSHIP, AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS B06 TO B23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME)? IF 95 YEARS OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE >= 50 years. USE '00' IF CHILD IS LESS THAN 1 YEAR.	Is (NAME) responsible for food preparation in the household?	IS THIS PERSON UNDER 5 YEARS OF AGE?	Who is the Primary Caregiver of (NAME)? ENTER THE LINE NUMBER OF THE PRIMARY CAREGIVER. *READ DEFINITION OF PRIMARY CAREGIVER BELOW TO RESPONDE NT	IS THIS A WOMAN 15-49 YEARS OF AGE?	IS (NAME) THE HEAD OF THE HH OR A RESPONSIBLE ADULT IF HEAD OF HH IS ABSENT?	Has (NAME) done any work** in the last 12 months? READ DEFINITION OF WORK BELOW TO RESPONDE NT:	During the last 12 months, was (NAME) usually paid in cash or kind for this work, or was (NAME) not paid at all?	Is (NAME) the biological parent of a child under 2 years of age who is living in this household?	Is (NAME) a farmer***? *READ DEFINITION OF FARMER TO RESPONDE NT:	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES*. What is her name? RECORD MOTHER'S LINE NUMBER. IF "NO" RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household? IF YES*. What is his name? RECORD FATHER'S LINE NUMBER. IF "NO" RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? IF LESS THAN 1 YEAR COMPLETED, RECORD '00'. SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this school year, what level and grade was (NAME) attending? SEE CODES BELOW.			
01		01	M F	IN YEARS	Y N	Y N		Y N	Y N	Y N		Y N	Y N		Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE			
02			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
03			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
04			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
05			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
06			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
07			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
08			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
09			1 2		1 2		1 2	1 2	1 2	GO TO 13		1 2	1 2		1 2-8 GO TO 18		1 2-8 GO TO 20		1 2 NEXT LINE		1 2 NEXT LINE				
CODES FOR B03: RELATIONSHIP TO HEAD OF HOUSEHOLD					DEFINITIONS										CODES FOR Qs. B21 AND B23: EDUCATION										
01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENT-IN-LAW 08 = BROTHER OR SISTER 09 = OTHER RELATIVE 10 = ADOPTED/FOSTER/STEPCHILD 11 = NOT RELATED 98 = DON'T KNOW Is there anyone else living in your household? IF NO MORE PERSONS, THEN ASK THE FOLLOWING: 2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed? 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here and eat meals with the other household members? 2C) Does anyone else live here even if they are not at home now? INCLUDE CHILDREN IN SCHOOL, HOUSEHOLD MEMBERS AT WORK, OR PERSONS WHO HAVE MIGRATED IN THE LAST SIX MONTHS.					THE 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. WORK INCLUDES JOBS IN THE FORMAL AND/OR INFORMAL SECTOR, FULL TIME, PART TIME, OR SEASONAL WORK THAT IS DONE WITHIN AND/OR OUTSIDE THE HOME. IT INCLUDES, BUT IS NOT LIMITED TO AGRICULTURAL DAILY WAGE LABOR, OFF-FARM DAILY WAGE LABOR, INCOME GENERATION ACTIVITIES, SALE OF GOODS PRODUCED OR PROCESSED OUTSIDE THE HOME OR AT THE HOME, HOMESTEAD GARDEN OR FARM (E.G., VEGETABLES, EGGS, FISH, LIVESTOCK, ARTISANAL GOODS), OR PETTY TRADING. FOR THIS INDICATOR, WORK DOES NOT INCLUDE PARTICIPATING IN CASH FOR WORK, FOOD FOR WORK, OR CONDITIONAL TRANSFERS AND/OR PRODUCTIVE SAFETY NET PROGRAMS. IT DOES NOT INCLUDE EITHER CARING FOR OWN CHILDREN, COOKING, CLEANING OR DOING OTHER ROUTINE CHORES FOR OWN HOUSEHOLD (E.G., FETCHING WATER, COLLECTING FIREWOOD) OR BEING INVOLVED IN AGRICULTURAL PRODUCTION SOLELY FOR HOUSEHOLD CONSUMPTION. FARMERS, INCLUDING HERDERS AND FISHERMEN, 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 AND 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.										LEVEL 0 = PRESCHOOL 1 = PRIMARY 2 = SECONDARY 3 = UNIVERSITY OR ABOVE (USE '00' FOR B21 ONLY. THIS CODE IS NOT ALLOWED FOR B23) 4 = TECHNICAL OR VOCATIONAL 5 = ADULT LITERACY ONLY (NO FORMAL EDUCATION) 6 = KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) 8 = DON'T KNOW GRADE 00 = LESS THAN 1 YEAR COMPLETED 98 = DON'T KNOW										

LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 15 OR OLDER										IF AGE 15 OR OLDER	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS	
					ELIGIBILITY											SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS					EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE
B01	B02	B03	B04	B05	B06	B07	B08	B09	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23
	Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for at least 6 of the last 12 months, but it does not include anyone who lives here but eats separately. AFTER LISTING NAMES, RELATIONSHIP, AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS B06 TO B23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME)? IF 95 YEARS OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE >= 50 years. USE '00' IF CHILD IS LESS THAN 1 YEAR.	Is (NAME) responsible for food preparation in the household?	IS THIS PERSON UNDER 5 YEARS OF AGE?	Who is the Primary Caregiver of (NAME)? ENTER THE LINE NUMBER OF THE PRIMARY CAREGIVER. * READ DEFINITION OF PRIMARY CAREGIVER BELOW TO RESPONDE NT.	IS THIS A WOMAN 15-49 YEARS OF AGE?	IS (NAME) THE HEAD OF THE HH OR A RESPONSIBLE ADULT IF HEAD OF HH IS ABSENT?	Has (NAME) done any work** in the last 12 months? READ DEFINITION OF WORK BELOW TO RESPONDE NT.	During the last 12 months, was (NAME) usually paid in cash or kind for this work, or was (NAME) not paid at all?	Is (NAME) the biological parent of a child under 2 years of age who is living in this household?	Is (NAME) a farmer***? *READ DEFINITION OF FARMER TO RESPONDE NT.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES: What is her name? RECORD FATHER'S LINE NUMBER. IF "NO" RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household? IF YES: What is his name? RECORD MOTHER'S LINE NUMBER. IF "NO" RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? IF LESS THAN 1 YEAR COMPLETED, RECORD '00'. SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this school year, what level and grade was (NAME) attending? SEE CODES BELOW.
10			M F 1 2	IN YEARS 1 2	Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2	Y N 1 2 GO TO 13		Y N 1 2	Y N 1 2		Y N DK 1 2 GO TO 18		Y N DK 1 2 GO TO 20		Y N 1 2 NEXT LINE	LEVEL GRADE 1 2 NEXT LINE	Y N 1 2 NEXT LINE	LEVEL GRADE 1 2 NEXT LINE
11			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
12			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
13			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
14			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
15			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
16			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
17			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
18			1 2	1 2	1 2	1 2		1 2	1 2	1 2 GO TO 13		1 2	1 2		1 2 GO TO 18		1 2 GO TO 20		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE
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CODES FOR B03: RELATIONSHIP TO HEAD OF HOUSEHOLD 01 = HEAD OF HOUSEHOLD 07 = PARENT-IN-LAW 02 = WIFE OR HUSBAND 08 = BROTHER OR SISTER 03 = SON OR DAUGHTER 09 = OTHER RELATIVE 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 10 = ADOPTED/FOSTER/STEPCHILD 05 = GRANDCHILD 11 = NOT RELATED 06 = PARENT 98 = DONT KNOW					FARMERS, INCLUDING HERDERS AND FISHERMEN, 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 AND 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.										B24: END TIME HOUR [] [] MINUTE [] [] GO TO MODUE F							

Module F. Water, Sanitation and Hygiene (Head of HH or Responsible Adult)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
F01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/> <input type="text"/> <input type="text"/> HH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
F02	HEAD OF THE HOUSEHOLD OR RESPONSIBLE ADULT (B10 = 1) FROM HOUSEHOLD ROSTER	LINE NUMBER (B01) <input type="text"/> <input type="text"/>	
DRINKING WATER			
F04	What is currently the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBEWELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 _____ (SPECIFY)	→ F07 → F07
F05	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ F07
F06	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
F07	Is water available from this source all year round?	YES 1 NO 2 DON'T KNOW 8	
F08	In the last two weeks, was water unavailable from this source for a day or longer?	YES 1 NO 2 DON'T KNOW 8	
F09	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ F11
F10A	What do you usually do to make the water safer to drink? Anything else? REFER TO THE MANUAL FOR INSTRUCTIONS ON OBSERVATIONS NEEDED TO VERIFY EACH METHOD. RECORD ALL RESPONSES AFTER VERIFICATION.	BOIL (Until the water comes to a boil) A ADD BLEACH/CHLORINE (Water Guard, Jik, Aquatabs) B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F [BIO] SAND FILTRATION G PUT A COVER OVER THE WATER H OTHER X _____ (SPECIFY)	→ F11 → F11
F10B	IF THE HOUSEHOLD USES BLEACH/CHLORINE TO TREAT DRINKING WATER, ASK PERMISSION TO TEST THE WATER. IS THERE CHLORINE TESTED IN THE DRINKING WATER PROVIDED BY THE HOUSEHOLD? TO TEST THE WATER: 1. FILL A TEST TUBE TO THE 5 ML LINE WITH DRINKING WATER PROVIDED BY THE HOUSEHOLD. 2. ADD ONE CHLORINE #1R TABLET. CAP THE TEST TUBE AND MIX UNTIL THE TABLET DISINTEGRATES. 3. INSERT TEST TUBE INTO THE TOP OF THE OCTA-SLIDE 2 VIEWER 4. A PINK TO RED COLOR IN THE TEST TUBE INDICATES THE PRESENCE OF CHLORINE.	YES 1 NO 2 WATER NOT TESTED NO PERMISSION TO TEST 3 NO WATER AVAILABLE 4 OTHER REASONS 5	

Module F. Water, Sanitation and Hygiene (Head of HH or Responsible Adult)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SANITATION			
F11	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYTEI 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH NATURAL SLAE 22 PIT LATRINE WITH MANUFACTURED SLAB (SANPLAT) 23 PIT LATRINE WITHOUT SLAB/OPEN PIT 24 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE (PILE) 51 NO FACILITY/BUSH/FIELD/LAKE/RIVER 61 ECOSAN LATRINE 81 OTHER 96 _____ (SPECIFY)	→ F14
F12	Does your household share the toilet facility with other households?	YES 1 NO 2	→ F14
F13	How many households share that toilet facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text" value=""/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
HANDWASHING			
F14	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLO 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO F17) ←	
F15	<u>OBSERVATION ONLY:</u> <u>OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</u>	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
F16	<u>OBSERVATION ONLY:</u> <u>OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.</u>	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) 1 ASH, MUD, SAND 2 NONE 3	
F17	<u>OBSERVATION ONLY:</u> <u>OBSERVE PRESENCE OF TOILET FACILITY THAT HOUSEHOLD SAID THEY USED.</u>	TOILET FACILITY IS AVAILABLE 1 TOILET FACILITY IS NOT AVAILABLE 2	
DWELLING CHARACTERISTICS			
F18	<u>OBSERVE, DO NOT ASK</u> <u>ROOF TOP MATERIAL (OUTER COVERING):</u>	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96	

Module F. Water, Sanitation and Hygiene (Head of HH or Responsible Adult)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F19	<u>OBSERVE, DO NOT ASK</u> <u>FLOOR MATERIAL:</u>	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET/POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96	
F20	<u>OBSERVE, DO NOT ASK</u> <u>EXTERIOR WALLS:</u>	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 METAL SHEETING 27 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER 96	
F21	How many rooms in this dwelling are used for sleeping?	NUMBER OF ROOMS USED FOR SLEEPING: <input type="text"/> <input type="text"/>	
F22	Does this household have electricity?	YES 1 NO 2	
F23	What is the main source of cooking fuel for your household?	ELECTRICITY 01 LIQUID PROPANE GAS 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP RESIDUE 10 ANIMAL DUNG 11 OTHER 96 NO FOOD COOKED IN HOUSEHOLD 97	
F24	INSERT TIME MODULE FINISHED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE G	

Module G. Agriculture (All Farmers)

G00	INSERT TIME MODULE STARTED				HOUR	<input type="text"/>	<input type="text"/>	MINUTE	<input type="text"/>	<input type="text"/>
G01	EA CODE AND HOUSEHOLD NUMBER				EA	<input type="text"/>	<input type="text"/>	HH	<input type="text"/>	<input type="text"/>
NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____						
<p>REGISTER NAME, SEX AND LINE NUMBER FROM THE HOUSEHOLD ROSTER FOR THE FIRST FARMER (B14=1). START WITH QUESTION G02 FOR THE FIRST FARMER. IF THERE IS MORE THAN ONE FARMER IN THE HOUSEHOLD THEN ADD ADDITIONAL FARMERS AS NEEDED. QUESTIONS G03B-G03D ARE ONLY USED IF THE FARMER IS ABSENT AFTER THREE TRIES AND THERE IS SOMEONE IN THE HOUSEHOLD THAT IS KNOWLEDGABLE ABOUT THE FARMING ACTIVITIES THAT CAN BE SUBSTITUTED.</p>										
G02	FARMER FROM THE HOUSEHOLD ROSTER (B14=1)	LINE NO. (B01)	<input type="text"/>	<input type="text"/>	LINE NO. (B01)	<input type="text"/>	<input type="text"/>	LINE NO. (B01)	<input type="text"/>	<input type="text"/>
G03	FARMER'S SEX FROM THE HOUSEHOLD ROSTER (B04)	MALE 1 FEMALE 2			MALE 1 FEMALE 2			MALE 1 FEMALE 2		
G03A	IS THIS RESPONDENT A RESPONSIBLE ADULT WHO IS BEING INTERVIEWED ABOUT A FARMER WHO IS ABSENT? THAT IS, ARE YOU INTERVIEWING SOMEONE OTHER THAN THE FARMER, DUE TO THE FARMER'S ABSENCE?	YES 1 NO 2 (SKIP TO G04) ←			YES 1 NO 2 (SKIP TO G04) ←			YES 1 NO 2 (SKIP TO G04) ←		
G03B	RECORD ALTERNATE RESPONDENT'S LINE NUMBER FROM THE HOUSEHOLD ROSTER (B01)	LINE NUMBER.....	<input type="text"/>	<input type="text"/>	LINE NUMBER.....	<input type="text"/>	<input type="text"/>	LINE NUMBER.....	<input type="text"/>	<input type="text"/>
G03C	RECORD ALTERNATE RESPONDENT'S SEX FROM THE HH ROSTER (B04)	MALE 1 FEMALE 2			MALE 1 FEMALE 2			MALE 1 FEMALE 2		
G03D	INSTRUCTION TO RESPONDENT WHEN THE FARMER IS ABSENT: I want to know about all farming activities in this household. Because [NAME OF ABSENT FARMER] is absent, please answer these questions about [HIS/HER] farming.									
G04	Do you have access to a plot of land (even if very small) over which you make decisions about what will be grown, OR how it will be grown, OR how to dispose of the harvest? INCLUDES PLOTS OF LAND ALLOCATED TO FARMERS FOR GROWING CROPS BUT NOT OWNED.	YES 1 NO 2			YES 1 NO 2			YES 1 NO 2		
G05	Do you have animals and/or aquaculture products over which you make decisions about their management OR how to dispose of the production?	YES 1 NO 2			YES 1 NO 2			YES 1 NO 2		
G06	CHECK ANSWERS TO QUESTIONS G04 AND G05. DO THE ANSWERS TO QUESTIONS G04 AND G05 INCLUDE AT LEAST ONE "YES"?	IF YES, THEN CONTINUE. IF NO, SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS			IF YES, THEN CONTINUE. IF NO, SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS			IF YES, THEN CONTINUE. IF NO, SKIP TO G02 FOR NEXT FARMER OR GO TO G27 IF NO MORE FARMERS		
FINANCIAL SERVICES										
G07	Did you take any agricultural credit, in cash or in kind, in the past 12 months from any of the following? READ LIST. SELECT ALL THAT APPLY. IF NO AGRICULTURAL CREDIT TAKEN, THEN SELECT Y. MFI=MAGULU OBWEREKETSA NDALAMA MONGA (MONGA, FINCA, CUMO). OIBM=OPPORTUNITY INTERNATIONAL	Agro-dealers A Contract farming B Village savings groups... C Farmers associations..... D MFI E Banks (eg. OIBM) F Government institution... G Non-cash loans H Input/cash from buyers (non-contract)..... I Other X Specify Did not take any agricultural credit..... Y			Agro-dealers A Contract farming B Village savings groups... C Farmers associations..... D MFI E Banks (eg. OIBM) F Government institution... G Non-cash loans H Input/cash from buyers (non-contract)..... I Other X Specify Did not take any agricultural credit..... Y			Agro-dealers A Contract farming B Village savings groups... C Farmers associations..... D MFI E Banks (eg. OIBM) F Government institution... G Non-cash loans H Input/cash from buyers (non-contract)..... I Other X Specify Did not take any agricultural credit..... Y		

NO.	QUESTIONS AND FILTERS	FIRST FARMER	SECOND FARMER	THIRD FARMER
		NAME _____	NAME _____	NAME _____
G08	Did you save any cash through any of the following formal institutions in the past 12 months? READ LIST. SELECT ALL THAT APPLY. IF NO SAVINGS, THEN SELECT Y.	Village savings and loan A MFI B Farmers Assoc/Coop.... C Banks (eg. OIBM)..... D Mobile phone banking... E Other _____ X Specify Did not save any cash... Y	Village savings and loan A MFI B Farmers Assoc/Coop.... C Banks (eg. OIBM)..... D Mobile phone banking... E Other _____ X Specify Did not save any cash..... Y	Village savings and loan A MFI B Farmers Assoc/Coop.... C Banks (eg. OIBM)..... D Mobile phone banking... E Other _____ X Specify Did not save any cash..... Y
G09	Some people insure their agricultural production against negative unexpected circumstances, such as drought, floods, and pests, by paying for this service. Did you buy agricultural insurance in the past 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
VALUE CHAIN ACTIVITIES				
	Now I want to ask you about farming and livestock practices about which you make decisions. This includes practices about crops, animals, and aquaculture products.			
G10	Which of the following activities related to farming and animal husbandry have you practiced or received services for during the past 12 months? READ LIST. SELECT ALL THAT APPLY. IF NONE OF THESE ACTIVITIES WERE PRACTICED, THEN SELECT Y. RECORD RESPONSES IN THE CELL BELOW THE RESPONSE LIST FOR EACH FARMER. DO NOT CIRCLE THE CODE IN THE RESPONSE LIST.	A Purchase inputs through agro-dealers and/or community associations B Use of financial services C Use of training and extension services D Contract farming E Pen feeding F Processing produce (roasting, hulling, milling, grinding) G Trading/marketing produce through marketing groups, agro-dealers or community associations H Use of marketing systems for livestock I Warehouse receipt system (WRS) J Use of market information services (NGOs, Govt., PSP, mobile) K Use of business development services L Use of insurance services M Planning and profit calculations Y DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS		
	CIRCLE ALL ACTIVITIES STATED.	A B C D E F G H I J K L M Y	A B C D E F G H I J K L M Y	A B C D E F G H I J K L M Y
AGRICULTURAL PRACTICES FOR CROPS				
G11	REFER TO G04 TO DETERMINE WHETHER THE RESPONDENT HAS ACCESS TO A PLOT OF LAND OVER WHICH HE/ SHE MAKES DECISIONS.	IF YES, THEN CONTINUE IF NO, SKIP TO G14	IF YES, THEN CONTINUE IF NO, SKIP TO G14	IF YES, THEN CONTINUE IF NO, SKIP TO G14
G12	In the past 12 months, did you plant any crops in the plot(s) over which you make decisions?	YES 1 NO 2 (SKIP TO G14) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G14) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G14) ← DON'T KNOW 8
G13A	What crops did you plant during the past 12 months in the plot(s) over which you make decisions? READ OUT THE CROPS. REGISTER ALL CROPS NAMED BY THE RESPONDENT. OFSP = ORANGE FLESH SWEET POTATO NUA BEANS = THE IRON AND ZINC FORTIFIED BEANS	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY)	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY)	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	FIRST FARMER	SECOND FARMER	THIRD FARMER
		NAME _____	NAME _____	NAME _____
G13B	For the crops (including vegetables) that you planted, did you use any of these practices in the past 12 months? READ EACH PRACTICE. SELECT ALL THAT APPLY. IF NONE OF THESE PRACTICES WERE USED, THEN SELECT Y. RECORD RESPONSES IN THE CELL BELOW THE RESPONSE LIST FOR EACH FARMER. DO NOT CIRCLE THE CODE IN THE RESPONSE LIST.	A Manure B Compost C Planting basins D Mulching E Weed control F Dry planting G Residue incorporation H Tied ridges/BOX RIDGES I Crop rotations J Intercropping K Planting with first rains L Use of improved crop varieties M Contour RIDGES N Ridging O Pit planting P Minimum tillage Q Chemical pest control R Biological or natural pest control S Sasakawa (planting of one seed per station for maize) T Agro-forestry Y DID NOT USE ANY OF THESE PRACTICES IN PAST 12 MONTHS		
	CIRCLE ALL PRACTICES STATED.	A B C D E F G H I J K L M N O P Q R S T Y	A B C D E F G H I J K L M N O P Q R S T Y	A B C D E F G H I J K L M N O P Q R S T Y
G13C	What crops did you sell during the [PAST 12 MONTHS] from the plot(s) over which you make decisions? REGISTER ALL CROPS NAMED BY THE RESPONDENT. OFSP=ORANGE FLESH SWEET POTATO. NUA BEANS=THE IRON AND ZINC FORTIFIED BEANS.	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY) None of above Y	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY) None of above Y	Sorghum A Millet B Cow peas C Groundnuts D Maize E Rice F Soybeans G Cassava H Sesame I NUA beans J Other beans K OFSP L Sweet potato M Pigeon peas N Cotton O Tobacco P Sugar cane Q Chiles (paprika) R Fruits & vegetables S Other 1 _____ W (SPECIFY) Other 2 _____ X (SPECIFY) None of above Y
AGRICULTURAL PRACTICES FOR LIVESTOCK				
G14	CHECK G05: DETERMINE WHETHER THE RESPONDENT HAS ANY ANIMALS OR AQUACULTURAL PRODUCTS OVER WHICH HE/SHE MAKES DECISIONS	IF YES, THEN CONTINUE IF NO, SKIP TO G18	IF YES, THEN CONTINUE IF NO, SKIP TO G18	IF YES, THEN CONTINUE IF NO, SKIP TO G18
G15	What livestock did you raise/care for and make decisions about during the past 12 months? REGISTER THE NAME OF ALL ANIMAL SPECIES (INCLUDING FISH) NAMED BY THE RESPONDENT.	CATTLE A GOATS B SHEEP C DONKEYS D PIGS E CHICKEN F RABBITS G TURKEYS H GUINEA FOWL I DUCKS J FISH K PIGEONS L OTHER 1 _____ W (SPECIFY) OTHER 2 _____ X (SPECIFY)	CATTLE A GOATS B SHEEP C DONKEYS D PIGS E CHICKEN F RABBITS G TURKEYS H GUINEA FOWL I DUCKS J FISH K PIGEONS L OTHER 1 _____ W (SPECIFY) OTHER 2 _____ X (SPECIFY)	CATTLE A GOATS B SHEEP C DONKEYS D PIGS E CHICKEN F RABBITS G TURKEYS H GUINEA FOWL I DUCKS J FISH K PIGEONS L OTHER 1 _____ W (SPECIFY) OTHER 2 _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	FIRST FARMER	SECOND FARMER	THIRD FARMER
		NAME _____	NAME _____	NAME _____
G16	<p>Did you use any of the following practices when you cared for livestock during the past 12 months?</p> <p>READ EACH PRACTICE. RECORD RESPONSES IN THE CELL BELOW THE RESPONSE LIST FOR EACH FARMER. DO NOT CIRCLE THE CODE IN THE RESPONSE LIST. IF NONE OF THESE PRACTICES WERE USED, THEN CIRCLE Y.</p>	<p>A Improved animal shelters B Vaccinations C Deworming D Castration E Dehorning F Homemade animal feeds made of locally available products G Animal feed supplied by stockfeed manufacturer H Artificial insemination I Pen feeding J Fodder production K Used the services of community animal health workers or paravets L Dipping M Raising improved breeds Y DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS</p>		
		CIRCLE ALL ACTIVITIES STATED.	A B C D E F G H I J K L M Y	A B C D E F G H I J K L M Y
G17	<p>If you purchased drugs or medicines to give to livestock during the past 12 months, where did you primarily purchase the drugs?</p> <p>IF DRUGS OR MEDICINES WERE NOT PURCHASED, THEN SELECT 7. CIRCLE ONLY ONE RESPONSE.</p>	<p>VETERINARIAN..... 1 COMMUNITY ANIMAL HEALTH WORKER..... 2 PARAVET..... 3 AGRO-DEALER..... 4 OTHER..... 6 SPECIFY _____ DID NOT PURCHASE DRUGS/MEDICINES.... 7</p>		
		VETERINARIAN..... 1 COMMUNITY ANIMAL HEALTH WORKER..... 2 PARAVET..... 3 AGRO-DEALER..... 4 OTHER..... 6 SPECIFY _____ DID NOT PURCHASE DRUGS/MEDICINES.... 7	VETERINARIAN..... 1 COMMUNITY ANIMAL HEALTH WORKER..... 2 PARAVET..... 3 AGRO-DEALER..... 4 OTHER..... 6 SPECIFY _____ DID NOT PURCHASE DRUGS/MEDICINES.... 7	VETERINARIAN..... 1 COMMUNITY ANIMAL HEALTH WORKER..... 2 PARAVET..... 3 AGRO-DEALER..... 4 OTHER..... 6 SPECIFY _____ DID NOT PURCHASE DRUGS/MEDICINES.... 7
NATURAL RESOURCES MANAGEMENT				
G18	<p>Did you use any of the following natural resources management practices or techniques that were not related directly to your on-farm production during the past 12 months?</p> <p>READ EACH PRACTICE. RECORD RESPONSES IN THE CELL BELOW THE RESPONSE LIST FOR EACH FARMER. IF NONE OF THESE PRACTICES WERE USED, THEN SELECT Y.</p>	<p>A Management or protection of watersheds or water catchments B Management of forest plantation C Sustainable harvesting of forest products Y DID NOT PRACTICE ANY OF THESE ACTIVITIES FOR THE PAST 12 MONTHS</p>		
		CIRCLE ALL PRACTICES STATED.	A B C Y	A B C Y
IMPROVED STORAGE PRACTICES				
G19	CHECK G04: DETERMINE WHETHER THE RESPONDENT HAS ACCESS TO A PLOT OF LAND OVER WHICH HE/SHE MAKES DECISIONS.	IF YES, THEN CONTINUE IF NO, SKIP TO G22	IF YES, THEN CONTINUE IF NO, SKIP TO G22	IF YES, THEN CONTINUE IF NO, SKIP TO G22
G20	In the [PAST 12 MONTHS], did you store any crops from the plot(s) over which you make decisions?	YES 1 NO 2 (SKIP TO G22) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G22) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO G22) ← DON'T KNOW 8
G21	<p>Did you use any of the following methods to store the crops?</p> <p>MULTIPLE RESPONSES POSSIBLE. READ EACH METHOD AND CIRCLE ALL THAT APPLY. IF NONE OF THESE METHODS WERE USED, THEN CIRCLE Y.</p>	<p>Pics bags A Improved granary B Warehousing or cereal banks C Use of trap D Grain bag with pesticides E Did not use any of these methods .. Y</p>	<p>Pics bags A Improved granary B Warehousing or cereal banks C Use of trap D Grain bag with pesticides E Did not use any of these methods .. Y</p>	<p>Pics bags A Improved granary ... B Warehousing or cereal banks ... C Use of trap ... D Grain bag with pesticides ... E Did not use any of these methods .. Y</p>

NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
EXTENSION SERVICES				
G22	In the [PAST 12 MONTHS], did you access any extension services for your crops or livestock?	YES 1 NO 2 (SKIP TO G26) ←	YES 1 NO 2 (SKIP TO G26) ←	YES 1 NO 2 (SKIP TO G26) ←
G23	What type of extension services did you access in the [PAST 12 MONTHS] for your crops or livestock? CIRCLE ALL THAT APPLY.	PRODUCTION..... A PEST MANAGEMENT..... B DISEASE CONTROL..... C MARKET INFORMATION... D OTHER _____ X (SPECIFY)	PRODUCTION..... A PEST MANAGEMENT..... B DISEASE CONTROL..... C MARKET INFORMATION.. D OTHER _____ X (SPECIFY)	PRODUCTION..... A PEST MANAGEMENT..... B DISEASE CONTROL..... C MARKET INFORMATION.. D OTHER _____ X (SPECIFY)
G24	Have you benefitted from at least one of the extension services for the past 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
G25	Who provided the extension services? CIRCLE ALL THAT APPLY.	GOV'T EXTENSION WORKERS..... A NGOS..... B PRIVATE SECTOR/ COMPANY..... C OTHER _____ X (SPECIFY)	GOV'T EXTENSION WORKERS..... A NGOS..... B PRIVATE SECTOR/ COMPANY..... C OTHER _____ X (SPECIFY)	GOV'T EXTENSION WORKERS..... A NGOS..... B PRIVATE SECTOR/ COMPANY..... C OTHER _____ X (SPECIFY)
General Self-Efficacy Score				
	Now, I would like to ask you statements about self-beliefs to cope with a variety of difficult demands in life. How much do you agree with the following statement? USE THE RESPONSE LIST AT THE RIGHT FOR QUESTIONS G26A TO G26J.		Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4	
G26A	I can always manage to solve difficult problems if I try hard enough.	1 2 3 4	1 2 3 4	1 2 3 4
G26B	If someone opposes me, I can find the means and ways to get what I want.	1 2 3 4	1 2 3 4	1 2 3 4
G26C	It is easy for me to stick to my aims and accomplish my goals.	1 2 3 4	1 2 3 4	1 2 3 4
G26D	I am confident I could deal efficiently with unexpected events.	1 2 3 4	1 2 3 4	1 2 3 4
G26E	Thanks to my resourcefulness, I know how to handle unforeseen situations.	1 2 3 4	1 2 3 4	1 2 3 4
G26F	I can solve most problems if I invest the necessary effort.	1 2 3 4	1 2 3 4	1 2 3 4
G26G	I can remain calm when facing difficulties because I can rely on my coping abilities.	1 2 3 4	1 2 3 4	1 2 3 4
G26H	When I am confronted with a problem I can usually find several solutions.	1 2 3 4	1 2 3 4	1 2 3 4
G26I	If I am in trouble, I can usually think of a solution.	1 2 3 4	1 2 3 4	1 2 3 4
G26J	I can usually handle whatever comes my way.	1 2 3 4	1 2 3 4	1 2 3 4

NO.	QUESTIONS AND FILTERS	FIRST FARMER NAME _____	SECOND FARMER NAME _____	THIRD FARMER NAME _____
Community leaders support of women's participation and leadership role in community level activities				
G27A	<p>Now, I would like to ask your perception perception on community leader's support to women's participation and taking leadership roles in community.</p> <p>Do community leaders encourage women to participate and take up leadership roles in your community?</p>	<p>YES 1 NO 2 (SKIP TO G28) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO G28) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO G28) ← DON'T KNOW 8</p>
G27B	<p>In which ways do local leaders offer support?</p> <p>READ EACH PRACTICE. RECORD RESPONSES IN THE CELL BELOW THE RESPONSE LIST FOR EACH FARMER. IF NONE OF THESE PRACTICES WERE USED, THEN CIRCLE Y.</p>	<p>Organize community meetings where women are invited A Organize community meetings at times when women can attend B Sensitize communities on the importance of female participation C Taking a role during selection of executive committees to ensure that women are included D Ensuring that topics important to women are discussed E</p> <p>LOCAL LEADERS DID NOT OFFER SUPPORT IN THE WAYS LISTED ABOVE Y</p>		
CIRCLE ALL PRACTICES STATED.		A B C D E Y	A B C D E Y	A B C D E Y
G28	THERE ARE NO MORE QUESTIONS FOR THIS FARMER.	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G29.	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G29.	GO TO G02 FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G29.
G29	<p>INSERT TIME MODULE ENDED HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE C</p>			

**Module C. Food Access
(Person responsible for food preparation)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
C00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>
C01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/> <input type="text"/> <input type="text"/>	HH <input type="text"/> <input type="text"/> <input type="text"/>
C02	PERSON RESPONSIBLE FOR FOOD PREPARATION FROM THE HOUSEHOLD ROSTER (B06 = 1)	LINE NUMBER (B01) <input type="text"/> <input type="text"/>	
HDDS QUESTIONS			
	Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. READ THE LIST OF FOODS. RECORD "YES" (1) IF ANYONE IN THE HOUSEHOLD ATE THE FOOD IN QUESTION. RECORD "NO" 2) IF NO ONE IN THE HOUSEHOLD ATE THE FOOD. THE FOODS LISTED SHOULD BE THOSE PREPARED IN THE HOUSEHOLD AND EATEN IN THE HOUSEHOLD OR TAKEN ELSEWHERE TO EAT. DO NOT INCLUDE FOODS CONSUMED OUTSIDE THE HOME THAT WERE PREPARED ELSEWHERE.		
C03	Was yesterday an unusual or special day (festival, funeral, etc.)? Or were most household members absent?	YES	1 NO 2
C04	Maize, bread, rice, sorghum, millet, finger millet (Eleusine), barley, bulgar wheat, pasta, noodles, porridge, CSB (corn soy blend), ufasoya, or other foods made from cereals/grains?	YES	1 NO 2
C05	Cassava, potatoes, sweet potatoes, orange-flesh sweet potatoes, yams, or any other foods made from roots or tubers? (plantains)	YES	1 NO 2
C06	Any vegetables (leaves, root)? Such as carrots, pumpkin leaves, traditional / indigenous vegetables, okra, pumpkin, squash, gourds, tomato, or mushrooms?	YES	1 NO 2
C07	Any fruits? Including traditional/indigenous fruits, watermelon, baobaba, etc.	YES	1 NO 2
C08	Any meat? Beef, pork, lamb, goat, rabbit, wild game, chicken, duck, frog, lizard, or other birds? Liver, kidney, heart, or other organ meats or blood?	YES	1 NO 2
C09	Any eggs? (chicken, turkey, fowl, duck)	YES	1 NO 2
C10	Any fresh or dried fish, dried shellfish, or crabs?	YES	1 NO 2
C11	Any foods made from beans, peas, lentils, cowpeas, pigeon peas, groundnuts, or cashew nuts?	YES	1 NO 2
C12	Any cheese, yogurt, milk, sour milk, or other dairy products?	YES	1 NO 2
C13	Foods made with oil, fat, animal fat, lard or butter?	YES	1 NO 2

**Module C. Food Access
(Person responsible for food preparation)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
C14	Any sugar, honey, sugar cane, or sweet reed?	YES	1
		NO	2
C15	Any other foods, such as tomato sauce or condiments, spices, coffee, or tea?	YES	1
		NO	2
HHS QUESTIONS			
C16	In the past 30 days, was there ever no food to eat of any kind in your house because of lack of resources to get food?	YES	1
		NO	2
			→ C18
C17	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....	1
		SOMETIMES (3-10 TIMES).....	2
		OFTEN (MORE THAN 10).....	3
C18	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	YES	1
		NO	2
			→ C20
C19	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....	1
		SOMETIMES (3-10 TIMES).....	2
		OFTEN (MORE THAN 10).....	3
C20	In the past 30 days did you or any household member go a whole day and night without eating anything at all because there was not enough food?	YES	1
		NO	2
			→ C22
C21	How often did this happen in the past 30 days?	RARELY (1-2 TIMES).....	1
		SOMETIMES (3-10 TIMES).....	2
		OFTEN (MORE THAN 10).....	3
ASSISTANCE QUESTIONS			
C22	Did you receive any of the following types of assistance during the past 12 months? READ EACH RESPONSE AND SELECT ALL THAT APPLY.	Food A Cash B Crop inputs (fertilizer, seed) C Livestock inputs D WASH inputs.....E (chlorine, jerrycans, soap, Sanplat, covered buckets, etc.) Household kits (pots, pans, etc.) F Plastic sheeting/tarpoline G Mosquito nets H Other, specify _____ X NO ASSISTANCE RECEIVE..... Y	→ C25

**Module C. Food Access
(Person responsible for food preparation)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
C23	Who did you receive the assistance from? NGO=NON-GOVERNMENTAL ORGANIZATION	Government A NGO B Community group C Farmers coop/association D Friend or family member E Other, specify _____ X DON'T KNOW Z	
C24	Did you receive the assistance in the past 12 months as a response to a shock?	YES 1 NO 2	
C25	Did you experience any of the following shocks during the last 12 months? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Drought A Flood/water logging B Strong winds or storms C Crop disease or crop pests D Livestock disease or deaths E Loss of job/non-payment F Large fall in sale price of crops G Large rise in prices of food H Death in household I Break-up of the household J Illness K Theft L House damaged due to fire M End of regular assistance, aid Or remittances from outside N Other, specify _____ X NO SHOCKS EXPERIENCED Y	
C26	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE D1

Module D1. Children's Nutritional Status and Feeding Practices (Primary Caregivers)				
D00	INSERT TIME MODULE STARTED	HOUR <input type="text"/>	MINUTE <input type="text"/>	
D01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/>	HH <input type="text"/>	
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D02	CHILD UNDER 5 YEARS OLD (B07=1) FROM THE HOUSEHOLD ROSTER	LINE NO. CHILD (B01) <input type="text"/>	LINE NO. CHILD (B01) <input type="text"/>	LINE NO. CHILD (B01) <input type="text"/>
D03	WHAT IS THE CAREGIVER'S LINE NUMBER? (B08 FOR CHILD'S_NAME)	LINE NO. CAREGIVER <input type="text"/>	LINE NO. CAREGIVER <input type="text"/>	LINE NO. CAREGIVER <input type="text"/>
D04	What is (CHILD'S NAME)'s sex?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
D05	I would like to ask you some questions about (CHILD'S NAME). Does (CHILD'S NAME) have a health/vaccination card or other document with the birth date recorded? IF A DOCUMENT WITH THE BIRTHDATE IS SHOWN AND RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, THEN RECORD THE DAY, MONTH, AND YEAR AS DOCUMENTED. IF A DOCUMENT WITH THE BIRTHDATE IS NOT SHOWN THEN ASK: In what day, month, and year was (CHILD'S NAME) born? What is (HIS/HER) birthday? RECORD BIRTH DAY, MONTH, AND YEAR. IF DAY IS UNKNOWN, ENTER '98'.	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
D06	How old was (CHILD'S NAME) at (HIS/HER) last birthday? RECORD AGE IN COMPLETED YEARS.	YEARS <input type="text"/>	YEARS <input type="text"/>	YEARS <input type="text"/>
D07	How many months old is [CHILD'S NAME]? RECORD AGE IN COMPLETED MONTHS	MONTHS <input type="text"/>	MONTHS <input type="text"/>	MONTHS <input type="text"/>
D08	CHECK D05, D06, AND D07 TO VERIFY CONSISTENCY. A) IS THE YEAR RECORDED IN D05 CONSISTENT WITH THE AGE IN YEARS RECORDED IN D06? B) ARE YEAR AND MONTH OF BIRTH RECORDED IN D05 CONSISTENT WITH AGE IN MONTHS RECORDED IN D07? USE BIRTHDATE CONVERSION TABLE TO CHECK. IF THE ANSWER TO A OR B IS "NO" RESOLVE ANY INCONSISTENCIES.			

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIGIBLE CHILD FROM ROSTER
		NAME _____	NAME _____	NAME _____

BIRTH CONVERSION TABLE

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2015	Jan.	6	7	8	9
	Feb.	5	6	7	8
	Mar.	4	5	6	7
	Apr.	3	4	5	6
	May	2	3	4	5
	June	1	2	3	4
	July	0	1	2	3
	Aug.	-	0	1	2
	Sept.	-	-	0	1
	Oct.	-	-	-	0
	Nov.	-	-	-	--
	Dec.	-	-	-	--

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2014	Jan.	18	19	20	21
	Feb.	17	18	19	20
	Mar.	16	17	18	19
	Apr.	15	16	17	18
	May	14	15	16	17
	June	13	14	15	16
	July	12	13	14	15
	Aug.	11	12	13	14
	Sept.	10	11	12	13
	Oct.	9	10	11	12
	Nov.	8	9	10	11
	Dec.	7	8	9	10

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2013	Jan.	30	31	32	33
	Feb.	29	30	31	32
	Mar.	28	29	30	31
	Apr.	27	28	29	30
	May	26	27	28	29
	June	25	26	27	28
	July	24	25	26	27
	Aug.	23	24	25	26
	Sept.	22	23	24	25
	Oct.	21	22	23	24
	Nov.	20	21	22	23
	Dec.	19	20	21	22

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2012	Jan.	42	43	44	45
	Feb.	41	42	43	44
	Mar.	40	41	42	43
	Apr.	39	40	41	42
	May	38	39	40	41
	June	37	38	39	40
	July	36	37	38	39
	Aug.	35	36	37	38
	Sept.	34	35	36	37
	Oct.	33	34	35	36
	Nov.	32	33	34	35
	Dec.	31	32	33	34

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2011	Jan.	54	55	56	57
	Feb.	53	54	55	56
	Mar.	52	53	54	55
	Apr.	51	52	53	54
	May	50	51	52	53
	June	49	50	51	52
	July	48	49	50	51
	Aug.	47	48	49	50
	Sept.	46	47	48	49
	Oct.	45	46	47	48
	Nov.	44	45	46	47
	Dec.	43	44	45	46

		Study Date			
		2015			
		July	Aug	Sept	Oct
Birth Date - 2010	Jan.	--	--	--	--
	Feb.	--	--	--	--
	Mar.	--	--	--	--
	Apr.	--	--	--	--
	May	--	--	--	--
	June	--	--	--	--
	July	60	--	--	--
	Aug.	59	60	--	--
	Sept.	58	59	60	--
	Oct.	57	58	59	60
	Nov.	56	57	58	59
	Dec.	55	56	57	58

INSTRUCTIONS:

- CHECK THE CHILD'S BIRTH YEAR IN QUESTION D05 AND GO TO THE APPROPRIATE TABLE AS LABELED ON THE SIDE OF EACH TABLE "BIRTH DATE". EXAMPLE: IF THE CHILD IS BORN IN 2012, USE THE TABLE WITH "BIRTH DATE - 2012" ON THE SIDE.
- USING THE CURRENT MONTH, SELECT THE APPROPRIATE "STUDY DATE" COLUMN. EXAMPLE: IF IT IS MAY 2015, USE THE COLUMN LABELED MAY.
- CHECK THE CHILD'S BIRTH MONTH IN QUESTION D05 AND CROSS THE APPROPRIATE "STUDY DATE" MONTH COLUMN WITH THE ROW OF THE CHILD'S BIRTH MONTH. EXAMPLE: TODAY IS MAY 11, 2015 AND THE CHILD IS BORN ON SEPTEMBER 27, 2012. CROSS THE COLUMN "MAY" WITH THE ROW "SEPT." IN THE TABLE "BIRTH DATE - 2012".
- THE DIGIT IN THE CELL WHERE THE COLUMN OF THE STUDY MONTH AND THE BIRTH MONTH OF THE CHILD MEET IS THE CHILD'S AGE IN MONTHS. FOR THE EXAMPLE ABOVE, THE CHILD IS 32 MONTHS OLD.
- IN CONVERTING THE CHILD'S AGE IN MONTH, SUBTRACT 1 WHEN THE ACTUAL BIRTH DATE (THE DAY OF THE MONTH) HASN'T PASSED YET. FOR EXAMPLE, IF THE CHILD WAS BORN ON FEBRUARY 27, 2013 AND THE DATE OF INTERVIEW IS MAY 17, 2015, THE AGE IN MONTH WILL BE 26 MONTHS AFTER SUBTRACTING 1 FROM THE 27 MONTHS SHOWN IN THE CONVERSION TABLE.

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIGIBLE CHILD FROM ROSTER
		NAME _____	NAME _____	NAME _____
EXCLUSIVE BREAST FEEDING AND MINIMUM ACCEPTABLE DIET				
D14	CHECK D07: IS (CHILD'S NAME) UNDER 60 MONTHS (5 YEARS)?	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8
D15	CHECK D07: IS (CHILD'S NAME) UNDER 24 MONTHS (2 YEARS)?	YES 1 NO 2 (SKIP TO D54) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D54) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D54) DON'T KNOW 8
D16	Has (CHILD'S NAME) ever been breastfed?	YES 1 NO 2 (SKIP TO D18) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D18) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D18) DON'T KNOW 8
D17	Was (CHILD'S NAME) breastfed yesterday during the day or at night?	YES 1 (SKIP TO D19) NO 2 DON'T KNOW 8	YES 1 (SKIP TO D19) NO 2 DON'T KNOW 8	YES 1 (SKIP TO D19) NO 2 DON'T KNOW 8
D18	Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby for various reasons, such as the mother is sick or away, mastitis, etc. Did (CHILD'S NAME) consume breast milk in any of these ways yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D19	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (CHILD'S NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D20	Was (CHILD'S NAME) given oral rehydration solution yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	Next I would like to ask you about some liquids that (CHILD'S NAME) may have had yesterday during the day or at night.			
D21	Did (CHILD'S NAME) have plain water?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D22	Did (CHILD'S NAME) have anykind of infant formula? IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS NANI, SMA, NESTLE, ENFAMIL, ISOMIL, LACTOGEN, S26, infant NIDO?	YES 1 NO 2 (SKIP TO D24) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D24) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D24) DON'T KNOW 8
D23	How many times yesterday during the day or at night did (CHILD'S_NAME) consume any formula?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>
D24	Did (CHILD'S NAME) have any milk such as tinned, powdered, or fresh animal milk?	YES 1 NO 2 (SKIP TO D26) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D26) DON'T KNOW 8	YES 1 NO 2 (SKIP TO D26) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIGIBLE CHILD FROM ROSTER
		NAME _____	NAME _____	NAME _____
D25	How many times yesterday during the day or at night did (CHILD'S NAME) consume any milk?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>
D26	Did (CHILD'S NAME) have any juice or juice drinks (e.g., Mazoe, Sobo Squash), including sodas, cream sodas, etc.?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D27	Did (CHILD'S NAME) have any clear broth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D28	Did (CHILD'S NAME) have any yogurt/yogi?	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO D30) ← DON'T KNOW 8
D29	How many times yesterday during the day or at night did (CHILD'S NAME) consume any yogurt?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>
D30	Did (CHILD'S NAME) have any thin porridge? PROBES: gruel, Gerber, Cerelac, Ace, Nestum, Cerevita, Purity LIMIT RESPONSE TO PORRIDGE MIXED VERY THIN, OR THICK DRINKS MADE FROM CEREAL. THICKER, LESS LIQUID PORRIDGE IS INCLUDED UNDER ITEM D33.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D31	Any other liquids? PROBES: Gripe water, glucose water, sugar water?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D32	Now I would like to ask you about (other) liquids or foods that (CHILD'S NAME) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. For example, if (CHILD'S NAME) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately. Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any (ASK QUESTIONS D33-D49)?			
D33	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any bread, savory biscuits, porridge, crackers, pasta, noodles, rice, or other foods made from grains such as corn, wheat, millet, sorghum, bulgar, wheat, barley?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D34A	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any orange-fleshed sweet potatoes or foods made from orange-fleshed sweet potatoes such as porridge, fritters, or stew for example?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D34B	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any other dark yellow or orange fleshed roots, tubers, or vegetables such as yellow-fleshed sweet potatoes, pumpkin, carrots, or squash?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D35	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink white potatoes, white yams, cassava, plantains or any other foods made from roots?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD	SECOND ELIGIBLE CHILD	THIRD ELIGIBLE CHILD
		FROM ROSTER	FROM ROSTER	FROM ROSTER
		NAME _____	NAME _____	NAME _____
D36A	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any dark green leafy vegetables such as spinach, kale, okra, pumpkin leaves, amaranth leaves or moringa leaves?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D36B	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any other vegetables, such as green beans, tomatoes, mushrooms, cabbage, cauliflower, broccoli, etc.?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D37A	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink ripe mangos, ripe papaya, apricots, cantalope melons, or other fruits that are dark yellow or orange inside? IN CHICHEWA: ADD NKUNDI	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D37B	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink any fruits like bananas, apples, avocados, pineapples, berries, baobab fruit, etc.?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D38A	Yesterday, during the day and night, did (CHILD'S NAME) eat any liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, duck, or pigeon?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D38B	Yesterday, during the day and night, did (CHILD'S NAME) eat any meat from domesticated animals such as beef, pork, lamb, goat, chicken, duck, or pigeon?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D39A	Yesterday, during the day and night, did (CHILD'S NAME) eat any liver, kidney, heart, or other organ meats from wild animals, such as warthogs, buck, kudu, impala, antelopes, crocodile, cats, monkeys, alligators, mice?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D39B	Yesterday, during the day and night, did (CHILD'S NAME) eat any flesh from wild animals, such as warthogs, buck, kudu, impala, antelopes, crocodile, cats, monkeys, alligators, mice?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D40	Yesterday, during the day and night, did (CHILD'S NAME) eat eggs? (chicken, turkey, fowl, duck)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D41	Yesterday, during the day and night, did (CHILD'S NAME) eat fresh or dried fish, shellfish, crabs, or seafood?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D42A	Yesterday, during the day and night, did (CHILD'S NAME) eat any food made from groundnut or groundnut products such as groundnut flour, peanut butter, roasted groundnuts, boiled groundnut snack, groundnut sauces, or groundnut biscuits? IN CHICHEWA VERSION: ADD CHIPONDE, NSINJIRO	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D42B	Yesterday, during the day and night, did (CHILD'S NAME) eat any food made from soy or soy products such as soya bean flour, soy milk, soy mash relish, soy flitters, or soy soup? IN CHICHEWA VERSION: ADD LIKUNI PHALA FLOUR, SOYA NSIMA	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D42C	Yesterday, during the day and night, did (CHILD'S NAME) eat any food made from NUA beans such as processed snacks, cakes, fritters, doughnuts and other similar products?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIGIBLE CHILD FROM ROSTER
		NAME _____	NAME _____	NAME _____
D42D	Yesterday, during the day and night, did (CHILD'S NAME) eat any food made from beans, peas, lentils, or other legumes?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D43A	Yesterday, during the day and night, did (CHILD'S NAME) eat any food made with sesame or sesame flour?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D43B	Yesterday, during the day and night, did (CHILD'S NAME) eat any foods made from other nuts and seeds? EXCLUDE FOODS MADE FROM GROUNDNUTS OR SESAME WHICH BELONG IN ABOVE CATEGORIES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D44	Yesterday, during the day and night, did (CHILD'S NAME) eat or drink milk, soured milk, cheese, yogurt, or other milk products? IN CHICHEWA VERSION: ADD CHAMBIKO, YOGI	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D45	Yesterday, during the day and night, did (CHILD'S NAME) eat any oils, fats, butter, or foods made with any of these? INCLUDE GROUNDNUT OIL AND SESAME OIL.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D46	Yesterday, during the day and night, did (CHILD'S NAME) eat any sugary foods such as chocolates, sweets, candies, pastries, doughnuts, cakes, sweet biscuits, or sugar cane? IN CHICHEWA VERSION: ADD MISALE	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D47	Yesterday, during the day and night, did (CHILD'S NAME) eat condiments for flavor, such as chilies, spices, herbs, fish powder, or curry, bicarbonate soda/ash used for cooking? IN CHICHEWA VERSION: KALE (CURRY), CHIDULO (SODA/ASH)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D48	Yesterday, during the day and night, did (CHILD'S NAME) eat edible insects, mopane worms, grasshoppers or flying ants? IN CHICHEWA VERSION: ADD PARABUNGU, NKHULULU	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
D49	Yesterday, during the day and night, did (CHILD'S NAME) eat food made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	CHECK QUESTIONS D33-D49:	IF "NO" TO ALL → D50 IF AT LEAST ONE "YES" OR "DK" TO ALL → D51	IF "NO" TO ALL → D50 IF AT LEAST ONE "YES" OR "DK" TO ALL → D51	IF "NO" TO ALL → D50 IF AT LEAST ONE "YES" OR "DK" TO ALL → D51
D50	Did (CHILD'S NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF YES" PROBE: What kind of solid, semi-solid, or soft foods did (CHILD'S NAME) eat?	YES 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D52 ← DON'T KNOW 8	YES 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D52 ← DON'T KNOW 8	YES 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH D51. NO 2 GO TO D52 ← DON'T KNOW 8
D51	How many times did (CHILD'S NAME) eat any solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
D52	Did (CHILD'S NAME) drink anything from a bottle with a nipple yesterday during the day or night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
		GO TO D54 FIRST COLUMN	GO TO D54 SECOND COLUMN	GO TO D54 THIRD COLUMN

Module D2. Children's Diarrhea and Oral Rehydration Therapy (Primary Caregivers)				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D54	Has (CHILD'S NAME) had diarrhea *in the last 2 weeks? (1) * DIARRHEA IS DEFINED AS 3 OR MORE WATERY STOOLS IN A DAY.	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8
D55	Was there any blood in the stools?	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	Now I would like to know how much (CHILD'S NAME) was given to drink during the period that (HE/SHE) had diarrhea (including breastmilk). Was (HE/SHE) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (HE/SHE) given much less than usual to drink or somewhat less?	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 (CHILD'S NAME) had diarrhea, was (HE/SHE) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (HE/SHE) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS..... 2 ABOUT THE SAME..... 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD... 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS..... 2 ABOUT THE SAME..... 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD... 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS..... 2 ABOUT THE SAME..... 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD... 6 DON'T KNOW 8
D58	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO D62) ←	YES 1 NO 2 (SKIP TO D62) ←	YES 1 NO 2 (SKIP TO D62) ←

Module D2. Children's Diarrhea and Oral Rehydration Therapy (Primary Caregivers)

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D59	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, SELECT 'X' AND WRITE THE NAME OF THE PLACE. _____ (NAME OF THE PLACE)	PUBLIC SECTOR CENTRAL HOSP..... A DISTRICT HOSP..... B VILLAGE CLINIC ... C RURAL HOSP..... D RURAL HEALTH CENTER..... E URB MUNCPL CLIN..F COMMUN/VILLAGE HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... J PHARMACY..... K PVT. DOCTOR..... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER... O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSP..... A DISTRICT HOSP..... B VILLAGE CLINIC ... C RURAL HOSP..... D RURAL HEALTH CENTER..... E URB MUNCPL CLIN..F COMMUN/VILLAGE HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... J PHARMACY..... K PVT. DOCTOR..... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER... O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSP..... A DISTRICT HOSP..... B VILLAGE CLINIC ... C RURAL HOSP..... D RURAL HEALTH CENTER..... E URB MUNCPL CLIN..F COMMUN/VILLAGE HEALTH WORKER...G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... J PHARMACY..... K PVT. DOCTOR..... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER... O MARKET P OTHER _____ X (SPECIFY)
D60	CHECK D59: NUMBER OF CODES CIRCLED.	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO D62) ←
D61	Where did you first seek advice or treatment? USE LETTER CODE FROM D59.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
D62	Since (CHILD'S NAME) started having the diarrhea, was (HE/SHE) given: A fluid made from a special packet called an ORS sachet to drink at any time? A home-made sugar-salt water solution (SSS) to drink at any time?	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS .. 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS .. 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS .. 1 2 8

Module D2. Children's Diarrhea and Oral Rehydration Therapy (Primary Caregivers)				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIGIBLE CHILD FROM ROSTER NAME _____
D63	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES 1 NO 2 (GO TO D02 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8
D64	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC ... G UNKNOWN INJECTION H (IV) INTRAVENOUS (DRIPS) I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC ... G UNKNOWN INJECTION H (IV) INTRAVENOUS (DRIPS) I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC ... G UNKNOWN INJECTION H (IV) INTRAVENOUS (DRIPS) I HOME REMEDY/ HERBAL MEDICINE . J OTHER _____ X (SPECIFY)
D65		GO TO D02 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO D02 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO D02 ON NEW PAGE FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66
D66	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> → GO TO MODULE E		
(1) The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.				

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)			
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME	WOMAN'S NAME
		WOMAN'S NAME	WOMAN'S NAME
E00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
E01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/> <input type="text"/> <input type="text"/> HH <input type="text"/> <input type="text"/> <input type="text"/>	
E02	LINE NUMBER OF WOMAN 15-49 YEARS OF AGE FROM ROSTER (B09=1)	LINE NUMBER (B01) <input type="text"/> <input type="text"/>	LINE NUMBER (B01) <input type="text"/> <input type="text"/>
E03	In what month and year were you born? IF DON'T KNOW MONTH RECORD "98". IF DON'T KNOW YEAR RECORD "9998".	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <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"/>
E04	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS AND SKIP TO E06. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, CIRCLE 98 AND ASK QUESTION E05.	AGE IN YEARS <input type="text"/> <input type="text"/> (SKIP TO E06) ←	AGE IN YEARS <input type="text"/> <input type="text"/> (SKIP TO E06) ←
E05	Are you between the ages of 15 and 49 years old?	DON'T KNOW 98	DON'T KNOW 98
E06	CHECK E03, E04, AND E05 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS? IF THE ANSWER IS 'NO' AND ANOTHER WOMAN IS INCLUDED, THAN QUESTIONS E02-E05 MUST BE REPEATED FOR THE NEW WOMAN. IF THE INFORMATION IN E03, E04 AND E05 CONFLICTS DETERMINE WHICH IS MOST ACCURATE.	YES 1 NC 2 DON'T KNOW 8	YES 1 NC 2 DON'T KNOW 8
WOMAN'S DIETARY DIVERSITY			
	Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately.		

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME		
		WOMAN'S NAME	WOMAN'S NAME	WOMAN'S NAME
E07	Yesterday during the day or night did you drink/eat any bread, biscuits (savory), porridge, crackers, pasta, noodles, rice, or other foods made from grains such as corn, wheat, millet, sorghum, bulgar, wheat, barley?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E08A	Yesterday during the day or night did you drink/eat any orange-fleshed sweet potatoes, or foods made from orange-fleshed sweet potatoes such as porridge, flitters, or stew for example?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E08B	Yesterday during the day or night did you drink/eat any other dark yellow or orange fleshed roots, tubers, or vegetables such as yellow-fleshed sweet potatoes, pumpkin, carrots, or squash?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E09	Yesterday during the day or night did you drink/eat white potatoes, white yams, cassava, plantains, or any other foods made from roots?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E10	Yesterday during the day or night did you drink/eat any dark green leafy vegetables such as spinach, kale, okra, pumpkin leaves, amaranthas leaves or moringa leaves?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E11	Yesterday during the day or night did you drink/eat any other vegetables, like green beans, tomatoes, mushrooms, cabbage, cauliflower, broccoli, etc.?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E12	Yesterday during the day or night did you drink/eat ripe mangos, ripe papaya, apricots, cantalope melons, or other fruits that are dark yellow or orange inside? IN CHICHEWA VERSION: ADD NKUNDI	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E13	Yesterday during the day or night did you drink/eat any other fruits like bananas, apples, avocados, pineapples, berries, baobab fruit, etc.? IN CHICHEWA VERSION: ADD	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E14	Yesterday during the day or night did you drink/eat any liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, duck or pigeon?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E15	Yesterday during the day or night did you drink/eat any meat from domesticated animals such as beef, pork, lamb, goat, chicken, duck, or pigeon?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E16	Yesterday during the day or night did you drink/eat any liver, kidney, heart, or other organ meats from wild animals, such as warthogs, buck, kudu, impala, antelopes, crocodile, cats, monkeys, alligators, and	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME		WOMAN'S NAME
E17	Yesterday during the day or night did you drink/eat any flesh from wild animals, such as warthogs, buck, kudu, impala, antelopes, crocodile, cats, monkeys, alligators, and mice?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E18	Yesterday during the day or night did you drink/eat any eggs? (chicken, turkey, fowl, duck)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E19	Yesterday during the day or night did you drink/eat any fresh or dried fish, shellfish, crabs or seafood?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E20A	Yesterday during the day or night did you drink/eat any food made from groundnut or groundnut products such as groundnut flour, peanut butter, roasted groundnuts, boiled groundnut snack, groundnut sauces, or groundnut biscuits? IN CHICHEWA VERSION: ADD CHIPONDE, NSINJIRO	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E20B	Yesterday during the day or night did you drink/eat any foods made from soy or soy products such as soya bean flour, soy milk, soy mash relish, soy flitters, or soy soup? IN CHICHEWA VERSION: ADD LIKUNI PHALA FLOUR, SOYA NSIMA	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E20C	Yesterday during the day or night did you drink/eat any foods made from NUA beans such as processed snacks, cakes, fritters, doughnuts and other similar products?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E20D	Yesterday during the day or night did you drink/eat any foods made from beans, peas, lentils, or other legumes?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E21A	Yesterday during the day or night did you drink/eat any foods made from sesame or sesame flour?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E21B	Yesterday during the day or night did you drink/eat any foods made from other nuts and seeds? EXCLUDE FOODS MADE FROM GROUNDNUTS OR SESAME SEEDS WHICH BELONG IN ABOVE CATEGORIES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E22	Yesterday during the day or night did you drink/eat any milk, soured milk, cheese, yogurt, or other milk products? IN CHICHEWA VERSION: ADD CHAMBIKO, YOGI	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E23	Yesterday during the day or night did you drink/eat any oils, fats, butter, or foods made with any of these? INCLUDE GROUNDNUT OIL AND SESAME OIL.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E24	Yesterday during the day or night did you drink/eat any sugary foods such as chocolates, sweets, candies, pastries, doughnuts, cakes, sweet biscuits, or sugar cane? IN CHICHEWA VERSION: ADD MISALE	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME		
		_____	_____	_____
E25	Yesterday during the day or night did you drink/eat any condiments for flavor, such as chilies, spices, herbs, fish powder, or curry, bicarbonate soda/ash used for cooking? IN CHICHEWA VERSION: KALE (CURRY), CHIDULO (SODA/ASH)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E26	Yesterday during the day or night did you drink/eat any edible insects, mopane worms, grasshoppers, or flying ants? IN CHICHEWA VERSION: ADD PARABUNGU, NKHULULU	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
E27	Yesterday during the day or night did you drink/eat any foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
INITIATION OF BREASTFEEDING AND PRELACTAL FEEDS				
E28	Now I would like to ask you about pregnancies and births you may have had. Are you currently pregnant?	YES 1 (SKIP TO E30) ← NO 2 DON'T KNOW 8	YES 1 (SKIP TO E30) ← NO 2 DON'T KNOW 8	YES 1 (SKIP TO E30) ← NO 2 DON'T KNOW 8
E29	Have you ever been pregnant?	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←
E30	Have you ever given birth?	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←
E31	When was the last time you gave birth to a boy or girl who was born alive? IF THE RESPONDENT DOES NOT KNOW THE BIRTHDATE ASK: Do you have a health/vaccination card for that child with the birthdate recorded? IF THE HEALTH/VACCINATION CARD IS SHOWN, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.	Date of Last Live Birth DAY..... [][] If day is not known, enter '98' above MONTH..... [][] YEAR..... [][][][]	Date of Last Live Birth DAY..... [][] If day is not known, enter '98' above MONTH..... [][] YEAR..... [][][][]	Date of Last Live Birth DAY..... [][] If day is not known, enter '98' above MONTH..... [][] YEAR..... [][][][]
	CHECK ANSWER TO QUESTION E31. DID THE RESPONDENT'S LAST LIVE BIRTH OCCUR WITHIN THE PAST 5 YEARS, THAT IS, SINCE [INSERT MONTH OF INTERVIEW] 2010?	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E43A	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E43A	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E43A
E32	What is the name of your child who was born on (DATE INDICATED IN E31)? ADD LINE NUMBER (B01) FROM HH ROSTER.	NAME _____ LINE # FROM ROSTER [][]	NAME _____ LINE # FROM ROSTER [][]	NAME _____ LINE # FROM ROSTER [][]
E33	Is (CHILD'S NAME) a male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
E34	Did you ever breastfeed (CHILD'S NAME)?	YES 1 NO 2 (SKIP TO E38) ←	YES 1 NO 2 (SKIP TO E38) ←	YES 1 NO 2 (SKIP TO E38) ←

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME	WOMAN'S NAME	WOMAN'S NAME
		_____	_____	_____
E35	How long after birth did you first put (CHILD'S NAME) to the breast? IF THE RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, CIRCLE '000'. IF LESS THAN 1 HOUR, CIRCLE '1' FOR HOURS AND RECORD '00' HOURS. IF LESS THAN 24 HOURS, CIRCLE '1' FOR HOURS AND RECORD NUMBER OF COMPLETED HOURS FROM 01 TO 23. OTHERWISE, CIRCLE '2' AND RECORD NUMBER OF COMPLETED DAYS.	IMMEDIATELY..... 0 0 0 OR HOURS..... 1 OR DAYS..... 2	IMMEDIATELY..... 0 0 0 OR HOURS..... 1 OR DAYS..... 2	IMMEDIATELY..... 0 0 0 OR HOURS..... 1 OR DAYS..... 2
E36	In the first three days after delivery, was (CHILD'S NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO E38) ←	YES 1 NO 2 (SKIP TO E38) ←	YES 1 NO 2 (SKIP TO E38) ←
E37	What was (CHILD'S NAME) given to drink? Anything else? PROBE TO IDENTIFY EACH TYPE OF DRINK AND RECORD ALL MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR/SALT/WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR/SALT/WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR/SALT/WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER X (SPECIFY)
ANTENATAL CARE				
E38	Did you see anyone for antenatal care during the pregnancy?	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←	YES 1 NO 2 (SKIP TO E43A) ←
E39	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF CAREGIVER AND RECORD ALL MENTIONED. RESPONDENTS MAY THINK A NURSE IS ALWAYS A WOMAN AND A DOCTOR A MAN. PROBE TO IDENTIFY EACH APPROPRIATELY.	DOCTOR A NURSE/MIDWIFE B NURSE AID C TRADITIONAL BIRTH ATTENDANT/VILLAGE HEALTH WORKER D HEATH SURVEILLANCE ASSISTANT E PATIENT/WARD ATTENDANT F OTHER X (SPECIFY)	DOCTOR A NURSE/MIDWIFE B NURSE AID C TRADITIONAL BIRTH ATTENDANT/VILLAGE HEALTH WORKER D HEATH SURVEILLANCE ASSISTANT E PATIENT/WARD ATTENDANT F OTHER X (SPECIFY)	DOCTOR A NURSE/MIDWIFE B NURSE AID C TRADITIONAL BIRTH ATTENDANT/VILLAGE HEALTH WORKER D HEATH SURVEILLANCE ASSISTANT E PATIENT/WARD ATTENDANT F OTHER X (SPECIFY)

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME		WOMAN'S NAME
		_____	_____	_____
E40	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF FACILITY AND RECORD ALL MENTIONED.	GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ .. B PRIVATE HOSPITAL .. C MISSION HOSPITAL .. D PRIVAT MATERNITY .. E GOVERNMENT FACILITY (HEALTH CENTER, OUT-REACH CLINIC, INCL. MOBILE) F HOME OF TRADITIONAL BIRTH ATTENDANT H YOUR HOME I OTHER _____ X (SPECIFY)	GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ .. B PRIVATE HOSPITAL .. C MISSION HOSPITAL .. D PRIVAT MATERNITY .. E GOVERNMENT FACILITY (HEALTH CENTER, OUT-REACH CLINIC, INCL. MOBILE) F HOME OF TRADITIONAL BIRTH ATTENDANT H YOUR HOME I OTHER _____ X (SPECIFY)	GOVERNMENT HOSPITAL .. A GOVERNMENT CLINIC/ .. B PRIVATE HOSPITAL .. C MISSION HOSPITAL .. D PRIVAT MATERNITY .. E GOVERNMENT FACILITY (HEALTH CENTER, OUT-REACH CLINIC, INCL. MOBILE) F HOME OF TRADITIONAL BIRTH ATTENDANT H YOUR HOME I OTHER _____ X (SPECIFY)
E41	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>
E42	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
E43A	What sources of information regarding sexual and reproductive health have you accessed in the past 12 months? CIRCLE ALL THAT APPLY.	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY) DID NOT ACCESS ANY INFORMATION Y ← E44A	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY) DID NOT ACCESS ANY INFORMATION Y ← E44A	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY) DID NOT ACCESS ANY INFORMATION Y ← E44A
E43B	Which source did you use most often?	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY)	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY)	FRIENDS .. A MOTHER .. B AUNTS/OTHER FEMALE .. C RELATIVE SPOUSE/PARTNER .. D OTHER BOYS/MEN .. E INITIATION CEREMONY .. F SCHOOL CURRICULUM .. G HOSPITAL H RADIO I COMMUNITY HEALTH ASSISTANT J OTHER _____ X (SPECIFY)

Module E. Women's Nutrition, Breastfeeding and Antenatal Care (Women 15-49)				
NO.	QUESTIONS AND FILTERS	WOMAN'S NAME	WOMAN'S NAME	WOMAN'S NAME
	USE THE RESPONSE LIST AT RIGHT FOR QUESTIONS E44A-E44F. CIRCLE THE RESPONSE FOR EACH QUESTION BELOW. PLEASE RANK THE IMPORTANCE OF THE FOLLOWING PRACTICES TO BE WELL AND HEALTHY IN PREPARATION FOR PREGNANCY:	Very unimportant 1 Somewhat unimportant 2 Neither important nor unimportant 3 Somewhat important 4 Very important 5		
E44A	Eating a variety of foods.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E44B	Taking vitamins, including iron and folate.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E44C	Staying a healthy weight.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E44D	Seeking treatment for vaginal problems.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E44E	Avoiding unwanted pregnancies.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E44F	Birth spacing.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
E45	CHECK ANSWER TO QUESTION E28. IS THE WOMAN CURRENTLY PREGNANT?	IF YES, THEN SKIP TO E49 IF NO, THEN CONTINUE.	IF YES, THEN SKIP TO E49 IF NO, THEN CONTINUE.	IF YES, THEN SKIP TO E49 IF NO, THEN CONTINUE.
E46	CHECK HOUSEHOLD ROSTER QUESTION B15 (MARITAL STATUS). IS PERSON MARRIED/LIVING TOGETHER?	YES 1 NO 2 (SKIP TO E49) ←	YES 1 NO 2 (SKIP TO E49) ←	YES 1 NO 2 (SKIP TO E49) ←
E47	Are you or your partner currently doing something or using any method to delay or avoid pregnancy?	YES 1 NO 2 (SKIP TO E49) ←	YES 1 NO 2 (SKIP TO E49) ←	YES 1 NO 2 (SKIP TO E49) ←
E48	Which method are you using? RECORD ALL MENTIONED.	FEMALE STERILIZATION..... A MALE STERILIZATION.....B IUD.....C INJECTABLES.....D IMPLANTS.....E PILL.....F CONDOM.....G FEMALE CONDOM.....H EMERGENCY CONTRACEPTION..... I STANDARD DAYS METHOD...J LACTATIONAL AMEN METHOK RHYTHM METHOD.....L WITHDRAWAL.....M OTHER MODERN METHOD...X OTHER TRADITIONAL METHOY	FEMALE STERILIZATION..... A MALE STERILIZATION.....B IUD.....C INJECTABLES.....D IMPLANTS.....E PILL.....F CONDOM.....G FEMALE CONDOM.....H EMERGENCY CONTRACEPTION..... I STANDARD DAYS METHOD...J LACTATIONAL AMEN METHOK RHYTHM METHOD.....L WITHDRAWAL.....M OTHER MODERN METHOD...X OTHER TRADITIONAL METHOY	FEMALE STERILIZATION..... A MALE STERILIZATION.....B IUD.....C INJECTABLES.....D IMPLANTS.....E PILL.....F CONDOM.....G FEMALE CONDOM.....H EMERGENCY CONTRACEPTION..... I STANDARD DAYS METHOD...J LACTATIONAL AMEN METHOK RHYTHM METHOD.....L WITHDRAWAL.....M OTHER MODERN METHOD...X OTHER TRADITIONAL METHOY
E49	INSERT TIME MODULE ENDED HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	GO TO THE NEXT ELIGIBLE WOMEN OR TO ANTHROPOMETRY IF NO MORE ELIGIBLE WOMEN	GO TO THE NEXT ELIGIBLE WOMEN OR TO ANTHROPOMETRY IF NO MORE ELIGIBLE WOMEN	GO TO THE NEXT ELIGIBLE WOMEN OR TO ANTHROPOMETRY IF NO MORE ELIGIBLE WOMEN

EA CODE

HH NUMBER

AN00: START TIME

HOUR:

MINUTE:

ANTHROPOMETRY - Children under 5 years of age

CHECK QUESTION D14 IN EACH COLUMN OF MODULE D. IF THE CHILD IS LESS THAN 5 YEARS OLD (D14= YES), THE CHILD SHOULD BE MEASURED. TRANSFER THE INFORMATION FOR EACH CHILD LESS THAN 5 YEARS OLD FROM MODULE D TO QUESTIONS D67 TO D72 BELOW.

CHILDREN LESS THAN 5 YEARS OF AGE						WEIGHT AND HEIGHT OF CHILDREN				
D67	D68	D69	D70	D71	D72	D73	D74	D75	D76	D77
LINE NO. FROM HH ROSTER (B01)	NAME	SEX 1. MALE 2. FEMALE	AGE IN MONTHS	CHILD'S BIRTH DATE (DDMMYY)	SOURCE BIRTH DATE	HEIGHT (CM) 9994 = NOT PRESENT 9995 = REFUSED	HEIGHT MEASURED: 1. LAYING DOWN 2. STANDING UP	WEIGHT (KG) 9994 = NOT PRESENT 9995 = REFUSED	RESULT 1. MEASURED 2. NOT PRESENT 3. REFUSED 6. OTHER (explain in comments #1)	EDEMA 1. YES 2. NO
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<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"/> CM	<input type="text"/>	<input type="text"/> . <input type="text"/> KG	<input type="text"/>	<input type="text"/>
D78: COMMENTS #1					SOURCE OF BIRTH DATE 1. BIRTH CERTIFICATE 2. BAPTISMAL/CHURCH RECORD STATEMENT 3. HEALTH REGISTRATION CARD 4. HOME RECORD 5. PARENT 6. OTHER					

EA CODE HH NUMBER

ANTHROPOMETRY - Non-pregnant women 15-49 years of age

CHECK QUESTIONS E04, E05 AND E28 IN MODULE E. IF THE WOMAN IS 15-49 YEARS OLD AND NOT PREGNANT (E28 = NO OR DK), SHE SHOULD BE MEASURED. TRANSFER THE INFORMATION FOR EACH NON-PREGNANT WOMAN 15-49 YEARS FROM MODULE E TO QUESTIONS E50 TO E52 BELOW.

SELECTED WOMAN'S (15-49) INFORMATION			WEIGHT AND HEIGHT OF SELECTED WOMAN (15-49)		
E50	E51	E52	E53	E54	E55
LINE NO. FROM HH ROSTER (B01)	NAME	AGE IN YEARS	HEIGHT (CM) 9994 = NOT PRESENT 9995 = REFUSED	WEIGHT (KG) 99994 = NOT PRESENT 99995 = REFUSED	RESULT 1. MEASURED 2. NOT PRESENT 3. REFUSED 6. OTHER (Explain in comment #2)
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> CM	<input type="text"/> <input type="text"/> . <input type="text"/> KG	<input type="text"/>

E56: COMMENTS #2

AN01: END TIME
 GO TO
 MINUTE: MODULE
 J

ANTHROPOMETRIST PRINT NAME: _____ SIGNATURE: _____ AN02 ID NO. AN03 DAY MONTH YEAR

SUPERVISOR PRINT NAME: _____ SIGNATURE: _____ AN04 ID NO. AN05 DAY MONTH YEAR

Module J. Gender - Cash (All Men and Women who Earned Cash)				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE PERSON FROM ROSTER	SECOND ELIGIBLE PERSON FROM ROSTER	THIRD ELIGIBLE PERSON FROM ROSTER
J00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
J01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/> <input type="text"/> <input type="text"/>	HH <input type="text"/> <input type="text"/> <input type="text"/>	
J02	MAN/WOMAN WHO EARNED CASH (B12 = 1 OR 2) FROM THE HOUSEHOLD ROSTER	LINE NO. (B01) <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
J03	CHECK HOUSEHOLD ROSTER QUESTION B15 (MARITAL STATUS) IS RESPONDENT MARRIED/LIVING TOGETHER?	YES 1 NO 2 (GO TO J02 FOR NEXT CASH EARNER, OR J12 IF NO MORE CASH EARNERS)	YES 1 NO 2 (GO TO J02 FOR NEXT CASH EARNER, OR J12 IF NO MORE CASH EARNERS)	YES 1 NO 2 (GO TO J02 ON NEW PG. FOR NEXT RESP. OR J12 IF NO MORE CASH EARNERS)
J04	RESPONDENT'S SEX FROM HOUSEHOLD ROSTER (B04)	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
J05	RESPONDENT'S AGE FROM HOUSEHOLD ROSTER (B5)	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
J06	Have you done any work * in the past 12 months? * READ DEFINITION OF WORK FROM MODULE B.	YES 1 NO 2 (GO TO J02 FOR NEXT CASH EARNER, OR J12 IF NO MORE CASH EARNERS)	YES 1 NO 2 (GO TO J02 FOR NEXT CASH EARNER, OR J12 IF NO MORE CASH EARNERS)	YES 1 NO 2 (GO TO J02 ON NEW PG. FOR NEXT RESP. OR J12 IF NO MORE CASH EARNERS)
J07	During the past 12 months, were you usually paid in cash or kind for this work, or were you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 (GO TO J02 FOR NEXT CASH EARNER OR J12 IF NO MORE CASH EARNERS) NOT PAID 4	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 (GO TO J02 FOR NEXT CASH EARNER OR J12 IF NO MORE CASH EARNERS) NOT PAID 4	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 (GO TO J02 ON NEW PG FOR NEXT RESP. OR J12 IF NO MORE CASH EARNERS) NOT PAID 4
J08	When you were paid in cash for this work, was the payment usually made directly to you, to your spouse/partner, or to someone else in your household? IF RESPONSE IS SOMEONE ELSE IN HH OR OTHER, THEN SPECIFY THE RELATIONSHIP TO THE RESPONDENT.	RESPONDENT 1 SPOUSE/PARTNER 2 SOMEONE ELSE IN HH 3 OTHER _____ (SPECIFY) 4 (SPECIFY)	RESPONDENT 1 SPOUSE/PARTNER 2 SOMEONE ELSE IN HH 3 OTHER _____ (SPECIFY) 4 (SPECIFY)	RESPONDENT 1 SPOUSE/PARTNER 2 SOMEONE ELSE IN HH 3 OTHER _____ (SPECIFY) 4 (SPECIFY)
J09A	Do you usually discuss with someone about how the cash you earn will be used?	YES 1 NO 2 (SKIP TO J10) ←	YES 1 NO 2 (SKIP TO J10) ←	YES 1 NO 2 (SKIP TO J10) ←
J09B	With whom do you usually talk about how the cash you earn will be used? CIRCLE ALL THAT APPLY FOR RESPONSES B AND C, SPECIFY THE RELATIONSHIP TO THE RESPONDENT.	SPOUSE/PARTNER A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) B OTHER _____ (SPECIFY) C	SPOUSE/PARTNER A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) B OTHER _____ (SPECIFY) C	SPOUSE/PARTNER A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) B OTHER _____ (SPECIFY) C
J10	Who usually decides how the cash you earn will be used? READ ALL RESPONSES AND SELECT ONLY ONE. FOR RESPONSES #4 AND #5, SPECIFY THE RELATIONSHIP TO RESPONDENT.	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)
J11	Who usually makes decisions about making major household purchases? READ ALL RESPONSES AND SELECT ONLY ONE. FOR RESPONSES #4 AND #5, SPECIFY THE RELATIONSHIP TO RESPONDENT.	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)	Yourself 1 Spouse/partner 2 Yourself and spouse/partner jointly 3 Yourself and other jointly 4 Other _____ (SPECIFY) 5 (SPECIFY)
J12	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	→ GO TO MODULE K

Module K. Gender - MCHN (All Men and Women with Child Under 2 Years)				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE PERSON FROM ROSTER	SECOND ELIGIBLE PERSON FROM ROSTER	THIRD ELIGIBLE PERSON FROM ROSTER
K00	INSERT TIME MODULE STARTED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	
K01	EA CODE AND HOUSEHOLD NUMBER	EA <input type="text"/> <input type="text"/> <input type="text"/>	HH <input type="text"/> <input type="text"/> <input type="text"/>	
K02	MAN/WOMAN WITH A CHILD UNDER 2 YEARS (B13=1) FROM THE HOUSEHOLD ROSTER	LINE NO. (B01) <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
K03	RESPONDENT'S SEX FROM HOUSEHOLD ROSTER (B04)	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
K04A	RESPONDENT'S AGE FROM HOUSEHOLD ROSTER (B05)	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
K04B	RESPONDENT'S MARITAL STATUS FROM HOUSEHOLD ROSTER (B15)	MARITAL STATUS <input type="text"/>	MARITAL STATUS <input type="text"/>	MARITAL STATUS <input type="text"/>
K05	Do you have a biological child under 2 years of age living in the household?	YES 1 NO 2 (GO TO K02 FOR NEXT RESPONDENT OR K17 IF NO MORE RESPONDENTS)	YES 1 NO 2 (GO TO K02 FOR NEXT RESPONDENT OR K17 IF NO MORE RESPONDENTS)	YES 1 NO 2 (GO TO K02 ON NEW PAGE FOR NEXT RESP. OR K17 IF NO MORE RESPONDENTS)
K06	What is the name of your child under 2 years of age? ADD LINE NUMBER (B01) FROM HH ROSTER.	NAME _____ LINE NO. (B01) <input type="text"/> <input type="text"/>	NAME _____ LINE NO. (B01) <input type="text"/> <input type="text"/>	NAME _____ LINE NO. (B01) <input type="text"/> <input type="text"/>
K07	How many times should a pregnant woman go for antenatal check-ups during the pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW .. 98	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW . 98
K08	In your opinion, do you think pregnant women, overall, need to eat more, less, or the same amount of food as they did before they got pregnant?	MORE 1 LESS 2 SAME 3 DON'T KNOW 8	MORE 1 LESS 2 SAME 3 DON'T KNOW .. 8	MORE 1 LESS 2 SAME 3 DON'T KNOW . 8
K09	How long after birth should a mother first put her baby to the breast?	IMMEDIATELY 1 LESS THAN 1 HOUR AFTER DELIVERY . 2 SOME HRS LATER BUT LESS THAN 24 HRS 3 1 DAY LATER 4 MORE THAN 1 DAY LATER 5 BABY SHOULD NOT BE BREASTFED . 6 DON'T KNOW 8	IMMEDIATELY 1 LESS THAN 1 HOUR AFTER DELIVER. 2 SOME HRS LATER BUT LESS THAN 24 HRS 3 1 DAY LATE 4 MORE THAN 1 DAY LATER 5 BABY SHOULD NOT BE BREASTFED 6 DON'T KNOW 8	IMMEDIATELY 1 LESS THAN 1 HOUR AFTER DELIVERF. 2 SOME HRS LATER BUT LESS THAN 24 HRS 3 1 DAY LATE 4 MORE THAN 1 DAY LATER 5 BABY SHOULD NOT BE BREASTFED 6 DON'T KNOW 8
K10	At what age should a breast-fed child be introduced to semi-solid or solid foods?	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW . 98
K11	CHECK K04B ABOVE, MARITAL STATUS. IS PERSON MARRIED/LIVING TOGETHER (K04B=1)?	YES 1 NO 2 (GO TO K02 FOR NEXT RESPONDENT OR K17 IF NO MORE RESPONDENTS)	YES 1 NO 2 (GO TO K02 FOR NEXT RESPONDENT OR K17 IF NO MORE RESPONDENTS)	YES 1 NO 2 (GO TO K02 ON NEW PAGE FOR NEXT RESP. OR K17 IF NO MORE RESPONDENTS)
K12	IF FEMALE RESPONDENT ASK: Is there someone with whom you usually discuss your or (NAME OF INDEX CHILD)'s health and nutrition? IF MALE RESPONDENT ASK: Is there someone with whom you usually discuss your spouse/partner's or (NAME OF INDEX CHILD)'s health and nutrition?	YES 1 NO 2 (SKIP TO K14) ←	YES 1 NO 2 (SKIP TO K14) ←	YES 1 NO 2 (SKIP TO K14) ←

Module K. Gender - MCHN (All Men and Women with Child Under 2 Years)				
NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE PERSON FROM ROSTER	SECOND ELIGIBLE PERSON FROM ROSTER	THIRD ELIGIBLE PERSON FROM ROSTER
K13	With whom do you usually discuss this? CIRCLE ALL THAT APPLY. FOR RESPONSES B, C AND D, SPECIFY RELATIONSHIP TO RESPONDENT	SPOUSE/PARTNER. A YOURSELF AND SPOUSE/PARTNER JOINTLY B YOURSELF AND OTHER JOINTLY . C _____ (SPECIFY) OTHER _____ D _____ (SPECIFY)	SPOUSE/PARTNE. . A YOURSELF AND SPOUSE/PARTNER JOINTLY B YOURSELF AND OTHER JOINTLY. . C _____ (SPECIFY) OTHER _____ D _____ (SPECIFY)	SPOUSE/PARTNE. . A YOURSELF AND SPOUSE/PARTNER JOINTLY B YOURSELF AND OTHER JOINTLY. . C _____ (SPECIFY) OTHER _____ D _____ (SPECIFY)
K14	IF FEMALE RESPONDENT ASK: Who usually makes decisions about your health and nutrition? IF MALE RESPONDENT ASK: Who usually makes decisions about your spouse/partner's health and nutrition? SELECT ONLY ONE.	YOURSELF 1 SPOUSE/PARTNER. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)
K15	Who usually makes decisions about [NAME OF INDEX CHILD]'s health and nutrition?.	YOURSELF 1 SPOUSE/PARTNER. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)
K16	Who usually makes decisions about making major household purchases? SELECT ONLY ONE. FOR RESPONSES #4 AND #5, SPECIFY THE RELATIONSHIP TO THE RESPONDENT.	YOURSELF 1 SPOUSE/PARTNER. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)	YOURSELF 1 SPOUSE/PARTNER .. 2 YOURSELF AND SPOUSE/PARTNER JOINTLY 3 YOURSELF AND OTHER JOINTLY. . 4 _____ (SPECIFY) OTHER _____ 5 _____ (SPECIFY)
K17	INSERT TIME MODULE ENDED	HOUR <input type="text"/> <input type="text"/>	MINUTE <input type="text"/> <input type="text"/>	→ GO TO MODULE H

MODULE H. HOUSEHOLD CONSUMPTION EXPENDITURE

	H00.	INSERT TIME MODULE STARTED	HOUR	<input type="text"/>	<input type="text"/>	MINUTE	<input type="text"/>	<input type="text"/>
ENUMERATION AREA (EA) CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	HOUSEHOLD NUMBER (HH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	H01.	PERSON RESPONSIBLE FOR FOOD PREPARATION FROM THE HOUSEHOLD ROSTER (B06 = 1)					<input type="text"/>	<input type="text"/>

ASK THESE QUESTIONS ABOUT ALL HOUSEHOLD MEMBERS. FOR MODULE H1, ASK WHOEVER IS MOST KNOWLEDGEABLE ABOUT THE FOOD THE HOUSEHOLD MEMBERS HAVE EATEN IN THE PAST WEEK. FOR MODULES H2 THROUGH H7, ASK THE PERSON WHO IS MOST KNOWLEDGEABLE ABOUT OTHER HOUSEHOLD EXPENDITURES, INCLUDING NON-FOOD ITEMS THAT HOUSEHOLD MEMBERS HAVE BOUGHT.

CHECK THE INFORMED CONSENT REGISTER AND ENSURE THAT THE RESPONDENT(S) TO MODULE H HAS PREVIOUSLY PROVIDED INFORMED CONSENT; IF NOT, ADMINISTER THE MODULE H INFORMED CONSENT PROCEDURE (ANNEX 3) TO THE RESPONDENT.

“Now I would like to ask you about the kinds of foods that you and other members of your household have eaten over the past week. I'd also like to ask you about items that you or members of your household may have bought in the past week. Please include foods in meals that are shared with other members of the household, as well as foods that individual members of the household may have consumed independently of other family members. First we will ask about foods that were eaten at your home, or at the home of friends or other family. Later we will ask about foods that were purchased already prepared from a restaurant or a vendor.”

MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Cereals, Grains and Cereal Products	01-16											
Maize <i>ufamgaiwa</i> (normal flour)	01	YES.....1 NO.....2 DK.....8										
Maize <i>ufa</i> refined (fine flour)	02	YES.....1 NO.....2 DK.....8										
Maize <i>ufamadeya</i> (bran flour)	03	YES.....1 NO.....2 DK.....8										
Maize grain (not as <i>ufa</i>)	04	YES.....1 NO.....2 DK.....8										
Green maize	05	YES.....1 NO.....2 DK.....8										
Rice	06	YES.....1 NO.....2 DK.....8										
Finger millet (<i>mawere</i>)	07	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Sorghum (<i>mapira</i>)	08	YES.....1 NO.....2 DK.....8										
Pearl millet (<i>mchewere</i>)	09	YES.....1 NO.....2 DK.....8										
Wheat flour	10	YES.....1 NO.....2 DK.....8										
Bread	11	YES.....1 NO.....2 DK.....8										
Buns, scones	12	YES.....1 NO.....2 DK.....8										
Biscuits	13	YES.....1 NO.....2 DK.....8										
Spaghetti, macaroni, pasta	14	YES.....1 NO.....2 DK.....8										
Breakfast cereal	15	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Infant feeding cereals	16	YES.....1 NO.....2 DK.....8										
Roots, Tubers, and Plantains	21-28											
Cassava tubers	21	YES.....1 NO.....2 DK.....8										
Cassava flour	22	YES.....1 NO.....2 DK.....8										
White sweet potato	23	YES.....1 NO.....2 DK.....8										
Orange sweet potato	24	YES.....1 NO.....2 DK.....8										
Irish potato	25	YES.....1 NO.....2 DK.....8										
Potato crisps	26	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
H1.01		H1.02										
Plantain, cooking banana	27	YES.....1 NO.....2 DK.....8										
Cocoyam (<i>masimb</i>)	28	YES.....1 NO.....2 DK.....8										
Nuts and Pulses	36-44											
Bean, white	36	YES.....1 NO.....2 DK.....8										
Bean, brown	37	YES.....1 NO.....2 DK.....8										
Pigeonpea (<i>nandolo</i>)	38	YES.....1 NO.....2 DK.....8										
Groundnut	39	YES.....1 NO.....2 DK.....8										
Groundnut flour	40	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Soyabean flour	41	YES.....1 NO.....2 DK.....8										
Ground bean (<i>nzama</i>)	42	YES.....1 NO.....2 DK.....8										
Cowpea (<i>khobwe</i>)	43	YES.....1 NO.....2 DK.....8										
Macademia nuts	44	YES.....1 NO.....2 DK.....8										
Vegetables	51-62											
Onion, fresh or processed	51	YES.....1 NO.....2 DK.....8										
Cabbage, fresh or processed	52	YES.....1 NO.....2 DK.....8										
<i>Tanaposil</i> Rape, fresh or processed	53	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
<i>Nkhwani</i> , fresh or processed	54	YES.....1 NO.....2 DK.....8										
Chinese cabbage, fresh or processed	55	YES.....1 NO.....2 DK.....8										
Other cultivated green leafy vegetables, fresh or processed	56	YES.....1 NO.....2 DK.....8										
Gathered wild green leaves	57	YES.....1 NO.....2 DK.....8										
Tomato, fresh or processed	58	YES.....1 NO.....2 DK.....8										
Cucumber, fresh or processed	59	YES.....1 NO.....2 DK.....8										
Pumpkin, fresh or processed	60	YES.....1 NO.....2 DK.....8										
Okra / <i>There're</i> , fresh or processed	61	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Mushroom, fresh or processed	62	YES.....1 NO.....2 DK.....8										
Meat, Fish and Animal products	71-84											
Eggs	71	YES.....1 NO.....2 DK.....8										
Dried fish	72	YES.....1 NO.....2 DK.....8										
Fresh fish	73	YES.....1 NO.....2 DK.....8										
Beef	74	YES.....1 NO.....2 DK.....8										
Goat	75	YES.....1 NO.....2 DK.....8										
Pork	76	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Mutton	77	YES.....1 NO.....2 DK.....8										
Chicken	78	YES.....1 NO.....2 DK.....8										
Guinea fowl, doves, pigeons, or other birds raised for meat or eggs.	79	YES.....1 NO.....2 DK.....8										
Small animal – rabbit, mice, etc.	80	YES.....1 NO.....2 DK.....8										
Termites, other insects, for example caterpillar	81	YES.....1 NO.....2 DK.....8										
Tinned meat or fish	82	YES.....1 NO.....2 DK.....8										
Smoked fish	83	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week? If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed.	How much of what you ate came from your household's own production?		CHECK H1.06A. H1 "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."	How much of what you ate came from gifts or other sources?		CHECK H1.07A. H1: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."
H1.01		H1.02	H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)	H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A	H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)	H1.07A QUANTITY IF QUANTITY =0; SKIP TO NEXT ITEM	H1.07B UNIT	H1.07C ESTIMATE KWACHA (MK)
Fish Soup/Sauce	84	YES.....1 NO.....2 DK.....8											
Fruits	91-99												
Mango	91	YES.....1 NO.....2 DK.....8											
Banana	92	YES.....1 NO.....2 DK.....8											
Citrus – naartje, orange, etc.	93	YES.....1 NO.....2 DK.....8											
Pineapple	94	YES.....1 NO.....2 DK.....8											
Papaya	95	YES.....1 NO.....2 DK.....8											
Guava	96	YES.....1 NO.....2 DK.....8											

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Avocado	97	YES.....1 NO.....2 DK.....8										
Wild fruit (masau, malambe, etc.)	98	YES.....1 NO.....2 DK.....8										
Apple	99	YES.....1 NO.....2 DK.....8										
Milk and Milk Products	111-118											
Fresh milk	111	YES.....1 NO.....2 DK.....8										
Powdered milk	112	YES.....1 NO.....2 DK.....8										
Margarine – (e.g. Blue band)	113	YES.....1 NO.....2 DK.....8										
Butter	114	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
H1.01		H1.02										
Chambiko - soured milk	115	YES.....1 NO.....2 DK.....8										
Yoghurt	116	YES.....1 NO.....2 DK.....8										
Cheese	117	YES.....1 NO.....2 DK.....8										
Infant feeding formula (for bottle)	118	YES.....1 NO.....2 DK.....8										
Sugar, Fats, and Oil	126-128											
Sugar	126	YES.....1 NO.....2 DK.....8										
Sugar Cane	127	YES.....1 NO.....2 DK.....8										
Cooking oil	128	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Beverages	136-150											
Tea	136	YES.....1 NO.....2 DK.....8										
Coffee	137	YES.....1 NO.....2 DK.....8										
Cocoa, Milo	138	YES.....1 NO.....2 DK.....8										
Squash (Sobo drink concentrate)	139	YES.....1 NO.....2 DK.....8										
Fruit juice	140	YES.....1 NO.....2 DK.....8										
Freezes (flavoured ice)	141	YES.....1 NO.....2 DK.....8										
Soft drinks (Coca-cola, Fanta, Sprite, etc.)	142	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week? If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed.	How much of what you ate came from your household's own production?		CHECK H1.06A.	How much of what you ate came from gifts or other sources?		CHECK H1.07A.
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT		H1.05 KWACHA (MK)	H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A	H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)	H1.07A QUANTITY IF QUANTITY =0; SKIP TO NEXT ITEM	H1.07B UNIT
Chibuku (commercial traditional-style beer)	143	YES.....1 NO.....2 DK.....8											
Drinking water	144	YES.....1 NO.....2 DK.....8											
Maheu	145	YES.....1 NO.....2 DK.....8											
Bottled / canned beer (Carlsberg, etc.)	146	YES.....1 NO.....2 DK.....8											
Thobwa	147	YES.....1 NO.....2 DK.....8											
Traditional beer (masese)	148	YES.....1 NO.....2 DK.....8											
Wine or commercial liquor	149	YES.....1 NO.....2 DK.....8											
Locally brewed liquor (kachasu)	150	YES.....1 NO.....2 DK.....8											

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.	
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)
Spices & Miscellaneous	156-164											
Salt	156	YES.....1 NO.....2 DK.....8										
Spices	157	YES.....1 NO.....2 DK.....8										
Yeast, baking powder, bicarbonate of soda	158	YES.....1 NO.....2 DK.....8										
Tomato sauce (bottle)	159	YES.....1 NO.....2 DK.....8										
Hot sauce (Nali, etc.)	160	YES.....1 NO.....2 DK.....8										
Jam, jelly	161	YES.....1 NO.....2 DK.....8										
Sweets, candy, chocolates	162	YES.....1 NO.....2 DK.....8										

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?		CHECK H1.06A. H1 "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."	How much of what you ate came from gifts or other sources?		CHECK H1.07A. H1: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)	H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A	H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)	H1.07A QUANTITY IF QUANTITY =0; SKIP TO NEXT ITEM	H1.07B UNIT	H1.07C ESTIMATE KWACHA (MK)
H1.01		H1.02											
Honey	163	YES.....1 NO.....2 DK.....8											
Peanut butter	164	YES.....1 NO.....2 DK.....8											
Cooked Foods from Vendors	171-180												
Maize - boiled or roasted (vendor)	171	YES.....1 NO.....2 DK.....8											
Chips (vendor)	172	YES.....1 NO.....2 DK.....8											
Cassava - boiled (vendor)	173	YES.....1 NO.....2 DK.....8											
Eggs - boiled (vendor)	174	YES.....1 NO.....2 DK.....8											
Chicken (vendor)	175	YES.....1 NO.....2 DK.....8											

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week? If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed.	How much of what you ate came from your household's own production?		CHECK H1.06A. H1 "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."	How much of what you ate came from gifts or other sources?		CHECK H1.07A. H1: "Please tell me how much it would have cost to buy that much [FOOD ITEM] if you had to purchase it in the market today."
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT		H1.05 KWACHA (MK)	H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A	H1.06B UNIT	H1.06C ESTIMATE KWACHA (MK)	H1.07A QUANTITY IF QUANTITY =0; SKIP TO NEXT ITEM	H1.07B UNIT
Meat (vendor)	176	YES.....1 NO.....2 DK.....8											
Fish (vendor)	177	YES.....1 NO.....2 DK.....8											
Mandazi, doughnut (vendor)	178	YES.....1 NO.....2 DK.....8											
Samosa (vendor)	179	YES.....1 NO.....2 DK.....8											
Meal eaten at restaurant	180	YES.....1 NO.....2 DK.....8											

FOOD ITEM	ITEM CODE	Over the past 7 days, did you or others in your household eat any [FOOD ITEM]?	How much in total did your household eat in the past week?		How much of what you ate came from purchases?		How much did you spend on what was eaten last week?	How much of what you ate came from your household's own production?	CHECK H1.06A.	How much of what you ate came from gifts or other sources?	CHECK H1.07A.
			H1.03A QUANTITY	H1.03B UNIT	H1.04A QUANTITY IF QUANTITY =0; SKIP TO H1.06A	H1.04B UNIT	H1.05 KWACHA (MK)		H1.06A QUANTITY IF QUANTITY =0; SKIP TO H1.07A		H1.06B UNIT
H1.01		H1.02									
		RESPONSE CATEGORIES FOR H1.03b/1.04b/1.06b/1.07b – UNITS KILOGRAMME 01 50 KG. BAG 02 90 KG. BAG 03 PAIL (Small) 04 PAIL (Medium) 05 PAIL (Large) 06 NO. 10 PLATE (Flat) 07 NO. 10 PLATE (Heaped) 08 NO. 12 PLATE (Flat) 09 NO. 12 PLATE (Heaped) 10 BUNCH (Small) 11 BUNCH (Medium) 12 BUNCH (Large) 13 PIECE (Small) 14 PIECE (Medium) 15 PIECE (Large) 16 HEAP Small) 17 HEAP (Medium) 18 HEAP (Large) 19 BALE 20 BASKET (<i>DENGU</i>) (SHELLED) 21 BASKET (<i>DENGU</i>) (UNSHELLED) 22 OX-CART (UNSHELLED) 23 LITRE 24 CUP 25 TIN 26 GRAM 27 MILLILITRE 28 TEASPOON 29 BASIN 30 SACHET/TUBE 31 TOTAL 32 OTHER (SPECIFY) 96									
NOTE: ANY UNIT LISTED <u>MUST</u> BE ABLE TO BE CONVERTED TO A STANDARDIZED UNIT. THIS CONVERSION WILL HAPPEN DURING DATA ANALYSIS; IT SHOULD NOT BE DONE IN THE FIELD BY THE INTERVIEWER.											

QNO.	QUESTION	RESPONSE CATEGORIES
H1.08	Over the past 7 days, did any people who are not members of your household eat any meals in your household?	YES 1 NO 2 → SKIP TO H1.12 DON'T KNOW 8 → SKIP TO H1.12
H1.09	Over the past 7 days, how many people who are not members of your household ate meals in your household?	H1.09. NUMBER OF PEOPLE <input type="text"/> <input type="text"/> DON'T KNOW 98
H1.10	Over the past 7 days, what was the total number of days in which any meal was shared with people who are not members of your household?	H1.10. NUMBER OF DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98
H1.11	Over the past 7 days, what was the total number of meals that were shared with people who are not members of your household?	H1.11. NUMBER OF MEALS <input type="text"/> <input type="text"/> DON'T KNOW 98
H1.12	Over the past 7 days, did your household purchase pet food for family pets like a cat or a dog?	YES 1 NO 2 → GO TO H1.14 DON'T KNOW 8 → GO TO H1.14
H1.13	How much did you spend on pet food last week?	ENTER AMOUNT IN KWACHA (MK): _____ DON'T KNOW 999998
H1.14	Over the past 7 days, were there any other expenditures on pets?	YES 1 NO 2 → GO TO MODULE H2 DON'T KNOW 8 → GO TO MODULE H2
H1.15	How much did you spend on other purchases for pets last week?	ENTER AMOUNT IN KWACHA (MK): _____ DON'T KNOW 999998

MODULE H2. NON-FOOD EXPENDITURES OVER PAST 7 DAYS

"Now I would like to ask you about items that you or members of your household may have bought in the past week."

H2.00 HEAD OF THE HOUSEHOLD OR RESPONSIBLE
ADULT (B10=1) FROM HOUSEHOLD ROSTER

--	--

<u>7 DAYS RECALL</u>			
ITEM	ITEM CODE	Over the past <u>7days</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H2.01	201-210	H2.02	H2.03 KWACHA (MK)
Charcoal	201	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Firewood	202	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Paraffin or kerosene	203	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Cigarettes or other tobacco	204	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Candles	205	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Matches	206	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Newspapers or magazines	207	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Public transport - Bicycle Taxi (include any used for school under education costs; include any used for obtaining health care under health expenditures)	208	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Public transport - Bus/Minibus (include any used for school under education costs; include any used for obtaining health care under health expenditures)	209	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	
Public transport - Other (truck, oxcart, etc.) (include any used for school under education costs; include any used for obtaining health care under health expenditures)	210	YES.....1 NO.....2→ NEXT ITEM DK.....8→ NEXT ITEM	

MODULE H3. NON-FOOD EXPENDITURES OVER PAST ONE MONTH

"Next I would like to ask you about items that you or members of your household may have bought over the past month."

<u>ONE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H3.01	301-326	H3.02	H3.03 KWACHA (MK)
Milling fees for grains (not including cost of grain itself), grain	301	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Bar soap (body soap or clothes soap)	302	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Clothes soap (powder, paste)	303	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Toothpaste, toothbrush	304	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Toilet paper	305	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Glycerine, Vaseline, skin creams	306	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)	307	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Light bulbs	308	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Postage stamps or other postal fees	309	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Donation - to church, charity, beggar, etc.	310	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Petrol or diesel	311	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Motor vehicle service, repair, or parts	312	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	

<u>ONE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H3.01	301-326	H3.02	H3.03 KWACHA (MK)
Bicycle service, repair, or parts	313	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Wages paid to servants	314	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Repairs to household and personal items (radios, watches, etc., excluding battery purchases)	315	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Utilities: Natural gas	316	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Utilities: Electricity	317	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Utilities: Water	318	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Batteries	319	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Recharging of batteries, cell phones, etc.	320	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Air time for cell phones	321	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
MTL line	322	YES.....1 NO 2→ NEXT ITEM DK.....8→ NEXT ITEM	
HEALTH EXPENDITURES (include estimated value of any in-kind payments, or borrowed amounts)			
Anything related to illnesses and injuries, including for medicine, tests, consultation, & in-patient fees	323	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc.	324	YES.....1 NO 2→ NEXT ITEM DK..... 8→ NEXT ITEM	

<u>ONE MONTH RECALL</u> ITEM	ITEM CODE	Over the past <u>one month</u> , did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H3.01	301-326	H3.02	H3.03 KWACHA (MK)
Non-prescription medicines, for example, Panadol, Fansidar, cough syrup, etc.	325	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Transportation used to access health-related services or care that did not require an overnight stay in a health facility or at a traditional healer's dwelling	326	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	

MODULE H4. NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

"Next I would like to ask you about items that you or members of your household may have bought over the past three months."

<u>THREE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H4.01	401-439	H4.02	H4.03 KWACHA (MK)
Infant clothing	401	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Baby nappies/diapers	402	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boy's trousers (FOR ALL CLOTHING, EXCLUDE UNIFORMS/SCHOOL CLOTHING)	403	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boy's shirts	404	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boy's jackets	405	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boy's undergarments	406	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boy's other clothing (e.g. hats, gloves, belts, etc.)	407	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's trousers	408	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's shirts	409	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's jackets	410	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's undergarments	411	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's other clothing (e.g. hats, gloves, belts, etc.)	412	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	

<u>THREE MONTH RECALL</u>			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H4.01	401-439	H4.02	H4.03 KWACHA (MK)
Girl's blouse/shirt	413	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Girl's dress/skirt	414	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Girl's undergarments	415	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Girl's other clothing (e.g. hats, gloves, belts, trousers, etc.)	416	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Women's blouse/shirt	417	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
<i>Chitenje</i> cloth	418	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Women's dress/skirt	419	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Women's undergarments	420	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Women's other clothing (e.g. hats, gloves, belts, trousers, etc.)	421	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Boys shoes (include shoes, sandals, boots, slippers)	422	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Men's shoes (include shoes, sandals, boots, slippers)	423	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Girl's shoes (include shoes, sandals, boots, slippers)	424	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Women's shoes (include shoes, sandals, boots, slippers)	425	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Cloth, thread, other sewing material	426	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	

THREE MONTH RECALL			
ITEM	ITEM CODE	Over the past three months, did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H4.01	401-439	H4.02	H4.03 KWACHA (MK)
Laundry, dry cleaning, tailoring fees	427	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Bowls, glassware, plates, silverware, etc.	428	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)	429	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Cleaning utensils (brooms, brushes, etc.)	430	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Torch / flashlight	431	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Umbrella	432	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Paraffin lamp (hurricane or pressure)	433	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Stationery items (excluding school related)	434	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Books (excluding school related)	435	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Music or video cassette or CD/DVD	436	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Tickets for sports / entertainment events	437	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
House decorations	438	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	
Night's lodging in rest house or hotel (excluding school or health related)	439	YES.....1 NO2→ NEXT ITEM DK.....8→ NEXT ITEM	

MODULE H5. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

"Now I would like to ask you about items that you or members of your household may have bought over the past one year."

<u>ONE YEAR (12 MONTH) RECALL</u>	ITEM CODE	Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H5.01	501-532	H5.02	H5.03 KWACHA (MK)
Carpet, rugs, drapes, curtains	501	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Linen - towels, sheets, blankets	502	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Mat - sleeping or for drying maize flour	503	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Mosquito net	504	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Mattress	505	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Sports & hobby equipment, musical instruments, toys	506	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Film, film processing, camera	507	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Cement	508	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Bricks	509	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Iron sheets	510	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Construction timber	511	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	
Council rates	512	YES 1 NO 2→ NEXT ITEM DK 8→ NEXT ITEM	

<u>ONE YEAR (12 MONTH) RECALL</u>		Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H5.01	501-532	H5.02	H5.03 KWACHA (MK)
Insurance - health (MASM, etc.), auto, home, life	513	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Fines or legal fees	514	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
<i>Lobola</i> (bridewealth) costs	515	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Marriage ceremony costs	516	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Funeral costs, household members	517	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Funeral costs, non-household members (relatives, neighbors/friends)	518	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
HEALTH EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)			
Hospitalizations or overnight stay in any hospital – total cost for treatment	519	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Travel to and from the medical facility for any overnight stay(s) or hospitalization	520	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Food costs during overnight stay(s) at the medical facility or hospitalization (if not already included above)	521	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Over-night(s) stay at a traditional healer's or faith healer's dwelling – total costs for treatment	522	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Travel costs to the traditional healer's or faith healer's dwelling for overnight stay(s)	523	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Food costs during overnight stay(s) at the traditional healer's or faith healer's dwelling	524	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	

<u>ONE YEAR (12 MONTH) RECALL</u>			
ITEM	ITEM CODE	Over the past one year (twelve months), did your household purchase or pay for any [ITEM]?	How much did you pay (how much did they cost) in total?
H5.01	501-532	H5.02	H5.03 KWACHA (MK)
EDUCATION EXPENDITURES over last 12 months (include estimated value of any in-kind payments or borrowed amounts)			
Tuition, including extra tuition fees	525	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Expenditures on after school programs and tutoring	526	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
School books and stationery	527	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
School uniform	528	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Boarding fees	529	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Contribution to school building maintenance	530	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Transport to and from school	531	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	
Parent/Teacher Association and other related fees	532	YES..... 1 NO..... 2→ NEXT ITEM DK..... 8→ NEXT ITEM	

NON-FOOD ITEMS THAT MAY OR MAY NOT HAVE BEEN PURCHASED							
<u>ONE YEAR (12 MONTH) RECALL</u>							
ITEM	Item Code	Over the past one year (12 months) did your household gather, purchase or pay for any [ITEM]? (NOTE THAT THE VALUE OF THESE ITEMS SHOULD BE ENTERED <u>ONLY</u> IF THEY WERE PURCHASED OR USED FOR HOUSEHOLD USE, NOT FOR INVESTMENT PURPOSES)	What was the estimated total quantity of [ITEM] used?		Did your household gather the [ITEM], or did your household purchase or pay for the [ITEM]?	FOR ITEMS THAT WERE GATHERED : What was the total estimated value of [ITEM] that you used ?	FOR ITEMS THAT WERE BOUGHT: How much did you spend in total on [ITEM]?
H5.04	533-535	H5.05	H5.06a Quantity	H5.06b Unit	H5.06c FILTER	H5.07 KWACHA (MK)	H5.08 (KWACHA) (MK)
Woodpoles, bamboo	533	YES.....1 NO..... 2→ NEXT ITEM			GATHERED.....1 → H5.07 PURCHASED/PAID...2→ H5.08	<hr/> → SKIP TO NEXT ITEM	
Grass for thatching roof or other use	534	YES.....1 NO..... 2→ NEXT ITEM			GATHERED.....1 → H5.07 PURCHASED/PAID...2→ H5.08	<hr/> → SKIP TO NEXT ITEM	
Other: Specify _____	535	YES.....1 NO..... 2→ MODULE H6			GATHERED.....1 → H5.07 PURCHASED/PAID...2→ H5.08	<hr/> → SKILE TO MODULE H6	

MODULE H6. HOUSING EXPENDITURES

“Now I'd like to ask you some questions about your home.”

QNO.	QUESTION	RESPONSE CATEGORIES				
H6.01	Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	OWN1 BEING PURCHASED2 EMPLOYER PROVIDES3 FREE4 → H6.04 RENTED5 → H6.05 DON'T KNOW/NON-RESPONSE/NA91				
H6.02	If you <u>sold this dwelling</u> today, how much would you receive for it?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE/NA99999991				
H6.03	How old is this house, in years?	<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; margin-right: 10px;"></div> DON'T KNOW/ NON-RESPONSE/NA991 → SKIP TO H6.06				
H6.04	If you <u>rented this dwelling out</u> today, how much rent would you receive?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%; text-align: center;">H6.04A KWACHA (MK)</th> <th style="width: 40%; text-align: center;">H6.04B UNIT</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE /NA99999991 → SKIP TO H6.09 </td> <td style="vertical-align: top;"> DAY1 WEEK2 MONTH3 YEAR4 DON'T KNOW/ NON-RESPONSE /NA99991 → SKIP TO E6.09 </td> </tr> </tbody> </table>	H6.04A KWACHA (MK)	H6.04B UNIT	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE /NA99999991 → SKIP TO H6.09	DAY1 WEEK2 MONTH3 YEAR4 DON'T KNOW/ NON-RESPONSE /NA99991 → SKIP TO E6.09
H6.04A KWACHA (MK)	H6.04B UNIT					
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> DON'T KNOW/NON-RESPONSE /NA99999991 → SKIP TO H6.09	DAY1 WEEK2 MONTH3 YEAR4 DON'T KNOW/ NON-RESPONSE /NA99991 → SKIP TO E6.09					

H6.05	How much do you pay to rent this dwelling?	<table border="1"> <thead> <tr> <th>H6.05A KWACHA (MK)</th> <th>H6.05B UNIT</th> </tr> </thead> <tbody> <tr> <td> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> <td> DAY1 WEEK2 MONTH3 YEAR.....4 DON'T KNOW/ NON-RESPONSE /NA.....99991 → SKIP TO E6.09 </td> </tr> </tbody> </table>		H6.05A KWACHA (MK)	H6.05B UNIT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY1 WEEK2 MONTH3 YEAR.....4 DON'T KNOW/ NON-RESPONSE /NA.....99991 → SKIP TO E6.09
		H6.05A KWACHA (MK)	H6.05B UNIT				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY1 WEEK2 MONTH3 YEAR.....4 DON'T KNOW/ NON-RESPONSE /NA.....99991 → SKIP TO E6.09						
DON'T KNOW/NON-RESPONSE /NA.....999991 → SKIP TO H6.09							
H6.06	Do you pay a mortgage on this house, that is, a regular payment towards purchasing the house?	YES..... 1 NO2 → SKIP TO H6.09					
H6.07	How often do you make mortgage payments?	ONCE A MONTH..... 1 ONCE EVERY 3 MONTHS 2 ONCE EVERY 6 MONTHS 3 ONCE A YEAR 4 OTHER (SPECIFY) 6					
H6.08	How much do you pay each time you make a payment on your mortgage?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AMOUNT IS VARIABLE.....999996 DON'T KNOW/ NON-RESPONSE.....999991					
H6.09	In the past one month, how much did you spend on repairs & maintenance to this house?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW/ NON-RESPONSE.....999991					

MODULE H7. DURABLE GOODS EXPENDITURES

“Now I'd like to ask you some questions about items that may be owned by your household.”

ITEM	Item Code	Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any of these [ITEM]s in the last 12 months?	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
H7.01	701-736	H7.02	H7.03 NUMBER	H7.04 YEAR	H7.05 KWACHA (MK)	H7.06	H7.07 KWACHA (MK)
Bed//table/chair	701	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Fan	702	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Air conditioner	703	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Radio	704	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Tape or CD/DVD player/VCR	705	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Television	706	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Sewing machine	707	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Kerosene/paraffin stove	708	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Electric stove; hot plate	709	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Gas stove	710	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Refrigerator	711	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Washing machine	712	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	

ITEM	Item Code	Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any of these [ITEM]s in the last 12 months?	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
H7.01	701-736	H7.02	H7.03 NUMBER	H7.04 YEAR	H7.05 KWACHA (MK)	H7.06	H7.07 KWACHA (MK)
Bicycle	713	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Boat	714	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Motorcycle/scooter	715	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Car	716	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Mini-bus	717	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Lorry	718	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Beer-brewing drum	719	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Upholstered chair, sofa set	720	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Coffee table (for sitting room)	721	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Cupboard, drawers, bureau	722	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Lantern (paraffin)	723	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Desk	724	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Clock	725	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	

ITEM	Item Code	Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of these [ITEM]s today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any of these [ITEM]s in the last 12 months?	How much did you pay for all these [ITEM]s all together (total) in the last 12 months?
H7.01	701-736	H7.02	H7.03 NUMBER	H7.04 YEAR	H7.05 KWACHA (MK)	H7.06	H7.07 KWACHA (MK)
Iron (for pressing clothes)	726	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Computer equipment & accessories	727	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Satellite dish	728	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Solar panel	729	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Generator	730	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Phone/cell phone	731	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Local (indigenous) goats	732	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Exotic (improved breed) goats	733	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Local (indigenous) chickens	734	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Exotic (improved breed) chickens	735	YES.....1 NO.....2 DK.....8				YES 1 NO2→ NEXT ITEM DK8→ NEXT ITEM	
Pigeons	736	YES.....1 NO.....2 DK.....8				YES 1 NO2→ WEAI DK8→ WEAI	
H7.08	INSERT TIME MODULED ENDED		HOUR	<input type="text"/> <input type="text"/>	MINUTE	<input type="text"/> <input type="text"/>	

NO.	QUESTION	RESPONSE
G1.05	In what month and year were you born?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>MONTH DK MONTH...98</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>YEAR DK YEAR...9998</p>
G1.06	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>YEARS</p> <p>IF RESPONDENT KNOWS HER/HIS AGE, SKIP TO G1.08</p> <p>IF RESPONDENT CANNOT REMEMBER HOW OLD SHE/HE IS, ENTER '98' AND ASK QUESTION G1.07.</p>
G1.07	Are you 18 years old or older?	<p>YES 1</p> <p>NO 2]</p> <p>DK 8] → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; PROCEED TO G6.03</p>
G1.08	CHECK G1.05, G1.06 AND G1.07 (IF APPLICABLE): IS THE RESPONDENT 18 YEARS OLD OR OLDER? IF THE INFORMATION IN G1.05, G1.06 AND G1.07 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE USING THE AGE/YEAR OF BIRTH CONSISTENCY CHART AND GUIDANCE FROM YOUR INTERVIEWER'S MANUAL.	<p>YES 1</p> <p>NO 2]</p> <p>DK 8] → RESPONDENT NOT ELIGIBLE FOR THIS MODULE; PROCEED TO G6.03</p>
G1.09	Are you currently married or living together with a man as if married?	<p>YES, CURRENTLY MARRIED 1]</p> <p>YES, LIVING WITH A MAN 2] → GO TO SUB-MODULE G2</p> <p>NO, NOT IN UNION 3</p> <p>REFUSED 9</p>
G1.10	Have you ever been married or lived together with a man as if married?	<p>YES, FORMERLY MARRIED 1</p> <p>YES, LIVED WITH A MAN 2</p> <p>NO 3 → GO TO SUB-MODULE G2</p> <p>REFUSED 9</p>
G1.11	What is your marital status now: are you widowed, divorced, or separated?	<p>WIDOWED 1</p> <p>DIVORCED 2</p> <p>SEPARATED 3</p>

SUB-MODULE G2: ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME GENERATION

“Now I’d like to ask you some questions about your participation in certain types of work activities.”

ACTIVITY		Did you yourself participate in [ACTIVITY] in the past 12 months (that is, during the last [one/two] cropping seasons)?	How much input did you have in making decisions about [ACTIVITY]?	How much input did you have in decisions on the use of income generated from [ACTIVITY]
ACTIVITY CODE	ACTIVITY DESCRIPTION	G2.01	G2.02	G2.03
A	Food crop farming: These are crops that are grown primarily for household food consumption	YES1 NO2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99
B	Cash crop farming: These are crops that are grown primarily for sale in the market	YES1 NO2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99
C	Livestock raising	YES1 NO2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99
D	Non-farm economic activities: This would include things like running a small business, self-employment, buy-and-sell	YES1 NO2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99
E	Wage and salary employment: This could be work that is paid for in cash or in-kind, including both agriculture and other wage work	YES1 NO2 → SKIP TO NEXT ACTIVITY	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99
F	Fishing or fishpond culture	YES1 NO2 → SKIP TO MODULE G3	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99	NO INPUT OR INPUT INTO VERY FEW DECISIONS01 INPUT INTO SOME DECISIONS02 INPUT INTO MOST OR ALL DECISIONS..03 NO DECISION MADE93 REFUSED99

SUB-MODULE G3(A): ACCESS TO PRODUCTIVE CAPITAL

"Now I'd like to ask you about your household's ownership of a number of items that could be used to generate income."

PRODUCTIVE CAPITAL		Does anyone in your household currently have any [ITEM]?	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]? CIRCLE ALL APPLICABLE	Who would you say can decide whether to sell [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide whether to give away [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide to mortgage or rent out [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who contributes most to decisions regarding a new purchase of [ITEM]? CIRCLE ALL APPLICABLE
PRODUCTIVE CAPITAL		G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
A	Agricultural land (plots)	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
B	Large livestock (oxen, cattle, donkeys)	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
C	Small livestock (goats, pigs, sheep, rabbits)	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
D	Chickens, ducks, turkeys, guinea fowl, and pigeons	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
E	Fish pond or fishing equipment	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
F	Farm equipment (non-mechanized: hoe, sickle, animal-drawn ploughs, wheel barrow, sprayer, manual treadle pump)	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER..D REFUSED.....E NOT APPLICABLE.....Z
		NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM						
G	Farm equipment (mechanized: tractor-drawn plough, power	YES.....1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C

PRODUCTIVE CAPITAL		Does anyone in your household currently have any [ITEM]?	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]? CIRCLE ALL APPLICABLE	Who would you say can decide whether to sell [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide whether to give away [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide to mortgage or rent out [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who contributes most to decisions regarding a new purchase of [ITEM]? CIRCLE ALL APPLICABLE
PRODUCTIVE CAPITAL		G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06
	tiller, motorized treadle pump, groundnut sheller)	NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM		OTHER NON-HH MEMBER..D REFUSED..... E NOT APPLICABLE..... Z	OTHER NON-HH MEMBER . D REFUSED..... E NOT APPLICABLEZ	OTHER NON-HH MEMBER . D REFUSED..... E NOT APPLICABLEZ	OTHER NON-HH MEMBER..D REFUSED..... E NOT APPLICABLEZ	OTHER NON-HH MEMBER..D REFUSED..... E NOT APPLICABLE Z
H	Nonfarm business equipment (solar panels used for recharging, solar inverter, solar battery, sewing machine, brewing equipment, fryers, generator, satellite dish, cooler boxes)	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				
I	House or other structures	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				
J	Large consumer durables (refrigerator, TV, sofa, dining table sets, beds)	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				
K	Small consumer durables (radio, CD/DVD player, VCR player, cookware, iron, paraffin lamp, hot plate)	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				
L	Cell phone	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				
M	Other land not used for agricultural purposes (pieces/plots, residential or commercial land	YES..... 1 NO 2→ SKIP TO REFUSED.... 9→ NEXT ITEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SELF A PARTNER/SPOUSE B OTHER HH MEMBER..... C OTHER NON-HH MEMBER.. D REFUSED..... E NOT APPLICABLE..... Z				

PRODUCTIVE CAPITAL		Does anyone in your household currently have any [ITEM]?	How many of [ITEM] does your household currently have?	Who would you say owns most of the [ITEM]? CIRCLE ALL APPLICABLE	Who would you say can decide whether to sell [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide whether to give away [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who would you say can decide to mortgage or rent out [ITEM] most of the time? CIRCLE ALL APPLICABLE	Who contributes most to decisions regarding a new purchase of [ITEM]? CIRCLE ALL APPLICABLE				
PRODUCTIVE CAPITAL		G3.01a	G3.01b	G3.02	G3.03	G3.04	G3.05	G3.06				
N	Means of transportation (bicycle, motorcycle, car, ox-cart)	YES.....1	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>				SELF..... A					
NO 2 → SKIP TO MODULE G3(B)	PARTNER/SPOUSE B											
		REFUSED.... 9 →		OTHER HH MEMBER..... C								
				OTHER NON-HH MEMBER... D								
				REFUSED..... E								
				NOT APPLICABLE..... Z								

SUB-MODULE G3(B): ACCESS TO CREDIT

“Next I’d like to ask about your household’s experience with borrowing money or other items in the past 12 months.”

LENDING SOURCES		Has anyone in your household taken any loans or borrowed cash/in-kind from [SOURCE] in the past 12 months?	Who made the decision to borrow from [SOURCE]? CIRCLE ALL APPLICABLE	Who makes the decision about what to do with the money/ item borrowed from [SOURCE]? CIRCLE ALL APPLICABLE
LENDING SOURCE NAMES		G3.07	G3.08	G3.09
A	Non-governmental organization (NGO)	YES, CASH.....1 YES, IN-KIND.....2 YES, CASH AND IN-KIND.....3 NO.....4 → GO TO NEXT SOURCE DON'T KNOW.....8 → GO TO NEXT SOURCE REFUSED.....9 → GO TO NEXT SOURCE	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z
B	Informal lender	YES, CASH.....1 YES, IN-KIND.....2 YES, CASH AND IN-KIND.....3 NO.....4 → GO TO NEXT SOURCE DON'T KNOW.....8 → GO TO NEXT SOURCE REFUSED.....9 → GO TO NEXT SOURCE	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z
C	Formal lender (bank/financial institution e.g. OIBM, FINCA, PRIDE, CUMO)	YES, CASH.....1 YES, IN-KIND.....2 YES, CASH AND IN-KIND.....3 NO.....4 → GO TO NEXT SOURCE DON'T KNOW.....8 → GO TO NEXT SOURCE REFUSED.....9 → GO TO NEXT SOURCE	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z
D	Friends or relatives	YES, CASH.....1 YES, IN-KIND.....2 YES, CASH AND IN-KIND.....3 NO.....4 → GO TO NEXT SOURCE DON'T KNOW.....8 → GO TO NEXT SOURCE REFUSED.....9 → GO TO NEXT SOURCE	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z
E	Group based micro-finance or lending including merry-go-rounds, VSLAs (Village Savings and Loan Associations), ROSCAs (Rotating Savings and Credit Associations), SACCOs (Savings and Credit Co-Operatives)	YES, CASH.....1 YES, IN-KIND.....2 YES, CASH AND IN-KIND.....3 NO.....4 → GO TO MODULE G4 DON'T KNOW.....8 → GO TO MODULE G4 REFUSED.....9 → GO TO MODULE G4	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z	SELF.....A PARTNER/SPOUSE.....B OTHER HH MEMBER.....C OTHER NON-HH MEMBER....D REFUSED.....E NOT APPLICABLE.....Z

SUB-MODULE G4(A): INDIVIDUAL LEADERSHIP AND INFLUENCE IN THE COMMUNITY

“Now I have a few questions about how comfortable you feel speaking up in public when the community needs to make important decisions.”

QNO.	QUESTION	RESPONSE
G4.01	Do you feel comfortable speaking up in public to help decide on infrastructure (like small wells, roads, water supplies) to be built in your community?	NO, NOT AT ALL COMFORTABLE.....1 YES, BUT WITH DIFFICULTY.....2 YES, COMFORTABLY.....3 NOT APPLICABLE.....5 REFUSED.....9
G4.02	Do you feel comfortable speaking up in public to ensure proper payment of wages for public works or other similar programs?	NO, NOT AT ALL COMFORTABLE.....1 YES, BUT WITH DIFFICULTY.....2 YES, COMFORTABLY.....3 NOT APPLICABLE.....5 REFUSED.....9
G4.03	Do you feel comfortable speaking up in public to protest the misbehavior of authorities or elected officials?	NO, NOT AT ALL COMFORTABLE.....1 YES, BUT WITH DIFFICULTY.....2 YES, COMFORTABLY.....3 NOT APPLICABLE.....5 REFUSED.....9

SUB-MODULE G4(B): GROUP MEMBERSHIP

“The next few questions are about different groups or organizations that may exist in your community.”

GROUP MEMBERSHIP		Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
GROUP CATEGORIES		G4.04	G4.05
A	Agricultural/livestock/fisheries producer's group (including marketing groups)	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
B	Water users' group	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
C	Forest users' group	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
D	Credit or microfinance group (including merry-go-rounds, VSLAs (Village Savings and Loan Associations), ROSCAs (Rotating, Savings and Credit Associations), SACCOs (Savings and Credit Co-Operatives)	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
E	Mutual help or insurance group (including support groups)	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
F	Trade and business association	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
G	Civic groups (improving community) or charitable group (helping others)	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9
H	Local government	YES.....1 NO2 DON'T KNOW.....8 → SKIP TO NEXT GROUP	YES1 NO2 REFUSED9

GROUP MEMBERSHIP		Is there a [GROUP] in your community?	Are you an active member of this [GROUP]?
GROUP CATEGORIES		G4.04	G4.05
I	Religious group	YES 1 NO 2 → SKIP TO NEXT GROUP DON'T KNOW 8	YES 1 NO 2 REFUSED 9
J	Other women's group ONLY INCLUDE A GROUP HERE IF IT DOES NOT FIT INTO ONE OF THE OTHER CATEGORIES	YES 1 NO 2 → SKIP TO NEXT GROUP DON'T KNOW 8	YES 1 NO 2 REFUSED 9
K	Any other group or organization (SPECIFY) _____	YES 1 NO 2 → SKIP TO MODULE G5A DON'T KNOW 8	YES 1 NO 2 REFUSED 9

SUB-MODULE G5(A): DECISION MAKING

"Now I have some questions about making decisions about various aspects of household life."

ACTIVITY		When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? CIRCLE ALL APPLICABLE	FILTER: CHECK G5.01	To what extent do you feel you can make your own personal decisions regarding [ACTIVITY] if you want(ed) to?
ACTIVITY		G5.01	G5.01A	G5.02
A	Getting inputs for agricultural production	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
B	The types of crops to grow	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
C	Taking crops to the market (or not)	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
D	Livestock raising	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9

ACTIVITY		When decisions are made regarding [ACTIVITY], who is it that normally takes the decision? CIRCLE ALL APPLICABLE	FILTER: CHECK G5.01	To what extent do you feel you can make your own personal decisions regarding [ACTIVITY] if you want(ed) to?
ACTIVITY		G5.01	G5.01A	G5.02
E	Your own (singular) wage or salary employment	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
F	Major household expenditures (such as a large appliance for the house like refrigerator)	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT ACTIVITY REFUSED 9 → SKIP TO NEXT ACTIVITY	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT ACTIVITY "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9
G	Minor household expenditures (such as food for daily consumption or other household needs)	SELF A SPOUSE/PARTNER B OTHER HH MEMBER C OTHER NON-HH MEMBER D NOT APPLICABLE Z → SKIP TO NEXT MODULE REFUSED 9 → SKIP TO NEXT MODULE	CHECK G5.01: "SELF" ("A") IS THE ONLY RESPONSE 1 → GO TO NEXT MODULE "SELF" ("A") IS NOT THE ONLY RESPONSE ... 2 → GO TO G5.02	NOT AT ALL 1 SMALL EXTENT 2 MEDIUM EXTENT 3 TO A HIGH EXTENT 4 REFUSED 9

SUB-MODULE G6(A): TIME ALLOCATION

G6.01: PLEASE RECORD A LOG OF THE ACTIVITIES FOR THE INDIVIDUAL IN THE LAST COMPLETE 24 HOURS (STARTING YESTERDAY MORNING AT 4 AM, FINISHING 3:59 AM OF THE CURRENT DAY). THE TIME INTERVALS ARE MARKED IN 15 MIN INTERVALS AND ONE TO TWO ACTIVITIES CAN BE MARKED FOR EACH TIME PERIOD BY DRAWING A LINE THROUGH THAT ACTIVITY. IF TWO ACTIVITIES ARE MARKED, THEY SHOULD BE DISTINGUISHED WITH A 1 FOR THE PRIMARY ACTIVITY AND A 2 FOR THE SECONDARY ACTIVITY WRITTEN NEXT TO THE LINES. PLEASE ADMINISTER USING THE PROTOCOL IN THE INTERVIEWER MANUAL.

“Now I’d like to ask you about how you spent your time during the past 24 hours. This will be a detailed accounting. We’ll begin from yesterday morning at 4am, and continue through to 4am of this morning.”

ACTIVITY CODE	ACTIVITY	NIGHT			MORNING			DAY										
		4	5	6	7	8	9	10	11	12	13	14	15					
A	SLEEPING AND RESTING																	
B	EATING AND DRINKING																	
C	PERSONAL CARE																	
D	SCHOOL (INCLUDING HOMEWORK)																	
E	WORK AS EMPLOYED																	
F	OWN BUSINESS WORK																	
G	FARMING/LIVESTOCK/FISHING																	
H	SHOPPING/GETTING SERVICE (INCLUDING HEALTH SERVICES)																	
I	WEAVING, SEWING, TEXTILE CARE																	
J	COOKING																	
K	DOMESTIC WORK (INCLUDING FETCHING WOOD AND WATER)																	
L	CARE FOR CHILDREN/ADULTS/ELDERLY																	
M	TRAVEL AND COMMUTING																	
N	WATCHING TV/LISTENING TO RADIO/READING																	
O	EXERCISING																	
P	SOCIAL ACTIVITIES AND HOBBIES																	
Q	RELIGIOUS ACTIVITIES																	
X	OTHER (SPECIFY)																	

SUB-MODULE G6(B): SATISFACTION WITH TIME ALLOCATION

QNO.	QUESTION	RESPONSE OPTIONS/INSTRUCTIONS
G6.01B	In the past 24 hours, did you work, either at home or outside the home, more than usual, about the same amount as usual, or less than usual?	MORE THAN USUAL.....1 ABOUT THE SAME AS USUAL.....2 LESS THAN USUAL.....3
G6.02	Next, I am going to ask you a question about how satisfied you are with the time you have to yourself to do things you enjoy. Please give your opinion on a scale of 1 to 10. 1 means you are not satisfied and 10 means you are very satisfied. If you are neither satisfied nor dissatisfied, this would be in the middle, or 5, on the scale. How satisfied are you with your available time for leisure activities like visiting neighbors, watching TV, listening to the radio, seeing movies or doing sports?	SATISFACTION RATING: <input type="text"/> <input type="text"/>

G6.03.	INSERT TIME MODULE ENDED	HOUR	<input type="text"/> <input type="text"/>	MINUTE	<input type="text"/> <input type="text"/>
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF TEAM LEADER: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

ANNEX 4

Data Treatment and Analysis Plan Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Background

In accordance with the U.S. Agency for International Development (USAID) Evaluation Policy, the Office of Food for Peace (FFP) contracted with ICF International to conduct baseline studies for FY2014 project awards in Burundi, Madagascar, Malawi and Nepal. In Malawi, the UBALE project will be implemented by CRS and the *Njira* project will be implemented by PCI. The baseline household surveys will be standardized across participating countries and will collect data for FFP indicators as described in the USAID FFP *Standard Indicator Handbook*¹. 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, gender and measurements of poverty. In addition to required FFP indicators, the baseline household surveys will also include project-specific indicators identified as key measures for each project. This report describes the data treatment and analysis plan for the baseline household surveys in Malawi.

Survey Population

The survey population consists of all households residing within the project areas for each awardee. A multi-stage clustered sample design is used to select the households for the household survey with sample sizes determined based on powering a statistical test of differences for the FFP stunting indicator for each project (See Baseline Study Sampling Plan for Population-Based Household Surveys in Malawi, May 13, 2015). The selected sample includes 120 clusters (or enumeration areas) with 20 households per cluster for each project; resulting in an overall household sample size of 4,800. See Appendix A for a summary of the sampled enumeration areas (EAs) and households by project. These sample sizes include a pre-inflation factor to take into account anticipated household level non-response (2.5 percent) as well as an adjustment factor that takes into account the number of households to be contacted in order to achieve the sample size of children 0-59 years old. The actual sample sizes for each country will be determined by the number of completed interviews.

The remainder of this document describes the quality control procedures and plan for processing and preparation of the survey data for analysis; and descriptions of all indicators (both FFP and project-specific) along with the data analyses to be performed.

Quality Control and Data Processing

Field Quality Control Procedures

The quality control procedures established in the field include:

- A full questionnaire review and editing by supervisors and editors of the completed survey forms at the end of each day to identify any missing or problematic data items;
- A check of completed questionnaires to ensure that the appropriate respondents have been interviewed for each module and that anthropometry measurements have been taken for all eligible individuals; this is part of field editing which is done by the supervisors and editors everyday while the team is still in the community;

¹ FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys. April 2015. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA III), 2015.

- A back checking process of a minimum of 15% of completed interviews; this is where a supervisor returns to previously interviewed households to conduct a partial re-interview; the focus of the back checking is the household roster.
- Final review by ICF field managers of a sample of forms from each enumeration area to identify any further interviewing, recording and editing issues not identified by the supervisors or field editors.
- A review of anthropometry measurements to ensure that appropriate standardized measurements techniques are being used. The anthropometry trainers will spot check anthropometry measurements for each of the anthropometry teams. Field supervisors will be trained in anthropometry measurement procedures so they can oversee the measurements of their teams.

Any problems found during these field quality control procedures will be addressed while the data collection teams are in the field. Retraining will be conducted as needed and teams of interviewers will return to households if necessary to collect/verify missing or erroneous data.

Data Entry Training and Timeline

When all forms for a cluster are cleared through the field quality control procedures, the forms will be packaged and forwarded to the central data entry office in each country where they will be double-keyed via CSPro data entry software developed by ICF and tailored for each country's questionnaire.

ICF data managers will travel to Malawi shortly after the start of fieldwork and work with in-country staff to install and test the CSPro data entry program and provide training on its use. Training of the data entry team is expected to take 2-3 days with an additional 2-3 days of in-country troubleshooting, for a total of 5 days. The training will include hands-on use of the CSPro software using live questionnaires and instruction on how to resolve inconsistencies flagged by the software during the data entry process. The data manager will spend an additional 4-5 days to train and supervise the data entry team on how to produce and interpret reports generated from secondary editing programs; and the process by which to verify and resolve issues flagged by the secondary consistency checks (described in the next section).

Data entry for the household surveys will begin after the data training and within three weeks of the start of fieldwork. Currently planned dates for data entry and processing are provided in Table I.

Table I. Data Entry and Processing Timeline

	Malawi
Household survey data collection	July 27 – Sept. 18
Data entry training	Aug. 3 – Aug. 17
Data processing	
Data entry	Aug. 10 – Sept. 25
1 st data delivery - 100 records data check	Aug. 17
2 nd data delivery- half sample	Sept. 3
3 rd data delivery – full data file	Sept. 30
In-country data cleaning of full data file	Oct. 1 - 9
Final data delivery to ICF	Oct. 12

Data Processing Quality Control Procedures

ICF has adopted CSPro, a MEASURE-sponsored software program developed by the U.S. Census Bureau, as the data capture and processing software application to use for all countries in the current survey round. CSPro stores its data in ASCII files, which is easily exported (via a tool within CSPro) to Stata, SPSS, or SAS.

Within CSPro, ICF has created a hierarchical structure to store the survey data; roughly, each module corresponds to a unique record within the CSPro dictionary (codebook). For singly-occurring modules, such as C and F, there will be one line of data in the ASCII file corresponding to the CSPro record where those variables have been defined.

For modules where more than one person may be interviewed (such as the household roster, the two anthropometry rosters for children and women, and Modules D, E, G, K, and J), there will be one line of data for each person eligible for that roster/module. For example, if there are five persons in the household, there will be five lines of data in the data file corresponding to the record created to represent Module B.

Using CSPro allows ICF to utilize tight control over field values and skip patterns, introduce exacting consistency checks on the data during capture, and make comprehensive reviews of the data at the cluster level, at both the in-country and ICF offices.

ICF will provide a quality control review of the raw and edited data after approximately half of the interviews have been data entered, and again when all interviews have been entered and the complete data file is delivered. Data cleaning will take place based on secondary (consistency) editing reports generated in-country, and per ICF feedback. Final data cleaning will take place at ICF in Rockville, MD, upon receipt of the final clean dataset by the subcontractor. The complete suite of quality control checks that will be made over the data processing cycle include the following:

- [1] Cluster Assignments

- (a) All clusters will be keyed twice by different keyers. Keying differences must be resolved before a cluster can be considered complete and advance to the structure and consistency checks stage.
- (b) The data processing supervisor will make assignments to keyers at the cluster level. Keyers will only be able to access clusters they have been assigned, and only at the level it was assigned; that is, if a keyer was assigned a cluster for main (initial) keying, they cannot access that cluster under verification (second) keying.

[2] Data Capture

- (a) Range checking for numeric responses: based on all possible values being listed in the CSPro dictionary, CSPro automatically ensures that values cannot be entered outside that range. For example, once the variable "sex" has been defined to the codes 1 (male) and 2 (female), no other value can be entered.
- (b) Range checking for alphabetic responses: for questions that allow multiple responses to be selected (corresponding to the alphabetic responses), a specially-programmed function has been added that ensures that: (1) only the letters listed can be entered; (2) that allowable letters only appear once ("A", but not "AA"); (3) that responses requiring an "other" text entry (generally indicated with the "X" and sometimes "W" characters) are captured; (4) that responses that must appear in isolation from any other response (usually "Y", no one or "Z", don't know) do not appear in combination with any other letter; and (5) that the field cannot be left blank.
- (c) Consistency checks: In selected fields when applicable, answers will be cross-checked against other fields for validity. For example, in Modules D, E and the anthropometry sections, age and date of birth will be compared to one another to ensure they agree. In addition, in any module that asks for a person's age, this will be cross-checked against the age given in the household roster (Module B); if the age is within two years, no message is issued. However, if more than a two year difference exists, a message will be issued.
- (d) Skips: If a skip is present, then based on the respondent's answer to the question, the skip will be applied. If the interviewer followed the wrong path, then "missing" answers will be entered for the questions that should have been answered. For numeric responses, missing is indicated by filling the field with the number "9". For alpha fields, missing is indicated by entering "X"; when the system prompts the keyer for the associated text, "text missing" is keyed.
- (e) Filters: If the question should not be asked, it will be skipped. For example, persons under the age of 15 are not asked their marital status in the household roster. Therefore, the question will be skipped over for those under-age persons.
- (f) Identifier integrity: A file containing the geographic identifiers will be created for each country. It dictates for any given cluster, all levels of geographic identifiers. This information will be prefilled

[3] Structure Checks

- (a) Files are created at the cluster level. They are concatenated into a single file at the very end of the keying operation.
- (b) When clusters are assigned, the Supervisor enters the total number of households found for that cluster into a "control" file. The total number of households with complete (result=1) and incomplete (result <> 1) result codes are also logged in at this time. In this way when a keyer has finished keying their assigned cluster, a check is applied that compares the number of households found within their data file against what was expected, with an error being generated if it fails the test. Likewise, if the total number of households found is correct, but the number of complete/incomplete household codes misalign with what the Supervisor entered originally, an error message will be generated. The cluster cannot advance to the consistency editing stage until these problems have been resolved.
- (c) In addition to checking for result codes and total number of households, the program will ensure, for each household that the required number of records exist, based on the eligibility of the persons within Module B. For example, if the household roster indicates three persons should be administered Module D, then three records must exist in the file before the structure check can succeed. The cluster cannot advance to the consistency editing stage until these problems have been resolved.

[4] Consistency Checks

More difficult to resolve issues are handled at this stage, rather than in the turmoil of the keying room floor. Once a cluster has passed the (double entry) keying and structure edit phases, a secondary (consistency) edit program will be run against the data. Many of the checks made during the keying process will be repeated here. In addition, more difficult to resolve problems will be generated now. All error messages are assigned a unique number.

Secondary editors (and Supervisors) will be provided a secondary editing manual that lists all error messages in numerical order. It will describe the problem that prompted the error, and possible methods to resolve the conflict. In general, the method is to review the data collected, comparing the variables (questions) involved, and look for any notes the interviewer may have made, or changes the field editor, field supervisor, or keying supervisor may have made that created/exacerbated the problem. Checks for missing values are not made at this time, as there is nothing the editor can do to resolve this type of error. Many errors will be left unresolved.

[5] Miscellaneous Data Quality Measures

- (a) Field-check tables will be run on a weekly basis that will report on several key items measuring fieldwork quality. These tables will show data at the team level. For example, a table will be generated that shows age distributions of women 12-18 that allows survey managers to determine if teams are dropping ages below 15, in order to disqualify women from Module E. This helps to identify underperforming teams.
- (b) Frequencies will be generated in order to ensure reasonable distribution of the data (for example, M/F splits look appropriate) and that no out-of-range values exist.

Quality control checks will be programmed using CSPro 4.1. The raw datasets will be accompanied by a data dictionary/codebook with all variables clearly labeled and edit rules used for cleaning the data. The raw CSPro datasets will be converted to facilitate data analysis using SPSS Statistical Software.

Coordination with Feed the Future

In Malawi, the FFP project implementation areas for the *Njira* project are located in the Balaka and Machinga Districts, but do not cover the entire districts. These two districts are also part of Feed the Future's (FTF) seven district zone of influence (ZOI) in Malawi. FTF FEEDBACK² is conducting an interim evaluation with a household survey in the ZOI during the same months as FFP. Due to the overlapping districts and timeframe of the two data collection activities, FFP is coordinating with FTF to collect survey data for the areas in Balaka and Machinga that are outside the FFP project implementation areas but included in the FTF ZOI. Along with the data collected in the FFP project areas, ICF will collect data for 120 additional households (6 EAs) in the non-FFP project areas in Balaka and Machinga for FTF. The same household survey questionnaire will be administered for all households. The additional data collected for FTF will be subject to the same data quality and processing procedures as the data collected for the FFP projects. Coordination meetings with FTF will take place while the fieldwork is in progress to align variable names and database structures and to facilitate the transfer of datasets within the required timelines for FTF³.

Data Analysis

Sampling Weights

Sample weights will be computed and used in the data analyses. This will involve computing an overall sampling weight for each indicator corresponding to a unique sampling scheme. The sampling weight will consist of the inverse of the product of the probabilities of selection from each stage of sampling (EA selection and household selection). Weights will also be adjusted to compensate for household and individual level non-response where appropriate. In order to account for differing levels of non-response at the individual level, separate weights will be calculated for:

- 1) Households (used for household indicators derived from Modules C, F, H)
- 2) Children 0-59 months (Module D – for all children's indicators)
- 3) Women 15-49 years (Module E – dietary indicators)
- 4) Women 15-49 years married or in a union (Module E – contraceptive prevalence indicator)
- 5) Women 15-49 years with a live birth in the past five years (Module E - ANC indicator)
- 6) Women 15-49 years who are not pregnant (Anthropometry – underweight indicator)
- 7) Farmers (Module G – all agricultural indicators)
- 8) Male and female cash earners (Module J – cash earner indicators)
- 9) Male and female parents of children under two years of age (Module K – maternal and child health knowledge indicators)

² The Feed the Future (FTF) FEEDBACK activity is funded by the United States Agency for International Development (USAID) to implement specific elements of the monitoring and evaluation (M&E) agenda for FTF, the U.S. Government's Global Hunger and Food Security initiative.

³ All data collected for FFP, including the three districts for the UBALE project will be forwarded to FTF so that indicator estimates can be calculated for the 10 district ZOI.

Given that all eligible individuals will be selected for Modules D, E, G, J, and K, the sampling weights for these modules will differ from those for households (used in Modules C, F, and H) by an individual non-response adjustment only. For children 0-5 months, and children 6-23 months, the overall non-response adjustment for all children 0-59 months will be used.⁴ Single questionnaire items that are missing responses will not be imputed for and will not be included in the calculations for relevant indicators. “Don’t know” and “Refused” responses will also be excluded from the denominator and numerators used in the calculation of the indicators.

Different sampling weights will be calculated for separate analyses of each project and for the overall aggregate in Malawi. Formulas used to calculate sampling weights will be included with the data dictionary and are provided in Appendix B.

Data Tabulation for FFP Indicators

The FFP indicators to be included in the data analysis are listed in Table 2. The analysis for all indicators will be run separately for each project and for Malawi overall and will be disaggregated as noted in Table 2. Confidence intervals (CI) will be provided for all indicators; point estimates and variance estimation (derived from SPSS using Taylor series expansions) will take into account the design effect associated with the complex sampling design.

Indicators 1-2 and 6-30 will be tabulated using currently documented tabulation methods as cited in the footnotes in Table 2. For all anthropometric indicators, Z-scores will be derived using WHO’s Child Growth Standards and the SPSS software to calculate Z-scores will be downloaded from the WHO website.⁵ The WHO “restricted” analysis will be used to calculate the anthropometry indicators; this approach is the most conservative and gives the most reliable results. It excludes observations with at least one flagged z-score (flagged, true missing or with edema) for either length/height-for-age (stunting) or weight-for-age (underweight). Z-scores flagged by the software as biologically implausible will be excluded from the analysis, but left in the dataset.

Poverty Indicators

Calculation of the three poverty indicators (3-5) involves a complex and time-consuming methodology which follows guidance from USAID and the World Bank. A detailed description of this methodology is provided in Appendix C. ICF will follow this methodology to calculate the poverty indicators. In addition, FTF has contracted with the Malawi National Statistics Office (NSO) to conduct an independent analysis and calculation of the poverty indicators. The NSO will calculate poverty indicators for FFP project areas and these results will be compared with results from ICF’s analysis. The NSO estimates will be used for FFP reporting.

⁴ Strictly speaking, a separate non-response adjustment should be made for children 0-5 months and 6-23 months. However, it has been determined that non-response for children 0-59 months (in general) is so minimal that it will suffice to apply one non-response adjustment for all children aged 0-59 months instead.

⁵<http://www.who.int/childgrowth/software/en/>

Table 2. Food for Peace Baseline Survey Indicators

Indicator	Disaggregation Level	Data Points
1. Average Household Dietary Diversity Score (HDDS) ⁶	None	Indicator, CI, # households in target area
2. Prevalence of households with moderate or severe hunger -Household Hunger Scale (HHS) ⁷	Gendered Household Type	Indicator, CI, # households in target area
3. Prevalence of poverty: Percent of people living on less than \$1.25/day	Gendered Household Type	Indicator, CI, # individuals in target area
4. Mean depth of poverty	Gendered Household Type	Indicator, CI, # individuals in target area
5. Per capita expenditures (as a proxy for income) of USG-assisted areas	Gendered Household Type	Indicator, CI, # individuals in target area
6. Prevalence of underweight children under five years of age ⁸	Sex	Indicator, CI, # children 0–59 months in target area
7. Prevalence of stunted children under five years of age ⁵	Sex	Indicator, CI, # children 0–59 months in target area
8. Percentage of children under age five who had diarrhea in the prior two weeks ⁹	Sex	Indicator, CI, # children 0–59 months in target area
9. Percentage of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT) ⁶	Sex	Indicator, CI, # children 0–59 months in target area who had diarrhea in the last two weeks
10. Prevalence of exclusive breastfeeding of children under six months of age ¹⁰	Sex	Indicator, CI, # children < 6 months in target area
11. Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) ⁶	Sex	Indicator, CI, # children 6-23 months in target area
12. Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities ¹¹	Sex	Indicator, CI, # children 6-23 months in target area
13. Prevalence of underweight women of reproductive age ⁵	None	Indicator, CI, # women 15-49 years in target area (excluding pregnant women)
14. Women's Dietary Diversity (Score): Mean number of food groups consumed by women of reproductive age (WDDS) ¹²	None	Indicator, CI, # women 15-49 years in target area
15. Minimum Dietary Diversity – Women (MDD-W) Proportion of women of reproductive age in the project area who are consuming a minimum dietary diversity ¹³	None	Indicator, CI, # women 15-49 years in target area
16. Percent of births receiving at least four antenatal care (ANC) visits during pregnancy ¹⁴	None	Indicator, CI, # women 15-49 with a live birth in the past 5 years in the target area

⁶Anne Swindale and Paula Bilinski. 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.

⁷Terri 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.

⁸Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at <http://www.fantaproject.org/publications/anthropom.shtml>.

⁹Demographic Household Survey (DHS). Phase 6 (2008 – 2013) and Phase 7 (2013–2017). Available at: <http://www.measuredhs.com/>.

¹⁰WHO. 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>

¹¹ Feed the Future Indicator Handbook. October 2014. Available at <http://feedthefuture.gov/resource/feed-future-handbook-indicator-definitions>

¹²Mary 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.

¹³ Minimum Dietary Diversity – Women (MDD-W) Global Dietary Diversity Indicator for Women” Available at http://www.fao.org/fileadmin/templates/nutrition_assessment/Dietary_Diversity/Minimum_dietary_diversity_-_women_MDD-W_Sept_2014.pdf

¹⁴ F Indicator Handbook Updated 2011. *Investing in People Indicators and Definitions*. Available at:

17. Percentage of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used ⁶	None	Indicator, CI, # women 15-49 years in target area who are married or in a union
18. Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities ¹⁰	None	Indicator, CI, # women 15-49 years in target area
19. Percentage of households using an improved drinking water source ⁶	None	Indicator, CI, # households in target area
20. Percent of households in target areas practicing correct use of recommend household water treatment technologies ⁶	None	Indicator, CI, # households in target area
21. Percent of households that can obtain drinking water in less than 30 minutes (round trip) ⁶	None	Indicator, CI, # households in target area
22. Percentage of households using improved sanitation facilities ⁶	None	Indicator, CI, # households in target area
23. Percentage of households with soap and water at a handwashing station commonly used by family members ⁶	None	Indicator, CI, # households in target area
24. Percent of households in target areas practicing open defecation ⁶	None	Indicator, CI, # households in target area
25. Percentage of men and women who earned cash in the past 12 months ⁶	Sex	Indicator, CI, # of men and women in target area
26. Percentage of men/women in union and earning cash who make decisions alone about the use of self-earned cash ¹⁵	Sex	Indicator, CI, # of men and women in target area
27. Percentage of men/women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash ¹²	Sex	Indicator, CI, # of men and women in target area
28. Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices ¹²	Sex	Indicator, CI, # of men and women in target area
29. Percentage of men/women in union with children under two who make MCHN decisions alone ¹²	Sex	Indicator, CI, # of men and women in target area
30. Percentage of men/women in union with children under two who make MCHN decisions jointly with spouse/partner ¹²	Sex	Indicator, CI, # of men and women in target area
31. Percentage of farmers who used financial services (savings, agricultural credit, in the past 12 months)	Sex	Indicator, CI, # farmers in target area
32. 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
33. Percentage of farmers who used at least [project defined minimum number of] sustainable agriculture (crops, livestock, and/or NRM) practices and/or technologies in the past 12 months	Sex	Indicator, CI, # farmers in target area
34. Percentage of farmers who used improved storage practices in the past 12 months	Sex	Indicator, CI, # farmers in target area

<http://www.state.gov/documents/organization/101764.pdf>

¹⁵ FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys. April 2015. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA III).

Agricultural Indicators

Country-specific adaptations of the FFP agricultural indicators (31-34) were discussed with FFP awardees, FANTA, and FFP during the baseline workshop held in February, 2015. Value chain activities, sustainable agricultural activities and improved storage practices are defined based on those activities and practices used and promoted by the projects. Minimum thresholds for setting the indicators are set by the FFP awardees and may be revised based on preliminary survey results. See Appendix D for definitions of the activities and practices that will be evaluated for these indicators. The following algorithms will be used to calculate the agricultural indicators:

- Indicator 31: Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months will be calculated based on the sample weighted number of farmers that reported using at least one financial service divided by the sample weighted total number of eligible farmers.
- Indicator 32: Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months will be calculated based on the sample weighted number of farmers that reported using at least one value chain activity promoted by the project divided by the sample weighted total number of eligible farmers.
- Indicator 33: Percentage of farmers who used a minimum number of sustainable agricultural practices (crop, livestock, and/or natural resource management [NRM]) in the past 12 months will be calculated based on the sample weighted number of farmers who reported using a project-defined minimum number of sustainable agricultural practices and/or technologies promoted by the project divided by the sample weighted total number of eligible farmers.
- Indicator 34: Percentage of farmers using improved storage practices will be calculated based on the sample weighted number of farmers who reported using at least one improved storage practice and/or technology promoted by the project divided by the sample weighted total number of eligible farmers.

Targeted Nutrient-Rich Value Chain Commodity Indicators

The prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (indicator 12) and the prevalence of women age 15-49 who consume targeted nutrient-rich value chain commodities (indicator 18) will be calculated using the targeted nutrient-value chain commodities identified as being promoted by each project. UBALE has identified products made from NUA beans (iron and zinc fortified beans) and sesame for these indicators. The PCI project is not promoting any nutrient-rich value chain commodities.

Project-Specific Indicators

Each FFP project (UBALE and *Njira*) selected and defined a set of indicators based on the objectives of their project. These indicators were discussed during the baseline workshop and will be tabulated based on the definitions and methodology provided by the FFP awardees. The specific indicator definitions and tabulation plans are provided in Appendix E.

Descriptive and Bivariate Analyses

Additional descriptive analyses (beyond the provision of basic indicator estimates) will be conducted to provide information at a more granular level that will complement and further describe results for individual questions that contribute to the calculation of the FFP indicators. These further analyses will help to identify specific focus areas that may be useful for the FFP awardees in their projects. These analyses will include:

- Characteristics of households: average household size, household headship, gendered household type, education level of head of household, and percent of households with eligible individuals in each group required for sub-analyses, i.e. children under 5 years, children 6-23 months, etc.
- Household dietary diversity: food groups consumed
- Sanitation practices: drinking water sources, types of treatment of drinking water, types of toilet facilities
- Prevalence of stunted and underweight children under age 5 by 6 month age groups
- Percentage of children under age five who had diarrhea in the two weeks preceding the survey by household WASH status
- Breastfeeding status for children 6-23 months (not breastfeeding, exclusively breastfed, breastfed and plain water, breastfed and non-milk liquids, breastfed and other milk, breastfed and complementary foods) by 2 month age groups
- Breastfeeding initiation and prelacteal feeds for last birth within the past 2 years
- Components of MAD for children 6-23 months: meal frequency, average dietary diversity, food groups consumed
- Minimum dietary diversity for women: food groups consumed
- Physiological status of women 15-49 years old: percent less than 145 cm, percent underweight, normal, overweight and obese
- Percentage of farmers by type of financial services used
- Percentage of farmers by value chain activity performed in the past 12 months
- Percentage of farmers by type of sustainable agricultural practice used in the past 12 months
- Percentage of farmers by type of storage practice used in the past 12 months

APPENDIX A – SUMMARY OF SAMPLED ENUMERATION AREAS BY PROJECT

Malawi – *Njira* Project

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Balaka	192	51,798	65	1,300
Machinga	158	43,828	55	1,100
Total	350	95,626	120	2,400

Malawi – UBALE Project

District	Number of EAs in Project Area	Number of Households in Project Area	Number of EAs Sampled	Number of Households Sampled
Blantyre Rural	381	80,879	42	840
Chikwawa	396	98,035	51	1,020
Nsanje	255	52,600	27	540
Total	1,032	231,514	120	2,400

APPENDIX B - SAMPLING WEIGHTS

Weights will be calculated separately for each project area (UBALE and *Njira*) and for the combined project areas.

HOUSEHOLD WEIGHTS

Household weights will be applied for household level indicators derived from questions in Modules C, F, and H.

1) First Stage Sampling Probability

The first stage probability (P1) = the probability of selection based on the PPS sampling method

2) Second Stage Sampling Probability

The second stage sampling probability (P2) = the number of completed household interviews for each EA divided by the total number of households in each EA.

This probability is based on the actual number of completed household interviews and includes an implicit non-response adjustment.

Household level sampling weights will be derived by taking the inverse of the multiplied stage 1 and stage 2 probabilities.

$$W_{HH} = 1 / (P1*P2)$$

INDIVIDUAL WEIGHTS

Individual weights will be applied for indicators derived from Modules D (children), E (women of reproductive age), G (farmers), J (cash earners) K (parents of children under two years) and the WEAI.

Since all individuals will be selected for each Module, these weights will include a non-response adjustment only.

The nonresponse adjustment will be applied using the inverted proportion of the total number of completed interviews for each group divided by the total number of eligible individuals for each group.

The nonresponse adjustment will be calculated separately for each group for each project and for the combined project areas.

APPENDIX C - METHODS FOR DERIVATION OF POVERTY INDICATORS

The World Bank defines poverty as whether households or individuals have enough resources or abilities at present to meet their basic needs. Poverty is more commonly estimated based on household consumption expenditures rather than income because income is more difficult to measure, particularly in poor agrarian economies and in urban economies with large informal sectors. It may be seasonal and erratic, and it may be difficult to estimate particularly for agricultural households whose income may not be monetized. Households may also underreport income for a variety of reasons. Consumption-based metrics are more closely related to individual well-being in the sense of having enough to meet current basic needs and because households have strategies to smooth out their consumption, it is less likely to vary from month-to-month, unlike income.

The prevalence of household poverty was measured using information on household consumption 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 aggregating the total monetary value of the various goods and services consumed by each household. The various components of consumption were grouped together into 4 main categories, including food expenses (expenses in the last 7 days), non-food expenses (expenses in the last 7 days, 30 days, 90 days, and 12 months), durable assets, and housing.

In general, total household 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 adjusted into daily per capita consumption.

In general, whenever a household did not report the monetary value for a given item, that value was imputed using the closest local median value for that item. That is, if a household is missing consumption information on a given item, it was assigned the median per capita value reported by other households in its vicinity. Whenever the item is reported frequently enough, this imputation is done at the district level. However, some items may be consumed by few households. In cases where the item is rarely consumed, the consumption value of the item is imputed based on based on median per capita consumption computed from the total country sample.

The reported values for each item and each consumption component were checked for outliers to detect possible coding errors or extreme values. Generally, values that are 5 standard deviations (SD) above the average, or 2 SD below the average, were flagged and checked for plausibility. The 5 and 2 SD cut-off values were considered as the distribution of consumption of most items has a strong positive skew with a long tail, so the analysis need to be more permissive for high values than for low values. Values deemed implausible were imputed using the methodology described above.

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>

APPENDIX C - METHODS FOR DERIVATION OF POVERTY INDICATORS

Besides this general methodology, some components require specific computations: food consumption, assets, and housing.

- **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 monetary value of purchased food items consumed by the household is obtained directly from respondents. The monetary value of food items produced by the household or obtained from gifts or donations is estimated by asking respondents to estimate the market value of the amounts consumed. If a product is reportedly consumed, but amount information is missing, the median per capita amount 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. The preferred method to calculate this rental equivalent is the price of the asset in its current shape multiplied by the sum of the real interest rate and the depreciation rate:

$$S_t P_t (r_t - \pi_t + \delta)$$

Where $S_t P_t$ is the current price of the asset, $r_t - \pi_t$ is the real rate of interest, and δ is the depreciation rate for the durable good. Each of these components was computed separately.

1. Current value of the asset ($S_t P_t$): This was obtained from household reports of the value of the asset in its current shape (second-hand).
2. Real rate of interest ($r_t - \pi_t$): In theory, r_t is the general nominal rate at time t , and π_t is the specific rate of inflation for each asset at time t . However in practice this is calculated as a single real rate of interest that is used for all goods, taken as an average over several years (see Deaton & Zaidi, 2002 p. 33). Data on real interest rates was obtained from the World Bank³ and averaged over a 20 year period (1996 to 2015) to obtain a single real rate of interest.
3. Rate of depreciation (δ): The rate of depreciation for each of the items is given by the formula:

³ <http://data.worldbank.org/indicator/FR.INR.RINR/countries>

APPENDIX C - METHODS FOR DERIVATION OF POVERTY INDICATORS

$$1 - \left(\frac{P_t}{P_{t-T}} \right)^{1/T}$$

Where P_t is the current value of the item at current time t , P_{t-T} is the value of the item when purchased, and T is the age of the item in years. Inflation-adjusted rates of depreciation were obtained using the local median price of an item at the time of purchase. In order to minimize the influence of outliers, the median δ was used for each of the durable assets for which data are collected (i.e. rather than using household-specific values of δ calculated from the data).

A rental equivalent estimating the daily per capita flow of services from the durable goods was then derived by dividing the annual rental equivalent over the number of members in the household and the 365 days of the year. If the household did not report the value of the item when purchased, the asset rental equivalence of the item was estimated by imputing with the median rental value computed.

- **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.

In Malawi, the baseline survey collected information on rent paid among renters, and an estimated rental equivalent for non-renters. Given that the housing rental market is small and a significant amount of non-renters are unable to provide an estimated rental equivalent, or provided extreme estimates of the rental equivalence of their dwelling, rent data were imputed using two approaches. First, the age of the house and its current replacement value were used to estimate a housing rental equivalent, using the methodology described as: below:

1. The average age for the house, \bar{T} , is calculated from the data recorded in the survey.
2. The average lifetime of each durable house is estimated as $3\bar{T}$ under the assumption that purchases are uniformly distributed through time.
3. The remaining life of each house is then calculated as $3\bar{T} - T$. This estimate is rounded up to 2 years when it was less than 2 years.
4. A rough estimate of the flow of services is then derived by dividing the current replacement value $S_t P_t$ by its expected remaining life.

For those cases where the estimated current value or age of the house were not available, a hedonic OLS (Ordinary Least Squares) regression model was used (where “hedonic” regression is a preference method of estimating demand or value), 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 and quality of sanitation services.
- Socio-economic status: consumption sub-aggregates, asset ownership,
- Location: Commune.

APPENDIX C - METHODS FOR DERIVATION OF POVERTY INDICATORS

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 initial model contained consumption variables in log form and a set of dummies for all categorical variables. In order to avoid problems with multi-collinearity, a forward stepwise regression approach was used to exclude variables that do not contribute to model fit and were thus statistically redundant. The unstandardized beta weights resulting from this regression equation were then applied to the vector of independent variables among non-renting households to estimate their annual rent equivalent.

- **Average daily per capita expenditures**

To facilitate cross-country comparisons, the final consumption aggregate is expressed as average daily per capita expenditure in constant 2010 US dollars at 2011 PPP adjusted to 2010 US prices. The steps to convert daily per capita expenditure data collected in the country's local currency units (LCU) to constant 2010 US\$ (2011 PPP adjusted to 2010 US prices) was:

- 1) Convert LCU at the time of the survey to LCU at 2011 prices⁴, by dividing by the quotient of the CPI for the survey month (September = 245.35) over the average CPI for 2011 (107.6).
- 2) Convert 2011 LCU to 2011 US\$ by dividing by the 2011 PPP conversion rate (2011 ICP⁵) of 78.02.
- 3) Convert US\$ in 2011 prices to US\$ in 2010 prices by dividing by 1.032, which is the US CPI for 2010.

- **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 a daily per capita consumption of less than US\$1.90 at 2010 prices. Consumption data from the baseline were collected in Malawi Kwacha (local currency units, or LCU). In order to compare the Malawi consumption data in Kwacha to the international poverty line of US\$1.90 at 2011 prices, the international threshold for extreme poverty was converted into the LCU. Using current market exchange rates would underestimate consumption because one Malawi Kwacha can buy more products and services in Malawi than the equivalent amount in US\$ (1 Malawi Kwacha = US\$ 0.0016) can purchase in

⁴ In October 2015, the World Bank announced a new international poverty line of USD 1.90 per capita per day. For the purpose of comparison, ICF has computed Malawi poverty estimates using both USD 1.25 and USD 1.90 poverty lines. This annex reflects the steps followed to compute poverty based on USD 1.90, however the approach remains the same for both poverty lines.

⁵ ICP is an International Comparison Program which conducts comprehensive market surveys that are used to compute global purchasing power parities and real expenditures (http://siteresources.worldbank.org/ICPEXT/Resources/ICP_2011.html). The first comprehensive market survey was conducted in 2005 (ICP 2005) and more recently in 2010 (ICP 2011). The new 2011 PPP is required to compute poverty based on the new international poverty line of USD 1.90 per capita per day. We have also computed the poverty based on previous international poverty line USD 1.25, for which PPP 2005 (ICP 2005) is used.

APPENDIX C - METHODS FOR DERIVATION OF POVERTY INDICATORS

the US. The conversion of the international poverty line expressed in US\$ into LCU, therefore, uses an exchange rate that takes into account the differences in purchasing power of different currencies. This exchange rate is referred to as the Purchasing Power Parity exchange rate. The proportion of the population living in extreme poverty, defined as having average daily consumption of less than US\$1.90 per day, converted into LCU at 2011 Purchasing Power Parity (PPP) exchange rates, was estimated as follows:

- 1) The \$1.90 line was converted into LCU, using the 2011 PPP exchange rate. In the case of Malawi⁶, the 2011 PPP conversion factor for private consumption (LCU per international \$) is 78.02, which means that \$1.90 is equivalent to 78.02 Malawi Kwacha at 2011 PPP.
- 2) The resulting figure of 78.02 Malawi Kwacha was then adjusted for cumulative price inflation between the survey month and 2011. This adjustment is done by taking the ratio of the consumer price index in the survey month ($CPI_{\text{Sept.2015}} = 245.35$)⁷ to the consumer price index in 2011 ($CPI_{2011} = 107.6$)⁸ as follows:
 - April 2015 poverty line: $\$1.90 * 78.02 * (245.35 / 107.6) = 338.01$ Malawi Kwacha.

• 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). This indicator is sometimes referred to as the poverty gap index (PGI). The PGI 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 contribution to the PGI of 0. The PGI is given by the formula:

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

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. For individuals above the poverty line, set $y_i = z$, so that contribution to PGI is 0 for those individuals. A PGI of 26.7 percent implies that it would cost about USD \$0.51 per person per day ($\text{USD } \$1.90 * 26.7 / 100$) to lift everyone in the project area out of poverty as measured in USD \$1.90 (PPP 2011).

⁶ Global Purchasing Power Parities and Real Expenditures, 2011 International Comparison Program. Available at: <http://data.worldbank.org/indicator/PA.NUS.PRVT.PP>

⁷ Available at: <http://data.imf.org/?sk=6ac22ea7-e792-4687-b7f8-c2df114d9fdc&ss=1414785998422>

⁸ Available at: http://data.worldbank.org/indicator/FP.CPI.TOTL?order=wbapi_data_value_2005%20wbapi_data_value%20wbapi_data_value-first&sort=asc

APPENDIX D: DEFINITION OF AGRICULTURAL INDICATORS FOR MALAWI

Indicator	Definition – Categories Included	Question Number
	8. Artificial insemination 9. Pen feeding 10. Fodder production 11. Used the services of community animal health workers/paravets 12. Dipping 13. Raising improved breeds FOR NATURAL RESOURCE MANAGEMENT: 1. Management or protection of watersheds or water catchments 2. Management of forest plantation 3. Sustainable harvesting of forest products	G18
34. Percentage of farmers who used improved storage practices in the past 12 months	1. PICS bags 2. Improved granary 3. Warehousing or cereal banks 4. Use of traps 5. Grain bag with pesticides	G20, G21

Value chain activities for G10	
1. Purchase inputs through agro-dealers and/or community associations	Purchase of inputs (such as seeds, fertilizers, etc.) from agro-dealers (for example, ADMARC, SFFRM, NASFAM, Farmer World, AGORA etc.) and/or community associations.
2. Use of financial services	Use of financial services for obtaining agricultural credit or savings.
3. Use of training and extension services	Use of training and extension services provided by NGOs, Government Organizations, Community Based Organizations, lead firms, etc.
4. Contract farming	Contract farming is a contractual agreement between farmers and/or producers organizations and processing/marketing firms or seed producers for the production and supply of agricultural products under forward agreements. An example of contract farming is a tobacco company that enters into an agreement prior to the growing season to purchase the entire tobacco harvest of a given farmer.
5. Pen feeding	A pen is a small enclosure in which animals are restrained for handling or on a long term basis for intensive feeding. Pen-fed livestock are fed in small, compatible groups in pens to optimize feed utilization.
6. Processing produce (roasting, hulling, milling, grinding)	Use of transformation processes of agricultural products with the goal of increasing added value, extending the duration of storage, and permitting consumption (from field production, sorting, grinding, sieving, roasting, hulling, milling, packaging).

APPENDIX D: DEFINITION OF AGRICULTURAL INDICATORS FOR MALAWI

Value chain activities for G10	
7. Trading/marketing produce through marketing groups, agro-dealers or community assoc.	Selling produce via a cooperative, agro-dealer, community association or other type of producer organization.
8. Use of marketing systems for livestock	Selling livestock via a cooperative, association or other type of marketing organization.
9. Warehouse receipt system (WRS)	Use of a selling system through which a farmer stores his crop with a commercial warehouse and gets a guaranteed receipt.
10. Use of market information services (NGOs, Govt., PSP, mobile)	Use of information about markets and marketing systems to improve production and sales. This information can be provided by NGOs, government, or private service providers. It can also be directly accessed through mobile devices.
11. Use of business development services	Training by private companies on on-and-off farm entrepreneurship activities.
12. Use of insurance services	Use of value chain products insurance (premium) from the banks by farmers (males and females,) clubs, clusters, and associations.
13. Planning and profit calculations	Planning of production of a selected value chain including an indication of profits made or to be made based on a comparison of the production costs and sales revenue.

Agricultural practices/techniques for crops for G13B	
1. Manure	Use of manure for fertilization of soil. Manure typically refers to cow dung, chicken droppings, goat or sheep droppings or any other waste produced by domesticated animals.
2. Compost	Use of compost for the maintenance and improvement of the structure of the soil. Compost is fermented vegetable matter which is partially decomposed by mineralizing micro-organisms. Composting is a practice of making compost from various plants.
3. Planting basins	Typically made by digging planting holes in fields which have not been ploughed to facilitate planting. The spacing of the basins is according to recommended spacing of crops to be grown. Planting basins may be prepared soon after harvest, any time during the dry season or just before planting.
4. Mulching	Involves deliberate efforts to cover the soil surface of a piece of land prepared for purposes of cropping using organic materials. Organic material may be crop residues left from the previous crop, crop residue imported from another field, grasses, leaf litter or a combination of any of these in any proportion.
5. Weed control	Involves removing or suppressing weeds in a cropped piece of land using mechanical tools and equipment or hand hoeing.

APPENDIX D: DEFINITION OF AGRICULTURAL INDICATORS FOR MALAWI

Agricultural practices/techniques for crops for GI3B	
6. Dry planting	Involves land preparation and planting seeds into the ground before the onset of the rains. Crops planted using dry planting techniques will benefit from the first rains that open the cropping season.
7. Residue incorporation	Use of residues from the previous crop to enrich the soil.
8. Tied ridges/Box ridges	A tillage system that involves formation of ridges on a cropping field using a mouldboard plough, hand hoe or a ridger body and placing barriers (cross ties) between ridges to prevent water from flowing out. Ridges may be formed in a previously ploughed field, in a non-ploughed field or after crop emergence.
9. Crop rotations	Involves changing the type of crop that is grown on a piece of land in order to maintain soil fertility and/or break pest and disease cycles. In typical smallholder farming systems, cereal crops (maize, sorghum, millet) are rotated with Nitrogen fixing legumes such as beans, soybeans, and groundnuts.
10. Intercropping	As opposed to mono cropping, intercropping involves growing more than one crop on the same piece of land. Some examples of intercropping involve planting a cereal crop with a runner such as cassava, or cereal intercropped with a legume (such as maize and beans). Intercropped crops may be planted in the same row, alternated rows, or alternate strips.
11. Planting with first rains	Involves planting when it first rains.
12. Use of improved crop varieties	Involves using varieties bred by local or international research institutions, mostly for the following characteristics – yield, drought tolerance, disease resistance, ease of preservation, taste, etc.
13. Contour ridges	Contour ridges are small earth structures constructed across the slopes on cultivated land. The main objective for their construction is to reduce the erosive power of runoff flowing through the cultivated land resulting in reduction in soil erosion.
14. Ridging	A practice of plowing alternate strips by throwing the furrow onto an unplowed strip.
15. Pit planting	A form of conservation agriculture where a farmer digs a pit 30 cm. cubed and plants 5 seeds spaced one in each corner and one in the center.
16. Minimum tillage	A form of conservation agriculture where tillage is minimized to protect the soil.
17. Chemical pest control	This is a method of pest control using products of a chemical origin. The purpose is the prevention or cure of crop pests.
18. Biological or natural pest control	This is a method of pest control using products of an organic origin, which can be handmade or industrially produced. The products are generally plants, products produced from plants, or other natural products that repel insects. These are typically contact products that will have no effect unless the targeted parasites are present.
19. Sasakawa	Planting of one seed per station for maize.
20. Agro-forestry	Agroforestry is a system where farm crops are mixed with trees and grasses to supply fodder, fuel, leaf litter, medicinal herbs, fruit, timber, etc.

APPENDIX D: DEFINITION OF AGRICULTURAL INDICATORS FOR MALAWI

Agricultural practices for livestock for GI 6	
1. Improved animal shelters	Construction of cages, sheds or pens (enclosures for holding livestock) to house livestock.
2. Vaccinations	Use of vaccines for livestock to prevent disease.
3. Deworming	Deworming is the giving of an anthelmintic drug (a wormer, dewormer, or drench) to an animal to rid it of intestinal parasites, such as roundworm and tapeworm.
4. Castration	Male livestock may be castrated (testicles removed) when used for food to increase growth or weight or both of individual male animals.
5. Dehorning	Removing or stopping the growth of the horns of livestock.
6. Homemade animal feeds made of locally available products	Use of home/self-made feeds for livestock that are made of locally available products, such as maize or pulse stalks after harvest, or mixing these with leaves of pulses and local edible vegetation (such as grass).
7. Animal feed supplied by stockfeed manufacturer	Use of commercial animal feeds for livestock that are produced and supplied by manufacturers.
8. Artificial insemination	Artificial insemination is the deliberate introduction of semen of male livestock (such as cattle, goats or donkeys) into a female's vagina or oviduct for the purpose of achieving a pregnancy through fertilization by means other than copulation.
9. Pen feeding	A pen is a small enclosure in which animals are restrained for handling or on a long term basis for intensive feeding. Pen-fed livestock are fed in small, compatible groups in pens to optimize feed utilization.
10. Fodder production	Fodder production refers to the exercise of deliberately planting certain types of grasses in your pastures so as to improve the quality and quantity of your natural grasslands. In this case, we want to investigate whether the farmer either used legumes or oilseeds to produce fodder (food given to livestock), or practiced veld reinforcement by planting legumes, grasses or oilseeds to increase the nitrogen content of the soil.
11. Used the services of community animal health workers or paravets	Used or consulted with public or government animal workers for veterinary services such as prevention/treatment of livestock disease, production, artificial insemination, etc.
12. Dipping	A form of animal pest control where pesticides are applied to animals, mainly used to control ticks.
13. Raising improved breeds	Raising hybrids or cross-bred animals with specific characteristics for sale and/or livestock.

APPENDIX D: DEFINITION OF AGRICULTURAL INDICATORS FOR MALAWI

Natural resource management (NRM) practices for GI8	
1. Management or protection of watersheds or water catchments	This refers to practices that are meant to protect the quality of water supply, such as protection of catchments through enhancing the vegetation cover both to retain the water, and to prevent evapotranspiration by planting grasses, shrubs, trees and by building dams to prevent loss of surface flow of water. Watershed management refers to the process of creating and implementing plans, programs, and projects to sustain and enhance watershed functions that affect the plant, animal, and human communities within a watershed boundary.
2. Management of forest plantation	A forest plantation is defined as “a stand of trees of particular type (such as teak or any other hardwood or softwood) raised artificially, either by sowing or planting”. In general, forestry plantation establishment is broadly divided into three management phases: seed collection and handling; nursery practices and plantation establishment; and management.
3. Sustainable harvesting of forest products	Sustainable harvest practices are those which take into consideration regeneration and the long-term well-being of the forest. In a sustainable harvest either the best trees will be left standing until a new forest of younger, healthy trees begin to grow underneath it, or everything will be removed so there is no vegetation left to compete with the young sprouts and seedlings.

Improved Storage Practices for G2I	
1. PICS bags	Use of Perdue Improved Cowpea Storage (PICS) bags for storage of cowpeas and other crops. These are inexpensive, plastic storage bags designed to inhibit insect infestation.
2. Improved granary	Any granary that meets approved design specifications. Simple improvements to traditional granaries include using bricks, or concrete in the building, constructing the structure above ground, applying pesticides or using grain bags. It may reduce the loss of grains to pests and diseases without requiring financial outlay.
3. Warehousing or cereal banks	Warehousing in improved structures that inhibit spoilage and pest damage. It also allows farmers to deposit their surplus crops for future needs of domestic consumption or surplus sale.
4. Use of traps	Use of traps or other mechanical devices for rodents, birds or other large pests.
5. Grain bag with pesticides	Use of a grain bag with pesticides applied to protect crops from damage, such as plant diseases or insects.

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

Proportion of women of reproductive age with knowledge of key pre-conception health practices	
UBALE Project-Specific Baseline/Endline Indicator	
<p>Definition: This indicator measures the percent of women (15-49 years) with knowledge of pre-conception health practices.</p> <p>For the measurement of this indicator pre-conception health practices include: dietary diversity; adequate caloric intake; prevention of anemia; hygienic menstrual management; choice in timing of first sexual encounter; delay of first pregnancy. The indicator includes three components: source of information; most frequently used source; and knowledge of key practices.</p> <p>QE43A. What sources of information regarding sexual and reproductive health have you accessed in the past 12 months? (friends, mother, aunties/other female relative, partner, boys, initiation ceremony, school curriculum, other (specify)).</p> <p>QE43B. Which source did you use most often? (friends, mother, aunties/other female relative, partner, boys, initiation ceremony, school curriculum, other (specify)).</p> <p>QE44A-F. Please rank the importance of doing the following practices to be well and healthy in preparation for pregnancy? (eat a variety of foods, take vitamins including iron and folate, staying a healthy weight, seeking treatment for vaginal problems, avoiding unwanted pregnancies, and birth spacing). Responses are: (1) very unimportant, (2) somewhat unimportant, (3) neither unimportant or important, (4) somewhat important, and (5) very important</p> <p>For purposes of this indicator a woman is considered knowledgeable if she identifies all six topics in Question E44 as somewhat important (4) or very important (5). A score of 1 is given to each practice for a response of somewhat important (4) or very important (5), 0 otherwise. The range of possible scores is 0 to 6.</p> <p>To calculate this indicator (a) the total number of women considered knowledgeable (score of 6) divided by; (b) the total number of women of reproductive age in the area of operation, multiply by 100.</p>	
UNIT: Percent	DISAGGREGATE BY: age category by 5 year increments
TYPE (OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Sample Survey	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
<p>MEASUREMENT NOTES:</p> <p>LEVEL of COLLECTION? Population-level Baseline and Endline</p> <p>WHO COLLECTS DATA FOR THIS INDICATOR? Contracted baseline consultancy firm.</p> <p>HOW SHOULD THEY BE COLLECTED? Population -based surveys in the FFP program implementation areas to collect these data.</p> <p>FREQUENCY OF COLLECTION? Indicator data will be collected in baseline and final evaluations via a population-based survey.</p>	
FURTHER GUIDANCE: N/A	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

Percent of women demonstrating individual leadership and influence in the community	
UBALE Project-Specific Baseline/Endline Indicator	
<p>Definition:</p> <p>The purpose of this indicator is to get an idea about women’s potential for leadership and influence in the communities where they live (domain E of WEAL).</p> <p>The leadership domain aims to capture the individual’s potential for leadership and influence in his or her community. Two indicators are used as proxies for that potential: active membership in community groups and comfort speaking in public.</p> <p>Group Membership: Recognizing the value of social capital as a resource, this shows whether the person is an active member of at least one group, including (1) agriculture producers’ or marketing groups, (2) water users’ groups, (3) forest users’ groups, (4) credit or microfinance groups; (5) mutual help or insurance groups (including burial societies), (6) trade and business associations, (7) civic or charitable groups, (8) local government groups, (9) religious groups, and (10) other women’s groups. The respondent is considered adequate in group membership if they belong to any one of the groups listed above.</p> <p>Speaking in Public: The indicator of whether the person is comfortable speaking up in public is constructed based on responses to questions regarding the person’s ease in speaking up in public for three reasons: (1) to help decide on infrastructure (such as small wells, roads) to be built, (2) to ensure proper payment of wages for public work or other similar programs, and (3) to protest the misbehavior of authorities or elected officials. The answer scale for these questions is 1 = no, not at all comfortable, 2 = yes, but with a great deal of difficulty, 3 = yes, but with a little difficulty, 4 = yes, fairly comfortable, and 5 = yes, very comfortable. For each of the three reasons, an indicator of the individual’s comfort in speaking for that specific reason was created. The answer 2, yes, but with a great deal of difficulty, is the cut-off. So the respondent is comfortable speaking in public if he or she does not answer no, not at all comfortable. The three reason-specific indicators are aggregated into the indicator “speaking in public.” The respondent is considered adequate in speaking in public if he or she is comfortable speaking in public (4 or 5 on the rating scale) for at least one of the first three reasons listed above.</p> <p>The respondent is considered adequate in leadership if they are both adequate in group membership and speaking in public.</p> <p>To calculate this indicator (a) the total number of women considered adequate divided by; (b) the total number of women in the area of operation, multiply by 100.</p>	
UNIT: Percent	DISAGGREGATE BY: None
TYPE (OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Sample Survey	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
<p>MEASUREMENT NOTES:</p> <p>LEVEL of COLLECTION? Population-level Baseline and Endline</p> <p>WHO COLLECTS DATA FOR THIS INDICATOR? Contracted baseline consultancy firm.</p> <p>HOW SHOULD THEY BE COLLECTED? Population -based surveys in the FFP program implementation areas to collect these data.</p> <p>FREQUENCY OF COLLECTION? Indicator data will be collected in baseline and final evaluations via a population-based survey.</p>	
FURTHER GUIDANCE: N/A	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

Percent of women making decisions regarding household resources (alone/jointly)	
UBALE Project-Specific Baseline/Endline Indicator	
<p>Definition:</p> <p>The purpose of this indicator is to get an idea about decision making regarding productive capital (domain C of WEAI). The information will be reported on whether decisions were made alone and jointly across the types of rights and assets.</p> <p>Makes decisions alone: For each type of right (sell, give, rent, and buy) and asset, an indicator is created that equals 1 if the respondent has, alone, that right over that type of asset; otherwise the indicator is 0. Then, for each type of agricultural asset the types of rights are aggregated into an indicator of whether the individual has those rights over that asset. This indicator assumes the value 1 if the respondent has, alone, at least one of the rights considered—to sell, to give, to rent, or to buy—over that type of asset. Third, these indicators of rights are aggregated across types of assets, generating the indicator “alone purchase, sale, or transfer of assets.” This indicator classifies the individual as adequate if he or she has at least one type of right over at least one type of agricultural asset.</p> <p>Makes decisions jointly: For each type of right (sell, give, rent, and buy) and asset, an indicator is created that equals 2 if the respondent has, jointly, that right over that type of asset; otherwise the indicator is 0. Then, for each type of agricultural asset the types of rights are aggregated into an indicator of whether the individual has those rights over that asset. This indicator assumes the value 2 if the respondent has, jointly, at least one of the rights considered—to sell, to give, to rent, or to buy—over that type of asset. Third, these indicators of rights are aggregated across types of assets, generating the indicator “jointly purchase, sale, or transfer of assets.” This indicator classifies the individual as adequate if he or she has at least one type of right over at least one type of agricultural asset.</p> <p>Individuals who live in households that do not own any type of agricultural asset are considered inadequate and, hence, are assigned the value 0 for this indicator.</p> <p>To calculate this indicator (a) the total number of men and women considered adequate divided by; (b) the total number of men/women of reproductive age in the area of operation, multiply by 100.</p>	
UNIT: Percent	DISAGGREGATE BY: None
TYPE (OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Sample Survey	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
<p>MEASUREMENT NOTES:</p> <p>LEVEL of COLLECTION? Population-level Baseline and Endline</p> <p>WHO COLLECTS DATA FOR THIS INDICATOR? Contracted baseline consultancy firm.</p> <p>HOW SHOULD THEY BE COLLECTED? Population -based surveys in the FFP program implementation areas to collect these data.</p> <p>FREQUENCY OF COLLECTION? Indicator data will be collected in baseline and final evaluations via a population-based survey.</p>	
FURTHER GUIDANCE: N/A	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

General Self-Efficacy Scale score	
UBALE Project-Specific Baseline/Endline Indicator	
<p>Definition: This indicator measures the optimistic self-beliefs to cope with a variety of difficult demands in life. The General Self-Efficacy Scale refers to personal agency, or the belief that one's actions are responsible for successful outcomes.</p> <p>Each question G26A to G26J is answered as follows:</p> <p>1=not at all true; 2=hardly true; 3=moderately true; 4=exactly true</p> <p>G26A - I can always manage to solve difficult problems if I try hard enough. G26B - If someone opposes me, I can find the means and ways to get what I want. G26C - It is easy for me to stick to my aims and accomplish my goals. G26D - I am confident I could deal efficiently with unexpected events. G26E - Thanks to my resourcefulness, I know how to handle unforeseen situations. G26F - I can solve most problems if I invest the necessary effort. G26G - I can remain calm when facing difficulties because I can rely on my coping abilities. G26H - When I am confronted with a problem I can usually find several solutions. G26I - If I am in trouble, I can usually think of a solution. G26J - I can usually handle whatever comes my way.</p> <p>To calculate this indicator, (a) the total score of each farmer in the sample will be averaged within their demographic group.</p>	
UNIT: Average score (points)	DISAGGREGATE BY: Sex: Male, Female
TYPE (OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Sample Survey	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
<p>MEASUREMENT NOTES:</p> <p>LEVEL of COLLECTION? CRS-UBALE program will monitor this indicator to measure results in FFP program implementation areas. WHO COLLECTS DATA FOR THIS INDICATOR? UBALE PMU will collect these data from FFP program implementation areas. HOW SHOULD THEY BE COLLECTED? Population/beneficiary-based surveys in the FFP program implementation areas to collect these data. FREQUENCY OF COLLECTION? Indicator data will be collected in baseline and final evaluations via a population-based survey, and annually from beneficiaries.</p>	
FURTHER GUIDANCE: N/A	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

Percent of men/women reporting that community leaders support women's participation and leadership role in community level activities	
UBALE Project-Specific Baseline/Endline Indicator	
<p>Definition: This indicator measures the perception of men/women on community leader's support to women's participation and taking leadership roles in community.</p> <p>For the purpose of measurement this indicator includes promotion of women's participation and leadership roles, seeking and respecting women's opinion in group meetings, timing of the meetings ensure women's participation, and the promotion of gender sensitive development initiatives. Data will be collected through two questions: G27A. Do community leaders encourage women to participate and take up leadership roles in your community (yes/no) and; G27B. In which ways do local leaders offer support (organize community meetings where women are invited; organize community meetings at times when women can attend; sensitize communities on the importance of female participation; taking a role during selection of executive committees to ensure that women are included; and ensuring that topics important to women are discussed).</p> <p>The respondent perceives that community leaders support women's participation if they respond yes to question G27A and select at least two of the options in question G27B.</p> <p>To calculate this indicator, (a) the total number of farmers who perceive that community leaders support women's participation and leadership roles in community level activities divided by; (b) the total number of farmers in the area of operation, multiply by 100.</p>	
UNIT: Percent	DISAGGREGATE BY: Sex: Male, Female
TYPE (OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Sample Survey	
FOREIGN ASSISTANCE STANDARDIZED PROGRAM STRUCTURE (SPS): N/A	
<p>MEASUREMENT NOTES:</p> <p>LEVEL of COLLECTION? CRS-UBALE program will monitor this indicator to measure results in FFP program implementation areas.</p> <p>WHO COLLECTS DATA FOR THIS INDICATOR? UBALE PMU will collect these data from FFP program implementation areas.</p> <p>HOW SHOULD THEY BE COLLECTED? Population/beneficiary-based surveys in the FFP program implementation areas to collect these data.</p> <p>FREQUENCY OF COLLECTION? Indicator data will be collected in baseline and final evaluations via a population-based survey, and annually from beneficiaries.</p>	
FURTHER GUIDANCE: N/A	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

44. INDICATOR: Percentage of farmers who have benefited from at least one extension service in the past 12 months	
Njira Project-Specific Baseline/Endline Indicator	
DEFINITION: The indicator measures the percentage of farmers who have benefitted from at least one extension service over the past 12 months. Extension services can be defined as the provision of informal education on crop/animal production techniques/practices, pest/disease management and crop/animal diseases to increase the efficiency of the family farm, increase production and generally increase the standard of living of the farm family.	
RATIONALE: The project intends to strengthen the extension services to ensure that farmers receive necessary technical assistance on crop and animal production.	
UNIT: Percent Numerator: Total number of farmers who have benefitted from at least one extension service. <i>(Question G24)</i> Denominator: Number of farmers sampled	DISAGGREGATE BY: By sex (Male and Female)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Population-based survey (see “Measurement Notes”)	
MEASUREMENT NOTES: <ul style="list-style-type: none"> • LEVEL of COLLECTION? Will monitor this indicator to measure results over the life of the award in FFP program implementation areas. • WHO COLLECTS DATA FOR THIS INDICATOR? Third-party survey firm. • HOW SHOULD THEY BE COLLECTED? Baseline and final evaluation population-based surveys in FFP program implementation areas. Refer to sample questionnaire and tabulation instructions. • FREQUENCY OF COLLECTION? At the start and end of an award. 	

APPENDIX E: PROJECT-SPECIFIC INDICATORS FOR MALAWI

45. INDICATOR: Average number of livestock (goats, chickens and pigeons) per household	
Njira Project-Specific Baseline/Endline Indicator	
DEFINITION: The indicator tracks the average number of livestock, by type, currently owned by household. The livestock to be tracked include goats, chickens and pigeons per household. Household is a group of people living in the same dwelling space usually, but not exclusively related kin, who eat meals together and pool some of their resources (such as land, livestock etc.) together.	
RATIONALE: The number and type of animals owned by a household and by the individuals within that household is essential information for characterizing the household, and for calculating other indicators such as productivity and income. Livestock ownership is also an important welfare measure because in many regions livestock are an important asset through which households are able to store their wealth. As part of increase income and productivity the project intends to promote pigeon, chicken and goat value-chains.	
UNIT: Average Numerator: Number of household livestock by type <i>(Question H7.03, Items 373-376)</i> Denominator: Number of households sampled	DISAGGREGATE BY: Type (Goats, Chickens and Pigeons)
TYPE (OUTPUT/OUTCOME/IMPACT): Outcome	DIRECTION OF CHANGE: Higher is better
DATA SOURCE: Population-based survey (see “Measurement Notes”)	
MEASUREMENT NOTES: <ul style="list-style-type: none"> • LEVEL of COLLECTION? PCI will monitor this indicator to measure results over the life of the award in FFP program implementation areas. • WHO COLLECTS DATA FOR THIS INDICATOR? Third-party survey firm. • HOW SHOULD THEY BE COLLECTED? Baseline and final evaluation population-based surveys in FFP program implementation areas. Refer to sample questionnaire and tabulation instructions. • FREQUENCY OF COLLECTION? At the start and end of the award. 	

ANNEX 5

Qualitative Study Discussion Questions and Interview Guide (English and Chichewa) Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

FFP Baseline Study Qualitative Study Discussion Questions and Interview Guide (English and Chichewa)

Important Terms

Quantitative: A type of information or data based on quantities and that is numeric. About the metrics.

Closed-ended question: A question that can be answered by a simple yes or no. A question format that limits respondents with a list of answer choices from which they must choose to answer the question. A quantitative study uses closed-ended questions.

Qualitative: A type of information or data based on context and that is experiential. About the why.

Open-ended question: A question that requires more than one word answers. The answers could come in the form of a list, a few sentences or something longer such as a speech, paragraph or essay. A qualitative study uses open-ended questions.

Probe: A follow-up question or questions. The use of conversation to extend and expand a discussion. The use of further inquiry to dig deeper and gather more information. A qualitative study uses probes.

Focus Group Discussion (FGD): Brings a group of people together to discuss specific topics concerning their lives and the conditions in their community as guided by a researcher.

Program-Level Interview (PLI): One-on-one discussion with a community leader, and about the conditions in the community.

Household-Level Interview (HLI): One-on-one discussion with an individual in their home, and about their life and their experiences.

Interviewing Tips & Techniques

Speak to the focus areas, know and be invested in this subject matter

Be polite, poised and non-judgmental, yet inquisitive

Build rapport with the participant, but still be probing

Listen well and be patient, and also think fast and respond

Ask questions, ask additional questions, have a conversation

Use (don't read) the interview guide, recognize instances it is ok to go beyond the guide

Let the participant(s) answer the questions, don't answer questions for them

Use warm and encouraging words

If necessary ask the same question twice, just word it differently

Be sure the questions you ask do not state an answer within the question

Always be after more details, an example and the why

Be attentive to the comfort level of the participant and offer appropriate reassurances

Keep track of time—when participants have interesting things to say let them talk

Keep track of time—when participants seem unable to answer the question consider moving on

Your goal is to investigate, examine, assess and understand

DISCUSSION QUESTIONS

Program-Level Interview (2 per Traditional Authority)

***Keep in mind who you are interviewing (e.g., village chief or head, community health volunteer, midwife, nurse, doctor, traditional birth attendant, lead farmer, agricultural extension officer, village development committee member)*

***Your focus is the participant's views and insights about the community*

***Recognize that the interviewee will be knowledgeable on these topics. Your goal is a discussion.*

Introductory Conversation

- 1) To begin, could you tell me about your job (or your work in the community)?
What exactly do you do? What are your specific responsibilities?

Poyambirira mudiuze ntchito imene mumagwira ndi udindo wanu mdera lino?

- 2) Are you familiar with the term food insecurity? It is a term to describe situations when people struggle to have enough food. It might be because of bad weather, poor farming conditions, lack of jobs, and other factors. This is the main part of what I would like to speak with you about. If you think then about food insecurity, what do you feel are the biggest factors that create food insecurity in this part of Malawi?

Kodi mukudziwa za nkhani yokhudza za chakudya chosakwanira? Ndimafuna tikambirane zankhani imeneyi: mukuganiza kuti ndi zifukwa ziti zikuluzikulu zimene zimapangitsa anthu kukhala ndi chakudya chosakwanira mdera lino?

Household Dynamics

The overall objectives in asking these questions include gaining insights on:

- *How the household functions in relation to occupation, cash, and spending*
- *The decision making process at the household level*

- 1) This is a series of questions about cash within households in your community.

Uwu ndi mndandanda wamafunso okhudzana ndi ndalama zimene zimapezeka mmakomo mdera lino:

How is cash most commonly earned? Who makes decisions on how to spend cash?

Kodi anthu kwenikweni amapeza bwanji ndalama mdera lino? Amapanga ziganizo zakagwiritsidwe ntchito kandalama ndi ndani mmmakomomu?

How common are disagreements over cash? What are the main reasons for disagreements?

Ndimowirikiza bwanji pamene anthu amakangana pankhani za ndalama mmakomomu? Zifukwa zikuluzikulu zamikanganoyi ndi chani?

How do households cope when they do not have enough cash?

Kodi anthu amdera lino amatani akakhala kuti alibe ndalama zokwanira?

- 2) In terms of household decisions about education, food, health and so forth.

...

Who within households tends to make most of the decisions?

Is there agreement within the household that this person is responsible to make most of the decisions?

Why or why not?

Pankhani ya kupanga ziganizo zokhudza maphunziro, chakudya, umoyo ndi zina,

Ndi ndani mmakomo amene amapanga ziganizo pazinthu zambiri? Pamakhala mgwirizano pakomo oti uyu ndiye azipanga ziganizo zambiri? Ngati ndi choncho, chifukwa chani?

Food Access & Food Allocations kapezedwe

Kapezedwendi kagawidwe kachakudya

The overall objectives in asking these questions include gaining insights on:

- *Food – types, sources, availability, meal frequency, eating habits, preferences, taboos*
- *Why people struggle to have enough food and how they address this challenge*

- 1) When you think about the average household in your community, what foods are most common and why these foods? Additionally, can you describe, generally speaking, how decisions about food are made? Including what food adults and children eat (and do not eat). And if different people in the house eat different foods, and why?

Mukaganizira makomo ambiri mdera lino, chakudya chomwe chimapezeka kawirikawiri ndi chiti? chifukwa chani?

Mogoonjezera mugandifotokozere mmene ziganizo zazakudyazi zimapangidwira monga ziganizo za chakudya chodya akulu kapena ana? Ndipo ngati anthu ammakomomo amadya zakudya zosiyasiyana chifukwa chani zili choncho?

- 2) What do you feel are the biggest food-related challenges for households?

Mukuona ngati ndimavuto anji akuluakulu okhudza chakudya amene anthu amakumana nawo mmakomo?

- 3) Are there any specific foods, or certain habits around eating that are generally considered taboo in in this community? If so, can you tell me why this is the case? What food(s) have significant value in the region? Why do you think this is the case?

Pali zakudya zina kapena kadyedwe kena kamene kamatengedwa kosayenera kamba ka miyambo kapena zikhulupiririo mdera lino? Ngati ndi choncho, ndi chifukwa chani zili choncho? Ndi zakudya ziti zimene anthu amaziona zofunikira kwambiri mdera lino? Mukuona ngati zili choncho chifukwa chani?

Agriculture and Livestock ulimi ndi ziweto

The overall objectives in asking these questions include gaining insights on:

- *Profiles of farmers and their farming practices (what crops do they grow, what do they do with their crops)*
- *The role of women in agriculture and land ownership*
- *What would be needed to expand this farmers agricultural productivity*
- *Profile of livestock, livestock practices and participation in any training*
- *Decisionmaking around what type of livestock to consume, keep or sell*
- *Challenges in owning and rearing livestock*

- 1) Do you think most households in your community own the land where they do their farming? Or is land for farming more commonly rented? Is it more common for men to own land, women to own land or is land commonly jointly owned? Can you describe any disputes (and their resolution) that happen regarding land ownership?

Mukuganiza kuti mmakomo ambiri mdera lino ali ndi malo awo awo amene amachitapo ulimi? Kodi mchitidwe opanga lend malo olima mdera lino ndiochuluka bwanji? Kodi kwenikweni umwini wamalo umakhala kwa amayi kapena abambo kapena onse pamodzi?

Mungandiuzeko zamikangano ili yonse yomwe imachitika yokhudzana ndi umwini wa malo ndi mmene imaweluzidwira?

- 2) What are some of the most pressing challenges households face in farming and in growing crops? What help would be needed to alleviate these challenges? What are the obstacles to households getting this help?
**Ndimavuto eni eni ati amene mmakomo amakumana nawo paulimi?
Ndichithandizo chanji chimene chingafunike pofuna kuthana ndi mavutowa?
Ndi zovuta/zopinga zANJI zimene zingapangitse mabanja kulephera kuti apeze zithandizo zimenezi**
- 3) Why do families keep livestock? That is, what is seen as the value in having livestock? Do different livestock have differing values?
**Nchifukwa chani mabanja amasunga ziweto?
Ndiphindu lanji limene limapezeka pokhala ndi ziweto?
Kodi phindu laziweto limasiyana kutengera mtundu waziweto?**
- 4) Is livestock automatically seen as a source of food? How are the decisions made around what livestock to consume and what to sell? And who makes these decisions? Are there certain times in the year families are more likely to eat or sell livestock?
Kodi ziweto zimatengedwa ngati chakudya nthawi zonse? Kodi ziganizo zoti chiweto chidyedwe kapena chigulitsidwe zimapangidwa bwanji? Ndipo amapanga ziganizo zimenezi ndi ndani? Pali nyengo zina zimene pachaka mabanja amayenera kudya kapena kugulitsa ziweto?
- 5) Are there extension services or other services to help farmers available in the community? If so, are community members aware of these services? Do they use them? Why or why not? What would be needed to improve the availability and use of extension services?
Kodi pali uphungu kapena upangiri wazaulimi umene umathandiza alimi mdera lino? Ngati ndichoncho anthu amdera lino amadziwa zauphungu kapena upangiri umewu? Amaugwiritsa ntchito? Chifukwa chani? Chingapititse patsogolo uphungu ndi upangiri waulimi ndi chani?

**Maternal, Child Health & Nutrition
uchembere ndi nthanzi**

The overall objectives in asking these questions include gaining insights on:

- *Health seeking behaviors, knowledge, and the dynamics around health-related advice*
- *Experiences and challenges with pregnancy*
- *Experiences and challenges with breastfeeding*
- *How parents approach infant and young child feeding practices*
- *Knowledge of and beliefs about (weight and height) growth monitoring for children*
- *Prevention, frequency and treatment of diarrhea*

- 1) In thinking about the average household in your community, what do you feel are some of the biggest challenges pregnant women face? What do think needs to happen to lessen these challenges?
Ganizirani makomo ambiri amdera lanu, mukuganiza kuti ndi mavuto anji akuluakulu amene amayi oyembekezera amakumana nawo? Mukuganiza kuti chingachitike ndi chani kuti mavutowa achepe?
- 2) Once a mother (and a father) have a young child what does feeding and caring for that child involve? Do you think that parents commonly agree about how to feed and care for a child? Or do you think

this is a source of disagreement? Do you think mothers and fathers think about and take part in feeding and caring for a child to the same levels?

Pamene mayi ndi bambo ali ndi mwana wamng'ono zimakhala bwanji pankhani yachisamaliro ndi kadyetsedwe ka mwana? Mukuganiza kuti makolo amagwirizana zammene angasamalire ndi kudyetsera mwana? Kapena mukuona ngati zimenezi zimatha kuyambitsa mikangano? Mukuganiza kuti amayi ndi abambo amatenga gawo lofanana pakusamalira kapena kudyetsa ana?

- 3) Do you think most parents are aware of the relationship between food, nutrition and the physical growth of a child? For example, say a mother and father take their child to a doctor or to a community health volunteer to have their child weighed and measured. The doctor or community health volunteer tells the parents that their child is underweight or not growing in height at a good pace. How do you think this information will be understood (or not) by the parents? Do parents commonly understand the risk and potential implications of a child being underweight?

Mukuganiza kuti makolo ambiri akudziwa zamgwirizano pakati pa zakudya, thanzi ndi makulidwe abwino amwana? Mwachitsanzo, tiyerekeze kuti mayi ndi bambo apita kusikelo ndipo adotolo anena kuti mwana wawo ndiotsika sikelo komanso sakukula bwino, mukuona kuti makolo angamvetse kapena kuilandira motani nkhanayi? Kodi makolo nthawi zambiri amamvetsetsa zachiposezo chomwe chingakhalepo mwana akakhala otsika sikelo? Fotokozani?

- 4) From where do women get information and advice about their sexual and reproductive health? Which sources of information are the most commonly used? Do you think women in your community are aware of what they need to do to have a healthy pregnancy (lactating women)?

Kodi amayi amapeza kuti mauthenga ndi uphungu okhudzana ndi nkhani zogonana ndi ubereki? Mauthenga amenewa kawirikawiri amapeza njira yanji? Mukuganiza kuti amayi amdera lanu akudziwa zoyenera kuchita kuti akhale ndi uchembere wabwino?

Water, Sanitation and Hygiene (WASH)

ukhondo

The overall objectives in asking these questions include gaining insights on:

- *Water – access, sources, quality, challenges*
- *Toilet use – access, practices, beliefs*
- *Handwashing – access, practices, knowledge*
- *Use of soap – practices, affordability*

- 1) What do you think are the biggest water-related challenges that communities face? For example, is it a matter of the distance people have to travel to get water? Or is it more an issue of the water needing to be treated?

Mukuganiza kuti mavuto akuluakulu okhudzana ndi madzi kudera kuno ndi chani?

Mwachitsanzo kutalika kwakotunga madzi kapena chitetezo cha madzi?

- 2) Do most households in this community have toilets? Are most households satisfied with the toilet facilities they have? Explain. Do most people use the bush? Why is that so? Do you think shifting to having and using toilets is a practice that is necessary and possible to change? Why or why not?

Kodi mmakomo ambiri mdera lino ali ndi zimbudzi? Kodi mmakomowa ndi okhutira ndi zimbudzi zimene ali nazo? Fotokozani? Kodi mdera lino alipo ena amene amapita kuntchire? Chifukwa chani? Kodi kwa anthu amenewa (opita kuntchire) mukuganiza kuti kukhala ndi kugwiritsa ntchito zimbudzi ndi mchitidwe ofunikira ndipo zitha kusintha? Chifukwa chani?

- 3) In your community, how common do you feel it is that people wash their hands with soap and water regularly (particularly after using the toilet and before feeding children)? Do you think shifting and increasing handwashing is a practice that is necessary and possible to change? Why or why not?
Mdera lino, mukuona kuti nthawi zambiri anthu amasamba manja ndi sopo akachoka ku chimbudzi kapena asanadyetse mwana?
Mukuganiza kuti kulimbikitsa mkhalidwe losamba manja ndi mchitidwe ofunika ndipo zikhoza kusintha? Chifukwa chani?

Gender Equity and Empowerment

The overall objectives in asking these questions include gaining insights on:

- *The different roles and responsibilities of men and women and degree of equality in the household*
 - *How are decisions made between men and women regarding assets*
 - *Women's potential for leadership in the community*
- 1) What types of decisions do women in the household make? How about men? Is there ever disagreement surrounding women or men making decisions? Please explain.
Ndiziganizo ziti zimene amayi amapanga pakhomu? Nanga abambo? Kodi pamakhala kusagwirizana pakati pa abambo ndi amayi paziganizo zimenezi? Fotokozani?
- 2) What is your sense of the degree of gender equality in your community and in the Southern Region of Malawi in general? Have things changed?
Maganizo anu ndiotani pakhani yoti pasakhale kusiyana pakati pa amayi ndi abambo (gender)? Fotokozani? Pali kusitha kuli konse?
- 3) Do women participate/are women member of organized groups (such as agriculture producers' or marketing groups, water users groups, credit or microfinance groups etc.)? Is women's participation encouraged? Are women able to speak up in these group settings or in other public settings?
kodi amayi mdera lino amatenga nawo gawo magulu osiyanasiyana (azaulimi, zamalonda, zamadzi, ngongole). Kodi azimayi amalimbikitsidwa kutenga nawo mbali kumagulu amenewa? Kodi azimayi amatha kuyakhula mmagulu ndi pamisokhano ya mdera?
- 4) Do women in your community have leadership roles? Why or why not? What are some of the barriers to more women having leadership roles in the community?
Kodi azimayi ali pamaudindo ali onse mdera lino? Chifukwa chani? Ndizifukwa ziti zimene zimalepheretsa azimai kukhala pamaudindo?

Community and Household Resilience

The overall objectives in asking these questions include gaining insights on:

- *Community cohesion and coping strategies*
 - *Ability to mitigate vulnerability to natural disasters*
 - *Perceptions of government and non-governmental community assistance and programs*
- 1) What is your sense of how members within your community interact with each other? Is it common that people within your community get along and work together?
Kodi maganizo anu ndiotani pa mmene anthu amdera lino amachezerana? Nanga zimachitikachitika kuti anthu amdera lino kugwira ntchito limodzi ndi mogwirizana?

- 2) What are some of the hardest challenges people face within your community?
For example, if a family does not have enough food, how does the community respond?

Or if there is a bad year for crops, do farmers and people in the community work together?

Ndimavuto anji aakulu kwambiri amene anthu amdera lino amakumana nawo?

Mwachitsanzo ngati banja lina lilibe chakudya chokwanira anthu amdera lino amachitapo chani? Kapena ngati chaka chimenecho sichinali chabwino kumbali ya zokolola, alimi ndi anthu amdera lino amatha kugwira ntchito mothandizana?

- 3) What is the level of awareness within your community about the risk of natural disasters? And what is the level of awareness of strategies to mitigate risk? For example, in instances where there has been a challenge for the community such as a flood or drought, do communities learn lessons in facing such a challenge?

Kodi anthu amdera lino amadziwapo chani za chiopsezo cha mavuto okugwa mwadzidzidzi? Nanga amadziwapo chani za mmene angachepetsere mamavutowa. Mwachitsanzo panthawi imene mdera lino mwagwa vuto lakusefukira kwa madzi kapena ng'amba, anthu amdera lino amatengerapo phunziro la mmene angathanire ndi mavuto amenewa?

- 4) In your view, what are some of the things that would help in your community to be better prepared when hit with shocks or disasters such as droughts, floods, crop diseases, etc.

Mmaganizo anu, ndi zinthu zANJI zimene zingathandize mdera lanu lino kukhala lokonzekera ku mavuto ukugwa mwadzidzidzi ngati kusefukira kwa madzi, ng'amba kapena matenda ambeu?

- 5) Generally speaking, in your community, what do people think in terms of the Government of Malawi being able to help your community? Is the government more focused on training and systems related to preparedness or more on post-shock assistance?

Kodi anthu amdera lanu amaganiza bwanji za mmene boma limathandizira anthu mdera lino? Kodi boma limaonetsa chidwi pati, pamaphunziro kapena njira zothandiza kukonzekera mavuto ogwa mwadzidzidzi asanachitike, kapena kupereka chithandizo atachitika kale?

- 6) Generally speaking in your community, what do people think in terms of non-governmental organizations working in communities? Are people aware of and interested in the programs non-governmental organizations have? Are there ever disagreements around who in the community receives assistance from non-governmental organizations and who does not?

Kodi anthu amdera lanu ndimaganizo otani pankhani ya mabungwe amene siaboma pogwira ntchito yawo mdera lino? Nanga anthu akudziwa kapena ali ndi chidwi ndi mapologalamu amene mabungwewa ali nawo? Panayamba pakhalako kusagwirizana kuli konse mdera lino paamene akuyenera kapena sakuyenera kulandira chithandizo kuchokera kumabungwewa?

INTERVIEW GUIDE

Household-Level Interview (4 per district in UBALE project areas, 5 per district in Njira Project areas)

***Keep in mind who you are interviewing (e.g., mother, father, pregnant woman), adjust the wording of questions as needed*

***Your focus is the individual, their household, family, life, beliefs and experiences*

*** Avoid reading these questions verbatim. Probing and follow-up questions are important.*

Focus Group Discussion (1 per Traditional Authority)

*** Keep in mind the make-up of the group (e.g., mothers, fathers, pregnant women, farmers, community leaders)*

*** Your focus is a mix of the individuals and their lives and their understanding of things in the community.*

***Adjust the wording of these questions as needed. Work to both pose questions and foster a group discussion.*

PART I ~ HOUSEHOLD DYNAMICS & VULNERABILITIES

The overall objectives in asking these questions include gaining insights on:

- How the household function in relation to occupation, cash, spending and bartering
- The decisionmaking process at the household level

- 1) We think about a household as individuals who eat from the same pot. Who lives in your household? How has the number of people living in your household changed over time? [If there has been a change] Why did this change occur?

Tikati khomo tikuthauza anthu amene amadya chakudya kuchokera mpoto umodzi. Mumakhala ndi ndani pakhomo panu? Pazaka zapitazi, Pakhala kusintha kwanji pachiwengero cha anthu amene amakhala pakhomo panu? Ngati pali kusintha, nchifukwa chani zili choncho?

- 2) What is your occupation or your main livelihood? What sources of compensation do you receive? If you receive cash, to what degree does your influx of cash vary during the course of the year? If you receive cash, who all in your household earns cash?

Kodi mumagwira ntchito yanji kapena chomwe mumadalira pa moyo wanu watsiku ndi tsiku ndi chani? Mumalipidwa chani mukagwira ntchitoyo? Ngati mumalandira ndalama kwakhala kusintha kwanji ku kachulikidwe kandalama mchaka chapitachi? Ndi ndaniso wina amene amapeza ndalama pakhomo panu?

- 3) Who makes decisions on how to spend cash? For example, is the decisionmaker the same person who earns the money? How do you and your husband (or you and your wife) make decisions about cash?

Ndindani amene amapanga ziganizo pakagwiritsidwe nntchito ka ndalama? Mwachitsanzo, kodi amenene amapeza ndalama ndi amene amapanga ziganizozo? Kodi inu ndi akazi/amuna anu mumapanga bwanji ziganizo pakagwiritsidwe nntchito ka ndalama?

- 4) Is there ever disagreement regarding the spending of money? Can you give an example? Why do you think these disagreements occur? How are disagreements usually resolved?

Kodi pamakhala kusagwirizana pakagwiritsidwe ntchito ka ndalama? Tandipatseni zitsazo? Mukuganiza kuti ndi chifukwa chani pamakhala kusagwirizana? Kusagwirizana kumeneku kumathetsedwa bwanji kawirikawiri?

- 5) Do you feel like there is enough cash and other assets and resources for the household? If not, what are the obstacles to having more? And what are the impacts of not having enough?

Kodi mumaona ngati muli ndi ndalama kapena katundu okwanira pakhomo panu pano?

Annex 5 • 8

Ngati ayi, chimakulepheretsani kukhala ndizokwanira ndi chani? Nanga zotsatira zosakhala ndi ndalama/katundu okwanira ndi chani?

- 6) In terms of household decisions about education, food, health and so forth. Is there agreement within the household on who is responsible to make decisions? Why or why not?

Pakhani ya kupanga ziganizo zokhudza maphunziro, chakudya, umoyo ndi zina

Ndi ndani mmakomo amene amapanga ziganizo pazinthu zambiri? Pamakhala mgwirizano pakomo oti uyu ndiye azipanga ziganizo zambiri? Ngati ndi choncho, chifukwa chani

PART 2 ~ FOOD ACCESS & FOOD ALLOCATION

The overall objectives in asking these questions include gaining insights on:

- *Food – types, sources, availability, meal frequency, eating habits, preferences, taboos*
- *Why people struggle to have enough food and how they address this challenge*

- 1) In looking back to the last week or so, on a typical day how many meals did you eat? How do you make the decision about how many meals to eat? What did these meals include? Is everyone in the household eating this same number of meals? Do your number of meals per day vary during the course of the year? If so, can you tell me how they vary?

Pasabata imodzi kapena angapo apitawa, patsiku mumadya kangati? Kodi mumapanga bwanji ziganizo zoti madya kangati patsiku? Kodi zakudya zimenezi panali chani? Kodi aliyense amadya mofanana? Kodi pa chaka kadyedwe kanu kapatsiku kamasintha? Ngati ndi chincho tandiuzeni kamasintha bwanji?

- 2) Is there one food you must have for you to consider a meal to be a meal? Why is this the case?
Kodi pali chakudya chimene mumayenera kudya nkuona kuti mwadya chakudya chenicheni? Chifukwa chani?

- 3) Where does the majority of the food you eat come from? Is it home-grown food or is it food that you buy in a shop or at the market? Is the balance how you want it? Would you prefer to have more home-grown food or more bought food? Why?
Kodi zakudya zanu zambiri zimachokera kuti? Mumalima kapena mumagula? Mungakonde kukhala ndi chakudya chochokera kumunda kwanu, kapena chogula? Chifukwa chani?

- 4) What kind of food do you regularly buy? How far do you have to travel to make these purchases? Does the amount of food you buy change across the year? Could you explain it?
Nthawi zambiri mumagula zakudya zANJI? Mumayenda mtunda wautali bwanji kuti mukagule zakudyazi? Kodi mulingo wachakudya umene mumagula umasintha pa chaka? Chifukwa chani zili choncho fotokozani

- 5) What foods do you regularly eat? And why? Are the foods that you have eaten what you would prefer to eat? Why or why not? Does the type of food you eat change in different times of the year? If so, how and in what ways?
Mumadya zakudya zANJI nthawi zambiri? Chifukwa chani? Zakudya zimene mumadya ndi zimene mumakondweretsedwa kudya? Chifukwa chani? Kodi mtundu wachakudya umene mumadya umasintha ndi nyengo mu chaka? Ngati ndi choncho chimasintha bwanji komanso mu njira zANJI?

- 6) What foods do you rarely eat? And why? Are there any foods you will never eat (or may even be afraid to eat, as in they are taboo foods)? In cases where you feel the food is taboo, what is it about this particular food that makes you feel the food is taboo?

Ndizakudya zANJI zimene simudya idya? Ndi chifukwa chani? Pali zakudya zina zimene simuzadyako, kapena mumachita mantha kudya kapena ndizoletsedwa. Pazakudya zimene mumaona kuti ndizoletsedwazo ndi chifukwa chiyani zili zoletsedwa?

- 7) Who makes these decisions about what food is eaten? What's the process? Does everyone in the household eat the same food? Who eats what and why? For example, do men and women eat the same foods? Do adults and children eat the same food? Does everyone eat at the same time? Why or why not? Do these decisions about food allocation impact other members of the household? If so, can you tell me how?

Amene amapanga chiganizo pa mtundu wa chakudya choti anthu adye pakhomo ndi ndani? Fotokozani. Kodi ali yense amadya chokudya chofanana? Pamakhala kusiyana kwanji? Mwachitsanzo, kodi amuna ndi akadzi amadya zakudya zofanana? Nanga akulu ndi ana amadya zokudya zofanana? Kodi ali yense amadya nthawi imodzi? Chifukwa chani zili chomwechi? Kodi ziganizo zakagawidwe ka zakudyaka, kamakhudza anthu ena apakhomo pano? Fotokozani.

- 8) Does anything change when a woman is pregnant in terms what she eats and how much she eats? Do others in the household see being pregnant as a time where specific foods are needed (or need to be avoided)? Would for example, a family member eat less to ensure a pregnant woman ate enough? If so, which family member? Have there been instances where this has created tension? Please explain.

Kodi pamakhala kusintha kwina kulikonse pamene nzimayi ali oyembekezera pa nkhani ya zimene angadye kapena mulingo wa chakudya? Kodi anthu ena apakhomopo amaona ngati pa nthawi imene mzimayi ali oyembekezera ndi nthawi imenene akauyenera kudya kapena kusala zakudya zina? Mwachitsanzo kodi munthu wina mnyumba angadye zakudya zochepa pofuna kupeleka mpata kwa mzimayi oyembekezera kuti adye zokwanira? Ngati ndi choncho ndi ndani amene amapanga zimenezo? Pamakhalako nthawi imene zimenezi zimabweretsa kusagwirizana?

- 9) Have there been instances when you are hungry and there is no food? If so, how often does this occur? Are there times of the year that this is more common? Has this changed over the course of time? Why? When there are food shortages, what do you do? In what ways has this changed over the course of time (years)? Can you tell me why you think these changes have occurred?

Pakhalako nthawi ina imene munalali ndi njala koma munalibe chakudya? Ngati ndi choncho zimenezi zimachitika mowirikiza bwanji? Kodi zimenezi zasintha bwanji mu zaka zapitazi? Chifukwa? Mumatani mukakumana ndi vuto lakuhepekedwa kwa chakudya? Kodi zimenezi zasintha bwanji mu zaka zapitazi? Kodi mukuganiza kuti kusintha kumeneku kwabwera chifukwa chani?

PART 3 ~ AGRICULTURE ULIMI

The overall objectives in asking these questions include gaining insights on:

- Profiles of farmers and their farming practices (what crops do they grow, what do they do with their crops)
 - The role of women in agriculture and land ownership
 - What would be needed to expand this farmers agricultural productivity
- 1) What crops do you grow? Is this the same for men and women? Has this always been what you have grown or has this changed over time, if so can you tell me why? Who from the household is involved? Why are those individuals the ones involved? How many times can you get a harvest?
Mumalima mbeu zANJI? Kodi azimayi ndi azibambo amalima mbeu zofanana? Kodi ndizimene mwakhala mukulima kapena zakhala zikusitha? Ngati ndi choncho chifukwa chani? Ndi ndani pakhomo amene amatenga nawo gawo? Nchifukwa chani anthu amenewa amatenga nawo mbali? Mumakolora kangati pachaka?
 - 2) In relation to your farming, have you received or used any financial services? This would be receiving a loan (money or in-kind), credit, savings or insurance. Can you tell me about what type of financial? Service you received? Where did you receive if from? How was this experience for you? Do you know Of anyone in the community accessing services, and why that HH can and this one can't
Kumbali yaulimi wanu munayamba mwagwiritsako ntchito zokolola ngati chikole potenga ngongole ya ndalama, zipangizo zaulimi komaso kulowa nawo mugulu la zaulimi? Ndichithandizo chanji chanji munalandira? Chinachokera kuti? Munalandira bwanji? Kodi mukudziwapo wina aliyense amene akulandira zimenezi ndipo chifukwa chani khomo limenelo likulandira osati mmakomo ena?
 - 3) Why did you and your family decide to farm and grow these specific crops? And how did you know how to grow these crops? Have you ever received any farming training or inputs to grow these crops? If so, by which entity and what kind of training? What factors have contributed whether you or your household have or have not received training or inputs?
Chifukwa chani inu ndi banja lanu munasankha kulima mbeu zimenezi? Munadziwa bwanji malimidwe ambeu zimenezi? Munayamba mwalandirapo maphuziro ali onse azaulimi kapena zipangizo za ulimi? Ngati ndi choncho kuchokera kwa ndani ndipo anali maphunziro anji? Kodi chinapangitsa kuti inu kapena pakhomo panu mulandire kapena musalandire zipangizo kapena maphunziro azaulimi?
 - 4) Do you own the land where you grow your crops? Are you happy with owning or not owning land? Is it more common for men to own land, women to own land or is land commonly jointly owned? Can you describe any disputes that happen regarding land ownership?
Kodi malo amene mumalima ndi anu? Mumava bwanji kukhala kapena kusakhala ndi malo? Kodi amuna ambiri amakhala ndi malo, nanga akazi? kapena amakhala a onse? Mungalongosoleko mikangano ina ili yonse imene imachitika yokhudzana ndi umwini wamalo?
 - 5) Are your crops only for consumption or do you sell your crops at the market or elsewhere? In case of the latter, where and how do you bring your crops to the market or elsewhere? How are decisions made in terms of what crops to eat and what crops to sell? Who makes these decisions? Are there certain times in the year you are more likely to sell your crops?
Kodi zokolola zanu ndi za chakudya kapena mumagulitsa? Ngati mmagulitsa, mumakagulitsa kuti ndipo mumanyamula bwanji? Mumapanga bwanji ziganizo zoti zidyedwe kapena zigulitsidwe? Amapanga ziganizozi ndi ndani? Kodi pali nthawi ina imene mumagulitsa kwambiri mbeu pachaka?
 - 6) Do you receive any information about the market (price, kind of products, quality and quantity, period)? How, if at all, are your decisions to sell your crops (or a part of your crops) related to the information

that you receive? How could you improve your marketing practices? What do you think about joint purchases or joint sale of your products?

Kodi mumalandira mauthenga okhudzana ndi malonda pamsika? Mauthenga amene mumalandirawa amakuthandizani bwanji kupanga ziganizo zogulitsa zokolora zanu? Mungapititse bwanji patsogolo malonda anu? Kodi mukuganiza bwanji zogula kapena kugulitsa malonda ndi anzanu (clubs)?

- 7) What practices or techniques do you use to improve the quality or size of your harvest? Can you describe any farming techniques you would like to use but are not able to? Could you give the reason why you do not use these techniques? Could you compare the yields and income you would get if you apply these techniques versus your current practices?

Kodi ndi njira zANJI zimene mumagwiritsa nthito kuti mupititse patsogolo maonekedwe ndi kachulukidwe kazokolola zanu? Mungandifotokozere njira zimene mumafuna kugwiritsa ntchito koma mumalephera? Perekani zifukwa zomwe zimakulepheretsani kugwiritsa tchiti njirazi? Mungathe kusiyantsa phindu kapena ndalama zomwe mungapeze pogwiritsa ntchiti njirazi kusiyana ndizomwe mugwiritsa ntchito panopa

- 8) Do you ever store your crops after they are harvested, either to save them to consume or sell at a later time? If so, what is the process you use to store your harvest? What, if any, challenges do you face in trying to store your crops? What would help you so you do not have these challenges? Are there storage mechanisms available in the community? If so, what are the challenges and opportunities associated with these mechanisms?

Kodi mumasunga zokolola zanu kuti muzagwiritse nthito ngati chakudya kapena kugulitsa mtsogolo? Ngati ndichoncho ndi njira ziti zomwe mumagwiritsa ntchito kusunga zokolola zanu? Ndimavuto anji ngati alipo amene mumakumana nawo mukafuna kusunga zokolola zanu? Payenera kuchitika chani kuti musakumane ndi mavutowa? Pali njira zina zili zonse zosungira zokolola mdera lino? Ngati ndi choncho, ndimavuto ati amene mumakumana nawo mukamagwiritsa ntchito njira zimenezi?

- 9) Do you use any kind of products for pest management? If so, could you explain it more? What pests are you protecting against? How successful have you been?

Mumagwiritsa nthito njira ina ili yonse kuti muteteze zokolola zanu ku tizolombo toononga? Ngati ndi choncho, fotokozani? Mukuteteza kutizolombo tanji? Zakuthandizani bwanji?

PART 4 ~ LIVESTOCK

The overall objectives in asking these questions include gaining insights on:

- Profile of livestock, livestock practices and participation in any training
- Decision-making around what type of livestock to consume, keep or sell
- Challenges in owning and rearing livestock

- 1) What livestock do you own? If no, has this always been the case? How much of each type? Where do you keep your livestock? Who from the household is involved in rearing the livestock? Do you manage or tend to any livestock that you do not own? What are you responsible for doing (for the livestock) and what do you receive in exchange?

Muli ndi ziweto zANJI? Ngati palibe, zinali choncho kuyambira kalekale? Ndizochuluka bwanji? Mumasunga kuti ziweto zanu? Ndi ndani pakhomo panu amene amayang'anira ziwetozi? Kodi mumasamala/kuyang'anira ziweto zoti sizanu? Mumapanga chani posamala ziwetozi? Mumalandira chani mukagwira ntchitoyi?

- 2) How and why did you and your family decide to keep livestock? How did you know how to tend to and protect the livestock? Have you ever received any training? If so, which entity and what kind of training?

Nchifukwa chani inu kapena banja lanu munapanga chisankho choweta ziweto? Munadziwa bwanji zakasamalidwe kaziwetozi? Munayamba mwalandira maphunziro ena ali onse? Ngati ndi choncho anapereka maphunzilowo ndi ndani? Ndipo anali maphunzilo anji?

- 3) What do you see as the value in having livestock (what purpose do they serve)? How important do you think it is to increase the number of livestock you have? Or do you keep about the same number of livestock? Do different livestock have differing values?

Mumaona ngati pali phindu lanji lokhala ndi ziweto? Mukuona ngati nzofunikira bwanji kuchulutsa chiwerengero cha ziweto muli nazo? Kapena mumasunga chiwerengero chomwecho cha ziweto zanu? Kodi kufunikira kwa ziwetozi kumakhala kosiyana kutengera ndi mtundu wachiweto?

- 4) How do you determine how many and what type of livestock to consume, keep or sell? Who makes these decisions? Are there certain times in the year you are more likely to eat or sell your livestock? **Mumapanga bwanji ziganizo zokhudza ziweto zoti mudy, musunge kapena mugulitse? Amapanaga ziganizo zimenezi ndi ndani? Pali nthawi ina imene mumadya kapena kugulitsa ziweto zambiri pachaka?**

- 5) What types of practices and techniques do you use in tending to your livestock? Can you describe any techniques that you would like to use but are not able to? Could you give the reasons why you do not use these techniques you have described? Could you compare the productions and income you would get if you apply these techniques versus your current practices?

Ndinjira ziti zimene mumagwiritsa ntchito posamala ziweto zanu? Mungandifotokozere njira zimene mumafuna kugwiritsa ntchito koma mumalephera? Pelekani zifukwa zomwe zimakurepheretsani kugwiritsa ntchito njirazi? Mungathe kusiyantsa phindu kapena ndalama zomwe mungapeze pogwiritsa ntchito njirazi kusiyana ndizomwe mukugwiritsa ntchito panopa?

- 6) What are some challenges you face in owning and rearing livestock? Can you tell me some of the reasons for these challenges? What would help you so you do not have these challenges?

Mumakumana ndimavuto anji pamene mukusunga/kuweta ziweto? Mukuona ngati mavuto amenewa amabwera chifukwa chani? Chingachitike ndichani kuti mavuto amenewa athe?

- 7) In relation to your livestock, have you ever used any financial services? This would be receiving a loan, credit, insurance of savings? Or perhaps inputs? Or perhaps being part of a communal farming association. If so, can you tell me more about how this experience has been for you? If not, why not?

Kumbali yaziweto zanu munayamba mwazigwiritsapo ntchito ngati chikole potenga ngongole ya ndalama, zipangizo zaulimi komaso kulowa nawo magulu a zaulimi? Ngati ndichoncho, mungandifotokozere mmene munazionera? Ngati ayi chifukwa chani?

PART 5 ~ MATERNAL HEALTH, NUTRITION & REPRODUCTIVE HEALTH

The overall objectives in asking these questions include gaining insights on:

- *Health seeking behaviors, knowledge, and the dynamics around health-related advice*
- *Experiences and challenges with pregnancy*

▪ *Experiences and challenges with breastfeeding*

- 1) In what instances do you choose to visit the clinic? Are you able visit the clinic as often as you need to? Why or why not? How far do you have to travel to visit the clinic, etc.?

Ndichani chimene chimakupangitsani kupanga chisankho chopita kuchipatala? Mumakwanitsa kupita kuchipatala pafupipafupi nthawi yomwe mukufuna? Chifukwa chani? Mumayenda mtunda wautali bwanji kukafika kuchipatala?

- 2) Can you say a bit about how you make decisions concerning your health? Do you make these decisions alone? If not, who do you make the decision with (your husband (or wife)? Are there ever any tensions? Are any of these decisions informed by advice you have received? If so- can you tell me about this advice?¹

Tandifotokozereniko zammene mumapangira chisankho cha zaumoyo wanu? Mumapanga chisankhochi panokha? Ngati ayi ndi ndani wina amene mumapanga naye (amuna/ akazi anu) Pamakhalapo kusagwirizana kuli konse? Pali zina mwaziganizochi zimene mumapanga kuchokera kumalangizo omwe mwalandira? Ngati ndichoncho tandiuzeni zamalangizowa?

- 3) During pregnancy, what do you feel are the most important things a woman needs to do to take care of herself and the baby? What leads you to believe this?

Panthawi imene mayi ali oyembekezera mukuona ngati ndi zinthu ziti zimene mayi azichita pofuna kuteteza mwana ndi iye mwini? Chimakupangitsani kukhulupirira zimenezi ndi chani?

- 4) Did you (or your wife) visit a clinic, a midwife, traditional birth attendant or a traditional healer when you were (she was) pregnant? Why? And if so, how many times during the pregnancy, and why that number of times? Can you say a bit about that experience? For example, what services did you receive? How do you feel about these services?

Kodi inu kapena akazi anu munapitako kuchipatala, kwa anamwino, azamba kapena asing'anga pamene munali/anali oyembekezera? Chifukwa chani? Ngati ndichoncho, munapitako kangati muli oyembekezera? Ndipo chifukwa chani maulendo amenewo? Mungandiuzeko za zimene mwakhala mukukumana nazo? Mwachitsazo, chithandizo chimene munalandira? Mukuona bwanji zazithandizo zimenezi?

- 5) Do you feel there are certain foods pregnant women should eat? Should not eat? What are your reasons? Did you (or your wife) practice these beliefs when there was a pregnancy, why or why not?

Mukuona ngati pali zakudya zina zimene mzimayi oyembekezera ayenera kudya? Kapena sakuyenera kudya? Zifukwa zanu zotani? Kodi inu kapena akazi anu munayamba mwatsatirako zikhulupiriro zimenezi nthawi imene munali oyembekezera? Chifukwa chani?

- 6) What types of challenges do pregnant women experience? Why? What do you think can be done to avoid these challenges?

Ndimavuto anji amene azimayi oyembekezera amakumana nawo? Chifukwa chani? Mukuona ngati chingachitike ndi chani kuti mavuto amenewa achepe?

- 7) Do you feel that you and your husband (or wife) have the same views about how many children to have? What are some of the reasons you agree or disagree? If there is disagreement, how does it get resolved?

Mukuona ngati inu kapena amuna anu muli ndi maganizo ofanana pachiweregero cha ana omwe mungakhale nawo? Ndizifukwa zANJI zimene zimapangitsa kuti mugwirizane kapena musagwirizana? Ngati pali kusagwirizana, mumathetsa bwanji vutolo?

¹ interviewers to probe/ask about food in relation to health also.

- 8) Do you use contraception? Why or why not? What type? Where do you get it from? How easy is it to access them?
Mumagwiritsa ntchito njira zakulera? Chifukwa chani? Njira ziti? Mumakazipeza kuti? Nkosavuta bwanji kupeza njira zimenezi?
- 9) Do you feel it is important for women to breastfeed? Why? Or why not? Do you feel breastfeeding practices should be the same for male and female babies? Why? Or Why not? What was your experience with breastfeeding your children? Were you able to initiate breastfeeding right away? Or did you face challenges?
Mukuona ngati nkofunikira kuti mzimayi aziyamwitsa? Nchifukwa chani? Mukuona ngati pasamakhale kusiyana pakayamwitsidwe ka ana amuna ndi akazi? Chifukwa? Mumakumana ndi zotani pamene mumayamwitsa ana anu? Munakwanitsa kuyamba kuyamwitsa ana anu nthawi yomwe atangobadwa? Ngati ayi, munakumana ndi mavuto anji?
- 10) Are you aware that it is generally recommended that mothers exclusively breastfeed children for 6 months? In instances when this does not happen, what do you think are some of the reasons? In your experience, have you been able to establish and maintain a milk supply? In instances when exclusive breastfeeding for 6 months does not happen, what foods and liquids are given instead of breast milk?
Kodi mukudziwa kuti amayi amalimbikitsidwa kuti aziyamwitsa ana awo mwakathithi kwa miyezi isanu ndi umodzi? Ngati anthu ena sakwanitsa, ndizifukwa zANJI zimawarepheretsa? Kutengera kwa inu, mumakwanitsa zimenezi? Ngati simunakwanitse, chifukwa chani? Munthawi imene mwana sakuyamwitsidwa mwa kathithi pa miyezi isanu ndi umodzi, ndi zakudya kapena zakumwa zANJI zimene amapatsidwa mmalo mwa mkaka wammawere?
- 11) If you have questions about your health (specifically sexual and reproductive health), do you go anywhere for advice? If so, can you tell me where or who you go to and why?
Mukakhala ndimafunso okhudzana ndi umoyo wogonana ndi ubereki, mumapita kuli konse kukalandira uphungu? Ngati ndi choncho, mumapita kuti kapena kwa ndani? Chifukwa chani?

PART 6 ~ CHILDREN'S HEALTH, NUTRITION & FEEDING PRACTICES

The overall objectives in asking these questions include gaining insights on:

- *How parents approach infant and young child feeding practices*
- *Knowledge of and beliefs about (weight and height) growth monitoring for children*
- *Prevention, frequency and treatment of diarrhea*

- 1) Generally, at what age are children introduced to food and liquids in addition to breast milk? In your family, what foods and liquids are given at this age? How much are they given? How often are children fed in a day?

Kodi ana amene akuyamwa, amayamba kupatsidwa zakudya ndi zakumwa zoonjezera ali pamsinkhu wanji? Mubanja mwanu ndi zakudya kapena zakumwa ziti zimene zimaperokedwa pamsinkhu umenewu? Mumawapatsa zochulukira bwanji? Mumawapatsa mowirikiza bwanji pa tsiku?

- 2) Who all in the family feeds young children? Why? Generally speaking, when you feed (or someone in the family feeds) the children what pots and plates and utensils are used? In particular, are you able to have a pot, plate and utensils that are used only for a single child?
Ndi ndani m'banja mwanu amadyetsa ana ang'ono? Chifukwa chani? Mukamadyesta mwana, mumagwiritsa ntchito ziwiyi zANJI? Kodi muli ndi ziwiyi zomwe zimangogwiritsidwa ntchito podyetsera ana?

- 3) Do you monitor the weight and height of your children at the health center? What have you been told you about your child's weight and height? Do you agree or disagree?
Kodi mumapita kusikelo kuti mudziwe zammene ana akukulira? Kodi munauzidwa chani za mmene mwana wanu akukulira? Mumagwirizana nazo kapena ayi?
- 4) Are there foods that you think are important for kids to eat so that they grow healthy? Do you feel it's important to feed boys and girls with the same frequency, the same foods and the same amounts? Why or why not?
Kodi pali zakudya zomwe mukuona kuti nzofunikira kuti ana azidya kuti akhale athanzi? Mukuganiza kuti nzofunikira kudiyetsa ana amuna ndi akazi chimodzimodzi, zakudya zofanana ndi mlingo ofanana? Chifukwa?
- 5) In instances where you have concern your children are not receiving enough food, how do you try to address this? (if lead farmers, probe on crops grown)
Munthawi imene mukuona kuti ana anu sakupatsidwa chakudya chokwanira, mumapangapo chani?
- 6) Do your kids ever have diarrhea? If so, why do you think this is the case? Are there times when your child is more or less likely to have diarrhea? What is your strategy for treating diarrhea? Is there anything you do to try to prevent diarrhea?
Kodi ana anu amadwalapo matenda otsegula m'mimba? Ngati ndichoncho, mukuganiza kuti zimenezi zimayamba bwanji? Ilipo nthawi ina imene mwana wanu amakhala pachiopezo chodwala matenda otsegula m'm'mimba? Mumathana nawo bwanji matenda otsegula m'mimba? Pali chimene mumachita kuti mupewe matendawa?
- 7) In instances when your child has diarrhea, have you been to the clinic? What have you been told you about children and diarrhea? Do you agree or disagree?
Panthawi imene mwana wanu wadwala matenda otsegula m'mimba, mumapita ku chipatala? Munauzidwa chani zokhudza ana ndi matenda otsegula m'mimba? Mumagwirizana nazo kapena ayi?
- 8) Overall, can you say a bit about how you make decisions concerning your children's health and nutrition? Do you make these decisions alone? If no, you else do you make the decisions with? Are there ever any ever tensions in the decision-making process? If so, can you tell me about some of these tensions?
Mungatiuzeko mmene mumapangira ziganizo zokhudza umoyo ndi thanzi la ana anu? Kodi ziganizo zimenezi mumapanga nokha? Ngati ayi mumapanga ndi ndani? Panayamba pakhalapo kusagwirizana pakapangidwe ka ziganizo zimenezi? Ngati eya, fotokozani?

PART 7 ~ WATER, SANITATION & HYGIENE (WASH)

The overall objectives in asking these questions include gaining insights on:

- Water – access, sources, quality, challenges
 - Toilet use – access, practices, beliefs
 - Handwashing – access, practices, knowledge
 - Use of soap – practices, affordability
- 1) Where do you get water from? What is the source of the water? How long does it take to fetch water? What are the challenges you face in accessing water? What could be done to overcome these challenges?
Kodi madzi mumatunga kuti? Zimakutengerani nthawi yaitali bwanji kupita ndi kubwera kotunga madzi? Mumakumana ndi mavuto anji mukafuna kupeza madzi? Payenera kuchitika chani kuti mavuto amenewa athe?
 - 2) How do you feel about the quality of the water you have access to? Do you feel it's important to treat your water or somehow improve the quality of your water? Why would you want to have improved water? Do you have a sense of which water treatments work well and which does not as well? Please explain
Mukuona bwanji paukhondo wamadzi amene mumagwiritsa ntchito? Mukuona ngati ndikofunika kusamala madzi kuti akhale aukhondo? Chifukwa chani mumafuna madzi aukhondo? Ndi njira ziti zakasamalidwe kamadzi zimene zimagwira ntchito? Nanga zimene sizimagwira ntchito? Fotokozani?
 - 3) What kind of toilet facility do you and members of your household usually use? Is this your choice or is this the only option for you? Do you think you need to improve the quality of where you go to the toilet? Why or why not? If so, what would be needed?
Kodi inu kapena anthu apakhomo pano mumagwiritsa ntchito chimbudzi chotani kawirikawiri? Kodi mumagwiritsa ntchito chimbudzi chimenechi mwakufuna kapena nchimene chilipo? Kodi mukuganiza kuti nkofunika kukonza maonekedwe a chimbudzi chimene mumagwiritsa ntchito? Chifukwa? Chimene chingafunike ndi chani pokoza maonekedwewa?
 - 4) What do you think about the differences between using a toilet in comparison to going in the bush? Is one better than the other? Why or why not? Do some members of the hh use the bush? Why?
Kodi mukuganiza kuti kusiyana kogwiritsa ntchito chimbudzi ndikupita ku tchire ndikotani? Kodi china nchabwino kuposa chinzake? Chifukwa chani? Kodi anthu ena apakhomo pano amapita kutchire kukazithandiza? Chifukwa?
 - 5) How often do you wash your hands? At what times? And why those times?
Kodi mumasamba mmanja mowirikiza bwanji? Munthawi zANJI? Chifukwa chani nthawi zimenezo?
 - 6) How often do you wash your children's hands and face? At what times? And why those times?
Kodi mumasambitsa ana manja mowirikiza bwanji? Nthawi zANJI? Chifukwa chani nthawi imeneyo?
 - 7) In instances when you wash your hands, what do you use? Why? What are the factors that influence what you use to wash your hands?
Panthawi imene mukusamba manja mumagwiritsa ntchito chani? Chifukwa? Chimakupangitsani kuti mugwiritse ntchito zimenezi ndi chani?
 - 8) Do you think it is important to use soap? Why or why not? Do you feel there are times to use soap and other times it's not as important? If soap is used, do you buy and use different types of soap for

different purposes? For example, what soap do you use for washing your hands in comparison to washing dishes or your clothes?

Kodi mukuona nkofunikira kugwiritsa nthito sopo? Chifukwa? Kodi mumaona kuti pali nthawi yoyenera kugwiritsa ntchito sopo ndi ina yosatero? Ngati sopo amagwiritsidwa ntchito mumagula ndikugwiritsa nthito sopo wamitundu yosiyana pa ntchito zosiyana? Mwachitsanzo mumagwiritsa ntchito sopo wanji posamba mmanja posiyanita ndi osambira kapena ochapira?

- 9) Do you have any problems buying soap? If for example, money is tight, is soap a high or a low priority? If this is the case, why do you see soap as a high or low priority?

Kodi mumakhala ndimavuto kugula sopo? Mwachitsanzo, ndalama zikavuta, sopo chimakhala chinthu chofunikira kwambiri kapena iyayi? Ngati ndichoncho chifukwa chani?

PART 8 ~ GENDER EQUITY AND EMPOWERMENT

The overall objectives in asking these questions include the following:

- *What are the different roles and responsibilities of men and women*
- *How are decisions made between men and women regarding assets*
- *Women's potential for leadership in the community*

- 1) What do you see as the roles and responsibilities of women within the household? What about men?
Mumaona ngati undindo ndi ntchito ya amayi pakhomo ndi chani? Nanga abambo?

- 2) To what extent are the women in your household involved in decision-making? Which decision? Does this depend on age? Why or why not? Does this depend on whether these is a man or not? Why or why not? Are these decisions made jointly? If joint decisions-making is present, what are some of the examples of how it is carried out? If not, why are decisions not jointly made?

Nkochulukira bwanji kamene azimayi amapatsidwa mpata opanga ziganizo pakhomo? Ndi ziganizo ziti? Kodi zimezi zimatengera zaka za munthu? Kodi ziganizozzi mumapangira limodzi?

Kodi izi zimatengera ngati pali amuna kapena ayi? Chifukwa chani? Ngati mumapanga ziganizozzi pamodzi, mungandipatseko zitsanzo za mmene izi zimachitikira? Ngati ayi nchifukwa chani simumachitira limodzi?

- 3) Who makes decisions about the various assets that you have? Such as when to sell them, give them away or when to purchase a new one? Does this vary depending on what asset it is? How does this vary?

Amapanga ziganizo pakatundu osiyanasiyana amene muli naye ndi ndani? Monga nthawi yogulitsa, kupereka kapena kugula watsopano? Kodi izi zimatengera kuti ndikatundu wanji? Zimasiyana bwanji?

- 4) To what extent do you think gender equality exists or does not exist in your community? Can you please explain? Does it vary according to age?

Mukuona kwanu mukuona ngati mchitidwe oti pasakhale kusiyana pakati pa amayi ndi abambo ulipo pakhomo panu pano? Fotokozani? Kodi izi zimasiyana kutengera ndi zaka zamunthu

- 5) Do you or women in your community participate in organized groups (such as agriculture producers' or marketing groups, water users groups credit or microfinance groups etc.)? Is women's participation encouraged? Are women able to speak up in these group settings or in other public settings? Why or why not? Does this vary depending on the age of a woman?

Kodi inu kapena azimayi amdera lino mumakhala nawo mmagulu monga azaulimi, zamadzi, ngongole ndi ena? Azimayi amalimbikitsidwa kutenga nawo mbali? Kodi azimayi amatha kuyakhula kuzochitika za mmagulu kapena zamdera? Chifukwa chani? kodi izi zimatengera zaka za mzimayi?

- 6) Do you or women in your community play a leadership role in the community? If a woman is in a leadership role, does she receive support from the community? Does she receive support from other community leaders? Why or why not? What do you see as some of the barriers to women not having leadership roles? Does this vary according to age of the woman?

Kodi inu kapena azimayi apakhomo panu kapena amdera lanu, mumatha kutenga gawo lautsogoleri mdera? Ngati mzimayi ali mtsogoleri, amalandira chilimbikitso kuchokera kwa anthu amdera lino? Kodi amalandira chilimbikitso kuchokera kwa atsogoleri ena? Chifukwa chani? kodi mumaona ngati ndizopinga zANJI zimene zimakanikitsa azimayi kukhala pautsogoleri? Kodi zimenezi zimasiyana kutengera ndi zaka za munthu?

PART 9 ~ COMMUNITY AND HOUSEHOLD RESILIENCE

The overall objectives in asking these questions include gaining insights on:

- *Community cohesion and coping strategies*
- *Ability to mitigate vulnerability to natural disasters*
- *Perceptions of government and non-governmental community assistance and programs*

- 1) How do you interact with members of your community? Do people in your community get along and work together? Why or why not?

Mumachezerana bwanji ndi anthu amdera lanu? Kodi anthu amdera lanu amalumikizana ndikugwira ntchito limodzi? Chifukwa chani?

- 2) What are some of the hardships your household faces? Where do you get help?

Ndi mavuto anji amene mumakumana nawo pakhomo panu? Chithandizo mumachipeza kuti?

- 3) Are there any community organized and community led groups designed to provide support? (These could be formal or informal). How do individuals get involved in these groups and potentially become leaders in these types of groups?

Kodi mdera lino muli magulu oyendetsedwa ndi anthu a mdera omwe anakhazikitsidwa kuti azipereka chithandizo? Kodi anthu amatenga nawo mbali bwanji moti mpakana pofika kukhala atsogoleri amagulu amenewa?

- 4) Have you experienced any shocks in the last 12 months? If so, what specifically? What was the experience like? What have been some of the lessons learned? Have you done anything to better prepare to face these challenges in future?

Pamiyezi khumi ndi iwiri yapitayi mwakumanako ndimavuto ukugwa mwadzidzidzi? Linali vuto lanji? Zinakhala bwanji? Munaphuzirapo chani? Mwapangapo china chili chonse kukozeke mavutowa atati achitikaso tsogolo muno?

- 5) How high a priority do you feel it is for the Government of Malawi to help communities such as yours? **Mukuona ngati boma limaikapo chidwi pofuna kuthandiza madera ngati anuwa?**

- 6) Are you aware of non-governmental organizations working in your community? If so, what kinds of programs do they have? What do you think of the work being done by non-governmental organizations in your community?

Mukudziwapo zamabungwe omwe siaboma amene akugwira ntchito kudera kwanu kuno? Ngati ndi choncho akuchita mapologalamu anji? Mukuganiza bwanji za ntchito zomwe mabungwewa akuchita mudera lanu lino?

ANNEX 6

Tally Sheet of Qualitative Study Focus Group Discussions and Interviews Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Tally Sheet of Qualitative Study Focus Group Discussions and Interviews													
CODE	DATE	DURATION	TOTAL	MALE	FEMALE	GROUP / ROLE / GROUP							
FOCUS GROUP DISCUSSION													
1	07-FGD-12	5/12/2015	2 hours 50 minutes	7		7	Pregnant women						
2	04-FGD-17	10/12/2015	3 hours 6 minutes	6	6		Fathers with a child 0-59 months						
3	10-FGD-14	5/12/2015	2 hours 46 minutes	8	8		Fathers with a child 0-59 months						
4	02-FGD-18	2/12/2015	3 hours 30 minutes	7			Lead farmers						
5	05-FGD-19	15/12/2015	1 hour 52 minutes	6		6	Mothers with a child 0-59 months						
6	03-FGD-15	7/12/2015	1 hour 30 minutes	8		8	Mothers with a child 0-59 months						
7	06-FGD-16	15/12/2015	2 hours 15 minutes	6	5	1	Community Leaders						
8	08-FGD-13	9/12/2015	1 hour 51 minutes	6	4	2	Lead farmers						
9	09-FGD-16	12/1/2015	2 hours 50 minutes	7		7	Mothers with a child 0-59 months						
10	01-FGD-19	27/11/2015	2 hours 48 minutes	8		8	Mothers with a child 0-59 months						
FOCUS GROUP DISCUSSIONS TOTAL				69									
PROGRAM-LEVEL INTERVIEWS													
1	02-PLI-18	1/12/2015	1 hour		1		Water user committee representative						
2	01-PLI-15	27/11/2015	50 minutes		1		Village Development Committee (VDC) Chairman						
3	07-PLI-12	5/12/2015	1 hour 10 minutes		1		Leader of Youth						
4	04-PLI-19	10/12/2015	38 minutes		1		Health Surveillance Assistance						
5	10-PLI-14	27/11/2015	1 hour 26 minutes		1		Village Development Committee (VDC) Chairman						
6	08-PLI-16	9/12/2015	1 hour 7 minutes		1		Health Surveillance Assistance						
7	09-PLI-13	1/12/2015	1 hour 23 minutes		1		Member of Water Committee						
8	3-PLI-17	7/12/2015	1 hour 41 minutes				Agricultural Extension Officer						
9	05-PLI-18	15/12/2015	not indicated			1	Field Agent for SILC						
10	06-PLI-16	15/12/2015	56 minutes		1		Agricultural Extension Officer						
HOUSEHOLD-LEVEL INTERVIEWS													
CODE	DATE	DURATION	MALE	FEMALE	AGE	PREGNANT NO = BLANK YES = 1	NO. OF CHILDREN 0 to 6 MONTHS	NO. OF CHILDREN 6 to 23 MONTHS	NO. OF CHILDREN 24 to 59 MONTHS	NO. OF CHILDREN 59 MONTHS AND OVER	TOTAL NUMBER OF CHILDREN		
1	01-HLI-18-01	27/11/2015	3 hours		31	1	0	0	1	3	4		
2	01-HLI-17-02	27/11/2015	2 hours 22 minutes			1	0	0	0	4	5		
3	01-HLI-19-03	27/11/2015	1 hour 8 minutes		22		0	0	1	3	4		
4	01-HLI-17-07	28/11/2015	2 hours	1			0	0	1	3	4		
5	01-HLI-18-04	28/11/2015	1 hour 45 minutes		32		0	1	1	4	6		
6	02-HLI-15-05	1/12/2015	1 hour 10 minutes	1	35		0	1	0	3	4		
7	02-HLI-15-08	1/12/2015	1 hour 8 minutes	1	48		0	0	1	4	5		
8	02-HLI-19-04	1/12/2015	1 hour 2 minutes		26		0	0	0	3	3		
9	02-HLI-17-02	1/12/2015	1 hour 42 minutes		33		1	0	0	3	4		
10	02-HLI-19-01	1/12/2015	58 minutes		27	1	0	0	1	3	4		
11	03-HLI-19-06	5/12/2015	55 minutes	1	35		1	0	1	2	4		
12	03-HLI-15-04	6/12/2015	60 minutes		35		0	0	2	2	4		
13	03-HLI-15-07	5/12/2015	1 hour 20 minutes	1	27		0	1	1	1	3		
14	03-HLI-17-02	1/12/2015	1 hour 42 minutes				not indicated	not indicated	not indicated	not indicated	not indicated		
15	03-HLI-18-01	5/12/2015	1 hour 20 minutes		30	1	0	0	0	3	3		
16	04-HLI-19-1	10/12/2015	57 minutes		35	1	0	0	0	3	3		
17	04-HLI-15-08	10/12/2015	1 hour 20 minutes	1	28		0	0	1	2	3		
18	04-HLI-18-03	10/12/2015	not indicated		36		1	0	1	3	5		
19	04-HLI-17-04	9/12/2015	1 hour 47 minutes		30		0	0	1	5	6		
20	04-HLI-18-02	10/12/2015	1 hour 1 minute		17		1	0	0	0	1		
21	05-HLI-13-02	14/12/2015	1 hour 19 minutes		24		1	0	1	1	3		
22	05-HLI-18-03	15/12/2015	49 minutes		26		0	0	1	0	1		
23	05-HLI-13-04	15/12/2015	1 hour 7 minutes		36		0	0	1	4	5		
24	05-HLI-14-05	15/12/2015	1 hour 9 minutes	1	29	1	0	0	0	1	1		
25	06-HLI-12-01	14/12/2015	1 hour 20 minutes		24	1	0	0	1	0	1		
26	06-HLI-12-03	15/12/2015	not indicated		30		0	1	0	4	5		
27	06-HLI-14-04	14/12/2015	1 hour 30 minutes		23		0	0	2	0	2		
28	06-HLI-13-07	14/12/2015	1 hour 27 minutes	1	28		0	1	1	1	3		
29	07-HLI-13-04	5/12/2015	1 hour 16 minutes		19		0	0	1	0	1		
30	07-HLI-14-03	5/12/2015	1 hour 21 minutes		21		0	1	1	0	2		
31	07-HLI-14-05	5/12/2015	1 hour 22 minutes	1	48		not indicated	not indicated	not indicated	not indicated	not indicated		
32	07-HLI-16-02	5/12/2015	1 hour 37 minutes		27	not indicated	1	0	1	0	2		
33	08-HLI-12-01	9/12/2015	1 hour 42 minutes			1	not indicated	not indicated	not indicated	not indicated	not indicated		
34	08-HLI-16-03	10/12/2015	58 minutes		21	not indicated	0	1	0	0	1		
35	08-HLI-13-04	10/12/2015	1 hour 38 minutes		26		0	0	1	0	1		
36	08-HLI-14-06	9/12/2015	not indicated	1	41		1	0	0	4	5		
37	09-HLI-14-08	1/12/2015	2 hours 10 minutes	1			not indicated	not indicated	not indicated	not indicated	3		
38	09-HLI-16-01	2/12/2015	1 hour 40 minutes		20	1	0	0	0	0	0		
39	09-HLI-12-02	1/12/2015	1 hour 35 minutes		25		1	0	1	0	2		
40	09-HLI-13-03	2/12/2015	1 hour 26 minutes		27		0	1	1	0	2		
41	10-HLI-12-01	27/11/2015	1 hour 10 minutes		27	1	0	0	1	1	2		
42	10-HLI-12-03	28/11/2015	1 hour 15 minutes		37	not indicated	0	1	0	4	5		
43	10-HLI-16-02	27/11/2015	2 hours		23	not indicated	1	0	0	0	1		
44	10-HLI-13-06	27/11/2015	1 hour 43 minutes	1	40		1	0	0	0	1		
HOUSEHOLD-LEVEL INTERVIEWS TOTAL/AVERAGE				12	32	29.5	9	11	9	27	74	3.0	

ANNEX 7

ATLAS.ti Code Book for Coding Focus Group Discussions and Interviews Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

ATLAS.ti Code Book for Coding Focus Group Discussions and Interviews

DOCUMENT FAMILIES	CODE FAMILIES
IT-1 Focus Group Discussion	HOUSEHOLD DYNAMICS & VULNERABILITIES (HDV)
IT-2 Program Level Interview	
IT-3 Household Level Interview	FOOD ACCESS & FOOD ALLOCATION (FAFA)
<i>*All Interview Types</i>	
	AGRICULTURE (AG)
LO-01 Sawali- Balaka	
LO-02 Nsamla – Balaka	MATERNAL HEALTH & NUTRITION (MHN)
LO-03 Nyambi- Machinga	
LO-04 Chikowe- Machinga	CHILD HEALTH & FEEDING (CHF)
LO-05 Chigaru- Blantyre Rural	
LO-06 Kuntaja- Blantyre Rural	WATER, SANITATION, HYGEINE (WASH)
LO-07 Chapananga- Chikwawa	
LO-08 Lundu- Chikwawa	GENDER EQUITY & EMPOWERMENT (GEE)
LO-09 Ngabu-Nsanje	
LO-10 Nsanje Boma – Nsanje	COMMUNITY & HOUSEHOLD RESILIENCE (CHR)
<i>*All Interview Types</i>	
SX-1 Male	DECISION MAKING (DM)
SX-2 Female	
<i>*Household Level Interview Only</i>	<i>*All Interview Types</i>
AG-1 Ages 18 to 20 years	
AG-2 Ages 20 to 49 years	
AG-3 Ages 49+ years	
<i>*Household Level Interview Only</i>	

HOUSEHOLD DYNAMICS & VULNERABILITIES (HDV)		Definition/Notes
1	HDV	General Code: General information about household dynamics and vulnerabilities not captured with other codes
2	HDV - Occupation, Income, Livelihood	How money is earned <i>Household poverty levels</i>
3	HDV - Cash Spending (household expenditure)	What are households spending money on <i>Household poverty levels (Per-capita expenditure)</i>
4	HDV- Disagreements	Discussion of disagreements (or lack of disagreement) on issues related to household dynamics and vulnerabilities
5	HDV – Poverty	For instances when it is specifically stated. (ie. we are poor, we are really struggling). Not for instances where you as the coder surmise that the person lives in poverty. <i>Household poverty levels (prevalence of poverty)</i>
6	HDV-Good Quote	Good quote about household dynamics and vulnerabilities
FOOD ACCESS & FOOD ALLOCATION (FAFA)		Definition/Notes
1	FAFA	General code: General information about food access and food allocations not captured with other codes
2	FAFA - Meals Per Day	What to know how many times people are eating and if this changes from time to time- <i>Household Hunger Scale (HHS)</i>
3	FAFA - What Makes a Meal	Particularly in relation to the cultural significance of <i>nsima</i> <i>Household dietary diversity score (HDDS)</i>
4	FAFA - Food (Home Grown, Farmed Food)	Mention of eating that is grown at home/on farm <i>HHS/HDDS</i>
5	FAFA - Food (Bought)	Mention of eating food that is bought/purchased <i>HHS/HDDS</i>
6	FAFA - Food (Regularly Eaten)	Types of food that are often eating/eaten on daily biases <i>HHS/HDDS</i>
7	FAFA - Food (Rarely Eaten)	Types of food that maybe desired but something that is not eating <i>HHS/HDDS</i>

8	FAFA - Taboo Food	Foods not eaten due to religious, cultural or other beliefs <i>HHS/HDDS</i>
9	FAFA - Food Allocations	We want an understanding of if all people in the house are eating the same amounts and types of food reasons why/why not
10	FAFA- Diversity in food	Mention of variation or lack of variation in food by the respondent (not coders interpretation that food is not diverse) <i>HDDS</i>
11	FAFA- Food related challenges	The types of challenges faced in relation to food (not having enough to eat/ hunger) <i>HHS/HDDS</i>
12	FAFA - Coping With No Food/hunger	What households do when they are experience food shortages/hunger <i>HHS/HDDS</i>
13	FAFA- Good Quote	Good quote about food access and allocation
AGRICULTURE (AG)- Crops & Livestock		Definition/Notes
1	AG	General Code: Information about Agriculture that is not covered in other topics
2	AG - Crop Types & Harvest	Types of crops grown/harvested
3	AG- Animal Type	Types of animals owned/reared
4	AG- Ownership	Mention of who owns the farm land or the animals
5	AG - Land, Family, Gender	Note: parts of Malawi we worked in have matrilineal heritage of land
6	AG - Consume or Sell Crops or Livestock	The purpose of having crops of livestock, if it is to sell or consume
7	AG - Techniques to Improve	This would be a code to speak to <i>value chain activities</i> - which are activities to improve the quantity/quality of products for the purposes of generating her returns or improved profit – listed on page 22 of the preliminary report
8	AG- Training (extension services)	What training if any has been received to improve agricultural practices <i>Extension Services</i> -The provision of informal education on crop/animal production techniques/practices, pest/disease management and crop/animal disease to increase the efficiency
9	AG - Financial Services	Financial services are mention of agricultural credit, saving cash or obtaining ag. Insurance
10	AG - Crop Storage	How are people storing their crops/ what processes are they using, have these

		changed, what are thoughts/beliefs around crop practices <i>Improved storage practices</i>
11	AG- Sustainable practices/technologies	Crop, livestock or natural resource management – listed on page 23 of the preliminary report “Sasakawa” (planting one seed per station for maize) might be mentioned in some of the interviews- this is a sustainable practice- <i>Sustainable agricultural practices</i>
12	AG - Challenges	Discussion of challenges related to agriculture or livestock
13	AG-Good Quote	Good quote in relation to agricultural practices (both crop and livestock)
MATERNAL HEALTH & NUTRITION (MHN)		Definition/Notes
1	MNC- General	General Code: Information related to MNC that is not covered by the list of codes below
2	MHN - Clinic/hospital	Mention when clinics are visited and experiences with clinics/hospital
3	MHN- feelings about/experience with pregnancy	Mention of feelings about pregnancy or what experiences were during pregnancy
4	MHN - Food During Pregnancy	What foods that women should or should not eat during pregnancy
5	MHN- Nutrient-rich promoted food	Mention or discussion of orange flesh sweet potatoes (OFSP), or bio-fortified beans (NUA beans)
6	MHN - Birthing Options/Plan	ANC visits, midwife, etc
7	MHN - Pregnancy Challenges	Challenges faced or commonly faced during pregnancy
8	MHN - Number of Children, Birth Control	Mention of ideal number of children, types or birth control or discussion about reproductive health/ knowledge about contraceptive options
9	MHN - Breastfeeding (General Beliefs, Experience, etc.)	Mention of general beliefs, perceptions or experiences with breastfeeding
10	MHN - Exclusive Breastfeeding 0 to 6 months	Mention of importance of exclusive breastfeeding or difficulties with exclusive breastfeeding
11	MHN- Good Quote	Good quote in relation to maternal health & nutrition
CHILD HEALTH & FEEDING (CHF)		Definition/Notes
1	CHF- General	General Code: Information related to CHF that is not covered by the list of codes below
2	CHF- Introduction to foods	Mention of the age or when children are introduced to other foods
3	CHF - Infant Young Child Feeding Practices	Who feeds the child and what is used to feed the child

4	CHF- Food given to children/ key foods for children	Mention of the types of food a child is given or what foods are seen as important for children to have
5	CHF - Weight or Height of Children	Mention of child's weight and/or height Including parental perceptions and guidance from doctor
6	CHF- Child gendered differences	Mention of differences in child feeding/care practices based on sex
7	CHF - Diarrhea (Knowledge, Instances, Prevention)	Mention of knowledge about, instances of and prevention measures for child's diarrhea
8	CHF - Diarrhea (Treatment)	Mention of how diarrhea was or usually is treated
9	CHF- Good Quote	Good quote in relation to child health & feeding
WASH—WASH		Definition/Notes
1	WASH- General	General Code: Information related to WASH that is not covered by the list of codes below
2	WASH - Water Source	<i>% households using improved drinking water source</i>
3	WASH - Water Treatment	<i>% of households practicing correct use of recommended household water treatment technologies</i>
4	WASH - Water Collection (Time, Distance, Who)	Including water availability or unavailability <i>% household that can obtain drinking water in less than 30 min</i>
5	WASH - Toilet Facilities	<i>% households using improved sanitation facilities</i>
6	WASH - Open Defecation (Frequency & Beliefs)	<i>% of households practicing open defecation</i>
7	WASH - Hand Washing (Frequency, Where)	<i>% of households with soap and water at a handwashing station</i>
8	WASH - Soap (Buying, Affordability, Prioritizing)	Including other cleansing agents
9	WASH - WASH-Related Challenges & Taboos	These should cross coded with of the WASH codes above so that we can know what exactly the challenge is about
10	WASH- Good Quote	Good quote in relation to WASH
Gender Equity and Empowerment (GEE)		Definition/Notes
1	GEE- General	General Code: Information related to GEE that is not covered by the list of codes below
2	GEE- Women's roles	Mention of what women's roles & responsibilities are
3	GEE- Men's Roles	Mention of what men's roles responsibilities are
4	GEE- Gender Equity	Mention of gender equity or inequity

5	GEE- Women's Community Involvement	Women's involvement in groups or clubs such as farmers clubs, water user associations or village savings and loans groups
6	GEE- Women Leadership	Mention of women in leadership roles or challenges associated with women being in leadership roles
7	GEE- Good Quote	Good quote in relation to gender equity & empowerment
Community and Household Resilience (CHR)		Definition/Notes
1	CHR – General	General code: General information about community and household resilience not captured with other codes
2	CHR- Community Interactions	Mention of how people in the community interact
3	CHR- Community Support	Mention of support or lack of support by members in the community
4	CHR – Household Challenges/difficulties	General difficulties of challenges that the household faces
5	CHR - Experience with Shocks Last 12 months	Mention of the shocks experienced in the past 12 months (ie drought/ flood)
6	CHR- Coping strategies	Mention of coping strategies or lessons learned to better deal with shocks
7	CHR - Government and NGO Assistance	Mention of assistance or lack of assistance by government, NGOs or other organizations
8	CHR- Good Quote	Good quote in relation to community and household resilience
Decision Making (DM)		Definition/Notes
1	DM- General	General code: general information about decision making not captured with other codes
2	DM - Decision Making (Men)	Decisions made by the man
3	DM- Decision Making (Women)	Decisions made by the woman
4	DM- Decision Making (Joint)	Decisions made jointly between either man and woman or with family members
5	DM- Decision Making (Other)	Decisions made by other family members or friends
6	DM- Decision Making (Final Say)	Mention of who has the final say in decision-making
7	DM- Decision Making (Contradictory)	This is to try and capture contradictory statements about decision making
8	DM- Decision Making (Self Earned Cash)	Mention on how decisions about cash that is self-earned are made
9	DM- Decision Making (MCHN)	ANC visits during pregnancy, eating more during pregnancy, early initiation of breastfeeding, introduction of complementary foods at 6 months
10	DM- Good Quote	Good quote in relation to decision-making

ANNEX 8

Tabular Summary of Indicators Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Table A6.1. FFP Baseline Indicators - Combined Project Areas
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Prevalence of households with moderate or severe hunger (HHS)	47.7	45.2	50.2	4,721	371,990	50.0	1.26	1.7
Adult Female no Adult Male	59.1	55.2	63.0	1,181	83,678	51.9	1.96	1.3
Adult Male no Adult Female	40.9	32.9	48.9	176	15,202	47.0	4.08	1.2
Male and Female Adults	44.5	41.7	47.4	3,357	272,411	49.0	1.45	1.7
Child No Adults	NA	NA	NA	7	699	NA	NA	NA
Average Household Dietary Diversity Score (HDDS)	3.7	3.6	3.8	4,550	357,035	1.7	0.06	2.3
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	\$1.92	\$1.77	\$2.07	23,141	1,811,809	1.8	7.54	2.9
Adult Female no Adult Male	\$1.65	\$1.50	\$1.80	4,626	318,700	2.0	7.71	1.3
Adult Male no Adult Female	\$3.03	\$2.51	\$3.54	363	30,808	4.8	26.12	0.7
Male and Female Adults	\$1.96	\$1.80	\$2.12	18,131	1,460,157	1.6	7.96	2.8
Child No Adults	NA	NA	NA	21	2,144	NA	NA	NA
Prevalence of poverty: Percent of people living on less than \$1.90/day	64.5	61.4	67.5	23,141	1,811,809	47.9	1.57	2.2
Adult Female no Adult Male	72.5	68.4	76.3	4,626	318,700	53.3	2.01	1.3
Adult Male no Adult Female	45.0	34.6	55.9	363	30,808	73.4	5.48	1.0
Male and Female Adults	63.2	59.7	66.4	18,131	1,460,157	45.3	1.71	2.2
Child No Adults	NA	NA	NA	21	2,144	NA	NA	NA
Mean depth of poverty	26.7	24.8	28.6	23,141	1,811,809	28.4	0.97	2.3
Adult Female no Adult Male	33.4	30.7	36.1	4,626	318,700	35.6	1.36	1.3
Adult Male no Adult Female	17.1	11.1	23.1	363	30,808	37.7	3.02	1.1
Male and Female Adults	25.4	23.4	27.4	18,131	1,460,157	26.2	1.04	2.3
Child No Adults	NA	NA	NA	21	2,144	NA	NA	NA
WASH INDICATORS								
Percent of households using an improved drinking water source	61.5	58.2	64.8	4,721	371,990	48.7	1.68	2.4
Percent of households in target areas practicing correct use of recommended household water treatment technologies	9.0	7.7	10.3	4,721	371,990	28.6	0.66	1.6
Percent of households in target areas practicing boiling	5.2	4.4	10.3	4,721	371,990	22.2	0.43	1.3
Percent of households in target areas practicing bleaching	3.9	2.8	6.1	4,721	371,990	19.4	0.55	2.0
Percent of households in target areas practicing filtering	0.1	0.0	5.0	4,721	371,990	3.5	0.06	1.3
Percent of households in target areas practicing solar disinfecting	0.0	0.0	0.3	4,721	371,990	1.8	0.02	0.9
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	49.0	45.8	52.3	4,721	371,990	50.0	1.66	2.3
Percent of households using improved sanitation facilities	41.0	38.4	43.5	4,721	371,990	49.2	1.30	1.8
Percent of households in target areas practicing open defecation	9.0	7.5	10.5	4,721	371,990	28.6	0.76	1.8
Percent of households with soap and water at a handwashing station commonly used by family members	6.4	5.4	7.4	4,721	371,990	24.4	0.50	1.4
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	36.1	33.5	38.7	7,424	583,173	48.0	1.31	2.3
Male farmers	35.5	32.5	38.5	3,109	248,511	47.4	1.51	1.8
Female farmers	36.5	33.8	39.2	4,315	334,662	48.5	1.37	1.9

**Table A6.1. FFP Baseline Indicators - Combined Project Areas
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]**

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	45.5	42.8	48.1	7,424	583,173	49.8	1.36	2.3
Male farmers	45.8	42.8	48.8	3,109	248,511	49.4	1.02	1.7
Female farmers	45.2	42.5	48.0	4,315	334,662	50.1	1.38	1.8
Percentage of farmers who used at least three sustainable agricultural practices and/or technologies in the past 12 months	60.4	57.1	63.6	7,424	583,173	48.9	1.64	2.9
Male farmers	62.4	59.1	65.8	3,109	248,511	48.0	1.70	2.0
Female farmers	58.8	55.4	62.2	4,315	334,662	58.8	1.74	2.3
Percentage of farmers who used at least two sustainable crop practices and/or technologies in the past 12 months	78.6	75.4	81.8	7,424	583,173	41.0	1.62	3.4
Male farmers	79.3	76.0	82.6	3,109	248,511	40.2	1.68	2.3
Female farmers	78.0	74.7	81.3	4,315	334,662	78.0	1.67	2.6
Percentage of farmers who used at least two sustainable livestock practices and/or technologies in the past 12 months	4.1	3.4	4.9	7,424	583,173	19.9	0.39	1.7
Male farmers	4.5	3.6	5.5	3,109	248,511	20.6	0.48	1.3
Female farmers	3.9	3.1	4.6	4,315	334,662	19.4	0.38	1.3
Percentage of farmers who used at least two sustainable NRM practices and/or technologies in the past 12 months	26.4	24.2	28.6	7,424	583,173	44.1	1.14	2.2
Male farmers	29.0	26.6	31.4	3,109	248,511	45.0	1.22	1.5
Female farmers	24.5	22.1	26.8	4,315	334,662	43.3	1.20	1.8
Percentage of farmers who used improved storage practices in the past 12 months	52.4	49.3	55.5	7,380	578,368	49.9	1.56	2.7
Male farmers	54.6	51.1	58.1	3,088	246,373	49.3	1.78	2.0
Female farmers	50.7	47.7	53.7	4,292	331,995	50.3	1.52	2.0
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	7.7	6.8	8.7	3,863	311,744	26.7	0.48	1.1
Minimum Dietary Diversity - Women (MDD-W)	21.7	19.4	23.9	4,425	362,898	41.2	1.15	1.9
Women's Dietary Diversity Score (WDDS)	3.4	3.3	3.5	4,425	362,898	1.4	0.04	2.0
Percent of births receiving at least 4 antenatal care (ANC) visits	46.3	43.3	49.3	2,693	216,696	49.9	1.51	1.6
Contraceptive Prevalence Rate	75.3	73.0	77.6	2,308	193,703	43.1	1.17	1.3
Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities**	17.6	15.6	19.6	4,425	362,898	38.1	1.03	1.8
Prevalence of women of reproductive age who consume foods made from orange flesh sweet potatoes (OFSP)	15.9	14.0	17.9	4,425	362,898	36.6	0.99	1.8
Prevalence of women of reproductive age who consume foods made from bio-fortified beans (NUA)	2.3	1.6	2.9	4,425	362,898	14.9	0.35	1.5
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under five years of age (Total)	11.7	10.4	13.1	3,750	289,576	32.2	0.69	1.3
Prevalence of underweight children under five years of age (Male)	12.6	10.5	14.7	1,785	143,060	32.5	1.06	1.4
Prevalence of underweight children under five years of age (Female)	10.9	9.4	12.4	1,964	146,384	31.7	0.76	1.1
Prevalence of stunted children under five years of age (Total)	37.7	35.7	39.8	3,750	289,576	48.5	1.03	1.3

Table A6.1. FFP Baseline Indicators - Combined Project Areas
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Prevalence of stunted children under five years of age (Male)	41.4	38.5	44.4	1,785	143,060	48.4	1.51	1.3
Prevalence of stunted children under five years of age (Female)	34.2	31.8	36.5	1,964	146,384	48.3	1.18	1.1
Prevalence of wasted children under five years of age (Total)*	1.8	1.4	2.3	3,750	289,576	13.4	0.24	1.1
Prevalence of wasted children under five years of age (Male)*	1.9	1.2	2.6	1,785	143,060	13.4	0.36	1.1
Prevalence of wasted children under five years of age (Female)*	1.8	1.1	2.4	1,964	146,384	13.5	0.33	1.1
Percentage of children under age five with diarrhea in the last two weeks (Total)	21.7	19.8	23.6	3,848	293,798	41.2	0.96	1.4
Percentage of children under age five with diarrhea in the last two weeks (Male)	22.7	20.6	24.8	1,859	146,865	41.2	1.09	1.1
Percentage of children under age five with diarrhea in the last two weeks (Female)	20.6	18.2	23.1	1,989	146,933	41.2	1.23	1.3
Percentage of children under age five with diarrhea treated with ORT (Total)	68.9	65.1	72.7	903	63,674	46.3	1.94	1.3
Percentage of children under age five with diarrhea treated with ORT (Male)	66.1	61.0	71.2	458	33,343	46.6	2.57	1.2
Percentage of children under age five with diarrhea treated with ORT (Female)	72.0	66.8	77.3	445	30,331	45.7	2.66	1.2
Prevalence of exclusive breast-feeding of children under six months of age	69.5	63.8	75.1	349	28,174	46.1	2.84	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Male)	70.6	63.0	78.2	151	12,952	44.3	3.83	1.1
Prevalence of exclusive breast-feeding of children under six months of age (Female)	68.5	60.2	76.7	198	15,222	47.7	4.19	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	14.0	11.3	16.6	1,141	87,543	34.7	1.34	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	12.1	9.0	15.2	594	46,587	32.3	1.57	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	16.1	12.2	20.0	547	40,956	37.2	1.98	1.2
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities**	9.2	7.0	11.3	1,140	87,509	28.9	1.09	1.3
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Male)**	9.9	6.9	12.9	596	46,770	29.6	1.52	1.3
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Female)**	8.3	5.6	11.0	544	40,739	28.0	1.37	1.1
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP)	8.0	6.0	10.0	1,140	87,509	27.1	0.99	1.2
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Male)	8.3	5.8	10.8	596	46,770	27.3	1.26	1.1
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Female)	7.6	5.1	10.2	544	40,739	26.9	1.30	1.1
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA)	1.2	0.4	2.0	1,140	87,509	11.1	0.40	1.2
Prevalence of children 6-23 months who consume foods made from bi-fortified beans (NUA) (Male)	1.6	0.3	3.0	596	46,770	12.6	0.69	1.3
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA) (Female)	0.8	0.1	1.5	544	40,739	8.9	0.36	1.0
GENDER INDICATORS								
Percentage of men and women who earned cash in the past 12 months	56.4	54.5	58.4	11,255	903,098	49.6	1.00	2.1
Percentage of men who earned cash in the past 12 months	64.0	62.0	66.0	5,258	427,091	47.7	1.01	1.5

**Table A6.1. FFP Baseline Indicators - Combined Project Areas
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]**

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of women who earned cash in the past 12 months	49.6	47.1	52.2	5,997	476,007	50.3	1.30	2.0
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	60.2	57.2	63.2	2,615	231,853	47.4	1.53	1.6
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	25.4	22.6	28.2	1,882	141,846	45.7	1.43	1.4
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	29.0	26.2	31.8	2,615	231,853	43.9	1.41	1.6
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	33.4	26.2	36.6	1,882	141,846	49.5	1.60	1.4
Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	82.3	80.2	84.5	2,422	192,187	38.1	1.08	1.4
Percentage of men with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	74.1	70.4	77.8	1,006	82,414	43.9	1.88	1.4
Percentage of women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	88.6	86.7	90.4	1,416	109,773	31.8	0.93	1.1
Percentage of men in union with children under two who make maternal health and nutrition decisions alone	51.5	47.0	56.0	996	81,297	50.0	2.28	1.4
Percentage of women in union with children under two who make maternal health and nutrition decisions alone	42.4	38.2	46.5	1,077	84,779	49.4	2.12	1.4
Percentage of men in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	21.9	18.5	25.2	996	81,297	41.3	1.70	1.3
Percentage of women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	20.7	17.6	23.8	1,077	84,779	40.5	1.57	1.3
Percentage of men in union with children under two who make child health and nutrition decisions alone	29.2	25.5	32.8	996	81,297	45.5	1.86	1.3
Percentage of women in union with children under two who make child health and nutrition decisions alone	38.0	34.0	42.0	1,077	84,779	48.6	2.01	1.4
Percentage of men in union with children under two who make child health and nutrition decisions jointly with spouse/partner	34.8	30.9	38.8	996	81,297	47.7	2.02	1.3
Percentage of women in union with children under two who make child health and nutrition decisions jointly with spouse/partner	35.9	32.2	39.6	1,077	84,779	48.0	1.87	1.3

* Not a required FFP Indicator

** Targeted nutrient-rich value chain commodities include foods made from biofortified (NUA) beans and orange flesh sweet potatoes (OFSP).

Table A6.2. FFP Baseline Indicators - Njira Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Prevalence of households with moderate or severe hunger (HHS)	51.9	49.2	54.5	2,387	105,704	50.0	1.34	1.3
Adult Female no Adult Male	61.8	56.9	66.8	704	31,385	48.4	2.50	1.4
Adult Male no Adult Female	36.5	23.0	50.0	63	2,909	47.2	6.83	1.1
Male and Female Adults	48.2	45.5	50.8	1,617	71,291	50.1	1.34	1.1
Child No Adults	NA	NA	NA	3	120	NA	NA	NA
Average Household Dietary Diversity Score (HDDS)	3.3	3.2	3.4	2,330	103,108	1.5	0.05	1.5
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	\$1.63	\$1.55	\$1.72	11,983	527,626	1.3	4.18	1.6
Adult Female no Adult Male	\$1.46	\$1.36	\$1.57	2,912	129,804	1.2	5.22	1.1
Adult Male no Adult Female	\$2.57	\$2.14	\$3.01	150	6,997	2.6	22.12	0.7
Male and Female Adults	\$1.67	\$1.57	\$1.77	8,912	390,467	1.2	4.76	1.6
Child No Adults	NA	NA	NA	9	359	NA	NA	NA
Prevalence of poverty: Percent of people living on less than \$1.90/day	70.2	67.4	72.8	11,983	527,626	45.8	1.38	1.5
Adult Female no Adult Male	76.5	72.3	80.3	2,912	129,804	46.4	2.01	1.1
Adult Male no Adult Female	38.9	25.1	54.7	150	6,997	68.8	7.71	0.9
Male and Female Adults	68.7	65.5	71.7	8,912	390,467	44.4	1.57	1.4
Child No Adults	NA	NA	NA	9	359	NA	NA	NA
Mean depth of poverty	29.8	27.9	31.7	11,983	527,626	28.8	0.94	1.6
Adult Female no Adult Male	33.3	30.4	36.2	2,912	129,804	32.1	1.46	1.2
Adult Male no Adult Female	12.8	3.8	21.8	150	6,997	35.0	4.55	1.0
Male and Female Adults	28.9	26.9	31.0	8,912	390,467	27.2	1.03	1.5
Child No Adults	NA	NA	NA	9	359	NA	NA	NA
WASH INDICATORS								
Percent of households using an improved drinking water source	59.0	55.0	63.0	2,387	105,704	65.6	2.02	1.5
Percent of households in target areas practicing correct use of recommended household water treatment technologies	11.5	9.9	13.1	2,387	105,704	42.5	0.80	0.9
Percent of households in target areas practicing boiling	8.3	7.1	9.5	2,387	105,704	10.8	0.62	0.8
Percent of households in target areas practicing bleaching	3.4	2.3	4.5	2,387	105,704	24.2	0.55	1.1
Percent of households in target areas practicing filtering	0.3	-0.1	0.6	2,387	105,704	6.7	0.18	1.3
Percent of households in target areas practicing solar disinfecting	0.0	0.0	0.1	2,387	105,704	2.5	0.04	0.7
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	51.7	47.9	55.5	2,387	105,704	66.7	1.93	1.4
Percent of households using improved sanitation facilities	56.5	53.6	59.4	2,387	105,704	49.6	1.46	1.4
Percent of households in target areas practicing open defecation	8.1	6.7	9.5	2,387	105,704	36.4	0.72	1.0
Percent of households with soap and water at a handwashing station commonly used by family members	11.7	9.9	13.6	2,387	105,704	42.9	0.95	1.1
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	40.4	37.3	43.4	3,913	174,569	65.1	1.54	1.5
Male farmers	39.0	35.9	42.1	1,581	70,415	64.8	1.56	1.0
Female farmers	41.3	37.8	44.7	2,332	104,155	65.3	1.75	1.3

Table A6.2. FFP Baseline Indicators - Njira Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	67.8	64.4	71.3	3,913	174,569	46.7	1.74	2.3
Male farmers	69.4	65.8	73.1	1,581	70,415	57.2	1.84	1.3
Female farmers	66.8	63.1	70.4	2,332	104,155	56.8	1.83	1.6
Percentage of farmers who used at least three sustainable agricultural practices and/or technologies in the past 12 months	77.9	75.0	80.8	3,913	174,569	41.5	1.48	2.2
Male farmers	79.1	75.7	82.5	1,581	70,415	50.5	1.73	1.4
Female farmers	77.1	74.1	80.1	2,332	104,155	50.6	1.51	1.4
Percentage of farmers who used at least two sustainable crop practices and/or technologies in the past 12 months	86.6	84.0	89.2	3,913	174,569	34.1	1.31	2.4
Male farmers	86.3	83.3	89.2	1,581	70,415	42.8	1.49	1.4
Female farmers	86.8	84.2	89.4	2,332	104,155	40.8	1.32	1.6
Percentage of farmers who used at least two sustainable livestock practices and/or technologies in the past 12 months	9.7	7.8	11.6	3,913	174,569	29.6	0.95	2.0
Male farmers	10.8	8.4	13.1	1,581	70,415	38.5	1.18	1.2
Female farmers	9.0	7.2	10.8	2,332	104,155	34.5	0.90	1.3
Percentage of farmers who used at least two sustainable NRM practices and/or technologies in the past 12 months	44.6	40.5	48.7	3,913	174,569	49.7	2.09	2.6
Male farmers	47.7	43.5	43.5	1,581	70,415	62.0	2.14	1.4
Female farmers	42.5	38.1	46.8	2,332	104,155	59.6	2.21	1.8
Percentage of farmers who used improved storage practices in the past 12 months	55.0	51.5	58.5	3,903	174,094	65.9	1.79	1.7
Male farmers	58.2	54.3	62.1	1,575	70,126	65.4	1.96	1.2
Female farmers	52.9	49.2	56.5	2,328	103,967	66.1	1.86	1.4
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	8.1	6.9	9.3	1,987	89,717	36.4	0.61	0.7
Minimum Dietary Diversity - Women (MDD-W)	18.7	16.4	21.0	2,265	104,072	52.1	1.17	1.1
Women's Dietary Diversity Score (WDDS)	3.3	3.3	3.4	2,265	104,072	1.7	0.04	1.1
Percent of births receiving at least 4 antenatal care (ANC) visits	54.2	51.2	57.3	1,441	65,862	66.1	1.55	0.9
Contraceptive Prevalence Rate	74.6	71.6	77.5	1,115	51,129	58.9	1.51	0.9
Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities**	21.2	18.7	23.6	2,265	104,072	54.6	1.23	1.1
Prevalence of women of reproductive age who consume foods made from orange flesh sweet potatoes (OFSP)	20.4	18.1	22.8	2,265	104,072	53.9	1.19	1.1
Prevalence of women of reproductive age who consume foods made from bio-fortified beans (NUA)	1.1	0.6	1.7	2,265	104,072	14.0	0.27	0.9
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under five years of age (Total)	11.1	9.4	12.8	2,125	94,994	41.3	0.86	1.0
Prevalence of underweight children under five years of age (Male)	11.9	9.7	14.1	979	43,824	42.6	1.10	0.8
Prevalence of underweight children under five years of age (Female)	10.4	8.3	12.5	1,146	51,169	40.2	1.07	0.9
Prevalence of stunted children under five years of age (Total)	37.9	35.3	40.4	2,125	94,994	63.8	1.30	0.9

Table A6.2. FFP Baseline Indicators - Njira Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Prevalence of stunted children under five years of age (Male)	40.6	37.0	44.2	979	43,824	64.5	1.81	0.9
Prevalence of stunted children under five years of age (Female)	35.5	32.1	39.0	1,146	51,169	62.9	1.75	0.9
Prevalence of wasted children under five years of age (Total)*	1.6	1.1	2.1	2,125	94,994	16.4	0.24	0.7
Prevalence of wasted children under five years of age (Male)*	2.0	1.2	2.8	979	43,824	18.3	0.41	0.7
Prevalence of wasted children under five years of age (Female)*	1.2	0.6	1.8	1,146	51,169	14.5	0.30	0.7
Percentage of children under age five with diarrhea in the last two weeks (Total)	27.2	24.7	29.8	2,153	94,604	58.7	1.29	1.0
Percentage of children under age five with diarrhea in the last two weeks (Male)	28.8	25.6	31.9	1,010	44,459	59.6	1.61	0.9
Percentage of children under age five with diarrhea in the last two weeks (Female)	25.9	22.6	29.1	1,143	50,145	57.8	1.66	1.0
Percentage of children under age five with diarrhea treated with ORT (Total)	68.6	64.6	72.5	580	25,756	58.5	2.01	0.8
Percentage of children under age five with diarrhea treated with ORT (Male)	67.7	61.8	73.5	289	12,789	59.1	2.98	0.9
Percentage of children under age five with diarrhea treated with ORT (Female)	69.5	64.4	74.6	291	12,967	58.0	2.58	0.8
Prevalence of exclusive breast-feeding of children under six months of age	66.0	58.8	73.2	182	7,886	64.8	3.65	0.8
Prevalence of exclusive breast-feeding of children under six months of age (Male)	59.8	49.0	70.7	69	3,084	66.0	5.49	0.7
Prevalence of exclusive breast-feeding of children under six months of age (Female)	70.0	60.9	79.1	113	4,802	63.3	4.60	0.8
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	10.0	6.9	13.2	634	27,888	39.7	1.61	1.0
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	8.4	5.1	11.7	330	14,549	36.7	1.67	0.8
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	11.8	7.1	16.5	304	13,339	42.7	2.39	1.0
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities**	10.2	7.2	13.3	633	27,836	40.1	1.56	1.0
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Male)**	9.8	6.4	13.3	330	14,544	39.3	1.76	0.8
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Female)**	10.7	6.4	15.1	303	13,292	40.9	2.21	0.9
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP)	10.1	7.0	13.2	633	27,836	39.8	1.56	1.0
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Male)	9.8	6.4	13.3	330	14,544	39.3	1.76	0.8
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Female)	10.4	6.1	14.7	303	13,292	40.4	2.19	0.9
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA)	0.3	0.0	0.7	633	27,836	7.1	0.21	0.7
Prevalence of children 6-23 months who consume foods made from bi-fortified beans (NUA) (Male)	0.0	NA	NA	330	14,544	NA	NA	NA
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA) (Female)	0.6	0.0	1.5	303	13,292	10.3	0.43	0.7
GENDER INDICATORS								
Percentage of men and women who earned cash in the past 12 months	65.5	63.5	67.6	5,531	244,716	64.0	1.03	1.2
Percentage of men who earned cash in the past 12 months	67.9	65.8	70.0	2,495	110,188	62.9	1.07	0.9

**Table A6.2. FFP Baseline Indicators - *Njira* Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]**

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of women who earned cash in the past 12 months	63.6	60.5	66.8	3,036	134,528	64.7	1.60	1.4
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	51.7	48.0	55.5	1,272	61,287	65.6	1.90	1.0
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	26.8	23.5	30.2	1,099	49,600	60.1	1.71	0.9
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	35.5	31.3	39.8	1,272	61,287	62.9	2.16	1.2
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	35.7	31.4	40.0	1,099	49,600	65.0	2.18	1.1
Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	85.7	83.5	88.0	1,271	55,766	47.1	1.15	0.9
Percentage of men with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	75.5	71.4	79.7	507	22,403	58.6	2.11	0.8
Percentage of women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	92.6	90.6	94.6	764	33,364	34.9	1.00	0.8
Percentage of men in union with children under two who make maternal health and nutrition decisions alone	45.5	40.9	50.0	502	22,171	67.7	2.31	0.8
Percentage of women in union with children under two who make maternal health and nutrition decisions alone	39.2	34.7	43.6	559	24,339	65.7	2.27	0.8
Percentage of men in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	26.5	22.0	31.0	502	22,171	60.0	2.28	0.9
Percentage of women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	24.4	20.3	28.4	559	24,339	57.8	2.05	0.8
Percentage of men in union with children under two who make child health and nutrition decisions alone	19.0	15.2	22.8	502	22,171	53.4	1.94	0.8
Percentage of women in union with children under two who make child health and nutrition decisions alone	35.9	31.0	40.7	559	24,339	64.5	2.45	0.9
Percentage of men in union with children under two who make child health and nutrition decisions jointly with spouse/partner	42.2	36.7	47.8	502	22,171	67.2	2.83	0.9
Percentage of women in union with children under two who make child health and nutrition decisions jointly with spouse/partner	42.1	36.7	47.5	559	24,339	66.4	2.75	1.0

* Not a required FFP Indicator

** Targeted nutrient-rich value chain commodities include foods made from biofortified (NUA) beans and orange flesh sweet potatoes (OFSP).

Table A6.3. FFP Baseline Indicators - UBALE Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
FOOD SECURITY INDICATORS								
Prevalence of households with moderate or severe hunger (HHS)	46.0	42.7	49.4	2,334	266,285	49.9	1.69	1.6
Adult Female no Adult Male	57.5	52.0	62.9	477	52,294	50.4	2.77	1.2
Adult Male no Adult Female	41.9	32.5	51.4	113	12,293	50.5	4.78	1.0
Male and Female Adults	43.3	39.5	47.0	1,740	201,119	49.2	1.91	1.6
Child No Adults	NA	NA	NA	4	579	NA	NA	NA
Average Household Dietary Diversity Score (HDDS)	3.9	3.7	4.0	2,220	253,927	1.7	0.08	2.1
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	\$2.04	1.83	2.25	11,158	1,284,182	1.9	10.55	2.6
Adult Female no Adult Male	\$1.78	1.53	2.03	1,714	188,896	2.4	12.61	1.2
Adult Male no Adult Female	\$3.16	2.50	3.83	213	23,810	5.7	33.65	0.6
Male and Female Adults	\$2.07	1.85	2.28	9,219	1,069,691	1.8	10.79	2.6
Child No Adults	NA	NA	NA	12	1,785	NA	NA	NA
Prevalence of poverty: Percent of people living on less than \$1.90/day	62.2	57.8	66.4	11,158	1,284,182	48.5	2.15	2.1
Adult Female no Adult Male	69.8	63.2	75.6	1,714	188,896	54.3	3.13	1.3
Adult Male no Adult Female	46.8	34.2	59.9	213	23,810	80.2	6.63	0.9
Male and Female Adults	61.1	56.6	65.5	9,219	1,069,691	46.1	2.27	2.0
Child No Adults	NA	NA	NA	12	1,785	NA	NA	NA
Mean depth of poverty	25.4	22.8	28.0	11,158	1,284,182	28.2	1.32	2.3
Adult Female no Adult Male	33.5	29.4	37.6	1,714	188,896	35.6	2.07	1.3
Adult Male no Adult Female	18.3	11.2	25.5	213	23,810	41.1	3.63	0.9
Male and Female Adults	24.1	21.4	26.8	9,219	1,069,691	26.1	1.37	2.2
Child No Adults	NA	NA	NA	12	1,785	NA	NA	NA
WASH INDICATORS								
Percent of households using an improved drinking water source	62.5	58.1	66.8	2,334	266,285	40.2	2.20	2.6
Percent of households in target areas practicing correct use of recommended household water treatment technologies	8.0	6.3	9.7	2,334	266,285	22.6	0.86	1.8
Percent of households in target areas practicing boiling	4.0	2.9	2.9	2,334	266,285	16.2	0.55	1.6
Percent of households in target areas practicing bleaching	4.1	2.7	5.6	2,334	266,285	16.5	0.74	2.2
Percent of households in target areas practicing filtering	0.1	0.0	0.2	2,334	266,285	2.2	0.05	1.1
Percent of households in target areas practicing solar disinfecting	0.0	0.0	0.1	2,334	266,285	1.5	0.03	1.1
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	48.0	43.7	52.3	2,334	266,285	41.5	2.18	2.5
Percent of households using improved sanitation facilities	34.8	31.5	38.1	2,334	266,285	47.6	1.68	1.7
Percent of households in target areas practicing open defecation	9.4	7.4	11.4	2,334	266,285	24.2	1.02	2.0
Percent of households with soap and water at a handwashing station commonly used by family members	4.2	3.1	5.4	2,334	266,285	16.8	0.58	1.7
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	34.3	30.8	37.7	3,511	408,604	39.0	1.74	2.7
Male farmers	34.1	30.2	38.1	1,528	178,097	38.9	2.01	2.0
Female farmers	34.4	30.8	38.0	1,983	230,507	39.0	1.83	2.1

Table A6.3. FFP Baseline Indicators - UBALE Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	35.9	32.4	39.5	3,511	408,604	48.0	1.80	2.2
Male farmers	36.4	32.4	40.4	1,528	178,097	41.8	2.02	1.9
Female farmers	35.5	31.9	39.1	1,983	230,507	43.1	1.83	1.9
Percentage of farmers who used at least three sustainable agricultural practices and/or technologies in the past 12 months	52.9	48.5	57.2	3,511	408,604	49.9	2.19	2.6
Male farmers	55.9	51.4	60.3	1,528	178,097	43.1	2.23	2.0
Female farmers	50.6	45.9	55.2	1,983	230,507	45.0	2.34	2.3
Percentage of farmers who used at least two sustainable crop practices and/or technologies in the past 12 months	75.1	70.7	79.5	3,511	408,604	43.2	2.23	3.1
Male farmers	76.5	72.0	81.0	1,528	178,097	36.8	2.26	2.4
Female farmers	74.1	69.4	78.7	1,983	230,507	39.4	2.33	2.6
Percentage of farmers who used at least two sustainable livestock practices and/or technologies in the past 12 months	1.8	1.0	2.5	3,511	408,604	13.1	0.36	1.6
Male farmers	2.0	1.1	2.9	1,528	178,097	12.2	0.46	1.5
Female farmers	1.5	0.8	2.2	1,983	230,507	11.1	0.35	1.4
Percentage of farmers who used at least two sustainable NRM practices and/or technologies in the past 12 months	18.6	16.0	21.3	3,511	408,604	38.9	1.35	2.0
Male farmers	21.6	18.7	24.5	1,528	178,097	35.7	1.46	1.6
Female farmers	16.3	13.5	19.1	1,983	230,507	33.3	1.41	1.9
Percentage of farmers who used improved storage practices in the past 12 months	51.3	47.2	55.4	3,477	404,274	41.0	2.08	3.0
Male farmers	53.2	48.6	57.8	1,513	176,247	40.9	2.35	2.2
Female farmers	49.7	45.7	53.8	1,964	228,027	41.1	2.04	2.2
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	7.5	6.3	8.8	1,876	222,027	21.8	0.63	1.3
Minimum Dietary Diversity - Women (MDD-W)	22.9	19.9	25.9	2,160	258,826	34.8	1.53	2.0
Women's Dietary Diversity Score (WDDS)	3.5	3.3	3.6	2,160	258,826	1.1	5.43	2.2
Percent of births receiving at least 4 antenatal care (ANC) visits	42.8	38.9	46.7	1,252	150,835	40.4	1.97	1.7
Contraceptive Prevalence Rate	75.6	72.7	78.5	1,193	142,575	36.0	1.50	1.4
Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities**	16.2	13.5	23.6	2,160	258,826	30.5	1.33	2.0
Prevalence of women of reproductive age who consume foods made from orange flesh sweet potatoes (OFSP)	14.1	11.6	16.7	2,160	258,826	28.8	1.29	2.1
Prevalence of women of reproductive age who consume foods made from bio-fortified beans (NUA)	2.7	1.8	3.7	2,160	258,826	13.5	0.47	1.6
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under five years of age (Total)	12.0	10.2	13.9	1,625	194,582	26.1	0.93	1.4
Prevalence of underweight children under five years of age (Male)	12.9	10.0	15.7	806	99,236	26.5	1.46	1.6
Prevalence of underweight children under five years of age (Female)	11.2	9.2	13.1	818	95,214	25.6	1.01	1.1
Prevalence of stunted children under five years of age (Total)	37.7	34.9	40.4	1,625	194,582	38.9	1.39	1.4

Table A6.3. FFP Baseline Indicators - UBALE Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Prevalence of stunted children under five years of age (Male)	41.8	37.8	45.8	806	99,236	39.1	2.03	1.5
Prevalence of stunted children under five years of age (Female)	33.4	30.4	36.5	818	95,214	38.4	1.55	1.2
Prevalence of wasted children under five years of age (Total)*	2.0	1.3	2.6	1,625	194,582	11.1	0.33	1.2
Prevalence of wasted children under five years of age (Male)*	1.9	0.9	2.8	806	99,236	10.7	0.49	1.3
Prevalence of wasted children under five years of age (Female)*	2.1	1.1	3.0	818	95,214	11.6	0.48	1.2
Percentage of children under age five with diarrhea in the last two weeks (Total)	19.0	16.6	21.5	1,695	199,194	31.6	1.24	1.6
Percentage of children under age five with diarrhea in the last two weeks (Male)	20.1	17.4	22.8	849	102,406	31.9	1.38	1.3
Percentage of children under age five with diarrhea in the last two weeks (Female)	17.9	14.8	21.1	846	96,788	31.3	1.61	1.5
Percentage of children under age five with diarrhea treated with ORT (Total)	69.2	63.3	75.0	323	37,918	35.8	2.95	1.5
Percentage of children under age five with diarrhea treated with ORT (Male)	65.1	57.8	72.5	169	20,554	36.3	3.74	1.3
Percentage of children under age five with diarrhea treated with ORT (Female)	73.9	65.6	82.3	154	17,364	34.7	4.22	1.5
Prevalence of exclusive breast-feeding of children under six months of age	70.8	63.5	78.1	167	20,288	37.1	3.69	1.3
Prevalence of exclusive breast-feeding of children under six months of age (Male)	74.0	64.8	83.1	82	9,868	36.0	4.63	1.2
Prevalence of exclusive breast-feeding of children under six months of age (Female)	67.8	56.5	79.1	85	10,420	38.0	5.72	1.4
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	15.8	12.2	19.4	507	59,654	29.5	1.83	1.4
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	13.8	9.5	18.0	264	32,038	27.4	2.17	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	18.1	12.8	23.5	243	27,616	31.7	2.71	1.3
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities	8.7	5.9	11.5	507	59,673	22.8	1.42	1.4
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Male)	10.0	5.9	14.1	266	32,226	23.9	2.06	1.4
Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (Female)	7.2	3.8	10.5	241	27,447	21.2	1.71	1.3
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP)	7.0	4.6	9.5	507	59,673	20.6	1.25	1.4
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Male)**	7.6	4.4	10.8	266	32,226	21.1	1.64	1.3
Prevalence of children 6-23 months who consume foods made from orange flesh sweet potatoes (OFSP) (Female)**	6.3	3.2	9.5	241	27,447	20.0	1.60	1.2
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA)	1.7	0.5	2.8	507	59,673	10.4	0.58	1.3
Prevalence of children 6-23 months who consume foods made from bi-fortified beans (NUA) (Male)**	2.4	0.4	4.4	266	32,226	12.1	1.01	1.4
Prevalence of children 6-23 months who consume foods made from bio-fortified beans (NUA) (Female)**	0.9	0.0	1.8	241	27,447	7.6	0.50	1.0
GENDER INDICATORS								
Percentage of men and women who earned cash in the past 12 months	53.1	50.5	55.6	5,724	658,382	41.7	1.31	2.4
Percentage of men who earned cash in the past 12 months	62.7	60.1	65.3	2,763	316,903	40.5	1.31	1.7

Table A6.3. FFP Baseline Indicators - UBALE Project
Indicators, 95% Confidence Intervals and Base Population [Malawi, 2015]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Deviation	Standard Error	DEFT
		Lower	Upper					
Percentage of women who earned cash in the past 12 months	44.1	40.9	47.4	2,961	341,479	41.4	1.65	2.2
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	63.2	59.5	67.0	1,343	170,567	39.0	1.91	1.8
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	24.6	20.7	28.5	783	92,246	36.2	1.99	1.5
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	26.7	23.3	30.1	1,343	170,567	35.8	1.72	1.8
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	32.2	27.9	36.4	783	92,246	39.2	2.16	1.5
Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	81.0	78.2	83.8	1,151	136,420	32.1	1.42	1.5
Percentage of men with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	73.5	68.7	78.4	499	60,011	36.4	2.46	1.5
Percentage of women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	86.8	84.4	89.2	652	76,409	27.5	1.23	1.1
Percentage of men in union with children under two who make maternal health and nutrition decisions alone	53.8	47.8	59.7	494	59,126	41.2	3.00	1.6
Percentage of women in union with children under two who make maternal health and nutrition decisions alone	43.7	38.1	49.2	518	60,441	40.8	2.80	1.6
Percentage of men in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	20.1	15.9	24.3	494	59,126	33.1	2.16	1.4
Percentage of women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	19.2	15.3	23.2	518	60,441	32.4	2.01	1.4
Percentage of men in union with children under two who make child health and nutrition decisions alone	33.0	28.3	37.7	494	59,126	38.9	2.38	1.4
Percentage of women in union with children under two who make child health and nutrition decisions alone	38.9	33.7	44.0	518	60,441	40.1	2.63	1.5
Percentage of men in union with children under two who make child health and nutrition decisions jointly with spouse/partner	32.1	27.2	37.0	494	59,126	38.6	2.50	1.4
Percentage of women in union with children under two who make child health and nutrition decisions jointly with spouse/partner	33.4	28.8	38.0	518	60,441	38.8	2.35	1.4

* Not a required FFP Indicator

** Targeted nutrient-rich value chain commodities include foods made from biofortified (NUA) beans and orange flesh sweet potatoes (OFSP).

ANNEX 9

Additional Tables for Indicator Analysis Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Table A9.1a. Food for Peace Indicators - Poverty by Gendered Household Type: \$1.25 International Poverty Line
Household-level FFP indicators by project [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Per capita expenditures (as a proxy for income) of USG -assisted areas ¹	\$1.81	\$1.54	\$1.92
Adult Female no Adult Male	\$1.55	\$1.38	\$1.68
Adult Male no Adult Female	\$2.85	\$2.43	\$2.98
Male and Female Adults	\$1.85	\$1.58	\$1.94
Child No Adults	*	*	*
Prevalence of poverty: Percent of people living on less than \$1.25/day	52.4	57.9	50.2
Adult Female no Adult Male	61.8	62.6	61.3
Adult Male no Adult Female	36.3	24.7	39.7
Male and Female Adults	50.7	57.0	48.5
Child No Adults	*	*	*
Mean depth of poverty ²	20.4	23.0	19.4
Adult Female no Adult Male	26.5	26.2	26.8
Adult Male no Adult Female	12.4	9.9	13.2
Male and Female Adults	19.2	22.1	18.2
Child No Adults	*	*	*
Number of household members in responding households	23,141	11,983	11,158
Adult Female no Adult Male	4,626	2,912	1,714
Adult Male no Adult Female	363	150	213
Male and Female Adults	18,131	8,912	9,219
Child No Adults	21	9	12

¹ Daily expenditures expressed in constant 2010 USD

² Expressed as percent of poverty line

*Too few cases to include estimates for child only households

NOTE: Poverty estimates are computed based on the purchasing power parity (PPP) derived from 2005 ICP (International Comparison Program) market surveys.

Table A9.1b. Household sanitation and drinking water

Sanitation facility, source of drinking water and treatment for drinking water by project area [Malawi, 2015]

	Overall	Njira	UBALE
Improved, not shared sanitation facility			
Flush to piped sewer system	0.1	...	0.2
Flush to septic tank	0.8	0.2	1.0
Flush to pit latrine	0.1	0.1	0.1
Ventilated improved pit latrine	1.4	2.0	1.1
Pit latrine with natural slab	35.7	49.2	30.3
Pit latrine with manufactured slab	3.0	5.1	2.2
Composting toilet	0.0	...	0.0
Improved, shared sanitation facility	41.1		
Flush to piped sewer system	0.1	...	0.1
Flush to pit latrine	0.1	0.0	0.1
Ventilated improved pit latrine	0.7	0.4	0.8
Pit latrine with natural slab	34.0	24.5	37.8
Pit latrine with manufactured slab	1.9	1.3	2.1
Composting toilet	0.1	0.1	0.1
Non-improved sanitation facility	36.8		
Flush to somewhere else	0.0	0.1
Open Pit	12.7	8.2	14.5
Hanging latrine	0.1	0.2	...
No Facility/Bush/Field	9.0	8.1	9.4
Other	0.1	0.1	0.1
Missing information	0.2	0.4	0.2
Improved source of drinking water	22.2		
Piped Into Home	1.6	0.4	2.0
Piped into yard/plot	1.7	0.9	2.0
Piped To Standpipe	7.9	6.9	8.3
Tubewell Or Borehole	69.7	69.5	69.8
Protected Well	4.3	4.2	4.4
Protected Spring	0.5	0.2	0.6
Non-improved source of drinking water			
Unprotected Well	9.9	15.3	7.7
Unprotected Spring	1.8	0.9	2.2
Tanker Truck	0.1	0.0	0.1
Surface water (river/dam/ lake/ponds/stream/canal/irrigation channel)	2.5	1.5	2.8
Other	0.1	0.0	0.1
Water availability			
Water is generally available from this source year round (% 'Yes')	79.0	76.6	80.0
Water was unavailable for a day or more during the last two weeks (% 'No')	81.8	81.2	82.1
Water treatment prior to drinking			
Boil	5.2	8.3	4.0
Bleach/chlorine added	3.9	3.4	4.1
Strain through a cloth	0.6	1.1	0.4
Water filter	0.1	0.1	0.0
Solar disinfection	0.0	0.0	0.0
Let it stand or settle	0.8	0.5	1.0
Sand filtration	0.1	0.1	0.0
Put a cover over the water	26.5	53.0	15.9
Other	0.2	0.2	0.2
No treatment	65.2	39.7	75.3
Number of responding households	4,721	2,387	2,334

Table A9.2a. Agriculture - crops

Percent of farmers planting crops in the past 12 months by type and project area [Malawi, 2015]

	Total	<i>Njira</i>	<i>UBALE</i>
Sorghum	28.9	16.1	34.4
Millet	20.8	11.2	24.8
Cow peas	18.6	23.4	16.5
Groundnuts	21.6	30.2	17.9
Maize	87.7	97.4	83.5
Rice	14.7	25.8	10.0
Soybeans	2.2	3.4	1.7
Cassava	9.3	14.3	7.2
Sesame	5.2	2.2	6.6
NUA beans	0.9	1.5	0.6
Other beans	19.8	6.2	25.6
Orange flesh sweet potatoes	1.8	2.4	1.5
Sweet potatoes	17.1	16.4	17.5
Pigeon peas	38.2	52.0	32.3
Cotton	29.0	30.5	28.4
Tobacco	2.6	7.9	0.3
Sugar cane	3.1	2.7	3.3
Chiles	0.2	0.2	0.2
Other fruits & vegetables	37.8	39.0	37.3
Other crops	2.4	1.3	3.0
Did not plant any crops in the past 12 months	1.3	0.8	1.5
Number of responding farmers	7,424	3,913	3,511

Table A9.2b. Agricultural - livestock

Percent of farmers raising livestock in the past 12 months by type and project area [Malawi, 2015]

	Total	<i>Njira</i>	<i>UBALE</i>
Cattle	6.1	0.6	8.5
Goats	24.3	20.2	26.0
Sheep	0.4	1.0	0.2
Donkeys	0.0	0.0	0.0
Pigs	5.5	2.7	6.7
Chickens	42.1	39.0	43.4
Rabbits	0.4	0.8	0.2
Turkeys	0.5	0.1	0.7
Guinea fowl	1.8	1.0	2.1
Ducks	7.8	7.9	7.8
Fish	0.1	0.0	0.1
Pigeons	5.2	7.4	4.3
Other livestock	0.3	0.2	0.4
Did not raise any livestock in the past 12 months	45.3	48.7	43.8
Number of responding farmers	7,424	3,913	3,511

Table A9.3. Financial services used by farmers
Percentage of farmers by type of financial service by project area [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Credit	21.9	23.8	21.0
Agro-dealers	3.0	3.7	2.7
Contract farming	6.4	9.9	4.9
Village savings groups	9.0	6.9	9.9
Farmers associations	1.0	0.9	1.0
MFI (Micro-finance Institution)	0.4	0.7	0.3
Banks (eg. OIBM)	0.3	0.1	0.6
Government institution	0.5	0.4	0.6
Non-cash loans	0.7	1.1	0.5
Input/cash from buyers	1.5	1.2	1.6
Other	1.6	1.4	1.7
Did not take agricultural credit	78.1	76.2	79.0
Savings	26.1	27.6	24.7
Village savings and loan	21.1	22.9	20.3
MFI	0.2	0.3	0.1
Farmers Association/Coop	0.2	0.1	0.3
Banks (eg. OIBM)	4.0	3.7	4.1
Mobile phone banking	0.2	0.4	0.1
Other	0.6	0.9	0.4
Did not save	74.4	72.4	75.3
Agricultural Insurance	0.2	0.5	0.1
Number of responding farmers	7,424	3,913	3,511

Table A9.4. Value chain activities

Percentage of farmers by type of value chain activity by project area [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Purchase of inputs	42.9	48.1	40.7
Use of financial services	16.1	8.8	19.2
Use of training and extension services	24.9	32.8	21.6
Contract farming	6.2	10.9	4.1
Pen feeding	2.4	2.1	2.5
Processing produce	26.9	24.0	28.1
Trading or marketing produce	3.0	7.3	1.2
Use of marketing systems for livestock	0.8	0.9	0.7
Use of a warehouse receipt system (WRS)	0.0	0.1	0.0
Use of market information services (NGOs, Govt., PSP, mobile)	1.5	3.5	0.7
Use of business development services	0.8	1.8	0.3
Use of insurance services	0.0	0.1	0.0
Planning and profit calculations	4.2	7.4	2.8
Did not practice any of these activities in the past 12 months	31.2	28.0	32.6
Number of responding farmers	7,424	3,913	3,511

Table A9.5. Sustainable Agricultural Practices
Percentage of farmers by type of agricultural practice and project area [Malawi, 2015]

	Overall	Njira	UBALE
Crop practices			
Animal manure	33.4	54.8	24.3
Compost	22.3	23.2	21.9
Planting basins	8.0	15.9	4.7
Mulching	7.4	7.6	7.4
Weed control	63.7	66.1	62.7
Dry planting	6.8	4.0	8.0
Residue incorporation	19.2	22.6	17.7
Tied ridges/BOX Ridges	14.6	14.1	14.9
Crop rotations	16.1	20.4	14.3
Intercropping	48.8	45.9	50.0
Planting with first rains	61.1	71.9	56.5
Use of improved crop varieties	30.9	36.1	28.6
Contour ridges	12.0	16.8	9.9
Ridging	54.6	83.4	42.2
Pit planting	19.8	8.2	24.7
Minimum tillage	6.3	6.9	6.1
Chemical pest control	13.3	15.8	12.2
Biological or natural pest control	2.3	2.9	2.0
Sasakawa (planting one seed per station)	9.9	11.8	9.0
Agro-forestry	3.0	5.5	1.9
Did not use any of these practices	2.6	1.2	3.1
Information missing	0.3	0.1	0.3
Livestock practices			
Improved animal shelters	6.8	7.3	6.6
Vaccinations	11.4	9.1	12.3
Deworming	2.1	2.6	1.9
Castration	0.7	0.2	0.9
Dehorning	0.3	0.3	0.4
Homemade animal feeds made of locally available products	11.4	17.0	9.0
Animal feed supplied by stockfeed	0.2	0.2	0.2
Artificial insemination	0.0	0.0	0.0
Pen feeding	2.9	1.8	3.4
Fodder protection	0.3	0.1	0.4
Used the services of community animal health workers or paravet	1.4	2.6	0.9
Dipping	1.7	0.4	2.3
Raising improved breeds	0.6	0.6	0.6
Did not use any of these practices	75.6	73.8	76.4
Information missing	0.9	1.0	0.8
Natural resource management (NRM) practices			
Management or protection of watersheds	20.5	24.7	18.6
Management of forest plantation	30.3	36.5	27.7
Sustainable harvesting of forest products	17.8	26.1	14.3
Did not practice any of these activities	60.2	52.4	63.5
Information missing	0.5	0.7	0.4
Number of responding farmers	7,424	3,913	3,511

Table A9.6. Improved storage practices

Percentage of farmers by storage practice by project area [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
PICS bags*	1.3	0.3	1.8
Improved granary	1.7	3.6	0.9
Warehousing or cereal banks	1.3	0.4	1.7
Use of traps	1.3	0.7	1.6
Grain bag with pesticides	47.2	50.9	45.6
Did not use any of these methods	48.0	45.1	49.3
Number of responding farmers	7,424	3,913	3,511

*Perdue Improved Cowpea Storage (PICS) bags for storage of cowpeas and other crops. These are inexpensive, plastic storage bags designed to inhibit insect infestation.

Table A9.7. Physiological status of women ages 15-49 years
Women's height and BMI levels by project area [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Percent less than 145 cm	3.3	3.0	3.5
Mean Body Mass Index (BMI)	22.2	22.1	22.3
Normal			
18.5-24.9 (total normal)	77.09	76.12	77.49
Underweight			
<18.5 (total underweight)	7.7	8.1	7.6
17.0-18.4 (mildly underweight)	6.38	6.7	6.26
<17 (moderately and severely underweight)	1.3	1.38	1.29
Overweight/obese			
≥25 (total overweight or obese)	15.2	15.8	15.0
25.0-29.9 (overweight)	12.34	12.87	12.12
≥30.0 (obese)	2.87	2.92	2.84
Number of non-pregnant women of reproductive age	3,863	1,987	1,876

Table A9.8. Contraceptive Prevalence

Percentage of women 15-49 years who are married or in a union by type of contraceptive method

	Total	<i>Njira</i>	<i>UBALE</i>
Female sterilization	6.4	6.2	6.4
Male sterilization	0.1	0.0	0.1
Inter-uterine device	3.9	0.9	4.9
Injectables	62.8	67.2	61.2
Implants	19.0	16.0	20.1
Pill	4.3	2.0	5.2
Condom	6.2	7.3	5.8
Female condom	0.2	0.1	0.2
Emergency contraception	0.1	0.2	0.1
Standard days method	0.5	0.5	0.5
Lactational amen. Method	0.0	0.0	0.0
Rhythm	0.1	0.0	0.1
Withdrawal	0.7	1.8	0.3
Other modern methods	0.1	0.2	0.1
Other traditional methods	0.6	0.6	0.6
Number of responding women	1,731	825	906

Table A9.9. Stunting, underweight and wasting by age (months)

Prevalence of stunted, underweight, and wasted children by age and project area [Malawi, 2015]

	Overall ^{1,2,3}	Njira ^{4,5,6}	UBALE ^{7,8,9}
Prevalence of stunted children 0-59 months			
<6	19.2	18.5	19.4
6-11	25.9	29.0	24.3
12-17	38.1	40.9	36.9
18-23	41.0	39.6	41.7
24-29	45.8	42.5	47.6
30-35	46.3	48.3	45.3
36-41	48.8	43.0	51.3
42-47	37.7	38.5	37.3
48-53	37.1	39.2	36.1
54-59	34.8	35.3	34.5
Prevalence of underweight children 0-59 months			
<6	7.3	4.9	8.3
6-11	10.6	10.2	10.7
12-17	13.4	12.8	13.6
18-23	10.7	12.5	9.8
24-29	17.1	15.3	18.0
30-35	10.1	10.4	9.9
36-41	14.7	11.4	16.2
42-47	10.3	10.8	10.0
48-53	8.6	9.9	8.0
54-59	15.2	11.9	16.9
Prevalence of wasted children 0-59 months			
<6	2.5	2.8	2.4
6-11	3.2	1.1	4.3
12-17	2.8	1.8	3.2
18-23	2.3	2.1	2.4
24-29	1.6	1.7	1.6
30-35	0.3	0.9	0.0
36-41	1.9	1.1	2.2
42-47	1.2	1.3	1.1
48-53	0.0	0.1	0.0
54-59	3.1	3.3	3.0
Number of children 0-59 months	3,750	2,125	1,625
<6	343	187	156
6-11	352	205	147
12-17	348	182	166
18-23	424	243	181
24-29	395	232	163
30-35	409	238	171
36-41	359	194	165
42-47	369	213	156
48-53	415	231	184
54-59	335	199	136

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.

¹ Age differences in the prevalence of stunting in the combined project areas are statistically significant (P = 0.0000).² Age differences in the prevalence of underweight in the combined project areas are marginally statistically significant (P = 0.0938).³ Age differences in the prevalence of wasting in the combined project areas are statistically significant (P = 0.0000).⁴ Age differences in the prevalence of stunting in the combined project areas are statistically significant (P = 0.0000).⁵ Age differences in the prevalence of underweight in the combined project areas are marginally statistically significant (P = 0.0705).⁶ Age differences in the prevalence of wasting in the combined project areas are statistically significant (P = 0.0160).⁷ Age differences in the prevalence of stunting in the combined project areas are statistically significant (P = 0.0000).⁸ Age differences in the prevalence of underweight in the combined project areas are statistically non-significant (P = 0.3494).⁹ Age differences in the prevalence of wasting in the combined project areas are statistically significant (P = 0.0012).

Table A9.10. Prevalence of diarrhea by WASH status

Percentage of children under age five who had diarrhea in the past 2 weeks by household WASH status and project area [Malawi, 2015]

	Total	<i>Njira</i>	<i>UBALE</i>
Household WASH status			
Source of drinking water			
Improved	19.2	25.8	16.3
Unimproved	25.6 ***	29.1	23.7 ***
Toilet Facility			
Improved	21.0	25.8	17.1
Unimproved	22.1	29.0	20.0
Water and cleansing agent at handwashing station			
Available	23.0	24.4	20.7
Not available	21.6	27.6	19.0
Correct water treatment			
Treated	23.3	26.6	21.0
Not treated	21.5	27.3	18.9
Number of responding children	3,848	2,153	1,695

NOTE: *p<0.05, **p<0.01, *** p<0.001

WASH = water, sanitation and hygiene

Table A9.11. Components of minimum acceptable diet
Components of MAD indicator for children 6-23 months by project area [Malawi, 2015]

	Overall	<i>Njira</i>	<i>UBALE</i>
Breastfed children 6-8 months			
Percent with minimum meal frequency (2 or more)	67.9	77.8	62.9
Percent with minimum dietary diversity (4 or more)	14.7	15.1	14.6
Grains, roots, and tubers	84.3	79.4	86.9
Legumes and nuts	23.1	22.9	23.2
Dairy products (milk, yogurt, cheese)	6.0	4.4	6.8
Flesh foods (meat, fish, poultry, and liver/organ meats)	0.6	1.7	0.0
Eggs	12.1	20.8	7.7
Vitamin A-rich fruits and vegetables	31.0	31.3	30.9
Other fruits and vegetables	40.5	37.9	41.8
Number of children	190	111	79
Breastfed children 9-23 months			
Percent with minimum meal frequency (3 or more)	36.2	29.9	38.9
Percent with minimum dietary diversity (4 or more)	32.7	26.5	35.4
Grains, roots, and tubers	83.8	81.7	84.7
Legumes and nuts	43.0	37.2	45.5
Dairy products (milk, yogurt, cheese)	7.9	5.3	9.0
Flesh foods (meat, fish, poultry, and liver/organ meats)	4.2	2.6	4.8
Eggs	26.1	26.3	26.0
Vitamin A-rich fruits and vegetables	61.7	59.7	62.5
Other fruits and vegetables	65.9	62.7	67.3
Number of children	840	450	390
Non-breastfed children 6-23 months			
Percent with minimum meal frequency (4 or more + 2 milk)	1.3	3.0	0.0
Percent with minimum dietary diversity (4 or more)	21.7	35.8	11.0
Grains, roots, and tubers	74.5	74.9	74.1
Legumes and nuts	34.9	34.0	35.6
Dairy products (milk, yogurt, cheese)	5.6	10.1	2.2
Flesh foods (meat, fish, poultry, and liver/organ meats)	2.4	2.6	2.3
Eggs	23.1	27.1	20.2
Vitamin A-rich fruits and vegetables	57.0	67.0	49.4
Other fruits and vegetables	56.6	59.1	54.8
Number of children	111	73	38

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.

Table A9.12. Breastfeeding status

Breastfeeding status for children 0-23 months by age and project area [Malawi, 2015]

	Overall	Njira	UBALE
Not breastfeeding			
<2	1.8	1.8	1.8
2-3	3.7	3.0	4.0
4-5	0.0	0.0	0.0
6-8	1.6	0.9	1.9
9-11	1.5	4.6	0.0
12-17	3.0	3.1	3.0
18-23	19.2	25.3	16.3
Exclusively breastfed			
<2	94.5	93.8	94.8
2-3	77.5	77.7	77.5
4-5	41.6	39.1	42.7
6-8	4.4	5.3	4.0
9-11	1.4	0.4	1.9
12-17	1.4	1.0	1.6
18-23	0.8	0.0	1.1
Breastfed and plain water only			
<2	0.0	0.0	0.0
2-3	7.1	0.0	9.8
4-5	11.0	12.7	10.3
6-8	4.1	5.9	3.2
9-11	3.0	2.8	3.0
12-17	1.8	3.4	1.1
18-23	2.8	2.1	3.1
Breastfed and non-milk liquids			
<2	3.7	4.5	3.5
2-3	2.7	3.9	2.3
4-5	8.0	8.4	7.8
6-8	3.1	5.7	1.8
9-11	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-23	0.2	0.7	0.0
Breastfed and other milk			
<2	0.0	0.0	0.0
2-3	3.1	2.0	3.5
4-5	1.4	1.0	1.5
6-8	1.0	0.0	1.4
9-11	0.0	0.0	0.0
12-17	0.0	0.0	0.0
18-23	0.0	0.0	0.0
Breastfed and complementary foods			
<2	0.0	0.0	0.0
2-3	5.8	13.3	3.0
4-5	38.0	38.7	37.7
6-8	85.8	82.2	87.6
9-11	94.1	92.1	95.1
12-17	93.7	92.5	94.3
18-23	77.0	71.9	79.5
Number of children 0-23 months			
<2	1,489	815	674
2-3	129	64	65
4-5	98	51	47
6-8	122	67	55
9-11	200	115	85
12-17	160	90	70
18-23	348	185	163
18-23	432	243	189

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.

ANNEX 10

Women's Empowerment in Agriculture- Detailed Findings Baseline Study of Food for Peace Development Food Assistance Projects in Malawi

Annex 10 – Detailed Tables for Abbreviated WEAI

The following tables provide detailed results for the abbreviated WEAI data collected during the FY 2014 FFP Baseline study of Food for Peace (FFP) Development Food Assistance Projects in Malawi. A set of nine tables are provided for the combined Project areas (Tables A10.1 – A10.9) and for the *Njira* Project (Tables A10.N1 – A10.N9) and *UBALE* Projects (Tables A10.U1 – A10.U9) separately.

Table A10.1. Achievement of adequacy on Women’s Empowerment in Agriculture Index indicators, Malawi FFP Baseline Survey, Combined Project Areas^{1,2}

Domain	Definition of domain	Indicators	Percent with adequate achievement	n
Production	Sole or joint decisionmaking over food and cash crop farming, livestock, and fisheries, and autonomy in agricultural production	Input in productive decisions	93.3	3,817
		Autonomy in production	n/a	n/a
Resources	Ownership, access to, and decisionmaking power over productive resources such as land, livestock, agricultural equipment, consumer durables, and credit	Ownership of assets	84.9	3,817
		Purchase, sale or transfer of assets	73.4	3,817
		Access to and decisions on credit	34.9	3,817
Income	Sole or joint control over income and expenditures	Control over use of income	97.2	3,817
Leadership	Membership in economic or social groups and comfort in speaking in public	Group member	82.7	3,817
		Speaking in public	61.7	3,817
Time	Allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities	Workload	79.2	3,817
		Leisure	83.2	3,817

¹ The USAID/Food for Peace (FFP) combined implementation area (Combined Project Areas) includes the combined *Njira* and *UBALE* implementation areas (five districts total).

² The WEAI module of the survey did not include information to measure women’s autonomy in agricultural production. Due to this omission, censored headcounts and the 5DE cannot be calculated.

n/a: Data for this empowerment indicator were not collected.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.2. Economic activities and input in decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Activity	Participates in activity		Has input ¹ into decisions about activity	
	Percent	n ²	Percent	n ^{1,3}
Total (All surveyed women)	98.3	3,817	96.9	3,748
Food crop farming	96.0	3,816	95.3	3,640
Cash crop farming	61.0	3,815	94.0	2,373
Livestock raising	54.8	3,813	94.1	2,002
Fishing or fishpond culture	0.6	3,814	^	26
Non-farm economic activities	40.0	3,813	96.2	1,459
Wage or salaried employment	59.0	3,816	96.0	2,311

^ Results not statistically reliable, n<30.

¹ Having input means that a woman reported having input into most or all decisions regarding the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.3. Input in decisionmaking on use of income among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Activity	Has input ¹ into use of income from activity	
	Percent	n ^{2,3}
Total (All surveyed women)	97.0	3,715
Food crop farming	94.7	3,369
Cash crop farming	93.3	2,342
Livestock raising	93.7	1,930
Fishing or fishpond culture	^	25
Non-farm economic activities	96.3	1,459
Wage or salaried employment	95.9	2,304

^ Results not statistically reliable, n<30.

¹ Having input means that a woman reported having input into most or all decisions regarding the use of income generated from the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.4. Decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Activity	Extent to which respondents feel they can make their own decisions (percent) ^{1,2}				Not applicable ³	n
	Not at all	Small extent	Medium extent	High extent		
Getting inputs for agricultural production	3.2	24.8	24.9	46.6	0.6	3,781
The types of crops to grow	2.2	20.7	25.7	50.8	0.7	3,788
Whether to take crops to the market	3.9	20.8	19.5	37.0	18.8	3,760
Livestock raising	2.1	15.5	14.9	35.9	31.6	3,743
Her own wage or salary employment	0.9	8.3	9.7	56.4	24.7	3,781
Major household expenditures	4.4	19.6	15.8	24.6	35.7	3,683
Minor household expenditures	1.5	11.9	18.3	67.5	0.9	3,798

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing or incomplete. Women who do not participate in an activity, or who report that no decision was made, are excluded from these percentages.

² When a primary adult female decisionmaker reports that she alone makes decisions about the specified activities, she is not asked any further questions, and is categorized during analysis as making her own decisions “to a high extent.” When she reports making decisions about the specified activities in conjunction with other individuals, she is asked an additional question about the extent to which she feels she could make her own personal decisions on the specified matters, with possible response options being “not at all,” “to a small extent,” “to a medium extent,” or “to a high extent.” Responses are recoded accordingly.

³ This category includes respondents who report participating in the activity, but say that making the specified decision is not applicable to their situation.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.5. Household ownership and surveyed women’s control over productive resources, Malawi FFP Baseline Survey, Combined Project Areas

Type of resource	Someone in the household owns item		Woman can decide to purchase items		Woman can decide to sell/give/rent owned items	
	Percent	n ¹	Percent	n ¹	Percent	n ¹
Agricultural land	96.9	3,816	65.6	3,662	67.0	3,703
Large livestock	6.2	3,798	57.8	166	56.3	166
Small livestock	28.7	3,800	61.2	1,017	60.0	1,018
Chickens, ducks, turkeys, and pigeons	48.5	3,809	69.4	1,768	70.8	1,780
Fish pond or fishing equipment	0.9	3,791	25.4	50	27.1	50
Non-mechanized farm equipment	90.6	3,811	69.7	3,367	70.6	3,384
Mechanized farm equipment	0.3	3,798	^	10	^	10
Nonfarm business equipment	3.7	3,790	n/a		n/a	
House or other structures	43.8	3,814	n/a		n/a	
Large consumer durables	25.7	3,803	n/a		n/a	
Small consumer durables	49.3	3,812	n/a		n/a	
Cell phone	47.8	3,812	n/a		n/a	
Non-agricultural land	9.5	3,794	n/a		n/a	
Means of transportation	46.7	3,808	n/a		n/a	

^ Results not statistically reliable, n<30.

¹ Estimates exclude households that have no primary adult female decisionmaker or in which Module G data are missing/incomplete. Those who indicate “Not applicable” are excluded from estimates.

n/a: Questions regarding who can decide to purchase, sell, give or rent the item were not included in the survey.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.6. Credit access among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Estimate	Credit source (percent) ¹					
	Any source (percent)	Non-governmental organization	Informal lender	Formal lender	Friends or relatives	Group-based micro-finance
Total receiving a loan (All surveyed women)	48.1	5.8	5.0	4.3	16.1	28.4
Any loan	48.1	5.8	5.0	4.3	16.1	28.4
In-kind loan	4.6	3.2	0.2	0.2	0.9	0.2
Cash loan	45.6	2.9	4.8	4.1	15.6	28.2
n²	3,817	3,814	3,812	3,801	3,808	3,813
Total contributing to a credit decision (All surveyed women)	72.5	67.7	53.6	62.4	69.0	73.6
On whether to borrow	69.5	65.2	48.9	58.4	65.0	71.4
On how to use loan	67.9	64.3	50.8	60.3	64.1	67.7
n²	1,787	238	168	139	627	1,035

¹ Percentages sum to more than 100 because loans may have been received from more than one source.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.7. Comfort with speaking in public among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Topics for public discussion	Percent	
	Comfortable speaking in public about selected topics	n ¹
Total (All surveyed women)	61.7	3,817
To help decide on infrastructure to be built in the community	56.5	3,786
To ensure proper payment of wages for public works or other similar programs	55.2	3,741
To protest the misbehavior of authorities or elected officials	51.9	3,785

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.8. Group membership among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Group type	Percent ¹	
	Is an active group member	n ²
Total (All surveyed women)	82.7	3,817
Agricultural producers' group	18.1	3,812
Water users' group	15.0	3,813
Forest users' group	11.0	3,810
Credit or microfinance group	32.2	3,807
Mutual help or insurance group	1.3	3,815
Trade and business association	6.8	3,810
Civic or charitable group	5.8	3,811
Local government	4.8	3,814
Religious group	70.9	3,813
Other	20.2	3,813

¹ The denominator for this percentage includes all surveyed women, even those who reported that no group exists or that she is unaware of the existence of a group in her community. Women who report that no group exists or who are unaware of a group are counted as having inadequate achievement of this indicator.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.9. Time allocation among surveyed women, Malawi FFP Baseline Survey, Combined Project Areas

Activity	Primary activity		Secondary activity ¹	
	Percent of women	Mean hours devoted	Percent of women	Mean hours devoted
Sleeping and resting	100.0	11.2	1.4	0.0
Eating and drinking	98.2	1.3	6.9	0.0
Personal care	80.8	0.6	5.2	0.0
School and homework	0.6	0.0	0.1	0.0
Work as employed	3.5	0.2	0.1	0.0
Own business work	12.6	0.5	0.3	0.0
Farming/livestock/fishing	39.2	1.6	0.5	0.0
Shopping/getting services	9.0	0.2	1.6	0.0
Weaving, sewing, textile care	5.5	0.1	1.5	0.0
Cooking	93.7	2.2	11.7	0.2
Domestic work (fetching food and water)	85.5	2.3	10.9	0.1
Care for children/adults/elderly	33.1	0.3	9.3	0.1
Travel and commuting	28.7	0.6	0.9	0.0
Watching TV/listening to radio/reading	6.6	0.1	5.6	0.1
Exercising	1.0	0.0	0.2	0.0
Social activities and hobbies	66.3	2.2	12.1	0.2
Religious activities	12.8	0.3	1.3	0.0
Other	2.2	0.1	0.1	0.0
n	3,817	3,817	3,817	3,817

¹ Respondents were allowed to report up to two activities per time use increment (15 minutes) in the prior 24 hours. If two activities were reported, one was designated as a primary and the second as a secondary activity. Some women may not have reported secondary activities for each fifteen minute period.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.N1. Achievement of adequacy on Women’s Empowerment in Agriculture Index indicators, Malawi FFP Baseline Survey, Njira Project Area^{1,2}

Domain	Definition of domain	Indicators	Percent with adequate achievement	n
Production	Sole or joint decisionmaking over food and cash crop farming, livestock, and fisheries, and autonomy in agricultural production	Input in productive decisions	94.4	1,991
		Autonomy in production	n/a	n/a
Resources	Ownership, access to, and decisionmaking power over productive resources such as land, livestock, agricultural equipment, consumer durables, and credit	Ownership of assets	88.6	1,991
		Purchase, sale or transfer of assets	79.4	1,991
		Access to and decisions on credit	34.3	1,991
Income	Sole or joint control over income and expenditures	Control over use of income	97.8	1,991
Leadership	Membership in economic or social groups and comfort in speaking in public	Group member	75.8	1,991
		Speaking in public	63.6	1,991
Time	Allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities	Workload	81.6	1,991
		Leisure	82.1	1,991

¹ The Project Concern International (PCI) implementation area (*Njira Project Area*) includes rural areas of 11 select traditional authorities (TA) in two districts (Balaka and Machinga).

² The WEAI module of the survey did not include information to measure women’s autonomy in agricultural production. Due to this omission, censored headcounts and the 5DE cannot be calculated.

n/a: Data for this empowerment indicator were not collected.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.N2. Economic activities and input in decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Activity	Participates in activity		Has input ¹ into decisions about activity	
	Percent	n ²	Percent	n ^{1,3}
Total (All surveyed women)	98.4	1,991	98.3	1,956
Food crop farming	95.7	1,991	96.1	1,895
Cash crop farming	66.8	1,990	95.9	1,312
Livestock raising	48.7	1,990	95.8	950
Fishing or fishpond culture	0.6	1,989	^	12
Non-farm economic activities	35.6	1,988	95.4	681
Wage or salaried employment	65.5	1,991	94.6	1,298

^ Results not statistically reliable, n<30.

¹ *Having input* means that a woman reported having input into most or all decisions regarding the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.N3. Input in decisionmaking on use of income among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Activity	Has input ¹ into use of income from activity	
	Percent	n ^{2,3}
Total (All surveyed women)	98.5	1,944
Food crop farming	94.9	1,763
Cash crop farming	95.0	1,298
Livestock raising	95.1	913
Fishing or fishpond culture	^	11
Non-farm economic activities	95.3	681
Wage or salaried employment	94.5	1,294

^ Results not statistically reliable, n<30.

¹ *Having input* means that a woman reported having input into most or all decisions regarding the use of income generated from the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

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Table A10.N4. Decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Activity	Extent to which respondents feel they can make their own decisions (percent) ^{1,2}				Not applicable ³	n
	Not at all	Small extent	Medium extent	High extent		
Getting inputs for agricultural production	3.2	16.6	21.1	58.9	0.2	1,964
The types of crops to grow	3.0	13.9	21.4	61.5	0.2	1,972
Whether to take crops to the market	5.2	16.1	16.6	48.9	13.2	1,955
Livestock raising	2.4	8.3	10.6	39.6	39.1	1,964
Her own wage or salary employment	1.5	4.8	7.7	64.2	21.8	1,980
Major household expenditures	5.2	11.8	10.0	27.3	45.7	1,934
Minor household expenditures	1.5	6.9	13.2	77.9	0.4	1,978

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing or incomplete. Women who do not participate in an activity, or who report that no decision was made, are excluded from these percentages.

² When a primary adult female decisionmaker reports that she alone makes decisions about the specified activities, she is not asked any further questions, and is categorized during analysis as making her own decisions “to a high extent.” When she reports making decisions about the specified activities in conjunction with other individuals, she is asked an additional question about the extent to which she feels she could make her own personal decisions on the specified matters, with possible response options being “not at all,” “to a small extent,” “to a medium extent,” or “to a high extent.” Responses are recoded accordingly.

³ This category includes respondents who report participating in the activity, but say that making the specified decision is not applicable to their situation.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.N5. Household ownership and surveyed women’s control over productive resources, Malawi FFP Baseline Survey, Njira Project Area

Type of resource	Someone in the household owns item		Woman can decide to purchase items		Woman can decide to sell/give/rent owned items	
	Percent	n ¹	Percent	n ¹	Percent	n ¹
Agricultural land	98.8	1,991	69.5	1,922	75.9	1,958
Large livestock	0.6	1,975	^	12	^	12
Small livestock	23.0	1,977	61.3	443	63.7	444
Chickens, ducks, turkeys, and pigeons	45.4	1,983	68.8	876	72.7	882
Fish pond or fishing equipment	2.1	1,971	2.4	41	5.1	41
Non-mechanized farm equipment	88.2	1,988	70.9	1,725	75.7	1,739
Mechanized farm equipment	0.1	1,973	^	2	^	2
Nonfarm business equipment	4.1	1,968	n/a		n/a	
House or other structures	64.4	1,990	n/a		n/a	
Large consumer durables	29.3	1,980	n/a		n/a	
Small consumer durables	58.5	1,989	n/a		n/a	
Cell phone	46.8	1,987	n/a		n/a	
Non-agricultural land	9.9	1,970	n/a		n/a	
Means of transportation	49.9	1,983	n/a		n/a	

^ Results not statistically reliable, n<30.

¹ Estimates exclude households that have no primary adult female decisionmaker or in which Module G data are missing/incomplete. Those who indicate “Not applicable” are excluded from estimates.

n/a: Questions regarding who can decide to purchase, sell, give or rent the item were not included in the survey.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

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Table A10.N6. Credit access among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Estimate	Credit source (percent) ¹					Group-based micro-finance
	Any source (percent)	Non-governmental organization	Informal lender	Formal lender	Friends or relatives	
Total receiving a loan (All surveyed women)	47.0	8.4	3.9	2.7	17.0	26.6
Any loan	47.0	8.4	3.9	2.7	17.0	26.6
In-kind loan	6.2	4.9	0.5	0.3	0.6	0.1
Cash loan	43.0	3.9	3.5	2.6	16.5	26.5
n²	1,991	1,989	1,988	1,986	1,984	1,988
Total contributing to a credit decision (All surveyed women)	73.0	65.7	52.7	49.9	67.2	75.9
On whether to borrow	70.1	65.0	49.2	44.3	63.6	71.8
On how to use loan	69.0	64.1	48.7	49.9	61.6	70.2
n²	912	155	75	53	333	518

¹ Percentages sum to more than 100 because loans may have been received from more than one source.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

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Table A10.N7. Comfort with speaking in public among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Topics for public discussion	Percent	
	Comfortable speaking in public about selected topics	n ¹
Total (All surveyed women)	63.6	1,991
To help decide on infrastructure to be built in the community	59.0	1,978
To ensure proper payment of wages for public works or other similar programs	55.7	1,952
To protest the misbehavior of authorities or elected officials	54.9	1,981

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.N8. Group membership among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Group type	Percent ¹	
	Is an active group member	n ²
Total (All surveyed women)	75.8	1,991
Agricultural producers' group	19.5	1,989
Water users' group	16.9	1,989
Forest users' group	11.7	1,990
Credit or microfinance group	29.4	1,986
Mutual help or insurance group	1.8	1,991
Trade and business association	5.9	1,988
Civic or charitable group	5.0	1,986
Local government	4.1	1,990
Religious group	61.2	1,989
Other	15.0	1,989

¹ The denominator for this percentage includes all surveyed women, even those who reported that no group exists or that she is unaware of the existence of a group in her community. Women who report that no group exists or who are unaware of a group are counted as having inadequate achievement of this indicator.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.N9. Time allocation among surveyed women, Malawi FFP Baseline Survey, Njira Project Area

Activity	Primary activity		Secondary activity ¹	
	Percent of women	Mean hours devoted	Percent of women	Mean hours devoted
Sleeping and resting	100.0	10.9	2.3	0.0
Eating and drinking	98.8	1.3	4.7	0.0
Personal care	83.6	0.6	3.8	0.0
School and homework	0.8	0.0	0.0	0.0
Work as employed	3.2	0.2	0.0	0.0
Own business work	9.7	0.4	0.2	0.0
Farming/livestock/fishing	41.3	1.4	0.2	0.0
Shopping/getting services	10.7	0.2	0.2	0.0
Weaving, sewing, textile care	8.1	0.2	0.6	0.0
Cooking	95.4	2.2	6.0	0.1
Domestic work (fetching food and water)	90.1	2.5	8.7	0.1
Care for children/adults/elderly	41.3	0.4	9.2	0.2
Travel and commuting	33.9	0.7	1.0	0.0
Watching TV/listening to radio/reading	5.0	0.1	7.6	0.2
Exercising	1.4	0.0	0.3	0.0
Social activities and hobbies	72.5	2.5	22.6	0.5
Religious activities	14.6	0.3	1.6	0.0
Other	3.7	0.2	0.3	0.0
n	1,991	1,991	1,991	1,991

¹ Respondents were allowed to report up to two activities per time use increment (15 minutes) in the prior 24 hours. If two activities were reported, one was designated as a primary and the second as a secondary activity. Some women may not have reported secondary activities for each fifteen minute period.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U1. Achievement of adequacy on Women’s Empowerment in Agriculture Index indicators, Malawi FFP Baseline Survey, UBALE Project Area^{1,2}

Domain	Definition of domain	Indicators	Percent with adequate achievement	n
Production	Sole or joint decisionmaking over food and cash crop farming, livestock, and fisheries, and autonomy in agricultural production	Input in productive decisions	92.9	1,826
		Autonomy in production	n/a	n/a
Resources	Ownership, access to, and decisionmaking power over productive resources such as land, livestock, agricultural equipment, consumer durables, and credit	Ownership of assets	83.3	1,826
		Purchase, sale or transfer of assets	70.9	1,826
		Access to and decisions on credit	35.1	1,826
Income	Sole or joint control over income and expenditures	Control over use of income	96.9	1,826
Leadership	Membership in economic or social groups and comfort in speaking in public	Group member	85.6	1,826
		Speaking in public	60.9	1,826
Time	Allocation of time to productive and domestic tasks and satisfaction with the available time for leisure activities	Workload	78.2	1,826
		Leisure	83.6	1,826

¹ The Catholic Relief Services (CRS) implementation area (UBALE Project Area) includes rural areas of Blantyre district and rural and urban areas of Chikwawa and Nsanje districts (three districts total).

² The WEAI module of the survey did not include information to measure women’s autonomy in agricultural production. Due to this omission, censored headcounts and the 5DE cannot be calculated.

n/a: Data for this empowerment indicator were not collected.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U2. Economic activities and input in decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Activity	Participates in activity		Has input ¹ into decisions about activity	
	Percent	n ²	Percent	n ^{1,3}
Total (All surveyed women)	98.2	1,826	96.3	1,792
Food crop farming	96.1	1,825	95.0	1,745
Cash crop farming	58.6	1,825	93.2	1,061
Livestock raising	57.3	1,823	93.4	1,052
Fishing or fishpond culture	0.6	1,825	^	14
Non-farm economic activities	41.8	1,825	96.5	778
Wage or salaried employment	56.2	1,825	96.7	1,013

^ Results not statistically reliable, n<30.

¹ Having input means that a woman reported having input into most or all decisions regarding the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.U3. Input in decisionmaking on use of income among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Activity	Has input ¹ into use of income from activity	
	Percent	n ^{2,3}
Total (All surveyed women)	96.4	1,771
Food crop farming	94.6	1,606
Cash crop farming	92.4	1,044
Livestock raising	93.2	1,017
Fishing or fishpond culture	^	14
Non-farm economic activities	96.7	778
Wage or salaried employment	96.6	1,010

^ Results not statistically reliable, n<30.

¹ Having input means that a woman reported having input into most or all decisions regarding the use of income generated from the activity.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

³ Women who do not participate in an activity or report that no decision was made are excluded from these percentages.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U4. Decisionmaking on production among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Activity	Extent to which respondents feel they can make their own decisions (percent) ^{1,2}				Not applicable ³	n
	Not at all	Small extent	Medium extent	High extent		
Getting inputs for agricultural production	3.2	28.2	26.5	41.4	0.7	1,817
The types of crops to grow	1.8	23.5	27.6	46.2	0.9	1,816
Whether to take crops to the market	3.3	22.7	20.8	32.0	21.2	1,805
Livestock raising	2.0	18.6	16.8	34.3	28.3	1,779
Her own wage or salary employment	0.6	9.8	10.6	53.1	26.0	1,801
Major household expenditures	4.0	22.9	18.2	23.4	31.5	1,749
Minor household expenditures	1.4	14.1	20.4	63.1	1.0	1,820

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing or incomplete. Women who do not participate in an activity, or who report that no decision was made, are excluded from these percentages.

² When a primary adult female decisionmaker reports that she alone makes decisions about the specified activities, she is not asked any further questions, and is categorized during analysis as making her own decisions “to a high extent.” When she reports making decisions about the specified activities in conjunction with other individuals, she is asked an additional question about the extent to which she feels she could make her own personal decisions on the specified matters, with possible response options being “not at all,” “to a small extent,” “to a medium extent,” or “to a high extent.” Responses are recoded accordingly.

³ This category includes respondents who report participating in the activity, but say that making the specified decision is not applicable to their situation.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U5. Household ownership and surveyed women’s control over productive resources, Malawi FFP Baseline Survey, UBALE Project Area

Type of resource	Someone in the household owns item		Woman can decide to purchase items		Woman can decide to sell/give/rent owned items	
	Percent	n ¹	Percent	n ¹	Percent	n ¹
Agricultural land	96.1	1,825	63.9	1,740	63.1	1,745
Large livestock	8.5	1,823	57.7	154	56.2	154
Small livestock	31.1	1,823	61.2	574	58.8	574
Chickens, ducks, turkeys, and pigeons	49.8	1,826	69.7	892	70.0	898
Fish pond or fishing equipment	0.4	1,820	^	9	^	9
Non-mechanized farm equipment	91.6	1,823	69.2	1,642	68.5	1,645
Mechanized farm equipment	0.4	1,825	^	8	^	8
Nonfarm business equipment	3.6	1,822	n/a		n/a	
House or other structures	35.1	1,824	n/a		n/a	
Large consumer durables	24.2	1,823	n/a		n/a	
Small consumer durables	45.4	1,823	n/a		n/a	
Cell phone	48.2	1,825	n/a		n/a	
Non-agricultural land	9.3	1,824	n/a		n/a	
Means of transportation	45.4	1,825	n/a		n/a	

^ Results not statistically reliable, n<30.

¹ Estimates exclude households that have no primary adult female decisionmaker or in which Module G data are missing/incomplete. Those who indicate “Not applicable” are excluded from estimates.

n/a: Questions regarding who can decide to purchase, sell, give or rent the item were not included in the survey.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U6. Credit access among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Estimate	Credit source (percent) ¹					Group-based micro-finance
	Any source (percent)	Non-governmental organization	Informal lender	Formal lender	Friends or relatives	
Total receiving a loan (All surveyed women)	48.6	4.7	5.5	4.9	15.8	29.1
Any loan	48.6	4.7	5.5	4.9	15.8	29.1
In-kind loan	4.0	2.5	0.1	0.2	1.0	0.2
Cash loan	46.8	2.5	5.4	4.8	15.2	28.9
n²	1,826	1,825	1,824	1,815	1,824	1,825
Total contributing to a credit decision (All surveyed women)	72.3	69.3	53.8	65.3	69.9	72.7
On whether to borrow	69.3	65.2	48.8	61.7	65.6	71.3
On how to use loan	67.5	64.4	51.4	62.7	65.2	66.7
n²	875	83	93	86	294	517

¹ Percentages sum to more than 100 because loans may have been received from more than one source.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U7. Comfort with speaking in public among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Topics for public discussion	Percent	
	Comfortable speaking in public about selected topics	n ¹
Total (All surveyed women)	60.9	1,826
To help decide on infrastructure to be built in the community	55.5	1,808
To ensure proper payment of wages for public works or other similar programs	55.0	1,789
To protest the misbehavior of authorities or elected officials	50.7	1,804

¹ Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Table A10.U8. Group membership among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Group type	Percent ¹	
	Is an active group member	n ²
Total (All surveyed women)	85.6	1,826
Agricultural producers' group	17.5	1,823
Water users' group	14.3	1,824
Forest users' group	10.7	1,820
Credit or microfinance group	33.4	1,821
Mutual help or insurance group	1.0	1,824
Trade and business association	7.1	1,822
Civic or charitable group	6.1	1,825
Local government	5.1	1,824
Religious group	75.0	1,824
Other	22.4	1,824

¹ The denominator for this percentage includes all surveyed women, even those who reported that no group exists or that she is unaware of the existence of a group in her community. Women who report that no group exists or who are unaware of a group are counted as having inadequate achievement of this indicator.

² Estimates exclude households who have no primary adult female decisionmaker or whose data are missing/incomplete.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).

Annex 10 – Detailed Tables for Abbreviated WEAI

Table A10.U9. Time allocation among surveyed women, Malawi FFP Baseline Survey, UBALE Project Area

Activity	Primary activity		Secondary activity ¹	
	Percent of women	Mean hours devoted	Percent of women	Mean hours devoted
Sleeping and resting	100.0	11.4	1.0	0.0
Eating and drinking	98.0	1.3	7.8	0.1
Personal care	79.6	0.6	5.9	0.0
School and homework	0.5	0.0	0.1	0.0
Work as employed	3.6	0.2	0.1	0.0
Own business work	13.8	0.6	0.4	0.0
Farming/livestock/fishing	38.3	1.7	0.6	0.0
Shopping/getting services	8.2	0.2	2.2	0.0
Weaving, sewing, textile care	4.4	0.1	1.9	0.0
Cooking	92.9	2.2	14.1	0.2
Domestic work (fetching food and water)	83.5	2.3	11.8	0.1
Care for children/adults/elderly	29.6	0.3	9.3	0.1
Travel and commuting	26.6	0.6	0.8	0.0
Watching TV/listening to radio/reading	7.2	0.1	4.7	0.1
Exercising	0.8	0.0	0.1	0.0
Social activities and hobbies	63.7	2.0	7.6	0.1
Religious activities	12.0	0.3	1.2	0.0
Other	1.6	0.1	0.1	0.0
n	1,826	1,826	1,826	1,826

¹ Respondents were allowed to report up to two activities per time use increment (15 minutes) in the prior 24 hours. If two activities were reported, one was designated as a primary and the second as a secondary activity. Some women may not have reported secondary activities for each fifteen minute period.

Source: Baseline Study of FY 2014 Food for Peace (FFP) Development Food Assistance Projects in Malawi (2015).