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Nobo Jatra Project

PERFORMANCE AND IMPACT EVALUATION

Endline Evaluation of Bureau for Humanitarian Assistance Resilience Food Security Activity in Bangladesh

Volume II - Appendices

October 2023

PULTE INSTITUTE FOR GLOBAL DEVELOPMENT

Mathematica
Progress Together

DATA MANAGEMENT A D

AIDDATA
A Research Lab at William & Mary

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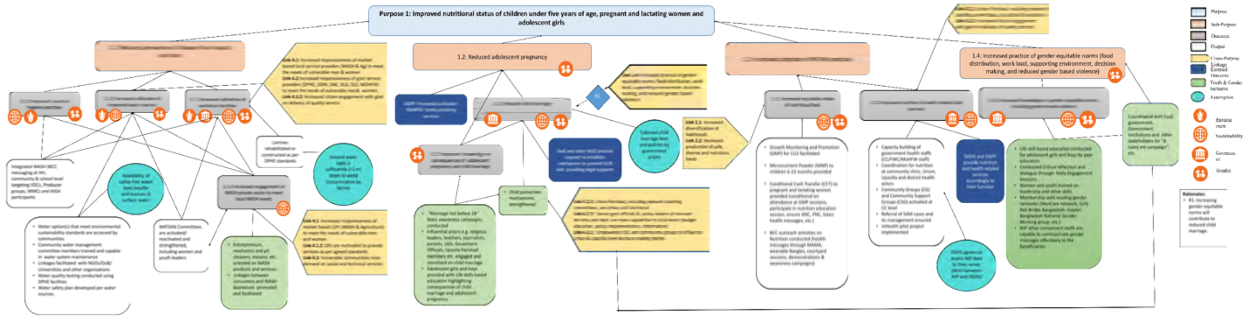
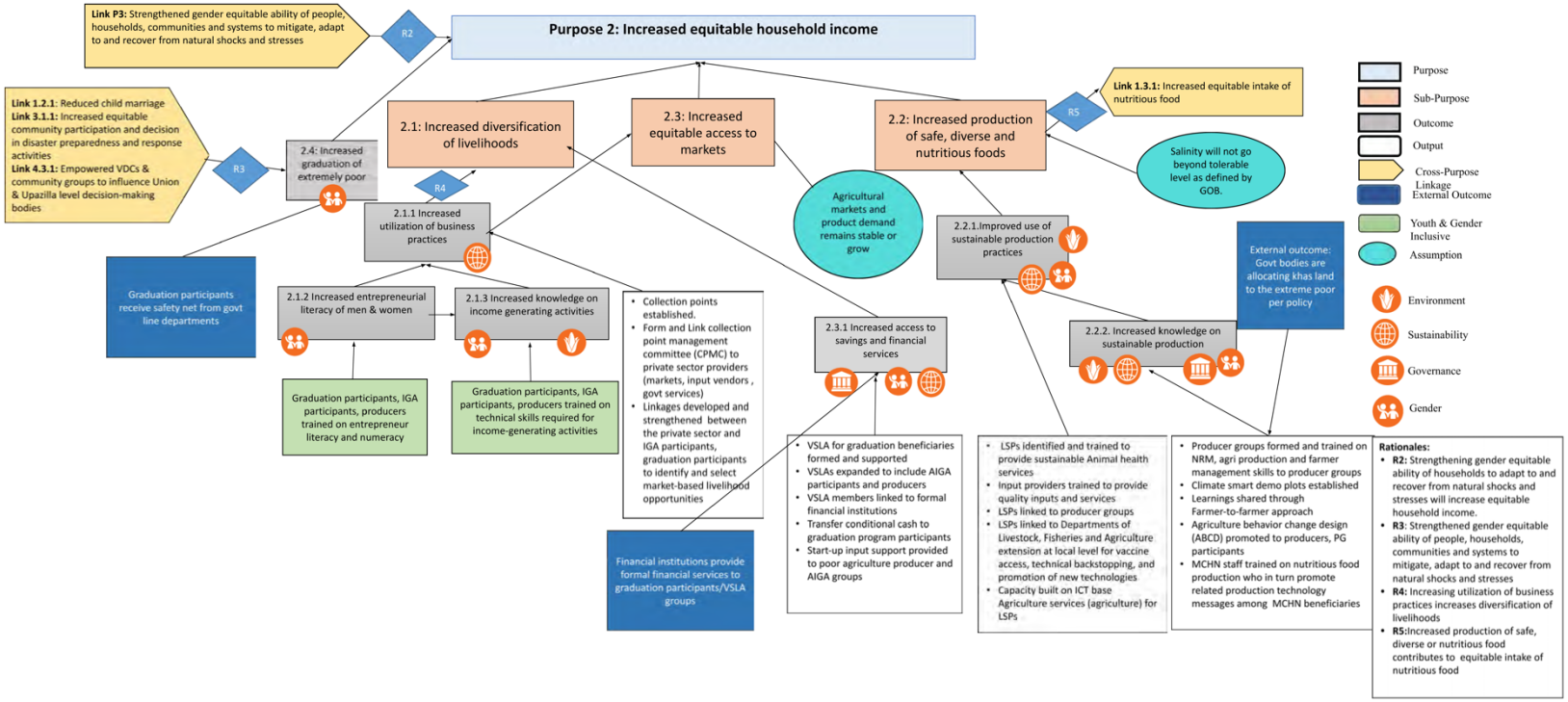
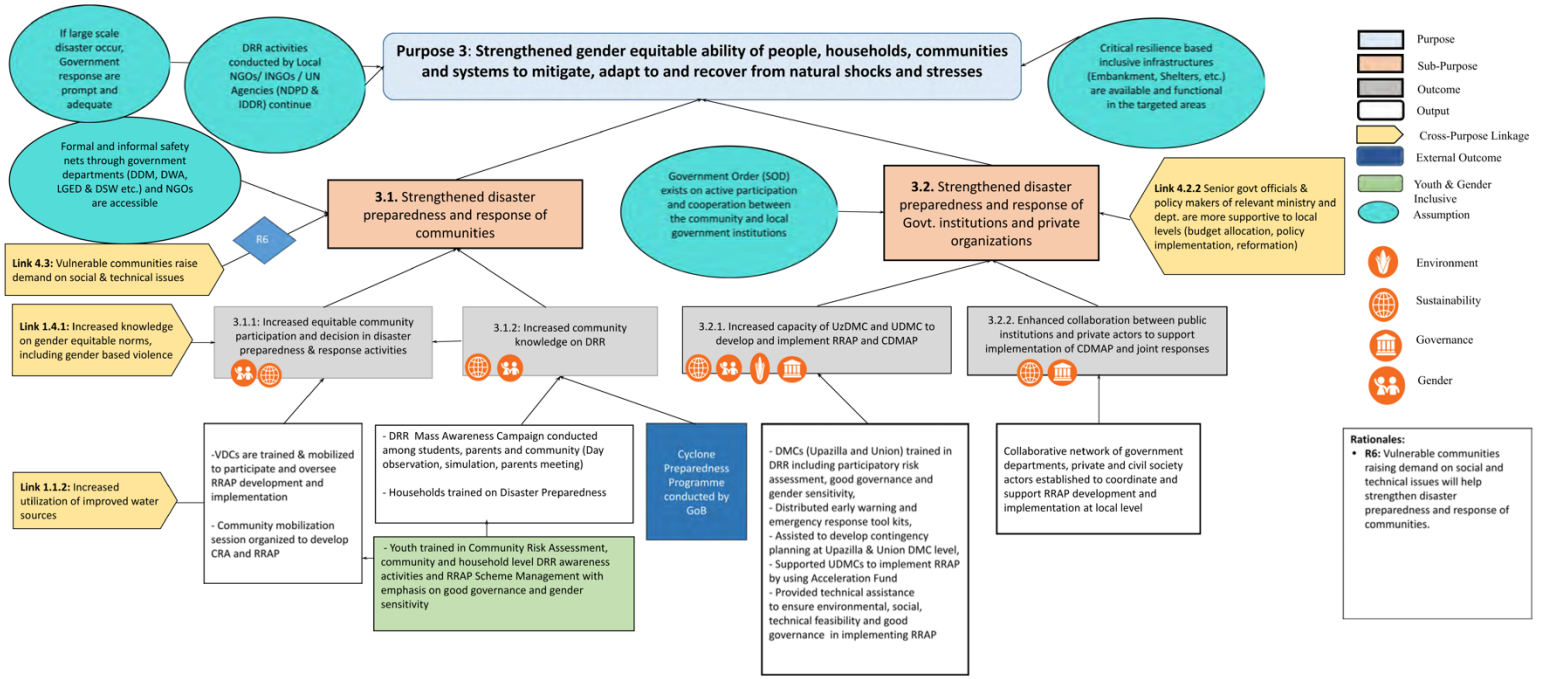
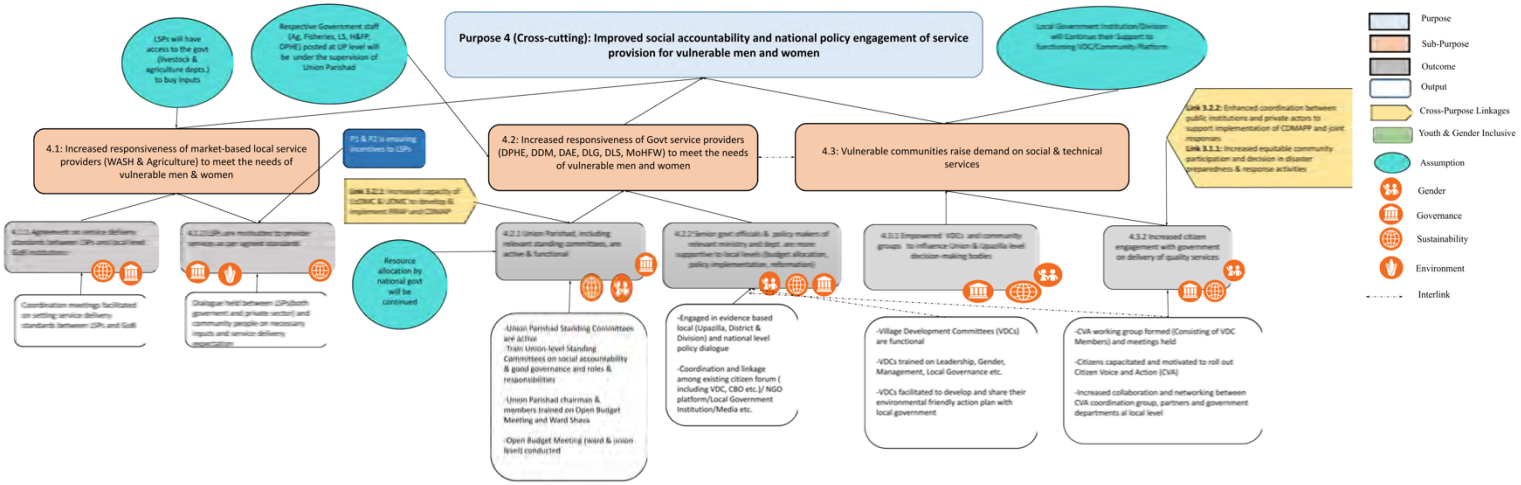
ANNEX A: NOBO JATRA ORIGINAL THEORY OF CHANGE

Appendix begins on the following page.


Purpose 1: Improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls
1.2: Reduced adolescent pregnancy
1.4: Increased practice of gender equitable norms (food distribution, work load, supporting environment, decision making, and reduced gender based violence)
Purpose
Sub-Purpose
Outcome
Output
Cross-Purpose Linkage
External Outcome
Youth & Gender Inclusion
Assumption
Sustainability
Governance
Gender


Link P3: Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from natural shocks and stresses
R2
Purpose 2: Increased equitable household income
Link 1.2.1: Reduced child marriage
Link 3.1.1: Increased equitable community participation and decision in disaster preparedness and response activities
Link 4.3.1: Empowered VDCs & community groups to influence Union & Upazilla level decision-making bodies
R3
2.4: Increased graduation of extremely poor
R4
2.1: Increased diversification of livelihoods
2.3: Increased equitable access to markets
2.2: Increased production of safe, diverse and nutritious foods
R5
Link 1.3.1: Increased equitable intake of nutritious food
Salinity will not go beyond tolerable level as defined by GOB.
Agricultural markets and product demand remains stable or grow
2.1.1 Increased utilization of business practices
2.2.1.Improved use of sustainable production practices
External outcome: Govt bodies are allocating khas land to the extreme poor per policy
Graduation participants receive safety net from govt line departments
2.1.2 Increased entrepreneurial literacy of men & women
2.1.3 Increased knowledge on income generating activities
2.2.2. Increased knowledge on sustainable production
Graduation participants, IGA participants, producers trained on entrepreneur literacy and numeracy
Graduation participants, IGA participants, producers trained on technical skills required for income-generating activities
Collection points established.
Form and Link collection point management committee (CPMC) to private sector providers (markets, input vendors , govt services)
Linkages developed and strengthened between the private sector and IGA participants, graduation participants to identify and select market-based livelihood opportunities
2.3.1 Increased access to savings and financial services
Financial institutions provide formal financial services to graduation participants/VSLA groups
VSLA for graduation beneficiaries formed and supported
VSLAs expanded to include AIGA participants and producers
VSLA members linked to formal financial institutions
Transfer conditional cash to graduation program participants
Start-up input support provided to poor agriculture producer and AIGA groups
LSPs identified and trained to provide sustainable Animal health services
Input providers trained to provide quality inputs and services
LSPs linked to producer groups
LSPs linked to Departments of Livestock, Fisheries and Agriculture extension at local level for vaccine access, technical backstopping, and promotion of new technologies
Capacity built on ICT base Agriculture services (agriculture) for LSPs
Producer groups formed and trained on NRM, agri production and farmer management skills to producer groups
Climate smart demo plots established
Learnings shared through Farmer-to-farmer approach
Agriculture behavior change design (ABCD) promoted to producers, PG participants
MCHN staff trained on nutritious food production who in turn promote related production technology messages among MCHN beneficiaries
Purpose
Sub-Purpose
Outcome
Output
Cross-Purpose Linkage
External Outcome
Youth & Gender Inclusive
Assumption
Environment
Sustainability
Governance
Gender
Rationales:
R2: Strengthening gender equitable ability of households to adapt to and recover from natural shocks and stresses will increase equitable household income.
R3: Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from natural shocks and stresses
R4: Increasing utilization of business practices increases diversification of livelihoods
R5:Increased production of safe, diverse or nutritious food contributes to equitable intake of nutritious food


If large scale disaster occur, Government response are prompt and adequate
DRR activities conducted by Local NGOs/ INGOs / UN Agencies (NDPD & IDDR) continue
Purpose 3: Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from natural shocks and stresses
Critical resilience based inclusive infrastructures (Embankment, Shelters, etc.) are available and functional in the targeted areas
Formal and informal safety nets through government departments (DDM, DWA, LGED & DSW etc.) and NGOs are accessible
R6
Link 4.3: Vulnerable communities raise demand on social & technical issues
3.1. Strengthened disaster preparedness and response of communities
Government Order (SOD) exists on active participation and cooperation between the community and local government institutions
3.2. Strengthened disaster preparedness and response of Govt. institutions and private organizations
Link 4.2.2 Senior govt officials & policy makers of relevant ministry and dept. are more supportive to local levels (budget allocation, policy implementation, reformation)
Link 1.4.1: Increased knowledge on gender equitable norms, including gender based violence
3.1.1: Increased equitable community participation and decision in disaster preparedness & response activities
3.1.2: Increased community knowledge on DRR
3.2.1. Increased capacity of UzDMC and UDMC to develop and implement RRAP and CDMAP
3.2.2. Enhanced collaboration between public institutions and private actors to support implementation of CDMAP and joint responses
Link 1.1.2: Increased utilization of improved water sources
-VDCs are trained & mobilized to participate and oversee RRAP development and implementation
- Community mobilization session organized to develop CRA and RRAP
- DRR Mass Awareness Campaign conducted among students, parents and community (Day observation, simulation, parents meeting)
- Households trained on Disaster Preparedness
- Youth trained in Community Risk Assessment, community and household level DRR awareness activities and RRAP Scheme Management with emphasis on good governance and gender sensitivity
Cyclone Preparedness Programme conducted by GoB
- DMCs (Upazilla and Union) trained in DRR including participatory risk assessment, good governance and gender sensitivity,
- Distributed early warning and emergency response tool kits,
- Assisted to develop contingency planning at Upazilla & Union DMC level,
- Supported UDMCs to implement RRAP by using Acceleration Fund
- Provided technical assistance to ensure environmental, social, technical feasibility and good governance in implementing RRAP
Collaborative network of government departments, private and civil society actors established to coordinate and support RRAP development and implementation at local level
Purpose
Sub-Purpose
Outcome
Output
Cross-Purpose Linkage
External Outcome
Youth & Gender Inclusive
Assumption
Environment
Sustainability
Governance
Gender
Rationales:
R6: Vulnerable communities raising demand on social and technical issues will help strengthen disaster preparedness and response of communities.


Purpose 4 (Cross-cutting): Improved social accountability and national policy engagement of service provision for vulnerable men and women
LSPs will have access to the govt (livestock & agriculture depts.) to buy inputs
Respective Government staff (Ag, Fisheries, LS, H&FP, DPHE) posted at UP level will be under the supervision of Union Parishad
Local Government Institution/Division will Continue their Support to functioning VDC/Community Platform
4.1: Increased responsiveness of market-based local service providers (WASH & Agriculture) to meet the needs of vulnerable men & women
P1 & P2 is ensuring incentives to LSPs
4.2: Increased responsiveness of Govt service providers (DPHE, DDM, DAE, DLG, DLS, MoHFW) to meet the needs of vulnerable men and women
4.3: Vulnerable communities raise demand on social & technical services
Link 3.2.2: Enhanced coordination between public institutions and private actors to support implementation of CDMAPP and joint responses
Link 3.1.1: Increased equitable community participation and decision in disaster preparedness & response activities
Resource allocation by national govt will be continued
4.2.1 Union Parishad, including relevant standing committees, are active & functional
-Union Parishad Standing Committees are active
-Train Union-level Standing Committees on social accountability & good governance and roles & responsibilities
-Union Parishad chairman & members trained on Open Budget Meeting and Ward Shava
-Open Budget Meeting (ward & union level) conducted
-Engaged in evidence based local (Upazilla, District & Division) and national level policy dialogue
-Coordination and linkage among existing citizen forum (including VDC, CBO etc.)/ NGO platform/Local Government Institution/Media etc.
4.3.1 Empowered VDCs and community groups to influence Union & Upazilla level decision-making bodies
-Village Development Committees (VDCs) are functional
-VDCs trained on Leadership, Gender, Management, Local Governance etc.
-VDCs facilitated to develop and share their environmental friendly action plan with local government
4.3.2 Increased citizen engagement with government on delivery of quality services
-CVA working group formed (Consisting of VDC Members) and meetings held
-Citizens capacitated and motivated to roll out Citizen Voice and Action (CVA)
-Increased collaboration and networking between CVA coordination group, partners and government departments al local level
Purpose
Sub-Purpose
Outcome
Output
Cross-Purpose Linkages
Youth & Gender Inclusive
Assumption
Gender
Governance
Sustainability
Environment
Interlink

ANNEX B: BHA BANGLADESH ENDLINE METHODS IN DETAIL

Appendix begins on the following page.

Annex B: FFP Bangladesh Endline Methods in Detail

Quantitative Methods

Comparison Group Selection Approach

To implement the impact evaluation with a newly added comparison group, the ERIE research team used data from the baseline survey conducted in 2016 by ICF International (ICF) and the 2014 Bangladesh Demographic and Health Survey (DHS) to identify a matched comparison group for the *Nobo Jatra* projects. These matched comparisons were not treated by *Nobo Jatra* and were paired based on a number of different indicators with villages surveyed at baseline.

To construct this matched sample, the team used the baseline data, the 2014 DHS data, and a variety of geospatial covariate datasets (see the list of data sources shown in Appendix H: Bangladesh Option Memo) to reflect pre-FFP conditions. The team used an Empirical Bayesian Kriging (EBK) regression prediction approach within ArcGIS Pro to generate a spatially continuous child-stunting layer for Bangladesh (similar to the work by Gething et al. 2016). EBK regression prediction is a geostatistical interpolation method that combines kriging with regression analysis to make predictions that are more accurate than either regression or kriging can achieve on their own. In EBK regression prediction, explanatory variables are transformed into principal components prior to modeling, solving the problem of multicollinearity and ensuring stability without the loss of accuracy. For a list of data sources used in this analysis, see table 1 in Appendix H.

After constructing the interpolated surface, the team overlaid the FFP villages in which the 2016 baseline survey was conducted, and obtained estimates of baseline rates in this sample. For each of these villages, the team identified the nearest matches at baseline from a pool of non-FFP villages selected from village lists provided by the Bangladesh Bureau of Statistics. More information on this sampling procedure can be found in Appendix I: Bangladesh Endline Village Selection.

The selection of the comparison group using EBK-based estimates of baseline stunting provided an important strategy to define a comparison sample that would likely be more comparable to the treatment group than a randomly selected sample of villages. However, even such a comparison sample may exhibit differences from the treatment group along important baseline conditions. To account for such differences, the study team made further adjustments during the analysis of the research questions, including re-matching treatment and comparison pairs on the basis of the survey data, as well as covariate adjustment.

COVID-19 Sampling

In order to take into account the impact of COVID-19 on villages and households, 12 additional villages were sampled to participate in the initial household listing. As part of the household listing, the field team conducted a village leader survey that collected information on impacts on the village due to COVID-19 including how many people in the village were sick, died, or moved away during COVID-19. The survey also asked questions about the impacts of COVID-19 on markets, schools, and health care access. Any villages with extremely high impacts or extremely low impacts were dropped from the sample as well as villages with a matched pair that was impacted at a higher or lower level. This prevented the analysis from comparing treatment villages that had large COVID-19 impacts to comparison

villages that were either not impacted or had few COVID-19 related impacts. It is possible that FFP programs could affect COVID-19 cases such as through increased interaction in the village which could increase infections. On the other hand, the program could also lower infections across FFP villages through an increases in clean sanitation behaviors. While possible, this connection is unlikely. For more information on our COVID-19 plan see Appendix J.

Household Listing Field Work

After three days of training on procedure HH listing/census and mapping, four listing teams were assigned to two coastal districts in the *Nobo Jatra* areas. The household listing collected data on the name of the head of household; the head of household's father's, husband's, or wife's name; contact mobile no.; total household members; number of under five children; and number of reproductive age women. Up to 200-300 households were listed in each of the 120 villages in the Nabo Jatra areas.

Field Data Survey Collection

The household questionnaire from the baseline was used at endline with several minor changes. These included removing a sub-set of questions and module K as well as adding in questions about COVID-19. The English version of the survey was translated into Bangla and the translation was critically reviewed and edited carefully based on the English version and customized with Bangladesh context. All the survey tools both in English and Bangla were entered in the Tablets in a template form and tested several times to ensure proper programming. Beyond the survey, the team also utilized electronic weighing scales (UNISCALE) and height-measuring wooden folding boards (SHORR Scale), and the team ran multiple standardization/accuracy tests to prepare for taking the anthropometric measurements of women and under 5 children.

After twelve days of training, eight teams containing a total of 64 qualified trained field enumerators (of whom about 50% were female) traveled to 108 sampled villages for field data collection. Each interviewer collected data through face-to-face interviews with the head of households eligible respondents, and mothers of U5 children and entered the responses in a tablet. The interviewers strictly maintained the government's COVID-19 guidelines, which included mask-wearing by both enumerators and respondents, physical distancing during interviews, and hand sanitization immediately after the interviews. The data collection lasted 62 days starting from 21st December 2021 to the 20th February 2022. A total of 3,348 sample households in the *Nobo Jatra* areas were successfully interviewed as per the target.

TOPICS COVERED

The household survey was adapted from the baseline survey developed by ICF. This survey was based on pre-selected FFP indicators, and survey questions were developed using the FFP Indicators Handbook (USAID, 2015). The survey was updated at endline by dropping module K and a few additional questions, as well as adding COVID-19- related questions. The survey contained the following modules:

- Module A: Household identification and informed consent
- Module B: Household roster
- Module C1: Food access

- Module C2: VSLA
- Module CV: COVID-19
- 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 R: Resilience

For more information on the construction of the household survey, see the Baseline Study of Food for Peace Development Food Assistance Projects in Bangladesh (ICF, 2017).

Data Analysis Methods

The Data Treatment and Analysis Plan (Annex E) outlines in detail the methods for calculating the FFP specific indicators and the consumption aggregates. The stunting and underweight analysis was done using the online WHO Anthro Survey Analyser (WHO).

The research questions were analyzed using regression analysis in Stata, following the protocol described in the Data Treatment and Analysis Plan. As described above, to adjust for residual differences between the treatment and comparison group in baseline conditions, the team also used regression adjustment by directly including covariates as controls and re-matching villages on the basis of these covariates. The methods for such matching included (i) propensity score matching, (ii) kernel-based matching, (iii) k-nearest neighbor matching based on k=3, and (iii) coarsened exact matching.[39] These methods vary in how different variables are combined when matching, as well as a variety of other details (and thus vary in the accompanying assumptions necessary for the results to be unbiased). Rather than focus on the results from any one method, we draw conclusive findings from estimates that remain similar irrespective of matching method.

As the relevant covariates on which the matching is conducted, we use the village means of the variables shown in the Balance Table available in the main report (thus accounting for differences in average conditions across treatment and comparison villages). Matching using propensity scores, kernels, and nearest neighbors provides treatment effect estimates directly. For coarsened exact matching, treatment effects are based on regression analysis with district fixed effects and with analysis weights from the matching. In all methods, we cluster standard errors at the village level to account for within-village correlated unobservables potentially related to the village-level treatment status.

The analysis in the report also takes into account different indicators beyond child stunting including, but not limited to, diarrhea, diets, health access, and breastfeeding. In 2021, USAID commissioned a review of the use of stunting rates as a primary indicator for the success and failure of nutrition programs. This 2021 USAID report finds that stunting remains an important measure for understanding welfare and living conditions as well as

[39] Propensity score matching methods were first developed following Rubin (1973) and Rosenbaum and Rubin (1983). For a recent discussion, including kernel- and nearest-neighbor-based matching, see Imbens (2015). Coarsened exact matching was developed by Iacus, King, and Porro (2012).

being useful for understanding the progress within a population over time. However, despite these uses, the report cautions that since reducing stunting rates takes time, it should not be used as the primary indicator for a program's success especially in a short term (such as a five-year) program and instead a combination of other indicators should be selected to evaluate the success of different interventions. These indicators should include a look at more general, overarching benefits such as health and nutrition (USAID, 2021). Given its importance as an indicator for welfare and living conditions, this evaluation uses stunting rates to match between comparison and treatment villages and analyzes the change in stunting rates between treatment and comparison villages. However, the analysis also looks at a wide variety of additional indicators such as diarrhea, exclusive breastfeeding, diet, and a variety of maternal health indicators in both the research questions as well as the pre-post analysis available in Annex L. These additional indicators ensure that the analysis captures shorter term measures of potential change beyond stunting rates as the 2021 USAID report suggests.

QUALITATIVE METHODS

Qualitative Topics

We spoke with different types of respondents about various overlapping sets of topics.

At the village level, we asked **participants** questions about the resilience of communities and households. In particular, we focused on understanding coping mechanisms, livelihoods in the face of shocks, and diversification of income sources. We asked about participants' experiences with continuing (or not continuing) to adopt *Nobo Jatra*-promoted activities, their perceptions of the activities' sustainability going forward, as well as the factors that affected adoption and sustainability. We also asked how the communities defined and experienced resilience and to link these experiences with risk reduction activities and interventions. In interviews with members of **resilient households**, we covered topics including factors that helped their households attain or maintain their pathway of resilience and general factors that led some groups to cope with shocks while others collapsed or fell deeper into vulnerability. The interviews addressed the following information about each resilient household: the livelihood/economic activity; sources of income for the household; perceptions of why the household coped better than most; and types of interventions that helped the household and would help other households to build their resilience. For **community leaders**, topics covered in interviews included their perspectives on the impact of *Nobo Jatra* on their own and other village members' integration in the project and their knowledge of other similar projects implemented in *Nobo Jatra* villages. We also asked about their perspectives on community members' motivation to maintain the practices, equitable access to public and private services and inputs, incentives for and capacity of the public and private service providers to continue to provide high-quality services, and community member demand for these services.

For **LSPs**, we discussed their perspectives on the sustainability of the LSP system; their own motivations, resources, capacities and relationships; and the demand and willingness of community members to pay. The topics for discussion with *Nobo Jatra* **implementers** included the activities that were implemented in the villages they worked in, and whether

they or others were still supporting the communities with these activities. We also asked them about their perspectives on the factors that have supported the continuation or expansion of these activities or that have led to their discontinuation and their perspectives on the effectiveness of linkages established during the project. Finally we talked with **stakeholders** about their perspective on the program's design, implementation, and prospects for positive impacts in the communities where the work was carried out.

Qualitative Data collection

The primary qualitative data gathered included KIIs and FGDs within implementation communities. We chose which qualitative data collection method to use based on the type of respondent and type of information we wanted to gather. We chose to conduct KIIs for in-depth discussions with individuals with specific experiences or perspectives, and focused on participants' perceptions, reflections, and experiences. We used FGDs to spur discussions among project participants and elicit convergent and divergent ideas among respondents. We determined the number of FGDs and KIIs by what we expected would be sufficient to elicit all the main themes in the sample frame as well as reveal any of the relationships between themes regarding adoption and sustainability. By seeking sufficiency, we worked to reach saturation without unnecessarily burdening respondents. We were mindful of the ethics involved in collecting too much data, as well as the budget implications of over-collecting, while ensuring we reached thematic saturation around our evaluation questions.

We developed semi-structured interview protocols and FGD guides for each type of respondent and mapped them to the evaluation questions. Given the number of evaluation questions we sought to answer, some protocols were lengthy.

Staff from ERIE's data collection partner in Bangladesh, Data Management Aid (DMA), translated the protocols into Bengali. The DMA team conducted KIIs and FGDs between November 20 and December 2, 2021. All interviews were conducted face-to-face, and COVID risk reduction protocols were adhered to for interviewer and respondent safety. The teams audio-recorded all interviews, which DMA transcribed and translated into English. DMA supervisory staff reviewed the transcripts for fidelity to the audio recordings during quality assurance. When the transcripts were complete, interviewers cleaned them to make them clearer and more comprehensive, and then DMA managers reviewed them again for completeness and clarity before finalization.

Analytical approaches

To analyze the data, Mathematica created a coding scheme, which used a hierarchy of conceptual categories and classifications linked to the evaluation questions and based on the theory of change. DMA coded the interview transcripts in NVivo using the predetermined codes. Mathematica then conducted analysis using the coded data, summarizing codes across every interview and adding emergent codes to the data as needed. We conducted thematic analysis to help us identify convergent and divergent perspectives across interviews and then created data summaries for each code to inform the research questions. We triangulated findings across different types of respondents as well as with observational data collected by three content experts who accompanied the data collection teams. These experts in agriculture, livelihoods and nutrition offered assessments based on participating in interviews, observing adopted activities in each village, and their experience focusing on these topics in these and other areas of Bangladesh. The experts and field staff also took

photographs of activities in the villages to confirm their assessments and to compare with the interview data. Triangulation was used to test for consistency and discrepancies in findings across multiple data sources. To aid in the confirmability of the research, all quotes cited are followed by a code giving the type of interview, gender of the respondent, and a unique number by case.[40]

[40] The following codes are used to identify the type of respondent quoted: IM = local implementing staff; CL = community leader; FG = participant in a focus group; RH = participant from a resilience household; F = female; M = male; FX = unnamed female respondent; MX = unnamed male respondent; Numbers differentiate each unique focus group and interviewee within the case.

ANNEX C: NOBO JATRA ENDLINE INDICATOR TABLES

Appendix begins on the following page.

Nobo Jatra Project Areas	2022 Endline Mean	Number of Observations Endline	Endline SE	Endline SD	Endline DEFT	Confidence Interval Lower	Confidence Interval Upper	Weighted Population
FOOD SECURITY INDICATORS								
Prevalence of households with moderate or severe hunger (HHS)	1.2	1,188	0.36	11.00	1.12	0.52	1.93	88297
Male and female adults	0.9	1,153	0.31	9.47	1.10	0.30	1.50	85130
Adult female, no adult male	10.5	32	5.83	31.14	1.06	-1.40	22.40	2959
Adult male, no adult female	NA	3	NA	NA	NA	NA	NA	NA
Child, no adults	NA	NA	NA	NA	NA	NA	NA	NA
POVERTY INDICATORS								
Per capita expenditures (as a proxy for income) of USG-assisted areas	$2.77	5,190	0.04	1.30	2.37	2.69	2.85	364926
Male and female adults	$2.78	5,134	0.43	1.30	2.38	2.69	2.86	360000
Adult female, no adult male	$2.09	49	0.17	0.84	1.45	1.73	2.44	4503
Adult male, no adult female	NA	7	NA	NA	NA	NA	NA	NA
Child, no adults	NA	NA	NA	NA	NA	NA	NA	NA
Prevalence of poverty: Percent of people living on less than $1.90/day[2]	22.6	5,190	1.31	43.50	2.25	20.03	25.15	364926
Male and female adults	22.2	5,134	1.31	43.40	2.26	19.64	24.79	360000
Adult female, no adult male	54.1	49	10.00	50.20	1.39	33.76	74.4	4503
Adult male, no adult female	NA	7	NA	NA	NA	NA	NA	NA
Child, no adults	NA	NA	NA	NA	NA	NA	NA	NA
Mean depth of poverty (expressed as percent of poverty line)	3.3	5,190	0.26	8.22	2.24	2.84	3.84	364926
Male and female adults	3.3	5,134	0.26	8.12	2.26	2.75	3.76	360000
Adult female, no adult male	10.5	49	2.56	12.62	1.42	5.23	15.69	4503
Adult male, no adult female	NA	7	NA	NA	NA	NA	NA	NA
Child, no adults	NA	NA	NA	NA	NA	NA	NA	NA
WASH INDICATORS								
Percentage of households using an improved source of drinking water	58.6	1,188	1.53	49.28	1.07	55.57	61.6	88297
Percentage of households in target areas practicing correct use of recommended household water treatment technologies	28.8	1,188	1.41	45.32	1.07	26.08	31.61	88297
Percent of households in target areas practicing boiling	7.7	1,188	0.89	26.60	1.15	5.83	9.4	88297
Percent of households in target areas practicing bleaching	4.3	1,188	0.64	20.22	1.09	3.02	5.52	88297
Percent of households in target areas practicing filtering	18.8	1,188	1.19	39.10	1.05	16.48	21.15	88297
Percent of households in target areas practicing solar disinfecting	0.8	1,188	0.25	8.60	1.02	0.25	1.24	88297
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	79.8	962	1.35	40.17	1.04	77.15	82.46	72674
Percentage of households using improved sanitation facilities	63.4	1,188	1.49	48.19	1.06	60.48	66.32	88297
Percent of households in target areas practicing open defecation	0.1	1,188	0.14	3.79	1.31	-0.1	0.43	88297
Percentage of households with soap and water at a handwashing station commonly used by family members	53.0	1,188	1.55	49.93	1.07	49.96	56.04	88297
AGRICULTURAL INDICATORS								
Percentage of farmers who used financial services in the past 12 months	50.7	1,547	1.38	50.00	1.09	47.94	53.37	112889
Male farmers	55.0	998	1.69	49.77	1.07	51.71	58.35	72515
Female farmers	42.8	549	2.27	49.52	1.07	38.35	47.26	40374
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	56.1	1,547	1.30	49.64	1.03	53.58	58.68	112889
Male farmers	73.6	998	1.48	44.08	1.06	70.73	76.54	72515
Female farmers	24.7	549	2.00	43.16	1.09	20.75	28.63	40374
Percentage of farmers who used at least two sustainable crop practices in the past 12 months	48.4	1,547	1.22	49.99	95.68	45.99	50.77	112889
Male farmers	69.5	998	1.55	46.06	1.06	66.47	72.55	72515
Female farmers	10.4	549	1.42	30.60	1.18	7.65	13.23	40374
Percentage of farmers who used at least two sustainable livestock practices in the past 12 months	48.4	1,547	1.22	49.99	0.96	45.99	50.77	112889
Male farmers	69.5	998	1.55	46.06	1.06	66.47	72.55	72515
Female farmers	48.3	549	2.34	50.02	1.09	43.72	52.90	40374
Percentage of farmers who used at least two sustainable NRM practices in the past 12 months	NA	1,547	NA	NA	NA	NA	NA	NA
Male farmers	NA	998	NA	NA	NA	NA	NA	NA
Female farmers	NA	549	NA	NA	NA	NA	NA	NA
Percentage of farmers who used improved storage practices in the past 12 months	19	1,169	1.06	39.21	1.0700	16.9	21.0	112889
Male farmers	28.9	998	1.58	45.38	1.1000	25.9	32.1	72515
Female farmers	1.0	549	0.46	10.00	1.0800	0.1	1.9	40374
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Minimum Dietary Diversity - Women (MDD-W)	50.8	1,309	1.72	50.01	1.240	47.4	54.2	91550
Women's Dietary Diversity Score (WDDS)	4.4	1,309	0.05	1.31	1.25	4.31	4.49	91550
Prevalence of underweight women	19.4	1,316	1.51	39.54	1	16.40	22.32	34804
Contraceptive Prevalence Rate	78.8	1,109	1.35	40.86	1.1	76.19	81.49	76757
Percent of births receiving at least 4 antenatal care (ANC) visits	39.8	611	2.07	48.99	1.09	35.76	43.89	31391
CHILDREN'S HEALTH AND NUTRITION INDICATORS								

Nobo Jatra Project Areas	2022 Endline Mean	Number of Observations Endline	Endline SE	Endline SD	Endline DEFT	Confidence Interval Lower	Confidence Interval Upper	Weighted Population
Prevalence of underweight children under 5 years of age (Total)	19.6	1,179	1.24	39.74	1.07	17.21	22.06	64488
Male	19.1	615	1.68	39.40	1.06	15.85	22.44	34355
Female	20.2	564	1.78	40.18	1.05	16.72	23.68	30133
Prevalence of stunted children under 5 years of age (Total)	23.4	1,178	1.27	42.32	1.03	20.85	25.85	64407
Male	24.7	614	1.82	43.17	1.04	21.14	28.27	34273
Female	21.8	564	1.08	41.33	1.04	18.26	25.36	30133
Prevalence of wasted children under 5 years of age (Total)	8.3	1,174	0.85	27.66	1.05	6.68	10.00	64207
Male	8.2	611	1.17	27.45	1.06	5.89	10.50	34107
Female	8.5	563	1.19	27.91	1.01	6.17	10.83	30099
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	7.4	1,179	0.79	26.25	1.03	5.9	8.98	64488
Male	7.6	615	1.12	26.47	1.05	5.36	9.78	34355
Female	7.3	564	1.09	26.02	1.00	5.14	9.44	30133
Percentage of children under age 5 with diarrhea treated with ORT (Total)	90.8	87	3.18	29.07	1.02	84.48	97.13	4797
Male	92.7	44	4.12	26.29	1.04	84.41	101.01	2601
Female	88.5	43	4.99	32.23	1.02	78.47	98.61	2196
Prevalence of exclusive breast-feeding of children under six months of age	55.0	96	5.37	50.00	1.05	44.37	65.72	5153
Male	57.4	55	6.95	49.90	1.03	43.47	71.35	3031
Female	51.7	41	8.54	50.59	1.08	34.38	68.95	2122
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	46.0	381	2.66	49.91	1.04	40.77	51.25	21009
Male	44.7	200	3.66	49.84	1.04	37.45	51.89	11502
Female	47.6	181	3.84	50.08	1.03	40.05	55.2	9507
GENDER INDICATORS								
Percentage of men and women who earned cash in the past 12 months	47.8	5,198	0.66	49.96	0.80	46.54	49.14	266174
Percentage of men who earned cash in the past 12 months	77.6	2,598	0.96	41.70	98.47	75.73	79.48	136527
Percentage of women who earned cash in the past 12 months	16.5	2,600	0.99	37.13	1.13	14.57	18.43	129647
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	55.1	1,277	1.59	49.76	1.14	52.02	58.3	90888
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	55.0	220	3.72	49.86	1.11	47.67	62.33	16651
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	36.1	1,277	1.50	48.03	1.11	33.11	39.0	90888
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	34.4	220	3.57	47.62	1.11	27.37	41.44	16651
Project Specific INDICATORS								
Food consumption score (FCS)	61.2	1,188	0.46	15.20	1.05	60.32	62.13	88297
Percent households with FCS ≤ 28 (Poor)	0.2	1,188	0.12	4.50	0.93	-0.03	0.44	88297
Percent households with FCS > 28 and FCS ≤ 42 (Borderline)	5.9	1,188	0.75	23.56	1.09	4.43	7.36	88297
Percent households with FCS > 42 and FCS ≤ 52 (Acceptable Low)	20.5	1,188	1.27	40.36	1.08	17.97	22.95	88297
Percent households with FCS > 53 (Acceptable High)	73.4	1,188	1.39	44.18	1.08	70.73	76.17	88297
Mean percent of household income earned by women in the month before assessment	8.1	1,148	0.71	21.26	1.13	6.73	9.51	84838
Percent of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB	23.8	1,547	1.29	42.60	1.19	21.28	26.33	112889
Percentage of male farmers with access to services	28.8	998	1.57	45.33	1.09	25.76	31.92	72515
Percentage of female farmers with access to service	14.8	549	1.70	35.49	1.12	11.41	18.09	40374
Agriculture related knowledge or information	6.8	1,547	0.71	25.10	1.11	5.36	8.15	112889
Agriculture inputs (Cash or kind, i.e. seed, fertilizer, irrigation)	6.6	1,547	0.71	24.80	1.13	5.18	7.98	112889
Agriculture service through field visit	2.9	1,547	0.43	16.85	1.01	2.08	3.77	112889
Agriculture through demo plot	0.6	1,547	0.22	7.82	1.10	0.19	1.05	112889.00
E-agriculture services through hotline	0.6	1,547	0.22	7.87	1.10	0.19	1.06	112889.00
Livestock related knowledge and information	7.0	1,547	0.73	25.50	1.14	5.52	8.40	112889.00
Vaccination for chicken and duck	9.1	1,547	0.83	28.75	1.13	7.46	10.70	112889.00
Vaccination for goat and sheep	6.8	1,547	0.79	25.15	1.24	5.23	8.33	112889.00
Vaccination for cows	6.1	1,547	0.72	23.98	1.19	4.70	7.54	112889.00
Other services	1.9	1,547	0.37	13.62	1.07	1.16	2.61	112889.00
Percentage of women of reproductive age who have access to primary healthcare services received from health department of GoB	69.9	1,197	1.57	45.89	1.19	66.81	72.99	84064.00
Antenatal Care	82.6	155	3.55	38.03	1.16	75.6	89.62	9436.00
Postnatal care and vitamin A supplementation	7.8	1,197	0.74	26.84	0.950	6.36	9.26	84064.00
Iron, folic acid and vitamin A supplementation	16.5	1,309	1.06	37.15	1.020	14.45	18.6	91550.00
Child health care services	23.9	1,197	1.22	42.67	0.99	21.51	26.31	84064.00

Nobo Jatra Project Areas	2022 Endline Mean	Number of Observations Endline	Endline SE	Endline SD	Endline DEFT	Confidence Interval Lower	Confidence Interval Upper	Weighted Population
Treatment and preventative advice	21	1,309	1.27	40.73	1.12	18.48	23.46	91550.00
Growth monitoring and promotion	11.0	1,197	0.83	31.25	92.32	9.32	12.59	84064.00
Medication and deworming	28.7	1,309	1.45	45.24	1.16	25.82	31.53	91550.00
Routine immunization and vitamin A supplementation	25.0	1,197	1.25	43.30	1.00	22.52	27.43	84064.00
Newborn care	7.6	1,197	0.70	26.57	0.920	6.25	9.02	84064.00
Other services	36.9	1,309	1.62	48.26	1.21	33.69	40.05	91550.00
Mean age at marriage for women aged 15-49	16.6	1,197	0.07	2.38	1.070	16.48	16.77	84064
Mean age at marriage for women 15 to 17 years	15.2	30	0.19	1.02	1.02	14.83	15.61	2098
Mean age at first pregnancy for married women aged 15 - 49	18.5	1,114	0.09	2.71	1.08	18.36	18.71	77402
Mean age at first pregnancy for women 15 to 17 years	15.8	16	0.27	0.98	1.12	15.25	16.42	988
Percent of married women aged 15 - 49 who need to seek permission to visit certain locales	53.4	1,197	1.64	49.90	1.13	50.23	56.65	84064
Percent of women < 30 who seek permission	57.8	582	2.28	49.42	1.110	53.36	62.33	35590
Percent of women ≥ 30 who seek permission	50.2	615	2.16	50.04	1.070	45.97	54.43	48474
Percent of married women aged 15 - 49 who's husbands help with household tasks	99.8	1,197	0.11	4.63	0.78	99.57	100.00	76971
RESILIENCE INDICATORS								
Shock exposure index	23.4	1,099	0.37	10.99	1.11	22.73	24.17	11508
Cumulative impact of shocks	27.3	1,099	0.51	16.01	1.06	26.27	28.28	11508
Ability to recover from past shocks	13.0	1,055	0.29	8.98	1.04	12.42	13.55	11087
Ability to recover from future shocks	17.8	1,013	0.40	11.86	1.06	17.00	18.55	10652
Absorptive capacity index	**26.9**	**1,084**	**0.32**	**9.81**	**1.08**	**26.22**	**27.48**	**11334**
Access to informal safety nets	12.2	1,099	0.51	15.83	1.08	11.15	13.16	11508
Bonding social capital	14.4	1,188	0.25	7.68	1.13	13.94	14.93	12531
Access to remittances	0.5	1,188	0.23	7.30	1.08	0.09	0.98	12531
Asset ownership	29.9	1,188	0.42	13.80	1.05	29.09	30.74	12531
Shock preparedness and mitigation	4.6	1,099	0.36	11.48	1.03	3.92	5.32	11509
Whether any household member holds savings	58.4	1,170	1.54	49.31	1.070	55.37	61.44	12318
Adaptive capacity index (Not comparable to baseline)	**52.0**	**1,170**	**0.42**	**13.34**	**1.08**	**51.14**	**52.79**	**12318**
Human capital	93.9	1,188	0.77	24.02	1.11	92.34	95.37	12531
Livelihood diversification	NA	NA	NA	NA	NA	NA	NA	NA
Adoption of improved practices	63	1,170	1.51	48.31	1.07	60.03	65.94	12318
Asset ownership	29.9	1,188	0.42	13.80	1.05	29.09	30.74	12531
Access to financial resources	17.4	1,170	1.16	37.95	1.05	15.15	19.71	12318
Transformative capacity index	**82.2**	**1,099**	**0.40**	**12.27**	**1.08**	**81.39**	**82.96**	**11508**
Access to formal safety nets	1.9	1,099	0.31	9.53	1.08	1.27	2.49	11508
Access to agricultural services	26.6	1,188	1.37	44.19	1.07	23.89	29.26	12531
Composite Resilience Capacity Index (Not comparable to baseline)	**40.3**	**1,084**	**0.37**	**11.22**	**1.07**	**39.56**	**40.99**	**11334**
Gender- equitable control of income index	89.0	199	0.02	31.35	1.06	84.36	93.67	2160
GUIDE								
[1] ns = not significant,* p<0.05, ** p<0.01, *** p<0.001								
[2] Expressed in constant 2010 USD								
NA : Not available								
SD: Standard Deviation								
Note on Percent of households that can obtain drinking water in less than 30 minutes (round trip): this was calculated incorrectly at baseline. Endline evaluators used baseline data to update the indicator with the correct code.								

Nobo Jatra Project Areas	2022 Endline Mean	Number of Observations Endline	Endline SE	Endline SD	Endline DEFT	Confidence Interval Lower	Confidence Interval Upper	Weighted Population
1. In the baseline analysis the baseline calculated "access to remittances" differently than specified by the analysis plan. At endline this variable was calculated according to the analysis plan. Therefore these variables are not comparable. 2. The baseline standard deviations were not available for the p-value calculations. Instead, we conducted a one-sample test of the endline mean against the baseline mean value (rather than a two-sample test of equal means). This thus does not reflect the full uncertainty in these estimates and likely overstates the confidence in these differences (the p-value is likely too low). These calculations should be taken with extreme caution. 3. If an indicator was available at baseline but is not listed at endline, this indicator was not collected 4. If an indicator is in bold, it is the index indicator that was compiled from the previously listed resilience indicators.								

Nobo Jatra Project Areas	2017 Baseline Mean	2022 Endline Mean	Raw Difference (Endline - Baseline)	Significance Level[1]	Number of Observations	
					Baseline	Endline
FOOD SECURITY INDICATORS						
Prevalence of households with moderate or severe hunger (HHS)	9.1	1.2	-7.9	***	1,849	1,188
Male and female adults	8.6	0.9	-7.7	***	1,695	1,153
Adult female, no adult male	16.2	10.5	-5.7	NS	134	32
Adult male, no adult female	NA	NA	NA	NA	18	3
Child, no adults	NA	NA	NA	NA	2	NA
POVERTY INDICATORS						
Per capita expenditures (as a proxy for income) of USG-assisted areas	$2.62	$2.77	$0.15	***	7,788	5,190
Male and female adults	$2.62	$2.78	$0.16	***	7,424	5,134
Adult female, no adult male	$2.68	$2.09	-$0.59	**	313	49
Adult male, no adult female	NA	NA	NA	NA	47	7
Child, no adults	NA	NA	NA	NA	4	NA
Prevalence of poverty: Percent of people living on less than $1.90/day[2]	26.7	22.6	-4.1	***	7,788	5,190
Male and female adults	26.6	22.2	-4.4	***	7,424	5,134
Adult female, no adult male	30.3	54.1	23.8	**	313	49
Adult male, no adult female	NA	NA	NA	NA	47	7
Child, no adults	NA	NA	NA	NA	4	NA
Mean depth of poverty (expressed as percent of poverty line)	6.6	3.3	-3.3	***	7,788	5,190
Male and female adults	6.5	3.3	-3.2	***	7,424	5,134
Adult female, no adult male	8.1	10.5	2.4	NS	313	49
Adult male, no adult female	NA	NA	NA	NA	47	7
Child, no adults	NA	NA	NA	NA	4	NA
WASH INDICATORS						
Percentage of households using an improved source of drinking water	52.0	58.6	6.6	***	1,849	1,188
Percentage of households in target areas practicing correct use of recommended household water treatment technologies	35.2	28.8	-6.4	***	1,849	1,188
Percent of households in target areas practicing boiling	1.8	7.7	5.9	***	1,849	1,188
Percent of households in target areas practicing bleaching	3.6	4.3	0.7	NS	1,849	1,188
Percent of households in target areas practicing filtering	30.5	18.8	-11.7	***	1,849	1,188
Percent of households in target areas practicing solar disinfecting	0.0	0.8	0.8	**	1,849	1,188
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	50.3	79.8	29.5	***	1,846	962
Percentage of households using improved sanitation facilities	42.2	63.4	21.2	***	1,849	1,188
Percent of households in target areas practicing open defecation	0.9	0.1	-0.8	**	1,849	1,188
Percentage of households with soap and water at a handwashing station commonly used by family members	39.0	53.0	14.0	***	1,849	1,188
AGRICULTURAL INDICATORS						
Percentage of farmers who used financial services in the past 12 months	42.8	50.7	7.9	***	1,397	1,547
Male farmers	51.6	55.0	3.4	NS	962	998
Female farmers	22.6	42.8	20.2	***	435	549
Percentage of farmers who used three sustainable agricultural practices in the past 12 months	47.0	56.1	9.1	***	1,397	1,547
Male farmers	57.0	73.6	16.6	***	962	998
Female farmers	24.0	24.7	0.7	NS	435	549
Percentage of farmers who used at least two sustainable crop practices in the past 12 months	44.5	48.4	3.9	*	1,397	1,547
Male farmers	60.0	69.5	9.5	***	962	998
Female farmers	8.8	10.4	1.6	***	435	549
Percentage of farmers who used at least two sustainable livestock practices in the past 12 months	36.5	48.4	11.9	***	1,397	1,547
Male farmers	35.0	69.5	34.5	***	962	998
Female farmers	39.8	48.3	8.5	**	435	549
Percentage of farmers who used at least two sustainable NRM practices in the past 12 months	0.7	NA	NA	NA	1,397	1,547
Male farmers	0.8	NA	NA	NA	962	998
Female farmers	0.3	NA	NA	NA	435	549
Percentage of farmers who used improved storage practices in the past 12 months	38.9	19	-19.9	***	1,397	1,169
Male farmers	53.0	28.9	-24.1	***	962	998
Female farmers	6.6	1.0	-5.6	***	435	549
WOMEN'S HEALTH AND NUTRITION INDICATORS						
Minimum Dietary Diversity - Women (MDD-W)	49.9	50.8	0.9	NS	2,067	1,309
Women's Dietary Diversity Score (WDDS)	4.5	4.4	-0.1	NS	2,067	1,309
Prevalence of underweight women	21.0	19.4	-1.6	NS	1,960	1,316

Nobo Jatra Project Areas	2017 Baseline Mean	2022 Endline Mean	Raw Difference (Endline - Baseline)	Significance Level[1]	Number of Observations	
					Baseline	Endline
Contraceptive Prevalence Rate	77.5	78.8	1.3	NS	1,634	1,109
Percent of births receiving at least 4 antenatal care (ANC) visits	24.1	39.8	15.7	***	589	611
CHILDREN'S HEALTH AND NUTRITION INDICATORS						
Prevalence of underweight children under 5 years of age (Total)	30.2	19.6	-10.6	***	1,672	1,179
Male	32.4	19.1	-13.3	***	833	615
Female	28.0	20.2	-7.8	***	839	564
Prevalence of stunted children under 5 years of age (Total)	26.8	23.4	-3.4	*	1,650	1,178
Male	28.5	24.7	-3.8	NS	818	614
Female	25.1	21.8	-3.3	NS	832	564
Prevalence of wasted children under 5 years of age (Total)	17.4	8.3	-9.1	***	1,652	1,174
Male	19.8	8.2	-11.6	***	821	611
Female	15.1	8.5	-6.6	***	831	563
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	9.8	7.4	-2.4	*	1,700	1,179
Male	11.5	7.6	-3.9	*	849	615
Female	8.2	7.3	-0.9	NS	851	564
Percentage of children under age 5 with diarrhea treated with ORT (Total)	85.2	90.8	5.6	NS	165	87
Male	86.2	92.7	6.5	NS	90	44
Female	84.0	88.5	4.5	NS	75	43
Prevalence of exclusive breast-feeding of children under six months of age	29.2	55.0	25.8	***	160	96
Male	27.8	57.4	29.6	**	65	55
Female	30.1	51.7	21.6	*	95	41
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	38.9	46.0	7.1	*	567	381
Male	38.5	44.7	6.2	NS	285	200
Female	39.2	47.6	8.4	NS	282	181
GENDER INDICATORS						
Percentage of men and women who earned cash in the past 12 months	48.3	47.8	-0.5	NS	5,678	5,198
Percentage of men who earned cash in the past 12 months	77.0	77.6	0.6	NS	2,759	2,598
Percentage of women who earned cash in the past 12 months	21.1	16.5	-4.6	***	2,919	2,600
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	25.8	55.1	29.3	***	1,486	1,277
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	16.1	55.0	38.9	***	503	220
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	52.2	36.1	-16.1	***	1,486	1,277
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	57.1	34.4	-22.7	***	503	220
Project Specific INDICATORS						
Food consumption score (FCS)	59.7	61.2	1.5	*	1847	1,188
Percent households with FCS ≤ 28 (Poor)	3.6	0.2	-3.4	***	1847	1,188
Percent households with FCS > 28 and FCS ≤ 42 (Borderline)	15.8	5.9	-9.9	***	1,847	1,188
Percent households with FCS > 42 and FCS ≤ 52 (Acceptable Low)	15.9	20.5	4.6	**	1,847	1,188
Percent households with FCS > 53 (Acceptable High)	64.7	73.4	8.7	***	1,847	1,188
Mean percent of household income earned by women in the month before assessment	14.9	8.1	-6.8	***	1,347	1,148
Percent of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB	12.9	23.8	10.9	***	1,397	1,547
Percentage of male farmers with access to services	14	28.8	14.8	***	962	998
Percentage of female farmers with access to service	10.3	14.8	4.5	*	435	549
Agriculture related knowledge or information	5.6	6.8	1.2	NS	1,397	1,547
Agriculture inputs (Cash or kind, i.e. seed, fertilizer, irrigation)	3.2	6.6	3.4	***	1,397	1,547
Agriculture service through field visit	1.7	2.9	1.2	*	1,397	1,547
Agriculture through demo plot	0.8	0.6	-0.2	NS	1,397	1,547
E-agriculture services through hotline	0.9	0.6	-0.3	NS	1,397	1,547
Livestock related knowledge and information	1.8	7.0	5.2	***	1,397	1,547
Vaccination for chicken and duck	2.4	9.1	6.7	***	1,397	1,547
Vaccination for goat and sheep	1.4	6.8	5.4	***	1,397	1,547
Vaccination for cows	3.1	6.1	3.0	***	1,397	1,547
Other services	0.7	1.9	1.2	**	1,397	1,547

Nobo Jatra Project Areas	2017 Baseline Mean	2022 Endline Mean	Raw Difference (Endline - Baseline)	Significance Level[1]	Number of Observations	
					Baseline	Endline
Percentage of women of reproductive age who have access to primary healthcare services received from health department of GoB	38.2	69.9	31.7	***	2,067	1,197
Antenatal Care	5	82.6	77.6	***	2,067	155
Postnatal care and vitamin A supplementation	3.6	7.8	4.2	***	2,067	1,197
Iron, folic acid and vitamin A supplementation	15.8	16.5	0.7	NS	2,067	1,309
Child health care services	7.9	23.9	16.0	***	2,067	1,197
Treatment and preventative advice	9	21	12.0	***	2,067	1,309
Growth monitoring and promotion	4	11.0	7.0	***	2,067	1,197
Medication and deworming	15.4	28.7	13.3	***	2,067	1,309
Routine immunization and vitamin A supplementation	15.4	25.0	9.6	***	2,067	1,197
Newborn care	3.1	7.6	4.5	***	2,067	1,197
Other services	6.1	36.9	30.8	***	2,067	1,309
Mean age at marriage for women aged 15-49	15.2	16.6	1.4	***	1,835	1,197
Mean age at marriage for women 15 to 17 years	14.3	15.2	0.9	***	92	30
Mean age at first pregnancy for married women aged 15 - 49	16.9	18.5	1.6	***	1,712	1,114
Mean age at first pregnancy for women 15 to 17 years	14.8	15.8	1.0	***	56	16
Percent of married women aged 15 - 49 who need to seek permission to visit certain locales	73.8	53.4	-20.4	***	2,067	1,197
Percent of women < 30 who seek permission	80.9	57.8	-23.1	***	1,070	582
Percent of women ≥ 30 who seek permission	66.3	50.2	-16.1	***	997	615
Percent of married women aged 15 - 49 who's husbands help with household tasks	38.2	99.8	61.6	***	2,067	1,197
RESILIENCE INDICATORS						
Shock exposure index	60.8	23.4	-37.4	***	NA	1,099
Cumulative impact of shocks	47.1	27.3	-19.8	***	NA	1,099
Ability to recover from past shocks	30.3	13.0	-17.3	***	NA	1,055
Ability to recover from future shocks	33.6	17.8	-15.8	***	NA	1,013
Absorptive capacity index	**19.8**	**26.9**	**7.1**	***	**NA**	**1,084**
Access to informal safety nets	12	12.2	0.2	***	NA	1,099
Bonding social capital	7.3	14.4	7.1	***	NA	1,188
Access to remittances	99.2	0.5	-98.7	NS	NA	1,188
Asset ownership	36.6	29.9	-6.7	***	NA	1,188
Shock preparedness and mitigation	6.1	4.6	-1.5	***	NA	1,099
Whether any household member holds savings	30.1	58.4	28.3	***	NA	1,170
Adaptive capacity index (Not comparable to baseline)	**50.2**	**52.0**	**NA**	***	**NA**	**1,170**
Human capital	93.9	93.9	0.0	***	NA	1,188
Livelihood diversification	30.2	NA	NA	NA	NA	NA
Adoption of improved practices	66.9	63	-3.9	***	NA	1,170
Asset ownership	36.6	29.9	-6.7	***	NA	1,188
Access to financial resources	36.3	17.4	-18.9	***	NA	1,170
Transformative capacity index	**8**	**82.2**	**NA**	NA	**NA**	**1,099**
Access to formal safety nets	4.8	1.9	-2.9	***	NA	1,099
Access to agricultural services	14.3	26.6	12.3	***	NA	1,188
Composite Resilience Capacity Index (Not comparable to baseline)	**33.4**	**40.3**	**NA**	NA	**NA**	**1,084**
Gender- equitable control of income index	75.6	89.0	13.4	***	NA	199
GUIDE						
[1] ns = not significant,* p<0.05, ** p<0.01, *** p<0.001						
[2] Expressed in constant 2010 USD						
NA : Not available						
SD: Standard Deviation						

Nobo Jatra Project Areas	2017 Baseline Mean	2022 Endline Mean	Raw Difference (Endline - Baseline)	Significance Level[1]	Number of Observations	
					Baseline	Endline
Note on Percent of households that can obtain drinking water in less than 30 minutes (round trip): this was calculated incorrectly at baseline. Endline evaluators used baseline data to update the indicator with the correct code.						
1. In the baseline analysis the baseline calculated "access to remittances" differently than specified by the analysis plan. At endline this variable was calculated according to the analysis plan. Therefore these variables are not comparable. 2. The baseline standard deviations were not available for the p-value calculations. Instead, we conducted a one-sample test of the endline mean against the baseline mean value (rather than a two-sample test of equal means). This thus does not reflect the full uncertainty in these estimates and likely overstates the confidence in these differences (the p-value is likely too low). These calculations should be taken with extreme caution. 3. If an indicator was available at baseline but is not listed at endline, this indicator was not collected 4. If an indicator is in bold, it is the index indicator that was compiled from the previously listed resilience indicators.						

ANNEX D: BANGLADESH ERIE DATA TREATMENT AND ANALYSIS PLAN

Appendix begins on the following page.

Quantitative and Qualitative Data Treatment and Analysis Plan:

Endline Study of Food for Peace Development Food Assistance Projects in Bangladesh

February 11, 2022[1]

[1] This publication was produced for review by the Expanding the Reach of Impact Evaluations (ERIE) quantitative and qualitative teams. Minus the language on the comparison/treatment analysis, the analysis plan is based on and utilizes the language from the baseline analysis plan prepared by ICF International, Inc on September 8th, 2016 titled “Data Treatment and Analysis Plan: Baseline Study of Food for Peace Development Food Assistance Projects in Bangladesh". This is to ensure that the analysis done at baseline and endline for the agreed upon indicators is identical.

Table of Contents[2]:

[2] The baseline analysis plan included information on the program's background, survey design and target population, quality control and data processing, field quality control procedures, data entry training and timeline, and data processing quality control procedures, and sampling weights. All of these have been discussed in the inception report. Please refer to the inception report for more information on these topics. More information about the sampling weights can be found in Appendix A as well.

Data Analysis

There will be two parts to our data analysis. First, the indicator analysis will present the changes in evaluation indicators from baseline to endline, in the treatment areas only. A second analysis will compare outcomes between treatment and comparison areas. An overview of the indicator analysis and the treatment/comparison analysis is below.

Pre/Post Indicator Analysis[3]

We will mirror the indicator analysis done in the baseline. We will use the same sampling weights as the baseline (discussed in detail in Appendix A)[4] as well as the documented tabulation methods as cited in the legacy *FFP Indicators Handbook* to calculate all of the indicators (same method used at the baseline). For the pre/post analysis, we will mainly utilize the baseline STATA syntax for these calculations to ensure the analysis between baseline and endline matches. We will follow all baseline indicator analysis methodology for the indicators for the following categories:

- Anthropometry
- Poverty
- Agricultural
- Project-specific
- Resilience

The same applies to the descriptive, bivariate, and resilience analyses. The bivariate analyses will include:

- Household characteristics
- Food security and women's and child nutrition
- Agriculture
- Water, sanitation, and hygiene
- Gender
- Country-specific indicators (food production and MAD, ANC visits and age at first pregnancy)

Data Tabulation for Food for Peace Indicators

The 35 FFP indicators to be included in the data analysis are listed in Table 2. The analyses for all indicators will be disaggregated as noted in Table 2. All indicators will be tabulated using currently documented tabulation methods as cited in the April 2015 *FFP Indicators Handbook.* Confidence intervals (CI) will be provided for all indicators; point estimates and variance estimation (derived using Taylor series expansions) will take into account the design effect associated with the complex sampling design.

[3] Unless otherwise noted, the language in the pre/post indicator analysis section has been copied from the baseline analysis plan to ensure consistent methods between the baseline and endline analysis. We have also removed the bivariate analysis section from the endline analysis plan and we will instead focus on the pre/post analysis and the comparison between treatment and control

[4] Weights will be adjusted for misclassified households and sampling of replacement households

Table 2: Food For Peace Indicators		
Indicator	**Disaggregation Level**	**Data Points**
1. Average Household Dietary Diversity Score (HDDS)	None	Indicator, CI, # households in target area
2. Prevalence of households with moderate or severe hunger - Household Hunger Scale (HHS)	Gendered Household Type	Indicator, CI, # households in target area
3. Prevalence of poverty: Percent of people living on less than $1.25/day (and $1.90/day)[5][6]	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. Percentage of households using an improved drinking water source	None	Indicator, CI, # households in target area
7. Percent of households in target areas practicing correct use of recommend household water treatment technologies	Type of technology	Indicator, CI, # households in target area
8. Percent of households that can obtain drinking water in less than 30 minutes (round trip)	None	Indicator, CI, # households in target area
9. Percentage of households using improved sanitation facilities	None	Indicator, CI, # households in target area
10. Percent of households in target areas practicing open defecation	None	Indicator, CI, # households in target area
11. Percentage of households with soap and water at a handwashing station commonly used by family members	None	Indicator, CI, # households in target area
12. Percentage of farmers who used financial services (savings, agricultural credit, in the past 12 months	Sex	Indicator, CI, # farmers in target area

[5] In October 2015, the World Bank set a new poverty line at $1.90. Poverty indicators will be calculated for the $1.25 and $1.90 thresholds separately.
[6] The poverty line is still set at $1.90 a day as of 2020 according to the World Bank.

13. 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
14. 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[7]	Sex, type of activity (crop, livestock, NRM)	Indicator, CI, # farmers in target area
15. Percentage of farmers who used improved storage practices in the past 12 months	Sex	Indicator, CI, # farmers in target area
16. Prevalence of underweight women of reproductive age	None	Indicator, CI, # women 15-49 years in target area (excluding pregnant women)
17. Minimum Dietary Diversity – Women (MDD-W) Proportion of women of reproductive age in the project area who are consuming a minimum dietary diversity	None	Indicator, CI, # women 15-49 years in target area
18. Percent of births receiving at least four antenatal care (ANC) visits during pregnancy	None	Indicator, CI, # women 15-49 with a live birth in the past 5 years in the target area
19. 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	None	Indicator, CI, # women 15-49 years in target area who are married or in a union
21. Prevalence of underweight children under five years of age	Sex	Indicator, CI, # children 0–59 months in target area
22. Prevalence of stunted children under five years of age	Sex	Indicator, CI, # children 0–59 months in target area
23. Percentage of children under age five who had diarrhea in the prior two weeks	Sex	Indicator, CI, # children 0–59 months in target area
24. Percentage of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT)	Sex	Indicator, CI, # children 0–59 months in target area who had diarrhea in the last two weeks
25. Prevalence of exclusive breastfeeding of children under six months of age	Sex	Indicator, CI, # children < 6 months in target area
26. Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	Sex	Indicator, CI, # children 6-23 months in target area
28. Percentage of men and women who earned cash in the past 12 months	Sex	Indicator, CI, # of men and women in target area
29. Percentage of men/women in union and earning cash who make decisions alone about the use of self-earned cash	Sex	Indicator, CI, # of men or women in target area

[7] The Minimum number of practices will be based on the baseline thresholds for each sub indicator (crop, livestock, NRM)

30. Percentage of men/women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	Sex	Indicator, CI, # of men or women in target area
31. Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	Sex	Indicator, CI, # of men and women in target area
32. Percentage of men/women in union with children under two who make MHN decisions alone	Sex	Indicator, CI, # of men or women in target area
33. Percentage of men/women in union with children under two who make MHN decisions jointly with spouse/partner	Sex	Indicator, CI, # of men or women in target area
34. Percentage of men/women in union with children under two who make CHN decisions alone	Sex	Indicator, CI, # of men or women in target area
35. Percentage of men/women in union with children under two who make CHN decisions jointly with spouse/partner	Sex	Indicator, CI, # of men or women in target area

Anthropometry Indicators[8]

For all anthropometric indicators we will utilize the same methods as the baseline analysis. This includes calculating Z-scores by using WHO's Child Growth Standards, which will be downloaded from the WHO website.[9] 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 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 B.

Agricultural Indicators

Country-specific adaptations of the FFP agricultural indicators were discussed with FFP, FANTA, and FFP during the Bangladesh baseline workshop held in January, 2016. 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

[8] The anthropometry indicator section has been updated due to some inconsistent language. The same process will be done during the endline analysis that was done during the baseline analysis.
[9] http://www.who.int/childgrowth/software/en/

sustainable agricultural practices indicators and sub-indicators are set by the FFP awardees and may be revised based on preliminary survey results. See Appendix C 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:

- 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.
- 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 to be promoted by the project divided by the sample weighted total number of eligible farmers.
- 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[10] of sustainable agricultural practices and/or technologies to be 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 and the prevalence of women aged 15-49 who consume targeted nutrient-rich value chain commodities are calculated using the targeted nutrient-rich value chain commodities identified as being promoted by the projects. The projects did not identify any targeted nutrient-rich value chain commodities so these two indicators will not be calculated for Bangladesh.

Project-Specific Indicators[11]

In addition to the 35 FFP indicators given in Table 2, each FFP project selects and defines a set of indicators based on the strategic objectives for the project. These indicators were discussed during the Bangladesh baseline workshop held in February 2016, and will be tabulated based on the definitions and methodology provided by the FFP awardees. The indicators are listed below and their definitions and tabulation plans are provided in Appendix D.

- Percent of households consuming poor and borderline diets based on the food consumption score (FCS);
- Percentage of women of reproductive age who have access to primary healthcare services received from health department of Government of Bangladesh (GoB)

[10] The project-defined minimum threshold by default is set at 3. This was the threshold used during the baseline analysis. We will discuss this threshold with project implementers to see if they're project-defined minimum threshold has changed.

[11] 3 project specific indicators have been dropped from the endline analysis. This includes the mean number of income sources (farm and off-farm) for households in project areas, percent of households producing vitamin-A rich foods, and percent of households producing animal sourced food.

- Percentage of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB.
- Mean age at marriage among women aged 15-49
- Mean age at first pregnancy for married women aged 15-49
- Percent of married women aged 15-49 who need to seek permission to visit certain locales
- Percent of married women aged 15-49 whose husbands help with household tasks
- Percent of household income earned by women in the month before assessment
- Percent of wasted children under 5 years of ageResilience Indicators

In addition to the 35 FFP indicators, FFP also requires the computation of a suite of resilience indicators. The resilience questionnaire module and indicators were developed through an independent consultant and the USAID Center for Resilience. The ability to measure resilience involves measuring the relationship between shocks, capacities, responses, and future states of well-being. Thus there is no single indicator that measures resilience, but a set of indicators to be used as part of a measurement framework. Resilience indicators and their definitions are described in Appendix E.

Descriptive Analyses

Additional univariate 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 re

sults for individual questions that contribute to the calculation of the FFP indicators. These analyses will include:

- Characteristics of households: average household size, household headship, gendered household type, ethnicity and 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
- 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
- Physiological status of women 15-49 years old: percent less than 145 cm in height, percent underweight, normal, overweight and obese
- Minimum dietary diversity for women: food groups consumed
- Prevalence of stunted and underweight children under 5 years of age by 6 month age groups

- 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
- Components of MAD for children 6-23 months: meal frequency, dietary diversity, food groups consumed

Resilience Analyses

Multivariate analyses will be conducted exploring the relationship between resilience indicators and other FFP indicators. These multivariate analyses will be designed to address the following research questions:

- How is household food security associated with household and community resilience capacities?
- How are children's nutrition outcomes associated with household and community resilience capacities?
- How are economic well-being outcomes associated with household and community resilience?
- How are households' ability to recover from shocks influenced by household and community resilience capacities?

A detailed analysis plan for the resilience analyses is provided in Annex F.

Treatment and Comparison Analysis

We propose to enhance the currently planned endline evaluation of the legacy FFP projects, which would rely on a pre-post evaluation design, by conducting a rigorous impact evaluation using a matched comparison group design, complemented by qualitative data on project implementation, performance and sustainability. We will look at the difference between the treatment and comparison clusters for each research question listed in the section above. We will also use data on agricultural conditions from a variety of outside sources to explore how the program's treatment effects have varied with exposure to weather shocks and agricultural production.

We will customize our analytical methods to address each research question. We will also provide a summary table showing indicator results for the treatment and comparison villages.

Research Question #1: To what extent have the projects met their defined goals, purposes and outcomes?

We will estimate the extent of participation in FFP interventions during the program. To do so, we will make use of a combination of household survey data and qualitative interviews with community members, district-level government staff, and project implementers.

On the quantitative side, we will analyze how many and which project practices households in the treatment and comparison villages are utilizing. This will include analyzing data on treatment participation, use of health services, antenatal care received, exclusive breastfeeding, age at first pregnancy, division of labor in household tasks, sanitation practices, agricultural services used, communication between household members, and whether or not wives sought permission for certain activities. Using qualitative methods, we will explore with participants how and why they took part in interventions to greater or lesser degrees and the outcomes they have experienced. We will focus on the defined goals, purposes and outcomes of the projects as stated in their logic models and theories of changes, and identify whether the models have led to the desired goals. If not, we will explore where in the path the model broke down. If they have been successful, we will seek information on the facilitators and explanations for success.

The FFP interventions also sought to target women and the most vulnerable households. In order to see if the program accomplished this goal, we will analyze program participation across female-headed households compared to non-female headed households and we will also look at participation across low-income households. Participation across these two groups should shed light on how well the program targeting strategies worked.

One of the main goals of the project was to reduce food insecurity. To analyze whether or not the project was able to accomplish this relative to the comparison group, we will calculate the Household Hunger Scale (HHS), Food Consumption Score (FCS), the Dietary Diversity Score (DDS) for women and children under 2, and the Minimum Acceptable Diet (MAD) for both the treatment and comparison villages.

We will use sampling weights to construct these estimates and provide separate subgroup estimates by (a) child gender, (b) household asset ownership levels, (c) district, (d) and extent of participation in FFP activities. We will then assess the impacts of the FFP projects on child stunting rates in our full sample of under-5 children using the following specifications:

$$(1)\ stunting_{ivp} = \alpha + \beta Treatment_{vp} + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{ivp}) + D_p + \epsilon_{ivp}$$

In equation 1, $stunting_{ivp}$ reflects the stunting status of child *i,* in village *v*, in matched village pair *p*, $Treatment$ reflects whether the village was supported under the FFP program, $stunting_{vp,2016}$ is the village's predicted baseline stunting rate, $\Delta stunting_{vp,2016-2020}$ is the change in predicted stunting between 2016 and 2020, $f(X_{ivp})$ is a flexible set of child and household controls, including age, gender, and parents' education, and D_p are matched village pair dummies (fixed effects) that adjust for further unobserved differences.

This specification will allow us to compare current stunting rates in villages whose baseline rates and preceding trends were otherwise comparable (i.e., within matched village pairs), thereby accounting for a variety of village-level time-invariant unobservables that are correlated with these baseline rates.

To account for any residual spatial correlation in stunting rates, we will estimate standard errors using clustering at the matched pair level. Moreover, we may further explore any spatial spillovers from FFP villages to nearby villages using a spatial weighting matrix to include a weighted sum of nearby FFP treatment villages as an additional control.

We will similarly conduct the same analysis to equation 1 above using a child's underweight status as the outcome indicator instead of stunting. Moreover, we will further disaggregate the impacts across the aforementioned five subgroups by interacting subgroup status with FFP support.

Additionally, in a similar specification we will look at depth of poverty and HDDS as seen in equation 2 represented as y_{ivp}.

$$(2)\ y_{ivp} = \alpha + \beta Treatment_{vp} + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{ivp}) + D_p + \epsilon_{ivp}$$

By using key indicators from the household survey we will thus develop a rich set of measures that describe the extent to which FFP-related activities were adopted by respondents, what helped or hurt the project's ability to implement it's programs, and whether or not it has reduced food insecurity.

The project may have also faced challenges related to economic or physical shocks such as flooding, COVID, price fluctuations, etc. that could have prevented it from achieving its goals. In

order to see what challenges the project had to overcome to deliver their treatments and to ensure the challenges are comparable between treatment and comparison villages, we will look at the type and number of shocks households faced overall to paint a picture of what types of challenges the project faced during implementation that may have impacted outcomes for both comparison and treatment villages.

Research Question #2: To what extent have the projects developed resilience capacities and whether these capacities contributed or will likely contribute to sustain the food and nutrition security outcomes in the face of shocks?

We will use a variety of methods to assess the impact of the FFP projects on resiliency specifically on households ability to improve and maintain resilience capacities, any changes in resilience capacities, and understanding the role of those capacities to absorb and adapt to shocks. The household survey will collect data on dimensions of resilience including type and impact of shocks, coping mechanisms, need for direct food aid, assets, nutrition, demographics (gender, age composition), human capital (health, education), natural capital (land, forest, and water), social capital (community relationships and support systems) and coping mechanisms. Data on coping mechanisms will be used as elements of the Coping Strategy Index (Maxwell and Caldwell 2008). These quantitative measures will complement qualitative data on community and household levels of resilience on similar topics from focus groups and key informant interviews. The qualitative data will include contextualized information on shocks and stresses participants experienced and the coping mechanisms they employed. We will explore how and why different coping mechanisms are used, and participants' assessment of their effectiveness, strengths and weaknesses. We will specifically target members of particularly resilient households for interviews, to understand how they built their resilience capacities, why they made the decisions they did, and the factors that allowed them to do so. We will focus on the theories of change for the projects to try to determine which paths have been successful and which and not and why. We will identify common barriers and facilitators of success as well.

Quantitative analysis will include priority ranking of resilience characteristics overall and by different groups, scoring and plotting the achievement of priority resilience characteristics in normal and crisis periods according to different types of capital categories (human capital versus social capital versus natural capital, for example), compilation and aggregation of the features and attributes of resilient households, and compilation of resilience building interventions most frequently mentioned as factors of attained or needed resilience (UNDP Community Based Resilience Analysis (CoBRA) Conceptual Framework and Methodology). Identification of "positive deviants" will allow us to identify what they have done to leverage project activities effectively.

In equation 3, we will look at the Coping Strategy Index for households and how the FFP program may have impacted it. CSI_{hvp} reflects the coping strategy index of household *h*, in

village *v*, in matched village pair *p*, $Treatment_{vp}$ reflects whether the village was supported under the FFP program, $stunting_{vp,2016}$ is the village's predicted baseline stunting rate, Δ $stunting_{vp,2016-2020}$ is the change in predicted stunting between 2016 and 2020, $f(X_{ivp})$ is a flexible set of child and household controls, including age, gender, and parents' education, and D_p are matched village pair dummies (fixed effects) that adjust for further unobserved differences.

$$(3)\ CSI_{hvp} = \alpha + \beta Treatment_{vp} + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{hvp}) + D_p + \epsilon_{hvp}$$

Households' ability to be resilient in the face of shocks can also have an impact on food and nutrition security outcomes. We will estimate changes in child stunting and underweight rates and related outcomes such as depth of poverty and HDDS among our sample of the FFP-supported villages between the baseline survey round and our newly collected data in order to understand how resilience capacities sustain and further improve food and nutrition security outcomes in the face of future shocks. The equation for this analysis can be seen below.

$$(4)\ stunting_{ivp} = \alpha + \beta Treatment_{vp} + \mu Treatment_{vp} * shock_{hvp} + \omega\, shock_{hvp} + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{ivp}) + D_p + \epsilon_{ivp}$$

Research Question #3: In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance to the target communities?

The main source of data for this research question will come from qualitative data analysis. The qualitative data will include information from participants and implementers on the full range of technical sectors. Interview guides have been designed to focus discussions on implementation process, effectiveness, and acceptability. Interviews will explore the effects of different implementation types on the outcomes of interest, and collect perspectives on how and why implementation was successful or not. Our analysis will pull together data on themes that will inform our understanding of not only effectiveness but relevance of technical interventions including the food-for-asset and/or cash-for-asset interventions. We will look for facilitators and barriers to success, and how implementation decisions affected participation and sustainability.

The second part of this question asks if there are interventions and implementation processes deemed more/less acceptable to members of the target communities. While this information will again mainly come from the qualitative team, the quantitative data includes a suite of questions regarding project participation for each household. We will look at the level of participation across the different treatments to determine if there is more participation in certain treatments than others. We will also look at what treatments households previously participated in compared to treatments they currently participate in. There may be treatments that have higher

current participation potentially showing more popularity while others had higher participation in the past with lower interest today.

Research Question #4: To what extent have the projects strengthened local level systems and capacities of service and input providers to support the market-based input and service provisioning to prepare for the extension phase, and beyond the life of the project?

This research question will draw heavily on the results from qualitative focus groups and KIIs. We will interview service and input providers regarding the skills, resources, motivations and linkages they possess to continue providing services and inputs. We will also interview project participants regarding their willingness to pay for services and inputs. Interviews with implementers will help us better understand the inputs they targeted toward sustainability, and interviews with providers and participants will shed light on the outcomes of these efforts. Our qualitative tools include questions that explore whether the communities of interest and providers who work in them have continued, dropped, scaled-up, or sustained the activities and infrastructure promoted by the project. These tools also capture the factors that influence whether the interventions are being sustained or not sustained.

Analysis of this data will shed light on the extent to which the projects strengthened local level systems and capacities. During the analysis, we will examine capacity-related questions and their related codes to answer these questions. Ultimately, we will synthesize, summarize, and present evidence on how certain strategies, such as having access to continued training or training others to perform the necessary work, influenced the projects' trajectories.

Research Question #5: Have there been unintended consequences (either positive or negative) from the programming?

We will pull from both the qualitative and quantitative data to understand what unexpected changes have occurred as a consequence of FFP Bangladesh programming. The qualitative data will help point to any unexpected changes that may have come up in KIIs and focus groups and will help to inform the quantitative data analysis. We will also check to see if there are any surprising differences in treatment and comparison villages across key indicators such as HHS, FCS, shocks (type and number), resiliency, agricultural production, stunting, and other child health indicators.

(5) $$Y_{ivp} = \alpha + \beta Treatment + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{ivp}) + D_p + \epsilon_{ivp}$$

Where Y_{ivp} reflects the outcome of the child *i,* in village *v*, in matched village pair *p,* $Treatment$ reflects whether the village was supported under the FFP program, $stunting_{vp,2016}$ is the village's predicted baseline stunting rate, $\Delta stunting_{vp,2016-2020}$ is the change in predicted stunting between 2016 and 2020, $f(X_{ivp})$ is a flexible set of child and household controls, including age, gender, and parents' education, and D_p are matched village pair dummies (fixed

effects) that adjust for further unobserved differences. *Y* represents unexpected child level consequences such as child schooling attainment and child marriage. As mentioned above, the results of the qualitative analysis will help us identify unexpected outcomes including specific child level outcomes that we will test as part of this analysis.

$$(6)\ Y_{hvp} = \alpha + \beta Treatment + \gamma stunting_{vp,2016} + \rho \Delta stunting_{vp,2016-2020} + f(X_{hvp}) + D_p + \epsilon_{hvp}$$

While equation 5 represents child level outcomes, equation 6 focuses on unexpected household level outcomes such as the type of crops planted on plots. Should we find these unintended consequences, we will look at any connection between those consequences and households ability to improve or sustain household food and nutrition security through HHS, FCS, and anthropometric results.

Qualitative Data Treatment and Analysis Plan

The qualitative tools will inform all five main research questions from the stakeholders. Prior to the analysis stage, all recorded interviews will be transcribed and translated. We will adopt the following processes:

1. *Transcription and translation:* All FGDs and KIIs were audio recorded and notes were taken. During transcription, transcribers will listen to the audio recordings, usually in Bangla or one of the CHT's ethnic languages, and translate and transcribe the interviews verbatim into English. By verbatim, we mean the sense of what the speaker is conveying, as opposed to a word-for-word translation. Each transcript will receive three passes, once when it is transcribed, a second time when the transcriber or another team member listens to the recording and ensures everything has been included and translated and transcribed correctly, and a third time by a native English speaker who reads the transcript for clarity in English. Audio files, field note files and transcripts will be named using preset naming conventions so they are easily found and linked. 106 interviews will be transcribed and analyzed for the SAPLING project, 69 for the *Nobo Jatra* project, and 103 for the SHOUHARDO project.
2. *Data cleaning:* After transcription is complete, all FGD and KII transcripts will be cleaned by a team of transcribers and coders. The cleaning process will include cleaning up partial sentences or words and writing out any abbreviations or acronyms. Referring to the field notes and recordings, the cleaners will indicate when something is added to the transcript by putting it in brackets. Corrections of typos or abbreviations used in transcribing will be added directly to the text. Formatting will be cleaned up to ensure questions are in bold and answers in plain text, speakers are correctly identified, and margins are maintained for readability. When pronouns are found in the text, the title and name of the person will be added in brackets, so that extracted text will be comprehensible. Titles and identifiers will be added in brackets after people's names for the same reason. Interviewer and notetaker notes will be added in brackets, to ensure full understanding for those reading the transcripts. Any name for an activity, product, or aspect of the project given in the local language will be supplemented with its English name. All the final transcripts will be reviewed for their completeness and clarity before the analysis.
3. *Data coding:* The qualitative analysis team will read all typed transcripts and identify and categorize data into a hierarchy of concepts and themes. The ERIE team has developed a codebook specific to each project to structure the coding of transcripts. The codes are organized via mother and child based on the main research questions and sub-questions and the theory of change for each project. Codes will be manually assigned using NVivo software to all data capturing concepts and categories for further analysis. During the coding process, mother codes or child codes will be assigned to segments of each response. After coding, the team will generate a summary report based on the main codes for further analysis.

4. *Analysis:* The ERIE team will produce their analysis by observing the general patterns that appear in the code summaries, tabulating the codes, identifying agreement and disagreement on topics, and noting the frequency of occurrences. Analysis of the transcripts will focus on content and context, descriptions, language, and narratives that reveal respondents' respective viewpoints on the process and effects of programming. Given the fact that this evaluation is participant-informed and -prioritized, the researchers will include narratives and snippets of interviews to illustrate findings from the study.

We will prepare a separate qualitative report for SAPLING. For SHOUHARDO and *Nobo Jatra*, the qualitative findings will be incorporated with quantitative findings into joint reports, where the qualitative and quantitative findings can complement each other.

Appendices

Appendix A: Sampling Weights[12]

MODIFIED SAMPLING DESIGN

The endline survey modified the stratification within villages compared to the baseline sampling structure to get a more efficient sample design. We retained *the same number of actual observations for both child and household surveys.* We achieved this same number of observations by visiting fewer households. We plan to conduct 22 household surveys and 20 child surveys from 31 households rather than the 35 households selected at baseline. We will then re-weight these 20 child surveys appropriately to accurately represent the full population.

During the household listing exercise, enumerators collected information on the presence of under 5 children in each household. Households were sorted into two subframes. Subframe 1 included households that have under 5 children while subframe 2 included households without under 5 children. After the household listing exercise was completed, we had a complete list of all households in each village. From these lists, we randomly selected:

1. 20 households from subframe 1. Out of those 20, 11 were randomly selected to receive both a household survey and child survey and 9 were randomly selected to receive just a child survey.
    a. 9 households surveyed with only the child survey
    b. 11 households surveyed with both the household and child survey
2. 11 households from subframe 2. All of these households received a household survey.
    a. 11 households surveyed with only the household survey

After the survey is completed, the researchers will weight the indicator estimates to reflect the number of households with and without U5 children in each village, as is commonly done for surveys with stratified samples. At baseline, the average household shares in the U5 and non-U5 strata were 31.24% of households with a U5 child and 68.76% without a U5 child. These shares may have changed in the past four years, so we will re-estimate them for each village using the household listing, and then generate weights for the U5 and non-U5 households on that basis.

For more details on the sampling frame see “Annex 2: Sampling Frame - Overview” of the inception report from May 27th, 2021.

Household Weights

The endline household weights will closely mirror the baseline weight calculations. For more info on the baseline household weights, see Annex 4 from the Baseline report, “Data Treatment and Analysis Plan”. Household sampling probabilities will be calculated in the following manner:

Stage		**Methodology**

[12] This appendix has been updated with endline information but is based on the baseline sampling weights section to ensure consistency.

First stage sampling probability	PF	Utilizing the PPS sampling method, we will calculate the village level probability of selection
Overall second stage sampling	PS	This is the probability of household selection.
U5 households: Second stage sampling probability	PS_{C1}	For total households with U5 children: 20 households were administered child surveys, so this households probability will be 20 divided by the total number of households listed as having U5 children.
	PS_{C2}	For households that were given the household survey and child survey the probability will be 11 divided by 20.
Non-U5 households: Second stage sampling probability	PS_{WC}	For households without U5 children, the number of surveys (11) will be divided by the total number of households from the household listing without U5 children

Utilizing the sampling probabilities we will calculate the household level sampling weights for all modules as seen in the following table:

Households	**Equation**
9 Households with U5 children child survey	$1/ (PF \times PS_{C1})$
11 Households with U5 children with both household and child survey	$1/ (PF \times PS_{C1} \times PS_{WC})$
11 Households without U5 children	$1/ (PF \times PS_{WC})$

Note that an implicit household level nonresponse adjustment will be applied by using the number of completed household interviews, rather than the sampled number in the above equations.

Individual Weights

Since some modules are for individual members of the household, individual sampling weights will be utilized for the following groups of respondents:

- Children (module D1 and D2)
- Women of reproductive age (module E1 and E2)
- Farmers (module G)
- Cash earners (module J)

In treatment villages, all eligible individuals in the household were interviewed for their respective modules. This means the probability of selection is 1 so this will only need to be adjusted for any non-response if members of the household were unavailable for the survey (total number of completed interviews for each group divided by total number of eligible respondents for that group).

In comparison villages, only one farmer, one woman of reproductive age ever married, one woman of reproductive age never married, and one farmer were selected to receive the survey. For these modules, we will calculate individual weights by dividing the total number of completed interviews for those modules by the total number of eligible respondents in the household for those modules.

Appendix B: Methodology to Derive Poverty Indicators[13]

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

The prevalence of household poverty will be measured using information on household expenditures to compute a household consumption aggregate. The consumption aggregates will be constructed following guidelines from Deaton & Zaidi (2002)[14] and Grosh & Muñoz (1996)[15] by adding together the various goods and services consumed by each household during a period of 12 months. The various components of consumption will be grouped together into 6 main categories, including food, usual expenses (expenses in the last 7 days), occasional expenses (expenses in the last 30 days), unusual expenses (expenses in the last 12 months), and durable assets. Housing-related expenses will also be included for Bangladesh.

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

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

The reported values for each item and each consumption component will be checked for outliers to detect possible coding errors or extreme values. Depending on the distribution of variable, values that are 1 to 5 standard deviations (SD) over the average will be flagged and checked for plausibility. Values deemed implausible will be imputed using the methodology described above.

Besides this general methodology, some components require specific computations.

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[13] This appendix has been pulled directly from the baseline data analysis plan to ensure consistency between baseline and endline analysis.

[14] 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

[15] 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

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. In the latter case, households were asked to estimate the value of the food items consumed from their own production or those received in-kind. 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. Finally, overall food consumption data for each household was checked for missing data and outliers. Any missing values and outliers are replaced using the median for daily per capita expenditures.

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 will be calculated as the annual rental equivalent of owning the asset. This rental equivalent is computed as the price of the asset in its current shape multiplied by the sum of the real interest rate and the depreciation rate:

$$S_tP_t\,(r_t{-}\pi_t + \delta)$$

Where S_tP_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 will be computed separately.

1. Current value of the asset (S_tP_t): This will be 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 will be obtained from

the World Bank[16] and averaged for the appropriate period 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:

$$1 - \left(\frac{P_t}{P_{t-T}}\right)^{1/T}$$

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 will be 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 will be 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 is then derived by dividing the annual rental equivalent over the number of members in the household and the 365 days of the year.

Housing

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

The baseline survey will collect information on rent paid among renters, and an estimated rental equivalent for non-renters. It is likely that the housing rental market is small and a significant amount of non-renters are unable to provide an estimated rental equivalent. These missing responses will be imputed using two approaches. First, the age of the house and its current replacement value will be used to estimate a housing rental equivalent, using the methodology described above for durable goods. For those cases where the estimated current value or age of the house are not available, a hedonic OLS (Ordinary Least Squares) regression model will be used (where “hedonic” regression is a preference method of estimating demand or value), as suggested by Grosh & Muñoz (1996). The model will be 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 may include:

- Housing characteristics: number of members, type of water access, type of sanitation services.
- Socio-economic status: consumption sub-aggregates, and asset ownership.
- Location: District

The final model will be estimated based on the following regression equation,

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

[16] http://data.worldbank.org/indicator/FR.INR.RINR/countries

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 will contain consumption variables in log form and a set of dummies for all categorical variables. In order to avoid problems with multicollinearity, a forward stepwise regression approach will be 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 will be applied to the vector of independent variables among non-renting households to estimate their annual rent equivalent.

· **Average daily per capita expenditures**

In October, 2015, the World Bank raised the poverty line to USD $1.90 using 2011 purchasing power parity (PPP) rates. To facilitate the transition between the 2011 PPP rates and the prior framework based on 2005 PPP rates, the final consumption aggregate will be expressed as average daily per capita expenditure in constant 2010 US dollars, using both the 2005 and the 2011 PPP adjustment to 2010 US prices.

- 2005 PPP rates: The steps to convert daily per capita expenditure data collected in the country local currency units (LCU) to constant 2010 US$ (2005 PPP adjusted to 2010 US prices) will be:
    1. Convert LCU at the time of the survey to LCU (April 2016) at 2005 prices, by dividing by the ratio of the CPI of the survey month to the average annual CPI in 2005.
    2. Convert 2005 LCU to 2005 US$ by dividing by the 2005 PPP conversion rate of 25.49.[17]
    3. Convert US$ in 2005 prices to US$ in 2010 prices by multiplying by 1.1165, which is the ratio of the US CPI in 2010 to the US CPI in 2005.[18]
- 2011 PPP rates: The steps to convert daily per capita expenditure data collected in the country local currency units (LCU) to constant 2010 US$ (2011 PPP adjusted to 2010 US prices) will be:
    1. Convert LCU at the time of the survey to LCU (April 2016) at 2011 prices, by dividing by the ratio of the CPI of the survey month to the average annual CPI in 2011.
    2. Convert 2011 LCU to 2011 US$ by dividing by the 2011 PPP conversion rate of 24.85.[19]
    3. Convert US$ in 2011 prices to US$ in 2010 prices by dividing by 1.032, which is the ratio of the US CPI in 2011 to the US CPI in 2010.

Note that Average Daily per capita expenditure is expressed in US$ in 2010 prices in order to enable comparisons with other countries-so a common standard is essential.

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[17] PPP conversion factor, private consumption (LCU per international$), 2005 International Comparison Program. Available at: http://data.worldbank.org/indicator/PA.NUS.PRVT.PP.05?page=2

[18] 2005 CPI annual average = 195.30 (http://www.bls.gov/cpi/cpid05av.pdf), 2010 CPI annual average = 218.06 (http://www.bls.gov/cpi/cpid10av.pdf). 218.06/195.30 = 1.1165.

[19] PPP conversion factor, private consumption (LCU per international$), 2011 International Comparison Program. Available at http://data.worldbank.org/indicator/PA.NUS.PRVT.PP

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. To facilitate the transition between the 2011 PPP rates and the prior framework based on 2005 PPP rates, the poverty line will be defined as a daily per capita consumption of less than US$1.25 at 2005 prices, or less than US$1.90 at 2011 prices. Consumption data from the baseline will be collected in Bangladeshi Taka (local currency units, or LCU). In order to compare the Bangladeshi consumption data in gourds to the international poverty lines, the poverty lines first need to be converted into the LCU. However if we use current market exchange rates we would underestimate consumption. One Bangladeshi Taka can buy more products and services in Bangladesh than the equivalent amount in US$ (1 Taka = US$0.013)[20] can purchase in the US. The conversion of LCUs to US$ should use 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. Poverty lines will be calculated to estimate the proportion of the population living in extreme poverty, defined as:

- Average daily consumption of less than US$1.25 per day, converted into LCU (i.e. Bangladeshi Taka in Bangladesh) at 2005 Purchasing Power Parity (PPP) exchange rates. This is done following two steps:
    1. The $1.25 line will be converted into LCU, using the 2005 PPP exchange rate for Bangladesh of 25.49.
    2. The resulting figure ($1.25*25.49=31.8625) will be adjusted for cumulative price inflation since 2005. The adjustment will be done using the average monthly inflation in 2005 as the base factor, and the monthly inflation for each of the survey months as the numerator. For example, the inflation factor in April 2016 was 2.2338 (base = 2005), so the US$1.25 poverty line is equal to 31.8625*2.2338= 71.1745 in April 2016 Bangladeshi Taka.
- Average daily consumption of less than US$1.90 per day, converted into LCU (i.e. Bangladeshi Taka in Bangladesh) at 2011 Purchasing Power Parity (PPP) exchange rates. This is done following two steps:
    1. The $1.90 line will be converted into LCU, using the 2011 PPP exchange rate for Bangladesh of 24.85.
    2. The resulting figure ($1.90*24.85=47.215) will be adjusted for cumulative price inflation since 2011. The adjustment will be done using the average monthly inflation in 2011 as the base factor, and the monthly inflation for each of the survey months as the numerator. For example, the inflation factor in April 2016 was 1.3551 (base = 2011), so the US$1.90 poverty line in April 2016 is equal to 47.215*1.3551 = 63.9810 in April 2016 Bangladeshi Taka.

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).

[20] http://www.xe.com/currencyconverter/convert/?From=BDT&To=USD

Mean depth of poverty is sometimes also called 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.

Appendix C: Agriculture Indicators[21]

Indicator	Responses Included	Question Number
Percentage of farmers who used financial services in the past 12 months	1. Agricultural credit 2. Savings 3. Agricultural insurance	G07 G08a G08b
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	1. Purchase of inputs through agro-dealers and/or community associations 2. Use of mobile financial services 3. Use of financial services other than mobile 4. Use of training and extension services 5. Contract farming 6. Use of feed lots or improved feeding practices 7. Sorting, grading, drying, processing and packaging for selling/storage 8. Trading or marketing produce through agro- vets/community associations/cooperatives 9. Use of formal marketing systems for livestock, and/or vegetables and/or dry fish and/or fruits and/or spices, honey, high valued/cash crop, coffee, etc.	G10
Percentage of farmers using at least *(minimum number defined by project)* sustainable agricultural practices and/or technologies in the past 12 months	<u>FOR CROPS:</u> 1. Organic manure/compost 2. Planting basins/improved bed 3. Mulching 4. Line sowing 5. Ripping into residues 6. Tied ridges 7. Pot-holing/pit crop 8. Crop rotations 9. Intercropping 10. Integrated Pest Management (IPM) 11. Early planting	G13B

[21] This appendix has been pulled directly from the baseline data analysis plan to ensure consistency between baseline and endline analysis.

	12. Use of improved crop varieties 13. Contour planting with hedge row 14. Artificial pollination 15. Dyke cropping 16. Use of improved seeds (certified/truthful labeling 17. Urea deep placement <u>FOR ANIMALS</u> 1. Improved animal shelters 2. Vaccinations 3. Deworming 4. Improved breed selection 5. Homemade animal feed made of locally available products 6. Animal feed supplied by stock feed manufacturer 7. Artificial insemination 8. Pen feeding or improved feeding practices 9. Fodder production 10. Used the services of community animal health workers/paravets <u>FOR NATURAL RESOURCE MANAGEMENT</u> 1. Management or protection of watersheds or water catchments 2. Agro-forestry 3. Management of forest plantation 4. Regeneration of natural landscapes 5. Sustainable harvesting of forest products	
Percentage of farmers who used improved storage practices in the past 12 months	1. Hermetic storage 2. Improved granary 3. Warehousing 4. Grain bag with bio-pesticides	G21

Value chain activities for G10	
1. Purchase inputs through agro-dealers and/or community associations	Purchase inputs such as seeds, fertilizers from agro dealers and/or community associations
2. Use of mobile financial services	Use of mobile financial services for obtaining agricultural credit or savings.
3. Use of financial services other than mobile	Use of non-mobile financial services for obtaining agricultural credit or savings.
4. Use of training and extension services	Use of training and extension services provided by NGOs, Government Organizations, Community Based Organizations, lead firms, etc.
5. 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.
6. Use of feed lots or 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.
7. Sorting, grading, drying, processing and packaging for selling/storage	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).
8. Trading/marketing produce through agro-vets/community associations/cooperatives	Selling produce via a cooperative, agro-dealer, community association, cooperatives or other type of producer organization.
9. Use of formal marketing systems for livestock, and/or vegetables and/or dry fish and/or fruits and/or spices, honey, high valued/cash crop, coffee, etc.	Selling livestock, vegetables, dry fish, fruits, spices, honey, high value cash crops or coffee via a cooperative, association or other type of formal marketing organization.

Agricultural practices/techniques for crops for G13B	
1. Organic Manure/Compost	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. 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.
2. Planting basins/improved bed	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.
3. 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.
4. Line Sowing	Drilling or line sowing is dropping of seeds into the soil with the help of implement such as mogha, seed drill, seed-cum-ferti driller or mechanical seed drill and then the seeds are covered by wooden plank or harrow to have contact between seed & soil. Crops like Jowar, wheat Bajara, etc. are sown by this method.
5. Ripping into residues	A minimum tillage technique that involves opening planting lines in a non-ploughed field that is covered with residues from the previous crop.
6. Tied 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.
7. Pot-holding/pit crop	Pot holing/pit crop refers to a conservation farming technique that involves making holes in the field. During crop production, inputs & fertilizers/manure, seed, water, lime & all concentrate in the prepared hole as opposed to being spread over an area in furrow cultivation. This concentration of growth enhancing factors around the plant significantly increases yield.
8. 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.

Agricultural practices/techniques for crops for G13B	
9. 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.
10. Integrated Pest Management (IPM)	Pest control that involves scouting, determining pest thresholds, biological control and use of chemicals only when it is necessary to do so.
11. Early planting	Planting early. Short cycle crops are most recommended for this technique (not more than 4 months of cycle time).
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 planting with hedge row	This is the planting of shrubs or trees around the plot of land of the promoted crop to break the wind and avoid the mixture of species through cross pollination.
14. Artificial pollination	The process of applying pollen to plants that would normally be applied by the insects that pollinate plants. It can be done with the use of a brush to apply the pollen.
15. Dyke cropping	Dyke cropping benefits crop production in saline affected lands. Dykes are mainly used for rice production.
16. Use of improved seeds	Improved seeds are certified through the process by the government of the seed certifying authority, having official recognition to seeds produced of a cultivar or variety. Certified or truthful leveling will ensure genetic purity, identity, and given minimum level of quality. In general, these are seeds certified by seed supervisory authorities.
17. Urea Deep Placement (UDP)	Urea Deep Placement (UDP) is an innovative, proven fertilizer application technology that improves nitrogen-uptake efficiency, i.e., it increases yield while reducing the fertilizer use.

Agricultural practices for livestock for G16	
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. Improved breed selection	Improved breed selection describes the process of choosing animals that meet the requirements of the breeding objective and will, pass particular traits onto
5. 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).
6. Animal feed supplied by stockfeed manufacturer	Use of commercial animal feeds for livestock that are produced and supplied by manufacturers.
7. 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.
8. Pen feeding or improved feeding practices	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.
9. 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.
10. 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,

Natural resource management (NRM) practices for G18	
1. Management or protection of waters 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. Agro-forestry	A system where farm crops are mixed with trees and grasses to supply fodder, fuel, leaf litter, medicinal herbs, fruit, timber, etc. The agro- forestry should have diversity including crops, trees, grassland and animals.
3. 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.
4. Regeneration of natural landscapes	A practice that improves the natural landscapes includes plantation, conservation and utilization of resources.
5. Sustainable harvesting of forest pro	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.
6. Hedge-row planting	Slope Agriculture Land technology (SALT) to reduce soil erosion, increase production and contribute to improved environment management. This includes the overall farming system improvement and increased production as integrated training packages. Hedge row planting is important in slope hills to control soil erosion.

Improved Storage Practices for G21	
1. Hermetic storage	Any storage container that can be sealed in a way that creates an airtight environment inside the container thus inhibiting spoilage.
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	Warehousing in improved structures that inhibit spoilage and pest damage. It also allows farmers to deposit their surplus corps for future needs of domestic consumption or surplus sale.
4. Grain bag with bio-pesticides	Use of grain bed with bio-pesticides applied to protect crops from damaging influences, such as plant diseases or insects. It will protect seeds/grain from moisture and other contamination/adulteration

Appendix D: Project Specific Indicators[22]

INDICATOR TITLE: Percent of households consuming poor and borderline diets based on the food consumption score (FCS)

DEFINITION: The frequency weighted diet diversity score or "Food consumption score" is a score calculated using the frequency of consumption of different food groups consumed by a household/individual during the 7 days before the survey.

The standard questionnaire has the following 9 food groups and current standard weight used in all analysis.

a. Main staples = 2
b. Pulses = 3
c. Vegetables = 1
d. Fruit = 1
e. Meat and fish = 4
f. Milk = 4
g. Sugar = 0.5
h. Oil = 0.5
i. Condiments = 0

Once the food consumption score is calculated, the thresholds for the FCGs should be determined based on the frequency of the scores and the knowledge of the consumption behavior in that country/region. The typical thresholds are: (a) 0-21 = poor (b) 21.5-35 = Borderline (c) > 35 = Acceptable. Two standard thresholds have been identified to distinguish different food consumption level. A score of 21 was set as the minimum food consumption composed by an expected daily consumption of staple (frequency * weight, 7 * 2 = 14) and vegetables (7 * 1 = 7). The second threshold was set at 35, composed by daily consumption of staple and vegetables complemented by a frequent (4 day/week) consumption of oil and pulses (staple*weight + vegetables*weight + oil*weight + pulses*weight = 7*2+7*1+4*0.5+4*3=35). With a FCS between 21 and 35, a household is assumed to have "borderline food consumption".

Given the importance of oil and fish in the diet of the Bangladeshi people, these thresholds were elevated. As a result, FCS thresholds were revised for Bangladesh and four food consumption groups were created:

- Poor consumption ($\leq$28),
- Borderline Consumption (>28 and $\leq$42),
- Acceptable Consumption (>42).
- An additional threshold was introduce to distinguish the acceptable households between acceptable low (43-52) and acceptable high (>52).

The Food Consumption Score (FCS) is commonly used as a proxy indicator for access to

[22] This appendix has been pulled directly from the baseline data analysis plan to ensure consistency between baseline and endline analysis. Three indicators (noted above) have been dropped from this section because they will not be calculated at endline.

food. It is a weighted score based on dietary diversity, food frequency and the nutritional importance of food groups consumed.

RATIONALE: Food consumption, measured in kilocalories, is one of the most theoretically grounded indicators for analyzing food security. However, actually measuring kilocalorie consumption requires the collection of detailed food intake data, which can be difficult and resource demanding. As a result, proxy indicators are increasingly being used for food security analysis. Such indicators generally capture diet diversity, meaning how many different food types or food groups are included within a diet, as well as food frequency meaning how often, (over a given period of time) are the various food types, or food groups, consumed.

CALCULATION: To calculate this indicator (a) Using standard 7-day food frequency data group all the food items into specific food groups (b) Sum all the consumption frequencies of food items of the same group, and recode the value of each group above 7 as 7 (c) Multiply the value obtained for each food group by its weight and creates new weighted food group scores (d) Sum the weighed food group scores, thus creating the food consumption score (FCS). (e) Using the appropriate thresholds (see below), recode the variable food consumption score, from a continuous variable to a categorical variable.

INDICATOR TITLE: Percent of households consuming poor and borderline diets based on the food consumption score (FCS)	
UNIT: Household	**DISAGGREGATED BY:** Households type
TYPE: Outcome	**DIRECTION OF CHANGE:** (+) Higher is better
DATA SOURCE: Population-based household surveys	
MEASUREMENT NOTES LEVEL of COLLECTION: - FFP will monitor this indicator to measure results in the project area. - WHO COLLECTS DATA FOR THIS INDICATOR: Third party survey contract - HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area - FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.	
QUESTIONS: Now I would like to ask you about the types of foods that you or anyone else in your household ate in the last week during the day or at night. Please include all foods, including the foods eaten here at your house or somewhere else (e.g., other homes,	

street stalls, given by employer)

Read the list of foods one-by-one and record coded response.

		Code 1=yes 2=no	How Often in a week
E1	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside?		
E2	Any dark green, leafy vegetables, e.g., ipomoea, amaranth, spinach, parwar sag, and drumstick leaves?		
E3	Any ripe papaya, mangoes or other fruits that are yellow or orange inside?		
E4	Any meat, such as, liver, beef, poultry, lamb, pork, etc.?		
E5	Any eggs?		
E6	Any fresh or dried fish or shellfish?		
E7	Any legumes/pulses, e.g. Bengal gram, black gram dal, lentil, Khesari, Mung bean?		
E8	Any Milk or Milk products, e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?		
E9	Any foods prepared using fat,, e.g., oil, butter, dalda or ghee?		

NOTE: Only prompt as necessary. If a household is Hindu do not ask about beef. If a household is Muslim do not ask about pork

INDICATOR TITLE: Percentage of women of reproductive age who have access to primary healthcare services received from health department of GoB

QUESTIONS:

In the last 12 months, have you received the following primary healthcare services from the health department of GoB. If the answer of column A is “yes” then ask about the level of satisfaction in column B and mark the code accordingly (can be used for analyzing satisfaction level of respondent if necessary).

(Respondent should be woman of reproductive age)

No	Types of Service	Have you received? Yes - 1 No - 2 DNK - 3			Are you satisfied? Satisfied - 1 Not Satisfied - 2	
		A			B	
1	Ante natal care (ANC),	1	2	3	1	2
2	Postnatal Care(PNC) with vitamin-A supplementation,	1	2	3	1	2
3	Iron &Folic acid and Vitamin.-A supplementation	1	2	3	1	2
4	Child Health Care services i.e. UHC,FWC & CC,	1	2	3	1	2
5	Treatment or preventive advice on ARI/Pneumonia, Diarrhea, Malnutrition, fever etc.,	1	2	3	1	2
6	Growth monitoring and promotion,	1	2	3	1	2
7	Providing medication of Deworming,	1	2	3	1	2
8	Routine immunization (EPI) and Vit-A supplementation,	1	2	3	1	2
9	Newborn Care i.e. Health education for mothers on basic hygiene, Counseling for Breastfeeding, IYCF counseling)	1	2	3	1	2
10	Other (specify)	1	2	3	1	2

INDICATOR TITLE: Percentage of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB.

DEFINITION: This indicator measures the extent to which respondent farmers have access to agricultural and
livestock services from agriculture and livestock department of GoB in the past 12 months.

Services includes Agriculture related knowledge and information, Agriculture inputs, Livestock related knowledge and information, Vaccination for chicken, duck, Vaccination for goat, sheep and cow, artificial insemination,

RATIONALE: The indicator provides information related to the farmers ability to get access and use Agriculture and livestock extension services from agriculture and livestock departments of GoB. There is a relationship between increased access and increase responsiveness of GoB to the PEP to reduced poverty. Poor coverage and quality of government services also impact on food insecurity for PEP community members Thus, measurement of farmer's access is one logical choice for monitoring the increasing responsiveness of GoB and penetration of the services in especially difficult to reach and marginalized communities. Through this instrumentation, satisfaction of individual on services will also be measured and if needed separate analysis can be done using satisfaction variables.

CALCULATION: If respondent farmer receive any one of the Agriculture and livestock extension services from agriculture and livestock departments of GoB (mentioned in Question) over the past 12 month, then he/she will be treated as service receiver. To

calculate the percentage of farmer's access to services from agriculture and livestock departments of GoB is.

Percentage of farmer's accessed in GoB services =

Total number of farmer received any one of the services / Total number of farmer interviewed

UNIT Farmer	**DISAGGREGATED BY:** Sex, Type of services
TYPE Outcome	**DIRECTION OF CHANGE:** (+) Higher is better
DATA SOURCE: Population-based household surveys	

MEASUREMENT NOTES

- LEVEL of COLLECTION: FFP will monitor this indicator to measure results in the project area.
- WHO COLLECTS DATA FOR THIS INDICATOR: Third party survey contractor.
- HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area
- FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.

INDICATOR TITLE: Percentage of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB

QUESTIONS:

In the last 12 months, have you received the following Agriculture and livestock extension services received from agriculture and livestock departments of GoB.

If the answer of column A is "Yes" then ask about satisfaction of services in column B and mark the code accordingly (can be used for analyzing satisfaction level of respondent if necessary.

(Respondent should be a farmer)

No	Types of Service	Have you received? Yes - 1 No - 2 DN - 3	Are you satisfied? Satisfied - 1 Not Satisfied - 2
		A	B
1	Agricultural related knowledge or information	1 2 3	1 2
2	Agriculture inputs (Cash or kinds i.e. seed, fertilizer, irrigation)	1 2 3	1 2
3	Agriculture service through field visit	1 2 3	1 2
4	Agriculture through demo plot	1 2 3	1 2
5	e-agriculture services through hotline	1 2 3	1 2
6	Livestock related knowledge and information	1 2 3	1 2
7	Vaccination for chicken, duck,	1 2 3	1 2
8	Vaccination for goat, sheep	1 2 3	1 2
9	Vaccination for cows	1 2 3	1 2
10	Other (specify)	1 2 3	1 2

INDICATOR TITLE: Mean age at marriage among women aged 15-49

DEFINITION:

This indicator will measure the extent of early marriage that directory contributes to adolescent pregnancy. Early marriage is common among women in the Nobo Jatra working areas. Marriage is a legal arrangement between a man and woman to form a sexual, productive and reproductive union that is recognized by family, society, religious institutions and legal system. Age at marriage is the exact age at which women gets married.

RATIONALE: The indicator provides information to the effect on project interventions related to reducing adolescent pregnancy, as age at first marriage has health implication on women and their under- five children.

CALCULATION: Information will be collected on all married women from the sample households. To calculate this indicator: (a) add age of marriage of all married women and divide by total number of married women (b) select only married women whose age in between 15 to 17, add the age of marriage and then divide by total number of married women age 15-17.

UNIT Mean	**DISAGGREGATED BY:** Age group 15-17
TYPE **Outcome**	**DIRECTION OF CHANGE:** **(+) Higher is better**
DATA SOURCE: Population-based household survey	

MEASUREMENT NOTES

- LEVEL of COLLECTION: FFP will monitor this indicator to measure results in the project area.
- WHO COLLECTS DATA FOR THIS INDICATOR: A third party survey contractor.
- HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area
- FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.

QUESTIONS:

Module B. Household Roster: Female respondent 15-49 years of age and currently married

1. How old were you when you got married?

INDICATOR TITLE: Mean age at marriage among women aged 15-49

DEFINITION:

This indicator will provide the mean age of mothers at the birth of their first child. The indicator measures the prevalence of adolescent pregnancy. Adolescent pregnancy is a public health concern and most of the first pregnancies occur immediately after marriage, especially among adolescents. The indicator provides information related to the effect on project interventions related to reducing adolescent pregnancy as age at first pregnancy has health implication on women and their under-five children.

RATIONALE: Mean age at first pregnancy for married women is a useful indicator for gauging the success of development interventions aiming to reduce maternal mortality; adolescent pregnancies – particularly among married adolescents, delay age at first marriage, and improve the health of newborns.

CALCULATION: Information will be collected on all married women 15-49 years of age who answer yes to the question “Have you ever been pregnant?” from the sample households. To calculate this indicator: (a) add age of first pregnancy of all married women and divide by total number of married women who have children (b) select only married women who have children and whose age in between 15 to 17 years, add the age of marriage and then divide by total number of married women age 15-17 who have children.

UNIT Mean	**DISAGGREGATED BY:** Age group 15-17
TYPE **Outcome**	**DIRECTION OF CHANGE:** **(+) Higher is better**
DATA SOURCE: Population-based household surveys	

MEASUREMENT NOTES

LEVEL of COLLECTION: FFP will monitor this indicator to measure results in the project area.

- WHO COLLECTS DATA FOR THIS INDICATOR: Third party survey contractor
- HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area
- FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.

QUESTIONS:

Module B. Household Roster: Female respondent who is 15-49 years of age, currently married.

1. Have you ever been pregnant?
2. How old were you when you first became pregnant?

INDICATOR TITLE: Percent of married women aged 15-49 who need to seek permission to visit certain locales

DEFINITION:

This indicator will measure the extent to women's mobility, a result of equitable gender norms and as a sign of increased empowerment. Gender equitable norms and women's empowerment can be defined as a function of relative physical mobility, ability to make various purchases on her own and economic security. Women's mobility is often restricted in Bangladesh, which limits their access to livelihood, earnings and social activities.

RATIONALE: This indicator provides information related to the ability of women to access and use external services without restrictions, which may increase women's participation in decision making hence increased equitable nutritious food intake.

CALCULATION: To calculate this indicator: (a) number of women who need to seek permission to visit any of the defined localities (b) divide by total number of women, and (c) multiply by 100.

UNIT Percent	**DISAGGREGATED BY:** Ages < 30 and > 30
TYPE Outcome	**DIRECTION OF CHANGE:** **(**-) Lower is better

DATA SOURCE: Population-based household surveys

MEASUREMENT NOTES:

- LEVEL of COLLECTION: FFP will monitor this indicator to measure results in the project area.
- WHO COLLECTS DATA FOR THIS INDICATOR: Third party survey contractor

- HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area
- FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.

QUESTIONS:

Module B. Household Roster: Female respondent who is 15-49 years of age, currently married Do you need to have permission, or can you just inform, your household members when going to:

- The local market to buy things?
- The hospital or clinic to receive health services?
- Homes of friends in the neighborhood?

Locations	Take permission	Just inform
Local market		
Hospital/clinic		
Homes of friends		

INDICATOR TITLE: Percent of married women aged 15-49 whose husbands help with household tasks

DEFINITION:

This indicator will measure the degree to which women are empowered in their household and the degree of inequality between women and men within the household work load distribution. Nobo Jatra will considers cooking, gathering of water/firewood for the house, cleaning, child care, selling produce or going to market, homestead gardening, and homestead poultry rearing as essential households tasks where the husband can take part.

RATIONALE: Household labor is determined by gender roles, thus whose husbands help with households task would indicate increased gender equitable norms in the household.

CALCULATION: To calculate this indicator: (a) number of female respondents who respond their husband helps with at least two tasks (b) divide by total number of women, and (c) multiply by 100.

UNIT Percent	**DISAGGREGATED BY:** N/A
TYPE Outcome	**DIRECTION OF CHANGE:** (+) Higher is better
DATA SOURCE: Population-based household surveys	

MEASUREMENT NOTES

LEVEL of COLLECTION: FFP will monitor this indicator to measure results in the project area.

- WHO COLLECTS DATA FOR THIS INDICATOR: Third party survey contractor
- HOW SHOULD IT BE COLLECTED: Survey contractor will conduct population-based household surveys in the project area
- FREQUENCY OF COLLECTION: Indicator data will be collected at start and end of project.

QUESTIONS:

Module B. Household Roster: Female respondent who is 15-49 years of age and currently married In the past week, has your husband helped you to? (yes/no)

1	Cook	
2	Gather water/firewood for the house	
3	Clean the house	
5	Child care	
6	Agricultural activities	
7	Selling produce or going to market	
8	Homestead gardening	
9	Homestead poultry rearing	
10	Husband did not assist in any of these	
11	Husband was not home last week	

INDICATOR TITLE: Percent of household income earned by women in the month before assessment, custom indicator - HKI

Precise Definition(s): This indicator measures the proportionate amount of cash earnings from men and women 15 years or older in the households. It is tabulated from the individuals in the household roster who were recorded as being paid in cash within the 12 months before the interview.

The respondent for this indicator is the individual income earner (if available), The data collector will ask them approximately how much cash income they earned in the month before the interview. These are summed for both men and women, and the percentage contribution of each is reported.

Work: Work includes jobs in the formal and/or informal sector, full-time, part-time, or seasonal, which are done inside and/or outside the home. Work 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 or at the home; homestead gardening or farming (e.g., producing vegetables, eggs, fish, milk, livestock, and artisanal goods); and petty trading. Work does not include participating in cash-for-work or food-for-work interventions, conditional transfers, and/or productive safety net programs. It also does not include caring for own children, cooking, cleaning, performing other routine chores for own household (e.g., fetching water, collecting firewood) or agricultural production solely for household consumption.

Earned cash: To qualify as earning cash, the person must be usually paid only or partly in cash for work performed during the past 12 months. Payment could have been made directly to the respondent or to another household member. Payment does not include cash received as gifts, remittances, loans, or money borrowed formally or informally. Respondents who are paid only in-kind or not paid are not included.

This indicator is calculated as:

Numerator: Amount of income earned by women
Denominator: Total reported income

Justification & Management Utility: Our goal is not just to bring more women into the workforce, but to increase their earnings contribution to the household

UNIT	**DISAGGREGATED BY:**
Percent	Household expenditure group
TYPE	**DIRECTION OF CHANGE:**
Outcome	Closer to 50% is better

DATA SOURCE: Population-based household surveys (see “Measurement Notes”)

MEASUREMENT NOTES

- LEVEL OF COLLECTION? FFP will monitor this indicator to measure results over the life of an award in FFP project implementation areas.
- WHO COLLECTS DATA FOR THIS INDICATOR? Third-party survey firm.
- HOW SHOULD IT BE COLLECTED? Baseline and final evaluation population-based surveys in FFP project implementation areas. Refer to sample questionnaire and tabulation instructions.
- FREQUENCY OF COLLECTION? At the start and end of an award.

QUESTIONS:

J07A in Module J. We calculate the total cash earned during the past month for females in the household and the total cash earned in the past month for males in the household separately. Then we add the two together and calculate the proportion earned by females for each household.

INDICATOR TITLE: Mean weight for height/length Z-score of children under 5 years of age, custom indicator - HKI

Precise Definition(s): Mean weight for height/length Z-score of children under 5 years of age as calculated in comparison to the 2006 WHO reference standard.

A. Coverage

1. **Population base: Living children who were born at most 59 months before the survey.**
2. **Time period: Status at the time of the survey.**

B. Numerators

1. Severely wasted: Number of children whose weight-for-height z-score is less than -3.0 standard deviation (SD) from the mean of the WHO international reference standard.

2. Moderately wasted: Number of children whose weight-for-height z-score is greater than or equal to -3.0 standard deviations (SD) but less than –2.0 standard deviations (SD) from the mean of the WHO international reference standard.

C. Denominator

Number of living children of ages 0 to 59 months.

Justification & Management Utility: Wasting children less than five years of age is one of the major nutritional indicators.Wasting or thinness indicates in most cases a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may also be the result of a chronic unfavorable condition. It will help management for intervention planning,e.g. planning to ensure support for SAM/MAM children

UNIT	**DISAGGREGATED BY:**
Percent	Sex - Male/Female
TYPE	**DIRECTION OF CHANGE:**
Outcome	Lower is better

DATA SOURCE: Population-based household surveys (see “Measurement Notes”)

MEASUREMENT NOTES

- **LEVEL OF COLLECTION?** FFP will monitor this indicator to measure results over the life of an award in FFP project implementation areas.
- **WHO COLLECTS DATA FOR THIS INDICATOR?** Third-party survey firm.
- **HOW SHOULD IT BE COLLECTED?** Baseline and final evaluation population-based surveys in FFP project implementation areas. Refer to sample questionnaire and tabulation instructions.
- **FREQUENCY OF COLLECTION?** At the start and end of an award.

Appendix E: Resilience Indicators[23]

Calculation of shock exposure and measures of resilience

Throughout this document, after the explanation of each index or indicator calculation, we list the question numbers from the baseline survey and proposed resilience module used for each index (in red print).

Index of shock exposure

A measure of shock/ stressor exposure and severity is created that takes into account households' exposure to shocks or stressors out of the top 5 as ranked by the household as the most 'severe' (R104), and the perceived severity of each of the 'severe' shocks (R105).

Perceived severity is measured in R105. The possible responses are to be recoded as:

- Very bad = 4
- Quite bad = 3
- A little concerning = 2
- We handled it with no problem = 1
- Eventually it brought some positive outcomes = 0
- Do not know / No answer = missing value

The shock exposure index is a function of the total number of "severe" shocks identified by the household, up to 5 maximum, and the perceived severity of each of these shocks. The index is computed by adding up the severity of each 'severe' shock reported by the household (recoded R105). The index ranges from 0 to a maximum possible value of 20.

Survey question: R105

Index of cumulative impact of shock exposure

The cumulative impact measure is designed to objectively capture the cumulative impact of all the five most 'severe' shocks and stressors experienced by a household. It is based on following specific impacts:

1. loss of assets (R107)
2. disruptions in regular income (R108)
3. disruptions in family life (tension, conflict among family members, etc., R109)

Responses to loss of assets (R107) are recoded as follows:

- No losses (R106=2), very little (R107=1) = 0
- Some losses to complete loss of all assets (R107 = 2,3,4,5) = 1

[23] This appendix has been pulled directly from the baseline data analysis plan to ensure consistency between baseline and endline analysis.

- Do not know / No answer = missing value

Responses to disruptions of income (R108) are recoded as follows:

- No = 0
- Yes = 1
- Do not know / No answer = missing value

Responses to disruptions in family live (R109) are recoded as follows:

- No = 0
- Yes = 1
- Do not know / No answer = missing value

The maximum value for this indicator is 15 (up to 3 impacts for each of 5 possible 'severe shocks).
Survey questions : R107, R108, R109

Ability to recover indexes

Two indexes of ability to recover are computed, based on household responses to the five most 'severe' shocks that households are exposed to. The first index is based on the households' reported recovery from the five 'severe' shocks that they were exposed to (R401). This variable will be recoded as follows:

- Did not recover at all and do not expect to be able to recover = 0
- Not yet fully recovered, and do not expect to in future = 1
- Not yet recovered, but expect to in future = 2
- Fully recovered, but long and painful = 3
- Fully recovered, not too difficult = 4
- Fully recovered and better off now = 5
- Do not know / No answer = missing value

The index of **recovery from past shocks** is computed by summing up the values of recoded R401 across the five 'severe' shocks. This index ranges from 0 to a possible maximum value of 25.

The second index measures the expected ability to recovery from future shocks, of the five most 'severe' types of shock that each household was exposed to. This index is computed from the responses to R403, recoded as follows:

- Would do worse than last time = 0
- As bad as last time = 1
- More or less the same as last time = 1
- As well as last time =1
- Would to better than last time = 2
- Do not know / No answer = missing value

The index of **expected recovery from future shocks** is computed by summing up the values of recoded R403 across the five 'severe' shocks identified by each household. This index ranges from 0 to a possible maximum value of 15.

Survey questions: R401 and R403.

Absorptive capacity index

The absorptive capacity index is constructed from six indicators, some of which are themselves indices. The indicators and explanations of their calculation are as follows.

1. **Access to informal safety nets.** This indicator is computed based on information in R312 and R313. Households that receive money from friends/neighbors (R312 = 1) or relatives/family (R312 = 2) **and** the conditions of borrowing are either without interest (R313 = 1) or reciprocity (R313 = 3), households are considered to have utilized informal safety nets. The informal safety net index is computed by the the number of 'severe' shocks that households have relied on informal safety nets, based on the responses to R312 an R313 for each shock. This index ranges from 0 to 5.

Survey questions: R312 and R313.

2. **Bonding social capital index.** The bonding social capital index is based on information from about personal social networks captured in questions R601- R610. The index is computed by adding the number of friends who can provide advice (R602), can lend money to the respondent (R604), lend food to the respondent (R606), can provide paid work (R608), and the number of times the household has been invited to a social gathering (R610). Note that if the households report that they do not have access to any of these forms of social capital (R601, R603, R605, R607, R609 = 0), then the value to assigned to the corresponding number of contacts for that social capital is assigned to equal 0.

Survey questions: R601 – R610

3. **Whether any household member holds savings. This indicator is computed from positive responses to G08a**

Survey questions: G08a

4. **Access to remittances.** This indicator is a binary (dummy) variable equal to 1 if the respondent reported purchasing any food items using remittances, C03.2 – C14.2 have values of 3 or 4.

Survey questions: C03.2 - C14.2

5. **Asset ownership index.** Asset ownership is measured using the number of consumer durables owned out of a total of 18.[24]

Survey questions: H7.02

6. **Shock preparedness and mitigation.** This index is based on information about household preparedness plans related to farming activities (R324) and non-farming activiites (R325). The index is computed by summing up the 'yes' values of R324 and R326 across the 5 'severe' shocks reported by each household. The index ranges from 0 to a possible maximum of 10.

Survey questions: R324, R326

Combine the six indicators described into an absorptive capacity index using principle component factor analysis.

Adaptive capacity index

The adaptive capacity index is constructed from five indicators, some of which are indices themselves. The indicators and calculation explanations are as follows.

1. **Human capital.** This binary (dummy) variable is equal to 1 if any household adult has a primary or higher education. This is computed using the information about age and level of education attained for each household member, in Module B, (B05 and B21). If any household member age 16 or older (B05 > 15) has value of B21 between 1 and 5, the value of this variable is set to 1

Survey questions: B05, B21.

2. **Livelihood diversification.** The total number of livelihood activities engaged in by members of the household over the past 12. The question asked to identify all household sources from a list of 16 options: - CANNOT CALCULATE AT ENDLINE
    a. Agriculture
    b. Agriculture day labo
    c. Fish business
    d. Livestock rearing
    e. Homestead gardening
    f. Temporary migration for off-farm day labor
    g. Temporary migration for agriculture day labor
    h. Small business
    i. Tube well/WASH mechanics
    j. Government or private service
    k. Mobile mechanics
    l. Asset investment

[24] Information on the ownership of productive assets should be included in this index. It is not clear whether this information is being collected in the baseline.

m. Transport vehicle driver
n. Agriculture day labor
o. Other day labor
p. Other

The livelihood diversification variable is computed by summing the number of these activities engaged in by the household.

Survey questions: C204a – C219a.

3. **Adoption of improved practices.** This binary (dummy) variable is equal to 1 if respondents report adopting three or more improved practices for crop production, including vegetables (G13B) OR respondents report adopting three or more improved practices for livestock production (G16) OR respondents report following one natural resource management practice or technique not related directly to on-farm production (G18) OR respondents report using any improved storage method.

Survey questions: G13B, G16, G18, G21

4. **Asset ownership index. See above.**

5. **Access to financial resources.** The variable is equal to zero if there is no institution in a household's community providing credit or credit, to one if households report , access to any of these services, in G07.

Survey question: G07

Combine these five indicators into an index using principle component factor analysis.

Transformative capacity index

The transformative capacity index is constructed from two indicators, some of which are indexes themselves. The indicators and calculation explanations are as follows.

1. **Access to formal safety nets.** This index variable is based on the types of formal assistance households received in response to 'severe' shocks in R501 and R502. The index has the following values:
    a. Household received no governmental or non-governmental forms of assistance = 0
    b. Household receive governmental or non-governmental assistance only = 1
    c. Household received both governmental and non-governmental assistance = 2

Survey questions: R501, R502

2. **Access to agricultural services.** This variable is based on a binary (dummy) variable equal to 1 if the household reports that they received agricultural services. This variable

has a value of 1 if households responded yes (1) to at least one of the variables G09A1,…G09J1, and 0 otherwise.

Survey questions: G09A1, G09B1, G09B1, G09D1, G09E1, G09F1, G09G1, G09H1, G09I1, G09J1

Combine the indicators into a transformative capacity index using principle component factor analysis.

Index of household resilience capacity

The overall index of resilience capacity is calculated using principle component factor analysis, with the indexes of absorptive capacity, adaptive capacity, and transformative capacity as inputs.

Additional Resilience indicators

Gender-equitable decision-making indexes- These indexes are based on binary (dummy) variables created regarding two types of decision-making control within households: control of income, control over use of savings, and control over health and nutrition decisions.

The first index, **gender-equitable control of income,** uses responses from the first male and female eligible persons from the roster who state they have been paid in "cash only" or "cash and kind" or "in kind only" for work done in the past 12 month (J07 = 1 or 2 or 3). Households without a male and female responding to Module J are excluded. The variable is equal to one if male respondents report they participate (solely or jointly, J10 = 1 or 3 or 1) in decisions on how cash they themselves have earned is used AND female respondents also report they participate (solely or jointly, J10 = 1 or 3 or 4) in decisions on how cash they themselves have earned is used. The variable is equal to 0 if either males or females in a household report that "spouse/partner" or "other person" makes this decision (J10 = 2).

The second variable, **gender-equitable control over health and nutrition decisions** uses responses from the first male and female from the household roster who state they have a child under 2 years (K05). Households without a male and female responding "yes" to K05 are excluded. The variable is equal to one if female respondents report they make decisions about their own health and nutrition (K14 = 1 for female respondents, K14 = 2 for male respondents) AND female respondents also report they participate jointly in decisions about their child's health and nutrition (K15 = 3 or 4) AND male respondents report they participate jointly in decisions about their child's health and nutrition (k15 = 3 or 4). The variable is equal to 0 if all three conditions are not met. - CAN NOT CALCULATE AT ENDLINE

Survey questions: J07, J10, K05, K14, K15

Appendix F: Resilience Analysis Plan[25]

The resilience analyses for Bangladesh will be designed to respond to the following questions:

1. What is the status of shocks exposure and resilience capacities of households?
2. How is household food security associated with household and community resilience capacities?
3. How are children's nutrition outcomes associated with household and community resilience capacities?
4. How are economic well-being outcomes associated with household and community resilience?
5. How are households' ability to recover from shocks influenced by household and community resilience capacities?

Given FFP's focus on strengthening food security and resilience in Bangladesh these have been identified as the most useful indicators. Several additional analyses can be conducted between shocks and resilience capacities and other FFP indicators.

In response to question #1, estimates of the indices/indicators shown in table 1 will be calculated. These estimates will be presented overall and by project area in the main body of the report.

Table 1- Summary estimates of resilience indices/indicators

S.N	Indicators/sub-indicators	Indicator Value	It measures:
1	Shock exposure index	Score	Number of shocks experienced in the past 12 months
2	Shock severity index	Score	Combined score to measure the impact of shock on income and food consumption
3	Cumulative impact of shocks	Score	Number of impacts resulted by shocks
4	Ability to recover from shocks	Score	Index score of perceived ability to recover from shocks

[25] This appendix has been pulled directly from the baseline data analysis plan to ensure consistency between baseline and endline analysis.

5	**Absorptive capacity index**	**Index**	
5.1	Access to informal safety nets	Score	Number of informal safety nets HH has access to
5.2	Bonding social capital	Score	Number of different groups within the community household could get help from and offer help with
5.3	Whether any household member holds savings	Proportion	Percentage of households with savings
5.4	Access to remittances	Proportion	Percentage of HH with access to remittance
5.5	Asset ownership	Score	Number of assets owned by HH
5.6	Shock preparedness and mitigation	Score	Extent to which HHs are prepared for shocks mitigation
5.7	Household has agricultural hazard insurance	Proportion	Percentage of HHs who have hazard insurance
6	**Adaptive capacity index**	**Index**	
6.1	Bridging social capital	Score	Number of different groups outside of community that the HH can get help from and provide help with
6.2	Linking social capital	Score	Number of important people (e.g., government officials) HH members know of
6.3	Human capital	Proportion	Percentage of HH adult with primary or higher education
6.4	Livelihood diversification	Score	Number of livelihoods sources adopted by HHs
6.5	1. Exposure to information	Score	Number of topics HHs received information on

6.6	2. Adoption of improved practices	Proportion	Percentage of HHs adopting >=3 improved practices on crop production, or >=3 livestock practices, or >=1 NRM practice, or reporting improved storage method
6.7	3.Asset ownership	Score	Number of assets HH owns
6.8	Access to financial resources	Proportion	Percentage of HH who have access to financial services
7	**Transformative capacity index**	Index	
7.1	Access to formal safety nets	Proportion	Percentage of HHs who have access to formal safety nets (gov't program)
7.2	Access to markets	Proportion	Percentage of HH who have access to market
7.3	Access to basic services	Score	Number of basic services (primary school, health centers and water) HH has access to
7.4	Access to infrastructure	Score	Number of infrastructure (electricity, cell phone, public telephone, paved roads) HHs have access to
7.5	Access to agricultural services	Proportion	Percentage of HHs who have access to agriculture services
7.6	Bridging social capital	Score	Number of different groups outside of community that the HH can get help from and provide help with
7.7	Linking social capital	Score	Number of important people (e.g., government officials) HH members know of
8	**Composite Resilience Capacity Index**	**Index**	Composite index of absorptive, adaptive and transformative capacities.

Additional resilience capacity sub indicators to be reported separately			
	Gender equitable decision making index	Score	Mean score of HH's gender equitable decision-making on control over income, savings and over health and nutrition decisions
	Active participation in local decision-making bodies	Score	Extent to which HH adult and youth members are involved in local groups

In response to questions #2-5, multivariate analyses will be conducted as shown in Table 2. Results for these analyses will be provided in a separate Annex to the report.

Table 2- Additional resilience analyses

S.N.	Research question	Outcome Variable/s	Explanatory Variables	Methods	Unit of analysis
2	How is household food security associated with household and community resilience capacities?	HDDS14[26]	Model 1: - Absorptive capacities- - Adaptive capacities - Transformative capacities Model 2: - Individual sub- indicators for all three capacity indexes Both Models: - Shock exposure index - Project areas - Other HH characteristics (HH size, HH gender type, adults equivalent) - Ethnicity/Caste dummies	Truncated Poisson regression	HH level

[26] Because the HHS is very low (2.5%) in the project areas with little variation among households, further analysis will focus on the ability of households to access food (HDDS) as a measure of food security. Average HDDS for the combined project areas is 6.3 out of a maximum 12 point score indicating moderate access to diverse foods for consumption. Improving access to more diverse foods could lead to better nutrition and improve food security in these households.

3	How are childhood nutrition outcomes associated with household and community resilience?	- Z-Score for stunting - Z-score for underweight	<u>Model 1:</u> - Absorptive capacities - Adaptive capacities - Transformative capacities <u>Model 2:</u> - Individual sub- indicators for all three capacity indexes <u>Both Models:</u> - Shock exposure index - Project areas - Other HH characteristics (HH size, HH gender type, adults equivalent) - Ethnicity/Caste dummies	Multivariate (OLS) regression	Individual (child) level
4	How are household poverty outcomes associated with household and community resilience capacities?	Prevalence of poverty Mean depth of poverty	<u>Model 1:</u> - Absorptive capacities - Adaptive capacities - Transformative capacities <u>Model 2:</u> - Individual sub- indicators for all three capacity indexes <u>Both Models:</u> - Shock exposure index - Project areas - Other HH characteristics (HH size, HH gender type, adults equivalent - Ethnicity/Caste dummies	Multivariate (logistic) regression Multivariate (OLS) regression	HH level

5	How are households' ability to recover from shocks influenced by household and community resilience capacities?	Ability to recover from shocks	<u>Model 1:</u> - Absorptive capacities - Adaptive capacities - Transformative capacities <u>Model 2:</u> - Individual sub- indicators for all three capacity indexes <u>Both Models:</u> - Shock exposure index - Project areas - Other HH characteristics (HH size, HH gender type, adults equivalent) - Ethnicity/Caste dummies	Multivariate (OLS) regression	HH level

ANNEX E: INCEPTION REPORT AND PROTOCOL

Appendix begins on the following page.

Endline Study Inception Report and Protocol

Evaluating USAID legacy Office of Food for Peace Food and Nutrition Security Programs in Bangladesh

Expanding the Reach of Impact Evaluation (ERIE)

May 27, 2021

Table of Contents

Acronym List

ANC - Antenatal Care
BHA - Bureau for Humanitarian Assistance
BMRC - Bangladesh Medical Research Council
CHT - Chittagong Hill Tracts
CPR - Contraceptive Prevalence Rat
DHS - Demographic Health Survey
DMA - Data Management Aid
EBK - Empirical Bayesian Kriging
ERIE - Expanding the Reach of Impact Evaluations
FFP - Food for Peace
GoB - Government of Bangladesh
GPS - Global Positioning System
ICF - Inner City Fund
IRB - Internal Review Board
HDDS - Household Dietary Diversity Score
HHS - Household Hunger Scale
MAD - Minimum Acceptable Diet
MCHN - Maternal and Child Health and Nutrition
MDD - Minimum Dietary Diversity
NGO - Nonprofit Organization
NRM - Natural Resource Management
SHOUHARDO III - Strengthening Household Ability to Respond to Development Opportunities 3
SAPLING - Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity
TNRVCC - targeted nutrient-rich value chain commodities
U5 - Under five
USAID - United States Agency for International Development

1. Design

1.1 Study design

This evaluation will have three parts, each focused on one of three legacy Food for Peace (FFP) projects in Bangladesh: SAPLING, SHOUHARDO III, and *Nobo Jatra*. The SAPLING part of the evaluation will consist of a qualitative evaluation that will answer a subset of research questions (full set listed below). The SHOUHARDO III and *Nobo Jatra* parts of the evaluation will include a qualitative evaluation that will answer a subset of the research questions, a quantitative pre-post evaluation using a list of pre-determined indicators to evaluate the projects and an impact evaluation using a treatment and comparison group of clusters to answer a subset of the research questions. We propose to enhance the currently planned endline evaluation of the SHOUHARD III and *Nobo Jatra* projects, which would rely on a pre-post evaluation design, by adding a rigorous impact evaluation using a matched comparison group design, complemented by qualitative data on project implementation, performance and sustainability. The overall ERIE evaluation design includes three rounds of data collection, but this study inception report and protocol document focuses on the endline studies planned for 2021.

Project Background

The Bureau for Humanitarian Assistance (BHA) legacy FFP development food security activities (DFSA) in Bangladesh aim to reduce chronic and acute malnutrition and food insecurity and improve resilience to disasters among vulnerable populations. In conforming to its overall goal, USAID FFP awarded funding to implementing partners in the following three organizations to implement multi-year development food assistance projects in various districts in Bangladesh:

(1) The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by CARE

(2) The *Nobo Jatra* Project, implemented by World Vision, Inc.; and

(3) The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI).

The goal of **SHOUHARDO III** is to build a more resilient population in targeted areas of the *Char* and *Haor* regions of Bangladesh by precipitating or causing changes in three primary areas: empowerment, governance, and engagement. The implementation area for the SHOUHARDO III Project includes eight districts in the *Char* and *Haor* regions. Within these districts, CARE selected 23 *upazilas* and 115 unions within the *upazilas*. CARE selected approximately 10 villages in each union, representing a total 392,371 households overall.

The ***Nobo Jatra*** project targets households in the southern coastal areas of Khulna and Satkhira districts. The project aims to address the underlying causes of chronic food insecurity by improving knowledge, capacity, and links to food production and income generation and facilitate improvements in household assets and savings. The project covers both Khulna and Satkhira districts in their entirety, except for villages in the Dacope municipality and the Khulna Range union in the Khulna district. The project area includes 4 *upazilas*, 40 unions, 699 villages, and 216,075 households.

SAPLING's project goal is to build resilience among vulnerable populations to the stressors and shocks that impede local food security in the Chittagong Hill Tracts (CHT) located in the southeast region of Bangladesh by using a multi-sectoral approach that includes increased homestead production, consumption of diverse, nutritious foods, and improved capacity to mitigate and adapt to disasters. The SAPLING Project operates in the Bandarban district of the Chittagong Hill Tracts. It covers the entire district, which includes 5 *upazilas*, 24 unions, 2 municipalities containing 9 wards each, 1,205 villages, and 58,462 households.

Pre-post evaluation

For the SHOUHARDO III and *Nobo Jatra* areas, the team will calculate the same baseline indicators with the endline data to measure changes before and after the project.

Impact evaluation

To implement the proposed impact evaluation, the ERIE research team will use data from the baseline survey conducted in 2016 by ICF and the Bangladesh Demographic and Health Survey (DHS) 2014 to identify a matched comparison group for the SHOUHARDO III and *Nobo Jatra* projects. We will:

- Select comparison villages within the 2 project areas (SHOUHARDO III and *Nobo Jatra*) using village GPS data and modeled baseline conditions from earlier rounds of data. We plan to spatially interpolate baseline conditions using the DHS (collected in 2014) and baseline data from the project villages to estimate the conditions in nearby non-sampled (and not treated) villages, providing us with a feasible pool of comparison villages.
- Conduct endline household and child surveys in program and comparison villages, measuring child nutritional outcomes, child stunting and underweight rates, household resiliency, and household food security.
- Use the endline data to compare changes in program and comparison villages, statistically estimating the program's impacts
- Merge in data on agricultural conditions from a variety of other sources to explore how the program's treatment effects have varied with exposure to weather shocks and agricultural production.
- Potentially randomly select a group of villages that will not receive the extension project in order to understand the long-term impacts of the extension project.

Qualitative performance evaluation

For all three of the projects, we will design and conduct an evaluation of the current phase of the three programs to capture the food and nutrition security gains, focusing on project implementation, performance and sustainability. For the SAPLING project location, this will be the final evaluation. There will be no pre-post or impact evaluation for SAPLING. Instead the evaluation team will collect qualitative data to respond to the final evaluation questions due to complications related to COVID restrictions and CHT security.

1.2 Indicators to be measured

We will measure all baseline indicators in treatment areas of SHOUHARDO and *Nobo Jatra*. The FFP indicators for the baseline study are:

1. Prevalence of Poverty: Percent People Living On Less Than $1.90/day
2. Depth of Poverty: The mean percent shortfall relative to the $1.90 poverty line
3. Per Capita Expenditures (as a proxy for income) USG-assisted areas
4. Percentage of men and women who earned cash in the past 12 months
5. Percentage of men/women in union and earning cash who make decisions alone about the use of self-earned cash
6. Percentage of men/women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash
7. Prevalence Of Stunted Children Under Five Years Of Age
8. Prevalence Of Underweight Children Under Five Years Of Age
9. Prevalence Of Underweight Women (of reproductive age)
10. Percentage of farmers who used at least [a project-defined minimum number of] sustainable agriculture (crop, livestock, and/or NRM) practices and/or technologies in the past 12 months
11. Percentage of farmers who used improved storage techniques in the past 12 months evaluation.
12. Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months
13. Prevalence of households with moderate or severe hunger (Household Hunger Scale - HHS)
14. Proportion of women of reproductive age who are consuming a minimum dietary diversity (MDD-W)
15. Percentage of children 6-23 months of age receiving a minimum acceptable diet (MAD)
16. Prevalence of exclusive breastfeeding of children under six months of age
17. Percentage of children under age five who had diarrhea in the prior two weeks
18. Percent of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT)
19. Percentage of households using an improved drinking water source
20. Percent of households using an improved sanitation facility
21. Percent of households with soap and water at a handwashing station commonly used by family Members
22. Percent of households in target areas practicing correct use of recommended household water treatment technologies[1]
23. Percent of households that can obtain drinking water in less than 30 minutes (round trip)
24. Percent of population in target areas practicing open defecation
25. Percent of births receiving at least 4 antenatal care (ANC) visits during pregnancy
26. Contraceptive Prevalence Rate (CPR)

[1] At baseline it was made apparent that there is a problem of water being contaminated with arsenic in the CARE program areas. There are also problems with saline in the *Nobo Jatra* water supply.

We will adhere to the "FFP Indicators Handbook - Part I: Indicators for Baseline and Final Evaluation Surveys" for definitions, collection methodology, and analysis of the indicators listed above.[2] We will also look at 9 out of the 12 project-specific indicators listed in the Baseline Data Treatment and Analysis Plan (Annex 4 of the Baseline Report). Due to the changes in the survey we will not be calculating the mean number of income sources, the percent of households producing vitamin-A rich foods and the percent of households producing animal sourced food.[3]

1. Percent of households consuming poor and borderline diets based on the food consumption score (FCS);
2. Percentage of women of reproductive age who have access to primary healthcare services received from health department of Government of Bangladesh (GoB)
3. Percentage of farmers that have access to agriculture and livestock extension services from agriculture and livestock departments of GoB.
4. Mean age at marriage among women aged 15-49
5. Mean age at first pregnancy for married women aged 15-49
6. Percent of married women aged 15-49 who need to seek permission to visit certain locales
7. Percent of married women aged 15-49 whose husbands help with household tasks
8. Percent of household income earned by women in the month before assessment
9. Percent of wasted children under 5 years of age

In addition, we will measure resilience, specifically the absorptive, adaptive, and transformative capacities of households in the FFP project implementation areas.

1.3 Research Questions to be Answered

Beyond the FFP indicators above, the ERIE research team will also look at the following research questions for all three projects:

Q1.1: To what extent have the projects met their defined goals, purposes and outcomes?

The evaluation team will evaluate the contribution of SHOUHARDO III, *Nobo Jatra*, and SAPLING to USAID's efforts to *reduce food insecurity among chronically food insecure households*. For SHOUHARDO III and *Nobo Jatra,* the evaluation team will support its determination using **both quantitative and qualitative** methods. For SAPLING, the evaluation team will support its determination using qualitative methods. The following will be discussed. (1) Project performance on indicators against targets set by the partners for the key FFP indicators[4] of Depth of Poverty, Stunting, and Undernutrition. The evaluation will analyze the performance based on the theories of change of the projects and a comparison with the

[2] The FFP Indicators Handbook can be found at http://www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/guidance/implementation-and-reporting.

[3] In an effort to reduce the length of the survey, BHA and ERIE asked the implementing partners to reduce the number of custom indicators. This also allowed us to add a module on COVID related outcomes.

[4] FFP's established targets are: a minimum of 2 to 2.5 percentage point annual reduction of prevalence of stunting, a minimum of 3 to 4 percentage point annual reduction of prevalence of underweight, and a minimum of 4 percentage point annual reduction of depth-of-poverty.

comparison groups[5]). Using empirical evidence, the evaluation will describe the progress or non-progress along the hypothesized pathways of change. The evaluation team will review the key assumptions and adaptations to accommodate contextual changes over the past five years;[6] (2) factors that promoted or inhibited the achievement of the project objectives, including, but not limited to the effectiveness of food-for-asset and/or cash-for-asset interventions; (3) plausibility of pathways and the determinants of achieving the key outcomes; (4) targeting strategies and their contributions to achieving project goals (especially with regard to gender and reaching the most vulnerable); and (5) the practices that have been adopted as a result of the FFP Bangladesh programming[7] and the appropriateness and effectiveness of interventions on the poorest individuals.

Q1.2: To what extent have the projects developed resilience capacities and whether these capacities contributed or will likely contribute to sustain the food and nutrition security outcomes in the face of shocks?

The evaluation team will evaluate the role of institutions and systems established or strengthened by the projects independently or in collaboration with the private sector, Government of Bangladesh, community organizations, NGOs, and research organizations to improve and maintain resilience capacities.

The evaluation will evaluate the changes in household resilience capacities, understand the role of these capacities to absorb, and adapt to covariate and idiosyncratic shocks and determine the likelihood of these capacities to sustain and further improve food and nutrition security outcomes in the face of future shocks. The evaluation team will support its determination using **both quantitative and qualitative** methods for the SHOUHARDO III and *Nobo Jatra* projects. Multivariate models will be used to predict the contribution of the capacities to wasting and stunting among children under five, depth of poverty, and household dietary diversity for those two projects. Using quantitative and qualitative empirical evidence, the evaluation will describe how the capacities contributed or will likely contribute to the household resilience in the face of shocks.

Q1.3: In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance to the target communities?

The evaluation team will evaluate the effectiveness and relevance of the technical interventions, including (but not limited to) food-for-asset and/or cash-for-asset interventions, to achieve project outcomes, and discuss those findings in relation to the projects' theories of change. It will support its determination using both quantitative and qualitative methods where possible when discussing the following: (1) factors in the implementation and context associated with greater or lesser efficiency and effectiveness in producing outputs of higher or lower quality; (2) the interventions and implementation processes deemed more/less acceptable to members of the target communities.

[5] *Nobo Jatra* and SHOUHARDO III will have comparison groups, SAPLING will not

[6] For SAPLING, the evaluation team will not be able to quantitatively measure change for these indicators.

[7] For SAPLING, the evaluation team will not be able to attribute any changes reported to the FFP Bangladesh programming.

Q1.4: To what extent have the projects strengthened local level systems and capacities of service and input providers to support the market-based input and service provisioning to prepare for the extension phase, and beyond the life of the projects?

The evaluation team will assess the progress towards sustaining the outcomes and critical services necessary to continue a sustainable service provisioning using private, and public sector input and service providers. Using primarily qualitative methods, the evaluation team will assess the capacity of local level service providers to support each key outcome; the motivation of the service providers to continue service provisioning and the motivation of the communities to seek services and their willingness to pay; and what has been done to facilitate linkages to resources that the service providers would need to continue service provisioning after the project ends. Since the SHOUHARDO III and *Nobo Jatra* projects will continue for an extended period, the evaluation team will assess the level of secondary adoption and what could be done in the extended phase to promote further secondary adoption.

Q1.5: Have there been unintended consequences (either positive or negative) from the programming?

The evaluation team will also address the following questions: What unexpected changes have occurred as a consequence of FFP Bangladesh programming? What are the effects of these changes to improve or sustain household food and nutrition security? What unexpected changes have occurred in villages with FFP Bangladesh programming that have not occurred in comparison villages for the SHOUHARDO III and *Nobo Jatra* projects?

Finally, the quantitative survey will serve as a baseline for the Phase II evaluation. For a list of research questions to be answered in Phase II, please see the ERIE Bangladesh Options Memo.

2. Sampling plan

2.1 Quantitative Sampling Plan

This survey has a multi-stage sampling design:

1. Selection of villages
2. Selection of households within villages
3. Selection of individuals within villages

2.1.1 First stage sampling (village)

We will be selecting villages differently between the treatment and comparison groups. The ERIE research team estimated the sample to detect an MDE (minimum detectable effect) of 10% of baseline stunting (34%) within each of the two project areas separately. We will use baseline stunting rates and our rich covariate data (household demographics, etc.) in our regression analysis, and these can dramatically reduce the remaining variation in our measured stunting rates. Indeed, as this paper in SSM-Pop Health shows, the correlations in child stunting with prior survey rounds and other child, parental, and household factors can be quite high (over 80%). Given this, we used a baseline correlation

factor of 80% in our analysis (based on the Bangladesh-specific rates from the aforementioned paper). That dramatically improves the detectable effect and thus reduces the necessary sample sizes.

The number of observations was determined using power calculations for a two sample comparison of proportions. Parameters are 20 child surveys (obs) per village, and an intra-cluster correlation of 0.037 (which generates a design effect that matches the estimate in the baseline report). Other parameters are set at defaults (significance level = 0.05, power= 0.8). We implemented the analysis in Stata using the clustersampsi command: *clustersampsi, binomial sample size p1(0.34) p2(0.306) base_correl(0.80) m(20) rho(0.037)* The team came up with a sample of 108 villages in SHOUHARDO III and *Nobo Jatra* (split evenly across treatment and comparison for two project areas).

Given the concerns surrounding COVID, we will be oversampling villages during the household listing exercise. We will be selecting a total of 240 villages between the two areas (120 in each location). Out of these 240, we will select 216 final villages. We will utilize a community-level COVID survey administered in each sample area to make sure that comparison and treatment villages have been equally impacted by the pandemic. The community-level COVID survey is provided as Annex 1.

We designed our sample size based on equal sample sizes of treated villages in each area. We considered whether we should reduce the sample size for SHOUHARDO III—where baseline stunting rates were higher and thus a 10% reduction was thus easier to detect with a smaller sample—and increase it in the other areas. However, while it is true that stunting rates differ across the three program areas, other outcomes vary only to a lesser extent, and sometimes in opposite directions. We describe this cross-area variation in Annex 2. Based on this variation in baseline outcome levels, our recommendation is to keep the samples equal so that we can detect effects for the full set of indicators.

Treatment village sampling

Treatment group villages will be selected from the list of villages surveyed at baseline. We will randomly select 60 villages from each list of baseline villages. In order to ensure representation in each of the districts, the baseline frame of villages was stratified by district population and stunting rate for each project location. We will utilize the UN adjusted 2020 population data for population data by district and the stunting rates by village from the baseline data. We will separate out the villages into three categories: low, medium, and high levels of stunting. We will sample equally from each of these categories weighted by district populations. This will ensure equal representation of villages across different stunting levels and locations.

Also, a small number of villages were surveyed at baseline but did not receive the treatment. These villages will be excluded from the random selection. This includes three villages from *Nobo Jatra* and four villages from SHOUHARDO III[8].

[8] There is 1 village from the Kuhalong Union named Chemi Dalu Para that is not listed on the treatment list. Unclear if this village was treated or not and it is included in this number.

[text on sampling of villages related to extension phase to be added here when available]

Comparison group villages sampling

The quantitative research team will match villages surveyed at baseline with villages that were not treated by the FFP program. To construct this matched sample, we will use the Bangladesh DHS 2014 data to reflect pre-FFP conditions, as well as a variety of geospatial covariate datasets (see the list of data sources shown in Table 1 below) to generate an interpolated gridded surface of the percentage of stunted under five children at baseline. If GPS data are available for the baseline survey data, these data will also be integrated into this approach.

The team will use an Empirical Bayesian Kriging (EBK) regression prediction approach within ArcGIS Pro to generate a spatially continuous child-stunting layer for Bangladesh (similar to the work by Gething et al. 2015). EBK regression prediction is a geostatistical interpolation method that combines kriging with regression analysis to make predictions that are more accurate than either regression or kriging can achieve on their own. In EBK regression prediction, explanatory variables are transformed into principal components prior to modeling, solving the problem of multicollinearity and ensuring stability without the loss of accuracy. For a list of data sources used in this analysis, see table 1 in the ERIE Bangladesh Options Memo document.

After constructing the interpolated surface, we will overlay the FFP villages in which the 2016 baseline survey was conducted, thus obtaining estimates of baseline rates in this sample. For each of these villages, the team will then identify the nearest matches at baseline from a pool of non-FFP villages selected from village lists provided by the Bangladesh Bureau of Statistics. More information on this sampling procedure can be found in the Bangladesh Endline Village Selection document.

We will also monitor any sources for COVID-19 illnesses and deaths to identify villages with extremely high cases or extremely low cases. It is possible that FFP programs could affect COVID cases such as through increased interaction in the village which could increase infections. On the other hand the program could lower infections across FFP villages through increases in clean sanitation behaviors which. While possible, this connection is unlikely. If possible, we will review COVID-19 illness and death data and to see if there is an interaction before we do our sampling (i.e. we can check whether a sample we construct based on only the baseline stunting rates shows differences across treatment and comparison villages in COVID exposure). For more information on our COVID-19 plan see Annex 3, and Section 2.2.

Handling of small villages

The sampling design requires the selection of 31 households (see section 2.2 below for more details). There may be selected villages that do not have sufficient numbers of households with and without children. In these cases, the village will be combined with the closest village and the households will be sampled from a combined list of households from both villages.

2.1.2 Second stage sampling within village (household)

We are proposing to slightly modify the stratification within villages compared to the baseline sampling structure to get a more efficient sample design. We will retain *the same number of actual observations*

for both child and household surveys. We will achieve this same number of observations by visiting fewer households. We plan to conduct 22 household surveys and 20 child surveys from 31 households rather than the 35 households selected at baseline. We will then re-weight these 20 child surveys appropriately to accurately represent the full population. For more information on the sampling frame, see Annex 2.

During the household listing exercise, enumerators will collect information on the presence of under 5 children in each household. Households will be sorted into two subframes. Subframe 1 will have households that have under 5 children while subframe 2 will have households without under 5 children. After the household listing exercise is complete, we will have a complete list of all households (see definition of households below) in each village. From these lists, we will randomly select:

1. 20 households from subframe 1. Out of those 20, 11 will be randomly selected to receive both a household survey and child survey and 9 will be randomly selected to receive just a child survey.
    a. 9 households surveyed with only the child survey
    b. 11 households surveyed with both the household and child survey
2. 11 households from subframe 2. All of these households will receive a household survey.
    a. 11 households surveyed with only the household survey

During the listing exercise, the survey firm will also attempt to determine the effect COVID-19 had on the village through asking the village headman about the number of illnesses and deaths (if known). This will help with any necessary post-survey matching. For more information on the impact of COVID-19 on the quantitative data collection see Annex 3.

For the purposes of this survey, we will define households as *A person or group of people who live together and share meals ("eating from the same pot").* For polygamous families, wives who share the same meal pot will be treated as the same household. If they live independently and have their own eating arrangements they will be treated as separate households. This is the same definition that is used during the baseline survey.

2.1.3 Third stage sampling of individuals within households

The household survey has several modules that require specific household members to answer the questions in that module. There will be slight differences between treatment and comparison villages in the number of individuals that are required to answer the modules. We will use the definitions from the baseline study for the identification of each of the individuals. The respondents for the modules are listed in the table below:

Module	**Title**	**Treatment villages household member to be interviewed**	**Comparison villages household member to be interviewed**
Module A	Household identification and informed consent	Head of household or responsible adult	Same
Module B	Household roster	Head of household or	Same

		responsible adult	
Module C1	Food access	Person in charge of food preparation in last 7 days or adult who ate in the household in last 7 days	Same
Module C2	VSLA	Head of household or responsible adult	Same
Module D1	Children's nutritional status and feeding practices	Primary caregivers[9]	Same
Module D2	Children's diarrhea and oral rehydration therapy	Primary caregivers, all children aged 0-59 months will be weighed and measured[10]	Same
Module E	Women's nutrition, breastfeeding, and antenatal care	All women aged 15-49 ever married and never married[11]	One randomly selected woman aged 15-49 ever married and one randomly selected woman aged 15-49 never married
Module F	Household water, sanitation, and hygiene	Head of household or responsible adult	Same
Module G	Agriculture	All farmers in household[12]	Main farmer in the household (or if not available, head of household if they are knowledgeable about household farming practices)
Module H	Household consumption expenditure	For H1, whoever is most knowledgeable about the food the household members have eaten in the past week. For H2-H7 ask the person who is most knowledgeable about other households expenditures including non-food items	Same

[9] There may be more than one mother or caregiver for the different children in the household. No substitutes will be made for a child's primary caregivers

[10] Very young children (under 6 months) will not be weighed and measured due to health and safety concerns around handling newborns.

[11] We will select these individuals using the initial household roster collected during the beginning of the interview. This household listing will identify all members of the household, their ages, and their relationships to each other. We will consider individuals to be part of the household if they have lived in the household for at least 6 of the past 12 months (this is the same as the baseline survey).

[12] Farmers will include headers and fishers. They are men and women who have access to a plot of land where they make the decisions about what and how crops are grown and where the harvest goes. This can also be men and women who have animals and/or aquaculture products that they have control over. A household member who does farm work but does not have decision-making responsibility is not considered a farmer. A responsible adult can be interviewed in place of a farmer if they are not available.

Module J	Gender–Cash	All men and women who earned cash	Same
Module R	Resilience	Head of household or responsible adult	Same
Module P	Project Participation	Head of household or responsible adult	Same

2.1.4 Sampling weights

After the survey is completed, the researchers will weight the indicator estimates to reflect the number of households with and without U5 children in each village, as is commonly done for surveys with stratified samples. At baseline, the average household shares in the U5 and non-U5 strata were 31.24% of households with a U5 child and 68.76% without a U5 child. These shares may have changed in the past four years, so we will re-estimate them for each village using the household listing, and then generate weights for the U5 and non-U5 households on that basis.

After the survey is completed, the researchers will weight the indicator estimates to reflect the number of households with and without U5 children in each village, as is commonly done for surveys with stratified samples. At baseline, the average household shares in the U5 and non-U5 strata were 31.24% of households with a U5 child and 68.76% without a U5 child. These shares may have changed in the past four years, so we will re-estimate them for each village using the household listing, and then generate weights for the U5 and non-U5 households on that basis.

We will then mirror the same procedure used in the baseline. Endline weights will need to be adjusted to reflect the appropriate distribution of households with and without children. Language from the baseline analysis plan is below[13]:

> Sampling weights will be applied in the separate analyses for each project and in analyses for the combined project areas. The sampling weights will be calculated for each indicator by taking the inverse of the product of the probabilities of selection from each stage of sampling. Weights will be derived according to the unique sampling scheme that is relevant to the associated sampled household or individual. 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, R)
> 2. Children 0-59 months (Module D – all children's indicators)
> 3. Women 15-49 years (Module E – all women's indicators except anthropometry)
> 4. Women 15-49 years who are not pregnant (for women's anthropometry indicators)

[13] ICF International, Inc. "Data Treatment and Analysis Plan: Baseline Study of Food for Peace Development Food Assistance Projects in Bangladesh". USAID. September 8th, 2016.

5. Farmers (Module G – all agricultural indicators)
6. Male and female cash earners (Module J – cash earner indicators)

Given that all eligible individuals will be selected for Modules D, E, G, and J, the sampling weights for these modules will differ from those for households (relevant for Modules C, F, H, R) by an individual non-response adjustment only. For children and women, although there are smaller subgroups included for some indicators (i.e. children 6-23 months for MAD, women married or in a union for the contraceptive prevalence indicator, etc.), the overall non-response adjustment for children 0-59 months or women 15-49 years will be used.[5] Single questionnaire items that are missing responses will not be imputed for and will not be included in the calculations for relevant indicators.

2.2 Qualitative Sampling Plan

The qualitative studies have a multi-stage sampling design:

1. Selection of villages
2. Selection of households / individuals within villages

2.2.1 First stage of sampling (village)

Sampling for the qualitative studies takes geographic spread of the projects into account to learn about projects across the areas where they were implemented. Table 2.2.1.1 shows stages of sampling and the number and distribution of geographic areas to be selected at each stage of sampling. All divisions (administrative) / regions (geographical) where projects have been implemented will be represented in the sample. Three villages was set as the minimum per project to ensure coverage of a broad-spectrum of viewpoints. The allocation of villages also takes into account the number of households that participated in each project. The SHOUHARDO III project worked with about 392,000 households, while *Nobo Jatra* worked with about 216,000 households and SAPLING worked with more than 58,000. Finally, the SAPLING sample was doubled to increase our ability to understand the food security, resilience, health, and nutrition situation in the area without quantitative data. To deal with small villages, we will either set a minimum size as an eligibility criterion for selection, or select a second, nearby village as a pair for small villages.

Table 2.2.1.1 Stages of sampling for qualitative villages

Project	SHOUHARDO	Nobo Jatra	SAPLING	SAPLING 2
Division / Region	Char and Haor	Khulna	Chittagong	Chittagong
Districts	3 districts (out of 4) per region	Khulna and Satkhita	Bandarban	Bandarban
Upazila	1 upazila per district selected	2 upazilas per district (of 4)	3 upazilas (of 5)	Other 2 upazilas (of 5)
Union	1 union per upazila	1 union per upazila	1 union per upazila	1 union in one upazila and 2 in the other
Village	1 village per union	1 village per union	1 village/ municipality or ward per union	1 village/ municipality or ward per union
Total Number of Villages to be Selected	6	4	3	3

All villages selected will be where the target program was well-implemented, the community was receptive, and where the interventions were most successful in terms of adoption and nascent outcomes. We will contact the implementers of each program for nominations of villages for selection. Additional criteria for selection will include the number and type of program interventions implemented there and village size. Ethnic diversity will be considered to ensure coverage of multiple viewpoints. If necessary, accessibility to the villages will be considered. For the SHOUHARDO III and *Nobo Jatra* programs, villages will be selected from the treatment villages included in the survey sample only. This will allow us to compare data from the qualitative and quantitative data specifically to dig deeper in understanding outcomes and processes.

2.2.2 Second stage sampling within village (household / individual)

The total sample for the qualitative data collection will be 180 key informant interviews (KIIs) and 100 focus group discussions (FGDs), divided between the SHOUHARDO*, Nobo Jatra* and SAPLING areas. Focus groups will be conducted with groups of different types of project

participants, including men, women, youth, and extremely poor and/or vulnerable community members. KIIs will be conducted with members of especially resilient households; community leaders; local input and service providers; implementers; USAID personnel; and collaborators in the private sector, government, community organizations, NGOs, and / or research organizations. The table below shows the number and type of interviews to be conducted per village.

Interview Type	Number of interviews
Focus Groups	**6 focus groups per village (8 to 12 people per group)** 36 FGDs for SOUHARDO III 24 FDGs[14] for *Nobo Jatra* 40 FGDs for SAPLING
Resilient Household Members	**4 KIIs per village** 24 KIIs for SOUHARDO III 16 KIIs for *Nobo Jatra* 24 KIIs for SAPLING
Community Leaders	**2 KIIs per village** 12 KIIs for SOUHARDO III 8 KIIs for *Nobo Jatra* 12 KIIs for SAPLING
Local Input and Service Providers	**3 KIIs with providers that serve each village** 18 KIIs for SOUHARDO III 12 KIIs for *Nobo Jatra* 18 KIIs for SAPLING
Implementing Partners	6 KIIs for SOUHARDO III (Care) 4 KIIs for *Nobo Jatra* (World Vision) 6 KIIs for SAPLING (Helen Keller)

[14] By resilience, we mean shock preparedness and recovery; therefore resilient households will be ones who have capacities to absorb, adapt or transform in the face of shocks, rebounding after shocks better off than those without resilience capacities.

In addition to these village-based interviews, four (4) USAID personnel will be interviewed, as well as 16 collaborators.

Specific guidelines have been developed for the identification of each interview participant type and the selection criteria to be used. Great care was taken to create criteria for a sample that includes respondents that are knowledgeable and who reflect diverse opinions and experiences. These identification and selection criteria can be found in the table below.

Sample Identification and Selection Criteria

Interview Type	Individual sample identification and participant selection criteria
Focus Groups	Within each selected village or village pair, conduct six focus group discussions (FGDs): - 2 FGDs with men who participated in at least one Food for Peace intervention - 2 FGDs with women who participated in at least one Food for Peace intervention Depending on the context, some of these FGDs can be mixed gender, if that would help in determining effects on gender. If single-sex groups are more effective, keep the groups single-sex. For mixed groups, select enough women and men to hear a broad range of opinions on the effects on gender. - 1 FGD with extremely poor and/or vulnerable community members who participated in at least one Food for Peace intervention. A mix of men and women is fine, if acceptable in the community. - 1 FGD among youth who participated in at least one Food for Peace intervention. Youth must be at least 18 years of age. - In 4 of the 6 villages sampled in the SAPLING area, conduct an extra focus group among youth or the vulnerable to ensure all perspectives have been included. To do this, in four of the villages, do sex-disaggregated focus groups for either youth or the vulnerable. Contact community leaders and prominent project participants to identify community members who were involved in at least one Food for Peace activity. Select focus group members and key informants based on the criteria above.

Resilient Household Members	In each village, select four (4) members of the most resilient households in the village. Resilient households will be identified by the focus group discussion participants, community leaders, and/or other informants, preferably those who had been in some leadership position in the program activities. The criteria for resilient households are that they: (1) are households within the village; (2) have participated in the program; (3) had food throughout most of the year; (4) had diversified income sources; and (5) were able to bounce back in the event of a shock. Four members of resilient households will be chosen for key informant interviews. One key informant interview will be conducted with each of the four household members selected. If perspectives are different enough, more than one interview can be conducted with members of the same household. A key informant interview can be conducted with more than one member of the resilient household together if a more complete picture of the situation warrants it. At least one interview should be done with a woman and at least one should be done with a man. Try to include different participants in the focus groups and KIIs, so their insights are not counted twice.
Community Leaders	In each village, conduct two interviews with community leaders who were involved with and are knowledgeable about the implementation of the Food for Peace activities and the villages in which the activities were implemented. Seek participants who can provide perspectives regarding other programs that have occurred in Food for Peace villages as well.
Local Input and Service Providers	Identify the FFP project-supported input and service providers who serve each selected village and the institutions and systems established or strengthened by the project. Examples could include agricultural input sellers, extension workers, local health clinics, extension programs for immunization centers, and birth attendants. Select 3 that serve each village to interview. Try to interview at least one woman and one man. Try to interview providers providing different services and inputs.
Implementing Partners	For each program being evaluated, identify implementing partner staff who have served at least one village selected. Attempt to identify staff who have served in separate geographic locations. You will receive contact information for the main implementing partner for each program during training. You can identify local implementers through local stakeholders or implementing partners interviewed previously. Criteria for selection for interview will include level of participation in the Food for Peace program, work in the selected villages, knowledge about the Food for Peace program they worked for, and sustained contact with villages. Try to interview staff who work on different types of interventions and a mix of men and women.

2.3 Study limitations

The SAPLING part of the evaluation will be limited by the lack of quantitative data. We will not be able to get a complete picture of what outcomes and results have occurred, nor be able to attribute any changes to the program. However, we will be able to learn about how and why changes did or did not occur and provide a robust understanding of the food security, resilience, health, and nutrition situation in selected project areas.

There are limits to what the pre-post evaluation can tell implementers about project impacts. The pre-post indicators will be able to tell us how certain aspects of households' lives have changed over the years of the project. Without a comparison group, we will not be able to directly attribute any changes in the indicators directly to that project since there are other outside factors that may have impacted all households in the area regardless of the project.

Adding a comparison group will allow us to remove that barrier and allow us to attribute any differential impacts on treatment households compared to comparison groups to the project. While we will take every precaution to make sure the comparison group was as similar to the treatment group as possible, there is always a chance that they may have minor differences that could affect the comparison. While this is unlikely, it is a limitation of selecting a comparison group after the project has already started.

This study also suffers from typical limitations for self-reported data, and data which relies on respondents' ability to recall events and details that occured in the past. We mitigate the risk of bias due to these factors by using standard periods of recall for agriculture, food security, health and resilience questions. Additionally, we do not expect that this bias will vary by treatment status; therefore the presence of a comparison group will help us mitigate this risk.

A new limitation of this study relates to COVID-19, which may interrupt programming and could affect outcomes. Again the inclusion of comparison villages in the study will help mitigate this risk, particularly if we are able to demonstrate that both treatment and comparison areas were similarly affected by COVID-19. More information about our contingency plan for COVID-19 can be found in Annex 3.

3. Field Procedures

3.1 Data collection overview

Both quantitative and qualitative data collections will be implemented by Data Management Aid (DMA). Survey data collection will include an initial pilot to test the survey and household listing procedures, a household listing of all areas, enumerator training, and the data collection. This entire data collection will take 4-5 months and will take place as soon as it is safe to survey after the COVID-19 pandemic. The

qualitative data collection will include a training of trainers followed by an interviewer training, pre-testing, and data collection. The data collection for the SAPLING program will be conducted over a one month period as soon as it is safe to travel and to interview people after the COVID-19 pandemic. The data collection for the SHOUHARDO III and *Nobo Jatra* programs will be conducted over a six week period after the quantitative data collection has been completed.

3.2 Quantitative Data Collection Field Procedures

3.2.1 Questionnaire and field manuals

The questionnaire is broken out into a household survey and a child survey. More information about the different parts of the survey is below.

Endline Household Survey in Treatment areas

The household survey in the treatment areas will be almost exactly the same as the baseline household survey. The modules include the following:

Module A: Household identification and informed consent
Module B: Household roster
Module C: Food access
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 R: Resilience

We have made a few changes to the endline survey. The differences include:

- We have removed the following questions: D52, D63, D64, E32-E37, R102, R103, R201, R202, R203, R204, and R402. These questions were removed because they do not feed into any indicator or research question
- We have reworded R104 to include "In the past 12 months, did you experience any of these shocks?"
- We have added Module BB. This module tracks development aid participation for each household
- We added questions C220A, C220B, C220C, and C220D. These questions track household member participation in VSL groups and any loans they received from those groups. This is due to the implementing partners utilizing VSL groups as part of their treatments.
- We added question B24 in the household roster that will ask about whether or not each person in the roster experienced any COVID-19 like symptoms. We also added questions R701, R702, and R703 to the resilience section about whether or not any household members died from the virus and if so, how old they were. Finally we also added COVID-19 as a potential shock the household could have faced in the resilience section.

- We have removed the following after feedback from USAID:
    - The value chain indicator, which includes removing question G10 in Module G
    - The MCHN gender indicators, which includes removing all of Module K
    - HDDS because it captures similar dimensions of food security as FCS This includes removing questions C03.3, C03.4, C03.5, C03.6, C03.7, C03.8, C03.9, C03.10, C03.11, C03.12, C03.13, C03. 14, and C15
    - We kept diarrhea and ORT indicators but removed questions D55-D61, D63-D64 in Module D2
    - We removed the mean number of income sources (farm and off-farm) for households in project areas (from Module C2)
    - We also removed the percent of households producing Vitamin-A rich foods indicator which involved removing question G13A2, Module G

Endline Household Survey in Comparison Areas

The endline household survey in the comparison areas will be similar to the household survey in the treatment areas. It includes all of the changes made above. The differences will be:

- We will not weigh women. This is not a part of any of the research questions.
- We will only interview one farmer per household about all household farming
- We will randomly select only one “women aged 15-49 ever married” to interview
- We will randomly select one “woman aged 15-49 never married” to interview

Endline Child Survey in Treatment and Comparison Areas

The child survey in the endline will exactly mirror the child survey at baseline. Households in the treatment and comparison areas will receive the same survey. The child survey includes the following modules.

Module D1: Children’s nutritional status and feeding practices
Module D2: Children’s diarrhea and oral rehydration therapy

Both the household and child survey are available in Annex 4.

Survey manuals

There will be several manuals for both supervisors and enumerators that will give detailed information about the sampling, questionnaire, anthropometric measurements, and survey questions. The list of manuals is as follows:

1. Interviewer’s manual
2. Question by question manual
3. Supervisor manual
4. Anthropometry and standardization manual

3.2.2 Tablets

The surveys will be programmed into Samsung V3 and 2019 model tablets using SurveyToGo software. These tablets will be used for both the household listing and the quantitative survey. Programming the

survey will allow us to program all skip patterns and automate the differences in the survey between the three different treatment and comparison areas that can be seen for Module BB (treatment information module).

3.2.3 Field Work

Pretesting COVID Survey

One or two members of the survey firm will pretest the community-level COVID survey before the start of the household listing. This is a short survey and will be pretested outside of Dhaka.

Household Listing Pilot and Training

The household listing pilot and training will occur before the household listing begins and will last 3-4 days. It will include a training on how to collect the household listing data and how to administer the community-level COVID survey. The community-level COVID survey will be administered by team leaders who will also support the listing activity.

Household Listing

The household listing will last approximately 24 days. This will include administering the community-level COVID survey.

Initial Pilot

The household survey will be piloted at the same time as the household listing in villages that are not selected as survey locations. This pilot will be attended by members of the survey firm and the external consultants. Those piloting the survey will not do so in project areas and will instead travel to villages not in the household listing to perform the pilot. The team will pilot the household and child surveys using the tablet and programmed survey to test the programming and will pilot the new modules to make sure questions are correctly asked and the answer choices are appropriate. This pilot will give the research teams a chance to iron out any issues with the survey and the household listing to ensure that the data collection and listing exercise goes smoothly.

Recruitment of personnel

The survey firm will initially recruit at least 20% more than the required number of enumerators to participate in the training. These individuals will be selected based on their experience in conducting similar studies with anthropometric measurements. After the completion of the training, trainee investigators will be appointed to specific posts on the basis of their training performance. The top performers will be selected for the survey work and those who do not make the cut will be kept on the waiting list and the survey firm will utilize this list of replacement enumerators should there be any need due to an enumerator falling ill or dropping out.

During the field work, staff members will be continuously monitored. Those with less than satisfactory performances, enumerators who fall sick, or enumerators who drop out will be immediately replaced by the standby enumerators so that the field operation does not suffer due to a shortage of manpower. This

recruitment procedure as followed by DMA has proved to be an efficient way of recruiting a good survey team for the firm in the past.

Training of the Trainers

Prior to the full enumerator training, ERIE and DMA will come together for a training of trainers workshop. This will involve two to three 4-hour sessions during which the ERIE team will train DMA's survey leaders. This workshop will cover the following topics:

- Village sampling protocol
- Household sampling protocol
- Survey protocols
- Household questionnaire
- Child questionnaire
- Anthropometry protocols
- Reporting requirements
- Data protocols
- Protocols for dealing with any unexpected events
- Any additional topics that come up

The ERIE team will plan to be available for any questions, comments, and feedback during the training and will schedule a daily debrief with the trainers to discuss any questions or issues that arose during the training. This will allow us to keep track of how the training is going and any problems or issues that arise so we can take care of them immediately.

Training

The 2-week long enumerator training will take place after the initial pilot. DMA will host enumerator training in a location outside of Dhaka. All enumerators will travel to this location and the training will last for two weeks. The ERIE external consultants, DMA staff, and ERIE staff will attend the training. The training will involve an overview of the data collection, training on the village and household selection procedures, instruction on how to complete the survey correctly, and learning how to deal with any issues that might arise. The anthropometric training will occur simultaneously so that both enumerators and anthropometrists can be trained together on some topics (introduction to the study, etc). There will be a pilot section of the training where enumerators will practice the survey and anthropometrists will practice weighing and measuring under five children and women aged 15-49 who are not pregnant. This practice will be followed by a debrief and discussion about any issues with implementing the survey including enumerators asking questions incorrectly or any problems with the questions as written.

3.2.4 Data collection

The survey contractor will be DMA. They will be in charge of all survey field work and are led by the team leader, A.K.M Abdus Salam. Mr. Salam will oversee the entire data collection and will ensure the survey is properly conducted and the data is of high quality.

Two DMA Field Coordinators will oversee the data collection and be involved in the entire process. They will be working full time in the field during the data collection in order to monitor the data collection process. They will provide immediate feedback and technical support to the teams as needed. The Field Coordinators will also collect the data and will verify data consistency on a daily basis.

There will be 4 teams of 10 enumerators in the southwest and northern survey regions. Each team will have a Field Supervisor who is in charge of ensuring appropriate introduction to the head of the sampled households, data collection flow, solution to common problems (e.g. interview refusals etc.), and completion of data collection in a household. They will ensure logistic arrangements for the survey team. They will also give quick onsite feedback to the survey teams in the field so that corrective measures can be taken, if necessary, to correct the mistakes. Every evening, the supervisors will sit with the respective team members, review the performances of the survey, and solve the problems faced by the enumerators and plan for the next day. They will ensure that no daily tasks are left pending.

The Field Enumerators will be responsible for data collection using tablets. The enumerators will make recall visits to absentee or non-response respondents and communicate experience of the days to the team management. They will also inform the supervisor if they encounter any problem during the data collection. At least half of the enumerators will be women.

There will be 9 teams of 2 anthropometrists in the South West and Northern survey regions.. These teams will travel with the enumerator teams and will collect anthropometric measurements at the same time as the survey is being administered to ensure easy linkages from children to households. These individuals will be responsible for weighing and measuring all non-pregnant women aged 15-49 and children under 5 in treatment areas and just children under 5 in comparison areas. Their primary focus will be on anthropometry and they will not be conducting the household surveys.

3.2.5 Field quality control procedures

Field supervisors and Field Coordinators will monitor all survey personnel during the field work. They will be reviewing surveys and observing enumerators as they interact with households. They will also observe the anthropometrists to ensure exact measurements.

The survey will be programmed into tablets. This will allow DMA to control skip patterns and field values to ensure there are no skipped variables and extreme values. The programmed survey will also help to ensure the correct person is selected to survey for each module. The survey will also be slightly different between treatment and comparison villages and between the three project regions. Having the survey programmed into the tablet means the correct survey for each situation will appear for the enumerator which will minimize enumerators picking the wrong survey combination. These controls will help strictly control data quality while enumerators are surveying.

ERIE will closely review the first round of data delivered to ensure the survey is programmed correctly. This will include checking skip patterns, field values, and ensuring correct individuals are being surveyed for each module. We will also check to make sure the right surveys are being used for the right project

and correct comparison/treatment village. During the initial two weeks we will plan to check in daily with DMA to ensure everything is going to plan and correct any problems that might come up.

Alongside DMA's supervisors and coordinators, ERIE will hire external consultants who will each monitor the survey in one of the evaluation areas. Each external consultant will be responsible for participating in the pilot activities, overseeing the household listing exercise, attending the survey training, and overseeing the data collection. They will ensure the teams are selecting the correct villages and households, observe enumerators as they deliver the survey and select households, perform back checks, and check surveys. They will be required to fill out a google form each day that includes a checklist of items which ERIE team members can check each morning to keep track of any issues or problems. Should they indicate a problem, ERIE team members will immediately follow up with both the consultant and DMA staff to fix the issues. We also will require the consultants to report any additional issues immediately to the ERIE team. Regardless of whether or not there have been any reported issues in the field, we will also be collecting weekly field reports and will be checking in with the consultants regularly via email, whatsapp, or zoom. DMA and the external consultants will work together to deal with any issues discovered during the field work.

3.3 Qualitative Data Collection Field Procedures

3.3.1 Interview guides and field / training manual

Interview Guides

There are 7 interview guides, which will be used in all three project areas. They are

1) FGD guide for Community Members
2) KII guide for Resilient Household Members
3) KII guide for Community Leaders
4) KII guide for Local Input and Service Providers
5) KII guide for Implementing Partner Staff
6) KII guide for USAID personnel
7) KII guide for Collaborators

Each guide is broken into sections, and contains some subset of the sections below. Questions within sections are specific to the participant type and will be made specific for the project area as well.

A. Introduction and Consent for Audio Recording
B. Background Information
C. Services Provided
D. Impacts
E. Impact on Resiliency
F. Sustainability

All guides specific for the SAPLING project can be found in Annex 5. The same guides will be used for the SHOUHARDO III and *Nobo Jatra* projects, but some questions will be changed slightly to account for project and geographic differences. In addition, the guides for the SHOUHARDO III and *Nobo Jatra* will be updated based on what is learned from the survey data collection. Preliminary findings from the quantitative survey will be reviewed to inform additions or changes to the qualitative guides so that we can collect qualitative data that will complement the quantitative data and provide clarity to the interpretation of the quantitative data. Please note, the qualitative interview guides will be used to guide interviews, but are not intended to be used word-for-word. The word-for-word structure of these guides is designed for training, so that interviewers can come to understand the intent of the questions and be able to get at the intent in a natural conversation.

The topics to be covered in the FGDs will include elements of a Community Based Resilience Analysis (CoBRA)[15] designed to measure and explain resilience at the community and household levels. In particular, we will focus on coping mechanisms, livelihoods in the face of shocks including COVID-19, natural resource management, diversification of income sources, and reliance on direct cash transfer and food aid. In conjunction with household data, we will focus on assessing how the communities selected define and experience resilience and linking these findings with risk reduction activities and interventions. KIIs with resilient households will focus on what helped the households attain or maintain their pathway of resilience, and what factors lead some groups to cope while others collapse or fall deeper into vulnerability. The interviews will address the following information about resilient households: The composition, educational level and livelihood/economic activity of each member; other sources of income to the household; timeline and factors that contributed to the household's resilience; perceptions of why the household coped better; and what types of interventions helped the household and would help other households to build their resilience.

Key informant interviews with implementers will cover the activities that were implemented in the villages they worked in, and whether they or others are still supporting the communities with these activities. We will discuss their perspectives on the factors that have supported the continuation or expansion of these activities or that have led to their discontinuation. We will also discuss their perspectives on the effectiveness of linkages established during the project. Key informant interviews with community leaders will cover other similar projects implemented in their villages, and their perspectives on community members' continued access to quality services, motivation to maintain the practices, systems to facilitate the service delivery, equitable access to public and private services and inputs, and community member demand for these services. Key informant interviews with local input and service providers involved with the USAID program will cover their perspectives on the impact of the program on their own and other providers' capacity strengthening, incentives for and capacity of the public and private service providers to continue to provide high quality services, and community member demand for these services.

[15] See the UNDP Community Based Resilience Analysis (CoBRA) Conceptual Framework and Methodology for more information.

Field / Training Manual

There will be one training manual used for the Training of Trainers, the Interviewer Training, and in the field. The manual will give detailed information on the three programs, the evaluation design, sampling, data collection protocols, interview guides, in-field analysis, post-data collection data processing, and coding. The manual can be found in Annex 6.

3.3.2 Field Work

Recruitment of personnel

We will recruit three experts in Bangladesh to accompany the data collection team. Their areas of expertise will be in food security and livelihoods, nutrition and agriculture. The team of subject matter specialists will also possess knowledge and experience with the specific intervention processes used by the projects (such as care groups, farmer field schools and the like) in Bangladesh, so they know how they should work and whether outcomes have been achieved.

The data collection firm will recruit at least 20% more than the required number of interviews to participate in the training. These individuals will be selected based on their experience in conducting similar studies. After the completion of the training, teams of interviewers will be formed based on their training performance. The top performers will be selected for the work, while others might be kept on a reserve list the data collection firm will use to replace interviewers should there be any need due to illness or other inability to continue with the work.

Training of the Trainers

Prior to the full interviewer training, ERIE and DMA will come together for a virtual training of trainers (TOT). This will involve four 4-hour sessions during which the ERIE team will train DMA's qualitative study leaders. This workshop will cover the following topics:

1. Project Background
2. Study Design
3. Sampling and participant recruitment
4. FAQs for respondents
5. Qualitative research basics
    a. Contacting respondents
    b. Fieldwork process
    c. Data security issues
    d. Ethics
    e. Gender
    f. Interviewing techniques and best practices
    g. Role of the assistant researcher
    h. Working with digital recorders
    i. Team Meetings
6. Translation
7. Transferring files

8. Field planning
9. Transcribing and translation
10. Data cleaning
11. Coding
12. Using software to code
13. Summarizing coded data
14. Working with the content experts
15. Review of instruments (QxQ)

Training

The 2-week interviewer training will take place after the TOT. DMA will host the SAPLING interviewer training in a location in Bandarban. The location of the interviewer training for SHOUHARDO III and *Nobo Jatra* will likely be outside of Dhaka. All interviewers will travel to and remain at the training site during the training. The interviewers, ERIE content experts, and DMA staff will attend the training in person. ERIE staff will attend the training for several hours per day virtually. The training will cover the same topics outlined in the TOT as well as a great deal of practice, feedback, and time for questions. Any questions, comments, or feedback DMA trainers cannot respond to during the training will be shared with the ERIE trainers during a scheduled daily debriefing with the trainers. Daily debriefings will allow the ERIE trainers to keep track of how the training is progressing and any problems or issues that arise so they can be taken care of immediately. The training will also include a pretest in a program village that has not been selected as part of the study sample. The pretest will be followed by a debriefing and discussion about any issues encountered in the field, and will include feedback on the interview guide questions.

3.3.3 Data collection

The qualitative data collection contractor will be DMA. They will be in charge of all field work and are led by team leader, A.K.M Abdus Salam. Mr. Salam will oversee the entire data collection and will ensure the data collection is properly conducted and the data is of high quality. DMA's deputy team leader, Shereen Khan, will assist Mr. Salam in this endeavor.

Each DMA qualitative data collection team will include a field coordinator, a facilitator and two record keepers. For the SAPLING part of the data collection, 3 teams will be fielded. Four teams will be fielded for the SHOUHARDO III and *Nobo Jatra* parts of the evaluation. Field coordinators will oversee the data collection and be involved in all aspects of data collection. They will monitor the data collection process in the field and provide immediate feedback and technical support to their team as needed. Every evening, the teams will sit together with the content experts and review what was learned that day vis-a-vis the research questions. They will also review the interview guides for changes, and plan for the next day. The facilitators will be responsible for facilitating the interviews, while the record keepers will be responsible for capturing the interviews using digital recorders and note-taking. At least half of the team members will be women.

Teams will conduct 6 FGDs in each selected village with male and female program participants, youth who have participated in the program, and members of extremely poor and/or vulnerable households. Half of these FGDs will be with men and half will be with women. Teams will also collect data through KIIs with members of four resilient households and with two community leaders to get information about the situation of the village including COVID impacts, and the impact of the program on household and community level resilience. There will be three KIIs per village with local input and service providers to understand the local demand for inputs and services, and the services and inputs provided. Further, there will be one KII with an implementer who has worked in each selected village to learn about how the program was implemented. Outside of the selected villages, there will be a total of four KIIs conducted with USAID personnel to understand how the program was funded, designed and implemented. Finally, there will be a total of 16 KIIs conducted with other stakeholders to learn more about the context and other actors in these contexts.

In each FGD, there will be 8-12 participants. FGDs will be conducted in centrally located places that will be accessible to all the participants. Two researchers will conduct one FGD, wherein one researcher acts as a note taker and records the conversation and the other as a facilitator. The notetaker will take interview notes in the language used for the FGD. The note taker will also be responsible for field notes for each FGD they take notes for. Field notes will be in the language the notetaker is most comfortable using; however, their notes must be added in English to the final English transcript of each FGD. One FGD will last from 60 to 90 min. There will also be a presence of subject matter specialists on agriculture, nutrition and livelihoods to ensure all appropriate information is covered in the discussion.

The KIIs, which will be done with the program implementers, community leaders and resilient household heads, will last for about 60 minutes and preferably will be done outside, at the participant's home or other place convenient to them. There will be two persons in each KIIs, one person will be interviewing the informant and another will document the conversation. KIIs will be documented using digital voice recorders and notes. Note takers and interviewers will also take some observation field notes.

The field researchers will prepare and submit data in written, audio, and photographic form. They will write detailed field notes for each FGD session in English. For key informant interviews, they will submit the audio data and a summary with observation notes in writing.

3.3.4 Field quality control procedures

Field supervisors and Field Coordinators will monitor all survey personnel during the field work. They will be reviewing surveys and observing enumerators as they interact with households.

The survey will be programmed into tablets. This will allow DMA to control skip patterns and field values to ensure there are no skipped variables and extreme values. The programmed survey will also help to ensure the correct person is selected to survey for each module. The survey will also be slightly different between treatment and comparison villages and between the three project regions. Having the survey programmed into the tablet means the correct survey for each situation will appear for the enumerator

which will minimize enumerators picking the wrong survey combination. These controls will help strictly control data quality while enumerators are surveying.

ERIE will closely review the first round of data delivered to ensure the survey is programmed correctly. This will include checking skip patterns, field values, and ensuring correct individuals are being surveyed for each module. We will also check to make sure the right surveys are being used for the right project and correct comparison/treatment village. During the initial two weeks we will plan to check in daily with DMA to ensure everything is going to plan and correct any problems that might come up.

Alongside DMA's supervisors and coordinators, ERIE will hire external consultants who will each monitor the survey in one of the evaluation areas. Each external consultant will be responsible for participating in the pilot activities, overseeing the household listing exercise, attending the survey training, and overseeing the data collection. They will ensure the teams are selecting the correct villages and households, observe enumerators as they deliver the survey and select households, perform back checks, and check surveys. They will be required to fill out a google form each day that includes a checklist of items which ERIE team members can check each morning to keep track of any issues or problems. Should they indicate a problem, ERIE team members will immediately follow up with both the consultant and DMA staff to fix the issues. We also will require the consultants to report any additional issues immediately to the ERIE team. Regardless of whether or not there have been any reported issues in the field, we will also be collecting weekly field reports and will be checking in with the consultants regularly via email, whatsapp, or zoom. DMA and the external consultants will work together to deal with any issues discovered during the field work.

4. Data Management and Analysis

4.1 Quantitative Data Management and Analysis

4.1.1 Data transfers

DMA has agreed to transfer survey data weekly (depending on network availability). This data will be uploaded to google drive and will be shared with the quantitative team. Notre Dame's Center for Research Computing has approved the security protocols of a Google Drive for data storage. The only team members with access to the full non-anonymized datasets will be those listed on the IRB approval.

4.1.2 Data editing and cleaning

All data will be carefully edited and cleaned by ERIE staff in partnership with DMA. DMA will fix any data quality issues that are found before the data is finalized. The data will be checked for any unexpected, incorrect, and inconsistent data. This includes using summary statistics and close examination of the

data to identify outliers, incorrectly coded answers, missed questions, cross-field validation, etc. We will also check that the correct respondents answered the modules. Any inconsistencies will be dealt with during the data cleaning process by either fixing or removing the anomalies that are detected.

4.1.3 Data analysis

There will be two parts to our data analysis. First, the indicator analysis will present the changes in evaluation indicators from baseline to endline, in the treatment areas only. A second analysis will compare outcomes between treatment and comparison areas. An overview of the indicator analysis and the treatment/comparison analysis is below. A final data treatment and analysis plan for both parts will be submitted by June 20th, as indicated in the evaluation timeline.

Pre/Post Indicator analysis

We will mirror the indicator analysis done in the baseline. We will use the same sampling weights as the baseline (discussed above in the sampling weight section) as well as the documented tabulation methods as cited in the legacy *FFP Indicators Handbook* to calculate all of the indicators (same method used at the baseline). We will utilize the baseline STATA syntax for these calculations. We will follow all baseline indicator analysis methodology for the indicators for the following categories:

- Anthropometry
- Poverty
- Agricultural
- Project-specific
- Resilience

The same applies to the descriptive, bivariate, and resilience analyses. The bivariate analyses will include:

- Household characteristics
- Food security and women's and child nutrition
- Agriculture
- Water, sanitation, and hygiene
- Gender
- Country-specific indicators (food production and MAD, ANC visits and age at first pregnancy)

Treatment vs. comparison analysis

We propose to enhance the currently planned endline evaluation of the legacy FFP projects, which would rely on a pre-post evaluation design, by conducting a rigorous impact evaluation using a matched comparison group design, complemented by qualitative data on project implementation, performance and sustainability. We will look at the difference between the treatment and comparison clusters for each research question listed in the section above. We will also use data on agricultural conditions from a variety of outside sources to explore how the program's treatment effects have varied with exposure to weather shocks and agricultural production. Below are the survey modules which apply to each research question.

Table 1: Research Questions

No.	Evaluation questions within each question	Modules needed	Specific Quantitative questions
Q1.1: To what extent have the projects met their defined goals, purposes and outcomes?	Food insecurity reduction	HHS, Food Consumption Score (FCS)	HHS and FCS: C03-C21 U5 DDS: D14-D52 Women 15-49 DDS: E07A-E26
	What helped or hurt the project in reaching its goals	Environmental and economic shocks, Anything else?	Shocks: R101 - R109
	Did targeting strategies work? Especially to women and most vulnerable	We can see household breakdown of gender and income etc. and will obtain information on treatment participation	Household roster information: module B Treatment participation information: module BB
	What practices were adopted?	Specific questions about the potential treatment outcomes (gender, health, nutrition, agriculture)	Module BB: treatment participation GoB Health services: E06A-E06J Antenatal care: E41, E42 Exclusive breastfeeding: E34-37 MAD: E07A-E26 Age at first pregnancy: E29A Division of labor and assist each other in HH tasks: E48H, E48G Seek permission: E48A - E48F Communication: J09A Financial: J08, J09A, J09B, J10, J11 Household hunger: Module C1 Sanitation: Module F Agriculture: Module G
Q1.2: To what extent have the projects developed resilience capacities and whether these	Improve and maintain resilience capacities	Resilience/recovery module	Resilience: module R
	Changes in household resilience capacities	Recovery from shocks over time, able to recover better from shocks now?	Resilience: module R

capacities contributed or will likely contribute to sustain the food and nutrition security outcomes in the face of shocks			
	Understand the role of these capacities to absorb and adapt to shocks	Changes to how they deal with shocks and stresses over time	Resilience: module R
	Do the resilience capacities sustain and further improve food and nutrition security outcomes in the face of future shocks?	Specific food and nutrition questions in shock module	Resilience: module R
	Wasting and stunting among children under 5	Anthropometric measurements	Anthropometric: U5 Module
	Depth of poverty	Consumption module H, Savings in module C, and Module J for cash earners	Cash earners: Module J Savings: C220A-D Consumption: All of Module H
	Household dietary diversity	HHS, FCS	HHS and FCS: C03-C21
Q1.3: In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance to the target communities?	Effectiveness and relevance of technical interventions including the food-for-asset and/or cash-for-asset interventions	will look at household participation in treatments including Food for asset and Cash for asset.	Treatment information: module BB
	Interventions and implementation processes deemed more/less acceptable to members of the target communities	will look at household/individual treatment participation	Treatment information: module BB
Q1.4: To what extent have the projects strengthened local level	Motivation of the communities willingness to pay	willingness to pay questions	Treatment information: module BB

systems and capacities of service and input providers to support the market-based input and service provisioning to prepare for the extension phase, and beyond the life of the project?			
Q1.5: Have there been unintended consequences (either positive or negative) from the programming?	What unexpected changes have occurred as a consequence of FFP Bangladesh programming?	HHS, FCS, shocks, agricultural production, income, look at any changes	HHS and FCS: C03-C21 Resilience Module R Agriculture module G Child health module D etc.
	What are the effects of these changes to improve or sustain household food and nutrition security?	HHS, FCS, anthropometry	HHS and FCS: C03-C21 Anthropometric U5 section
	What unexpected changes have occured in villages with FFP Bangladesh programming that have not occurred in comparison villages?		Resilience: module R

4.2 Qualitative Data Management and Analysis

4.2.1 Data transfer and storage

Qualitative data will be captured using interview notes, voice recorders, and field notes. Interviewers and note takers will use local languages in capturing interview notes and sometimes field notes as well. After interviews, audio files data will be systematically labeled with file names for categorizing. Laptops in the field and home offices will be password protected and data will be transferred only via secured routes. Qualitative field staff will transfer audio files daily (depending on network availability) to DMA office staff for transcription and translation. The audio files will be uploaded to a Google Drive folder where DMA

transcribers as well as ERIE research staff can access them. Notre Dame's Center for Research Computing has approved the security protocols of a Google Drive for data transfer and storage. The only team members with access to the data will be those listed on the IRB approval. Voice recorders and all written data will be guarded in the field by the data collection staff. Each will be responsible for ensuring all data they have collected or have access to is on their person, hidden from view, and never left where someone other than a team member could access it.

4.2.2 Data transcription and cleaning

All audio files will be carefully transcribed and translated by trained DMA staff. Each transcription will be reviewed for accuracy and readability before finalization. Field notes will be reviewed by supervisors in the field, translated into English and submitted. Following the transcription and translation of audio data, data cleaning will include merging the transcripts and field notes into one dataset with a given filename. The cleaned transcripts will be reviewed for their quality and accuracy before finalization.

4.2.3 Data analysis

There will be two main steps in the data analysis process. As mentioned above, preliminary findings from the quantitative survey will inform data collection in the SHOUHARDO III and *Nobo Jatra* areas, so that data will be collected to further illuminate outstanding questions. During the qualitative analysis, our first step will be to code the cleaned data using ATLAS.ti qualitative software. The lead researchers will develop the coding frames. The coding frames will consist of superfamily, family, and code lists with descriptions of the meaning of each for the coding staff to use as reference. The frames will focus on the major research questions of the evaluation, the preliminary and more advanced findings from the survey data in the SHOUHARDO III and *Nobo Jatra* areas, and the qualitative data collected. In the SAPLING area, the codes will reflect the research questions that were adjusted to reflect the fact that only qualitative data will be used to answer them (please see the options memo addendum that includes how the qualitative data collection will respond to evaluation questions for the SAPLING area).

Based on the coding, reading of transcripts, field notes, and quantitative findings, the second step in the qualitative analysis will be summarizing coded data thematically. The analysis of the qualitative data will be based on the variability and uniqueness of responses, using software for consolidating qualitative information. Specifically, analysis will include priority ranking of resilience characteristics overall and by different groups, scoring and plotting the achievement of priority resilience characteristics in normal and crisis periods according to different types of capital categories (human capital versus social capital versus natural capital, for example), compilation and aggregation of the features and attributes of resilient households, and compilation of resilience building interventions most frequently mentioned as factors of attained or needed resilience (UNDP Community Based Resilience Analysis (CoBRA) Conceptual Framework and Methodology). Identification of "positive deviants" will allow us to identify what they have done to leverage project activities effectively.

4.3 Dissemination of Findings

After the analysis has been completed, we will write up an endline report for each project area that integrates both the quantitative and qualitative findings, which will add depth to the interpretation of the data and illuminate the findings in new ways. These reports will be submitted to USAID FFP and the Bangladesh mission for their feedback. The endline reports will include an executive summary; introduction to the study and background of the project; the methodology and limitations; results for the pre-post indicator analysis, treatment/comparison analysis, and qualitative thematic analyses; conclusions, and recommendations.

Once we receive comments from both parties, the ERIE team will revise the reports as necessary. The final versions will be submitted for approval. Once the endline reports are finalized, the ERIE team will present their findings to the mission, the FFP team, and the implementing partners.

5. Ethical Considerations

5.1 Ethics approval

An IRB application was submitted to the Notre Dame IRB committee and approval has been granted.

Since there will be anthropometric measurements taken during the survey, DMA has also gained ethical approval for the survey from the Institute of Health Economics' Institutional Review Board at Dhaka University. The ERIE consortium provided all the necessary documentary support required to obtain the ethical approval. The documentation was submitted on May 4th and approval was granted on May 17th, 2021.

5.2 Informed consent

5.2.1 Quantitative Consent for the Household Survey

NOTE TO ENUMERATORS: Repeat this process with any individual who is interviewed during the process of completing the household survey.

Hello. My name is _____. I am working with Data Management Aid on behalf of the University of Notre Dame. We are conducting a survey to learn about household characteristics and expenditures, agriculture, food security, and nutrition of women and children. Your household was selected to participate in an interview that will take approximately two to three hours to complete. We will interview you and other members of your household as needed.

Your participation is completely voluntary. There are no known risks or discomforts associated with this survey. There will be no benefit provided to you because of your participation. The societal benefits of participating are that we may be able to understand better ways to help your local community. We hope

you will agree to answer the questions since your views and experiences are important. If I ask you any questions you don't want to answer, let me know and I will go on to the next question. You can also stop the interview at any time. If you decide not to participate in this survey or if you withdraw from participating at any time, you will not be penalized in any way.

This study requires that you meet personally with a researcher. Because any contact with other people brings the risk of infection with coronavirus (or COVID-19), we want to ensure that you carefully consider your participation. You should have been provided a document explaining how COVID-19 is affecting research generally. If you have specific questions about this study and COVID-19, please ask the researchers. If you have any concerns about your health, please contact your healthcare provider.

Your privacy is important to us. No part of this interview is being recorded or videoed. If you agree to participate, some of the information you provide will be available on a public website that researchers and others will be able to access without identifying you. The information will be entered into a database of approximately 7500 other households; this will NOT contain confidential information such as your name or the name of your village that could be used to identify you. All data will be stored in a password protected electronic format.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, you may contact the researcher Danice Guzman, at +1 574-631-8922. If you would like to know about your rights as a research participant, or to discuss concerns or complaints, we welcome you to contact the University of Notre Dame at +1 574-631-1461 or at compliance@nd.edu. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

WILL I BE CONTACTED ABOUT RESEARCH IN THE FUTURE?

If you agree, we may contact you after your participation is over to request additional information. Please indicate one of the following options:

_____ Yes, I agree to be contacted for the purpose of collecting additional information.

_____ No, I do not agree to be contacted for the purpose of collecting additional information

PARTICIPANT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

_____ I agree to take part in the study

_____ I do not agree to take part in the study

5.2.2 Anthropometric Consent

Hello, Good morning/afternoon. My name is..... I am working for researchers from the University of Notre Dame. I have come to your house today because your household has been randomly chosen to participate in a survey. I would like to gather information on the health and nutrition of (NAME OF THE CHILD) from you (the child's mother/care giver). Your answers will be confidential. They will be put together with other people we are talking to, in order to get an overall picture. It will be impossible to pick you out from what you say, so please feel free to tell us what you think. The information collected from you will be combined with information collected from others like you, and we will not disclose your

name and what you have told us to others. Your responses will be presented as part of a group, along with all other study participants on a public website that researchers and others will be able to access without identifying you. The information will be entered into a database that will NOT contain confidential information such as your name or the name of your village that could be used to identify you.

If you can answer our questions as honestly as possible it will help in the future development of this community. You should not hesitate to say you do not understand a question, or if 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. It takes about 20 to 30 minutes.

There is no penalty for refusing to participate. If in the future you have any questions regarding the survey or the interview, you may contact the researcher Danice Guzman, at +1 574-631-8922. If you would like to know about your rights as a research participant, or to discuss concerns or complaints, we welcome you to contact the University of Notre Dame at +1 574-631-1461 or at compliance@nd.edu. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

5.2.3 Qualitative Interview Consent

The following consent is from the SAPLING focus group interviewer guide. It will be slightly altered for key informant interviews for other types of respondents, but the main structure will remain unchanged.

Thank you for taking the time for this discussion today. My name is [NAME]. I am working for DMA Consulting firm gathering information for the evaluation of the SAPLING Project, carried out since 2016. I would like to talk with you because the project was conducted in your community, and we are interested in how it went.

Our study is funded by USAID, an agency of the US government that provides aid and development assistance to other countries. The study is designed to learn about whether and how the project's activities and outcomes have impacted you and to learn more about its impacts in areas such as food security and child nutrition. We want to learn about your experiences with the project and hear your opinions regarding project impact.

The interview is expected to take about 1.5 hours. There are no right or wrong answers in this interview. Participation in this discussion is voluntary. You may skip any question you do not want to answer, and you may stop participating at any time. Please note that this is a study and not a way to apply for food aid or other development assistance.

This study does require that we meet in this group setting. Because any contact with other people brings the risk of infection with coronavirus - or COVID-19, we want to ensure that you carefully consider your participation. We have provided you with masks and hand sanitizer to reduce the risk of infection but staying far enough away from each other might be difficult. [We have also arranged to meet outside,

which is lower risk for transmission of COVID-19.] If you have specific questions about this study and COVID-19, please ask me. If you have any concerns about your health, please contact your healthcare provider.

There will be no direct benefit provided to you because of your participation. However, studies such as this one can help development partners like USAID design better programs that are effective in addressing food security and malnutrition here and elsewhere. Your experience provides invaluable input.

None of your responses will be identified as yours in study reports or shared with anyone outside the study team. We will not share any information you provide that can identify you with anyone outside the study team. We also ask that you not share other participants' responses with anyone outside this group. If you have any questions, concerns, or complaints about the study or your rights as a participant, please feel free to ask at any time. Should you have any questions I cannot answer, you may call Maqbul Hossain Bhuiyan or Shereen Khan, who are leading our team and whose phone numbers are written on this card.

I would like to get your permission to record our discussion and take notes. The purpose of doing this is to ensure we can accurately capture the thoughts and ideas you share. The recording will only be heard by the researchers involved in this study. Do I have your permission to record the discussion?

If yes, start voice recorder.

Finally, I would like to ask your permission to take photos. These photos could be published in our report if they help people understand your experiences and input, but we would not include your name. Do I have your permission to take some photos?

Do you have any questions before we begin?

Once questions have been answered, please proceed with the guide below.

6. Timeline

Given the current global pandemic, the endline will not be able to move forward on the originally scheduled dates. There is significant risk to respondents, enumerators, and staff. The team will plan to move forward as quickly as possible with the evaluation after it is deemed safe to do so by the government of Bangladesh, USAID, William and Mary, Notre Dame, and Mathematica.

Activity	**Length of Activity**	**Start of Each Activity**

Survey and household listing pilot	1 week	3 weeks after approvals to survey have been received. This includes visas, IRB approvals, BRMC approval, and travel approval
Household listing	3 weeks	2 weeks after pilot
Survey enumerator training	2 weeks	3 weeks after household listing
Quantitative Survey	6 weeks	Directly after enumerator training
Qualitative training	1.5 weeks	13 weeks after survey enumerator training
Qualitative data collection	3 weeks	Directly after qualitative training

7. Staff

AidData Personnel

Ariel BenYishay
Quantitative Lead
Dr. Ariel BenYishay is a development economist specializing in empirical microeconomics, geospatial impact evaluations, and randomized control trials (RCTs). In addition to serving as Associate Professor in the Economics Department at William and Mary, he also heads AidData's Research and Evaluation Unit, and oversees the AidData Research Consortium, some 120 academics at 50 universities worldwide. His current research focuses on the impacts of foreign aid programs on agriculture and deforestation as well as human health and social capital. He leads several large-scale RCTs, including one in the Philippines and several in Malawi.

Previously a Lecturer at the School of Economics with the University of New South Wales (UNSW), during his tenure there he conducted impact evaluations and randomized control trials of 200 villages as part of the Making Networks Work for Policy project in Malawi, in addition to executing randomized controlled trials as part of ongoing research on farmer training through the CEGA/J-Pal Agricultural Technology Adoption Initiative Grant. Ariel spent five years (2006-2011) at the Millennium Challenge Corporation, including serving as Associate Director of Economic Analysis & Evaluation, where he designed quasi-experimental impact evaluations, oversaw M&E efforts for multi-million dollar grant programs, and established organizational guidelines for economic analysis and growth diagnostics. From 2003 until 2007, was a Senior Analyst at QED Group, where he designed and led research evaluations on behalf of the US Trade and Development Agency. Ariel's work has been published in leading journals, including the *Review of Economic Studies, Journal of Human Resource*s, *Journal of Development Economics*, *Journal of Public Economics, Journal of Comparative Economics*, and *Economic Development and Cultural Change*. Ariel holds a PhD in Economics from the University of Maryland.

Carrie Dolan
Quantitative Research
Carrie Dolan is an Assistant Professor in the Department of Kinesiology and Health Sciences. Her research examines the allocation of health aid within the context of effectiveness, efficiency, and equity. Through combining household panels with geographically referenced data, Carrie's research determines the contribution of health aid on key health outcomes. She earned a MPH in Epidemiology from Tulane University and a PhD in Healthcare Policy and Research from the Virginia Commonwealth University School of Medicine.

Katherine Nolan
Quantitative Analyst
Katherine Nolan is a Senior Research Analyst at AidData where she manages impact evaluations on a variety of topics including health and governance. She oversees in-country field logistics, develops survey tools, coordinates with important stakeholders, and handles the data cleaning and analysis of preliminary results. Katherine previously worked for Innovations for Poverty Action on several impact evaluations in Mongolia and Kenya. She has also worked on a market access research project in Northern Uganda and an electrification research project in India. She holds an MA from the Fletcher School of Law and Diplomacy at Tufts University and a BA in International Development and African Studies from Amherst College.

Mathematica Personnel

Dr. Kristen Velyvis, a Senior Researcher in the International Division at Mathematica, will lead the qualitative research.

Kristen Velyvis
Qualitative Lead
Dr. Velyvis has a PhD in Sociology from the University of Wisconsin-Madison and more than two decades of experience conducting evaluations and research in developing nations. She has designed and led numerous large qualitative studies evaluating agriculture, environmental and natural resource management, resiliency, and health. Currently, she is working on an evaluation of the Millennium Challenge Corporation's (MCC) Environmental and Natural Resource Management Project in Malawi, a mixed-mode evaluation of the MCC Irrigation and Water Resource Management Project in Senegal, and a mixed-mode evaluation of USAID's health portfolio in Ghana. For these and many other studies, Dr. Velyvis has collaborated on or led study design, design of data collection protocols, interviewer training, data coding and analysis, and reporting. Dr. Velyvis also has strong training and experience in gender, currently leading the social and gender component of the evaluation in Malawi, and having conducted gender analysis, mainstreaming and training in Niger, Nigeria, Senegal, Mali, Cote d'Ivoire, and Ghana.

Notre Dame Personnel

Dr. Lila Kumar Khatiwada from University of Notre Dame will support the qualitative analysis. In addition, Notre Dame Initiative for Global Development (NDIGD) will also manage the data collection firm. Kevin

Fink and Mrs. Danice Brown Guzman will support data collection in the field and will coordinate the following: management of the data collection firm, collaboration between institutions within the ERIE consortium, and finally reporting to USAID. Further, an additional M&E expert will support qualitative work by organizing and analyzing data.

Dr. Khatiwada has PhD in Rural Sociology from University of Missouri. He has used mixed methods in evaluating agriculture, women's empowerment, community health, and climate change projects in developing countries. Using mixed methods Dr. Khatiwada examined resiliency of households in a UNDP supported disaster reduction project in Mozambique. Dr. Khatiwada examined the impact of a USDA supported soybean value chain project in Tanzania, where he led the qualitative part of the study. He developed qualitative data collection protocols, trained the field interviewers, supervised focus group discussions and informant interviews, analyzed data, and prepared the report. Dr. Khatiwada measured the post-project sustainability of a USAID funded mother and child health project in Indonesia where he designed the study, prepared the survey instrument and focus group discussion protocol, analyzed data and prepared the report. Recently, he was involved in evaluating the long-term impact of the WALA project in Malawi where he worked with the qualitative team in refining research questions, preparing research protocols, analyzing data and preparing reports.

Danice Guzman: Mrs. Guzman holds an MPP in Public Policy and a certificate of International Development from Duke University. She has led data collection in Burkina Faso, Ghana, Benin, Tanzania, Haiti, Malawi, Nepal, and Uganda, including survey programming, training of enumerators in data collection using technology, quality control, data cleaning and analysis. She has in-depth experience in studies related to resilience, agriculture and nutrition. In 2015, she was the principal investigator for a baseline study on Catholic Relief Services' Food for Education Program in Benin. Finally, in 2016 Mrs. Guzman contributed to study design, data collection and analysis in Tanzania for Project Concern International's SAPARM Project, focusing on improving efficiency of cattle herders. Currently, she is a lead investigator for an RCT study of the governance component of UBALE, USAID's Food for Peace program as implemented by Catholic Relief Services in Malawi.

Nine Subject Matter Specialists: To support the qualitative data collection, we will recruit three subject matter specialists per region on agriculture, nutrition and livelihood. These people will be from Bangladesh and will be accompanying the DMA team of field researchers during the data collection.

8. List of Annexes

This inception report and protocol includes the following annexes, which are being developed and assembled in this Google Folder. Direct links are provided for those Annexes that are available in the folder.

Annex 1: COVID Survey

Annex 2: Sampling Frame - Overview

Annex 3: COVID- 19 FFP Bangladesh Endline Survey Contingency Plans

Annex 4: Survey Instrument

Annex 5: Qualitative Instruments

Annex 6: Qualitative Field Training Manual

Annex 7: Sampled EAs for each project with selection probabilities

- We need to agree on a extension phase plan and obtain COVID data (if possible) to finalize the sampling

Annex 8: Proposed Training Agenda

- This will not be available until dates of data collection are confirmed

Annex 9: Survey Manuals

- Survey Manual includes:
    - Annex 9a: Supervisor Manual
    - Annex 9b: Enumerators Manual
    - Annex 9c: Question by Question Instructions
    - Annex 9d: Anthropometry Manual
    - Annex 9e: Resilience Section Manual

- Will be available pending review from DMA

Annex 10: Draft Field Movement Plan

- This will not be available until dates of data collection are confirmed

Annex 11: Bangladesh Endline Village Selection Document

Annex F: Options Memo

Appendix begins on the following page.

EXPRESSION OF INTEREST IN EVALUATING THE FOOD AND NUTRITION SECURITY PROGRAMS IN BANGLADESH SUPPORTED BY THE OFFICE OF FOOD FOR PEACE (FFP)

EXPANDING THE REACH OF IMPACT EVALUATION (ERIE)

10/25/2019 **REVISED 02.04.2021**

1. BACKGROUND

The ERIE consortium expresses its interest to be involved in the performance evaluation of SAPLING and impact evaluations of SHOUHARDO III and *Nobo Jatra* focusing on long-term sustainability of the ongoing food security programs in Bangladesh being implemented by USAID's Office of Food for Peace (FFP). We propose a plan to expand the endline evaluation as a retrospective evaluation over the next four years with two additional rounds of data collection. The FFP's food assistance program in Bangladesh aims to reduce chronic and acute malnutrition and food insecurity and improve resilience to disasters among vulnerable populations. In conforming to its overall goal, USAID FFP awarded funding to implementing partners in the following three organizations to implement multiyear development food assistance projects in various districts in Bangladesh:

(1) The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE)

(2) The *Nobo Jatra* Project, implemented by World Vision, Inc.; and

(3) The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI).

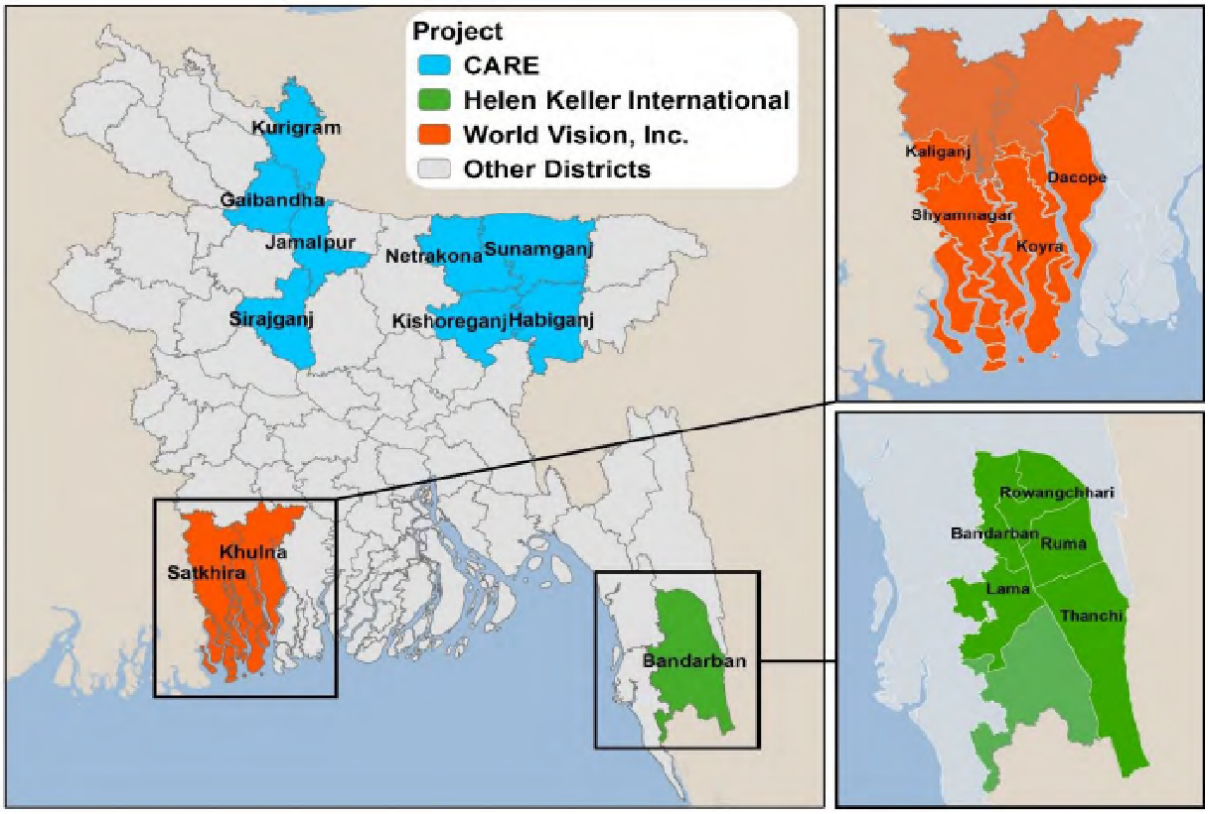
The goal of **SHOUHARDO III** is to build a more resilient population in targeted areas of the *Char* and *Haor* regions of Bangladesh by precipitating or causing changes in three primary areas: empowerment, governance, and engagement. The implementation area for the SHOUHARDO III Project includes eight districts in the *Char* and *Haor* regions. Within these districts, CARE selected 23 *upazilas* and 115 unions within the *upazilas*. CARE selected approximately 10 villages in each union, representing a total 392,371 households overall.

The ***Nobo Jatra*** project targets households in the southern coastal areas of Khulna and Satkhira districts. The project aims to address the underlying causes of chronic food insecurity by improving knowledge, capacity, and links to food production and income generation and facilitate improvements in household assets and savings. The project covers both Khulna and Satkhira districts in their entirety, except for villages in the Dacope municipality and the Khulna Range union in the Khulna district. The project area includes 4 *upazilas*, 40 unions, 699 villages, and 216,075 households.

SAPLING's project goal is to build resilience among vulnerable populations to the stressors and shocks that impede local food security in the Chittagong Hill Tracts located in the southeast region of Bangladesh by using a multi-sectoral approach that includes increased homestead production, consumption of diverse, nutritious foods, and improved capacity to mitigate and adapt to disasters. The SAPLING Project operates in the Bandarban district of the Chittagong Hill Tracts. It covers the entire district, which includes 5 *upazilas*, 24 unions, 2 municipalities containing 9 wards each, 1,205 villages, and 58,462 households.

While implementing the program activities, these organizations did not reach all communities in each district or sub-district. When selecting the communities, a wellbeing analysis was done to target the most vulnerable communities for program implementation.

Fig 1. Project area by implementers



2. Motivation for the Evaluation

FFP has been investing in the north, northeast and southern parts of Bangladesh for more than 30 years to improve food and nutrition security of extremely poor and most vulnerable population. Over the period, FFP funded programs improved capacity of targeted households, communities, and local actors; strengthened capacity of service provisioning systems, and local governance. These investments resulted in a significant reduction in chronic malnutrition and increased access to food.

In line with USAID's Journey to Self-Reliance, USAID has been considering shifting its programming priorities and geographic focus in Bangladesh. For the past six years, FFP prioritized sustainability of outcomes as a key principle of food security programming. FFP commissioned studies to understand better the factors that strengthen sustainability, requiring all proposals to incorporate a robust sustainability strategy, and included sustainability into the application assessment criteria with score. Sustainability was also highlighted in FFP's ten-year strategy.

In Bangladesh, FFP has been working with World Vision (WV) and CARE Bangladesh to develop strategies to strengthen further the sustainability of outcomes and considering extending the life of the programs for two additional years. To sustain the food security outcomes, it is critical to ensure households' continued access to extension services, access to inputs, and a supportive policy and systemic environment. In the current phase, WV and CARE have been identifying or developing a market-based service provisioning system and strengthening local systems to support them. The implementing partners (IP) are also developing an input provisioning system that is accessible to extremely poor and vulnerable households. In addition, IPs are strengthening capacities of the service providers and linking them with support systems.

In the extension phase, (2021 and 2022), the IPs will shift their role from direct service delivery to monitoring and supporting the local level input and service providers while the market-based local level service providers will provide services without any financial support from the projects. The IPs

will monitor the progress, identify gaps, provide need-based capacity strengthening support and continue to strengthen local systems to support the service providers.

During the current phase, SHOUHARDO III and *Nobo Jatra* programs are intended to

- Strengthen service and input provisioning systems based on their sustainability strategies; and
- Implementing a new facilitation approach – the local level input and service providers will continue input and service provisioning using a market-based model while SHOUHARDO III and *Nobo Jatra* staff will monitor and support the input and service providers to sustain food security, economic, and nutritional outcomes.

FFP would like to design and conduct an evaluation of the current phase of the three programs to capture the food and nutrition security gains, evaluate the extension phase of the two programs to understand whether the outcomes of interests continued to improve or sustain with the input and service provisioning by the local actors, and evaluate the sustainability after two years of the end of the extension phase to evaluate the sustainability of the outcomes, and input and service provisioning systems without USAID funded external support.

The following schedule outlines the evaluation timeline and the purpose.

Year of evaluation	Purpose
2020 (Phase 1)	Evaluate the performance of three food security projects - SHOUHARDO III implemented by CARE, *Nobo Jatra* implemented by World Vision, and SAPLING implemented by Helen Keller International. Identify and collect data from the comparison groups for SHOUHARDO III and *Nobo Jatra* projects.
2022 (Phase 2)	Evaluate the performance of SHOUHARDO III, and *Nobo Jatra*; assess the sustainability of the outcomes and the input and service provisioning systems necessary to sustain the outcomes.
2024 (Phase 3)	Evaluate the sustainability of outcomes and the service and input provisioning systems.

Before launching the current phase of the projects (implemented by the three partners), a population-based baseline survey was conducted between April and June 2016, with no comparison group. The baseline survey collected information on the same set of indicators for all three projects, and used a stratified sampling design to generalize the results for each project.

FFP would like the upcoming endline evaluation to gauge changes in outcomes since the baseline, while also developing a comparison group for robust long-term evaluations. As part of the proposed evaluation, an endline survey will be conducted between April and June 2020, providing estimates across a range of related outcomes, described below. The evaluation will use a mixed-method approach to answer the evaluation questions.

3. Evaluation Questions

The evaluation questions will vary by phases. The options memo provides a list of illustrative evaluation questions below and the fundamental elements that should shape the Evaluation Team's (ET) research. It is anticipated that the ET will address these, but it is not limited to working solely within this guidance.

Phase 1 evaluation questions

The overarching purpose of the phase 1 evaluation is to measure the development outcomes of the SHIOUHARDO III, *Nobo Jatra*, and SAPLING projects, and establish the comparison group.

Q1.1: To what extent have the projects met their defined goals, purposes and outcomes?

The ET will evaluate the contribution of SHOUHARDO III, *Nobo Jatra*, and SAPLING to USAID's efforts to *reduce food insecurity among chronically food insecure households*. The ET will support its determination using **both quantitative and qualitative** methods when discussing the following: (1) project performance on indicators against targets set by the partners for the key FFP indicators of Depth of Poverty, Stunting, and Undernutrition. The evaluation will analyze the performance based on the theories of change of the projects and a comparison with the comparison groups). Using empirical evidence, the evaluation will describe the progress or non-progress along the hypothesized pathways of change to tell stories. The ET will review the key assumptions and adaptations to accommodate contextual changes over the past five years; (2) factors that promoted or inhibited the achievement of the project objectives, including, but not limited to the effectiveness of food-for-asset and/or cash-for-asset interventions; (3) plausibility of pathways and the determinants of achieving the key outcomes; (4) targeting strategies and their contributions to achieving project goals (especially with regard to gender and reaching the most vulnerable); and (5) the practices that have been adopted as a result of the FFP Bangladesh programming and the appropriateness and effectiveness of interventions on the poorest individuals.

Q1.2: To what extent have the projects developed resilience capacities and whether these capacities contributed or will likely contribute to sustain the food and nutrition security outcomes in the face of shocks?

The ET will evaluate the role of institutions and systems established or strengthened by the projects independently or in collaboration with the private sector, Government of Bangladesh, community organizations, NGOs, and research organizations to improve and maintain resilience capacities.

The ET will evaluate the changes in household resilience capacities, understand the role of these capacities to absorb, and adapt to covariate and idiosyncratic shocks and determine the likelihood of these capacities to sustain and further improve food and nutrition security outcomes in the face of future shocks. The ET will support its determination using **both quantitative and qualitative** methods. Multivariate models will be used to predict the contribution of the capacities to wasting and stunting among children under five, depth of poverty, and household dietary diversity. Using empirical evidence, the evaluation will describe how the capacities contributed or will likely contribute to the household resilience in the face of shocks.

Q1.3: In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance to the target communities?

The ET will evaluate the effectiveness and relevance of the technical interventions, including (but not limited to) food-for-asset and/or cash-for-asset interventions, to achieve project outcomes, and discuss those findings in relation to the projects' theories of change. It will support its determination using both quantitative and qualitative methods when discussing the following: (1) factors in the implementation and context associated with greater or lesser efficiency and effectiveness in producing Outputs of higher or lower quality; (2) the interventions and implementation processes deemed more/less acceptable to members of the target communities.

Q1.4: To what extent have the projects strengthened local level systems and capacities of service and input providers to support the market-based input and service provisioning to prepare for the extension phase, and beyond the life of the projects?

The ET should assess the progress towards sustaining the outcomes and critical services necessary to continue a sustainable service provisioning using private, and public sector input and service providers. Using primarily qualitative methods, the ET will assess the capacity of local level service providers to support each key outcome; the motivation of the service providers to continue service provisioning and the motivation of the communities to seek services and their willingness to pay; and what has been done to facilitate linkages to resources that the service providers would need to continue service provisioning after the project ends. Since the project will continue for an extended period, the ET should assess the level of secondary adoption and what could be done in the extended phase to promote further secondary adoption.

Q1.5: Have there been unintended consequences (either positive or negative) from the programming?

The ET will also address the following questions: What unexpected changes have occurred as a consequence of FFP Bangladesh programming? What are the effects of these changes to improve or sustain household food and nutrition security? What unexpected changes have occurred in villages with FFP Bangladesh programming that have not occurred in comparison villages?

Phase 2 evaluation questions

The overarching purpose of the phase 2 evaluations is to measure the effectiveness of service and input provisioning using a market-based model and the sustainability of the development outcomes of the SHOUHARDO III, and *Nobo Jatra* projects. In order to evaluate the effectiveness of the extension project, the evaluation team will work with the implementers to sample randomly a set of villages that will not receive the extension project. This will enable the evaluation team to evaluate the effect of the original phase I project and the effect of the extension project. Phase 2 will not assess the SAPLING project.

Q2.1: To what extent have the projects further improved the key food and nutrition security outcomes?

The ET will evaluate the impact of SHOUHARDO III, and *Nobo Jatra* to *reduce food insecurity among chronically food insecure households*. The ET will support its determination using **both quantitative and qualitative** methods when discussing the following: (1) project impact on key food and nutrition security indicators including prevalence and depth of poverty, stunting, and wasting. The evaluation will analyze the impact based on the theories of change of the projects and a comparison with both

the original comparison group and the additional randomly selected comparison group of villages who received the original project but did not receive the extension project. Using empirical evidence, the evaluation will describe the progress or non-progress along the hypothesized pathways of change to tell stories. The evaluation will review the key assumptions and adaptations to accommodate contextual changes over the past two years; (2) factors that promoted or inhibited the achievement of key outcomes, **including, but not limited to the effectiveness and sustainability of food-for-asset and/or cash-for-asset interventions**; (3) the determinants of improving or sustaining the key outcomes; and (4) *which practices have been adopted/ sustained as a result of the FFP Bangladesh programming and* the appropriateness and effectiveness of interventions on the poorest individuals.

Q2.2: How effective was the facilitative approach and the market-based model for input and service provisioning to influence the key outcomes?

The ET will assess (1) the effectiveness of the market-based service provisioning model by sector (such as agriculture, off farm livelihoods, health, and nutrition), quality of services, acceptance of the market-based model in the community with a specific focus on extremely poor and vulnerable households, challenges encountered and remedial measures; (2) the effectiveness of the support provided by SHOUHARDO III and *Nobo Jatra* staff to the service providers, challenges faced and how those were addressed, how this could have been improved; (3) extremely poor and vulnerable households' perception about the quality and effectiveness of the input and services and the affordability of them; (4) systemic conditions and enabling environment necessary to support market-based affordable input and service provisioning.

Q2.3: How feasible and sustainable the market-based service provisioning and the replicability of the model to other context?

The ET will assess the economic and social feasibility and sustainability of the model for each technical sector. More specifically the ET will (1) assess the economic feasibility, social acceptance, and challenges encountered by each type of input and service providers (i.e. input vendors, paravet services, tree nurseries, fee-for-service providers, and health service providers); (2) using the factors outlined in the sustainability framework, assess the gaps in motivation, resources, capacity, and linkages; and how these gaps were or could have been minimized; (3) involvement of the public sector and local government to support or hindered the input and service provisioning; (4) evidence of systemic changes as a result of the model.

Q2.4: To what extent gender equity and youth interventions and approaches implemented by SHOUHARDO III and *Nobo Jatra* are functional and effective during the extension phase.

The ET will assess (1) whether and to what extent the activities such as Ekata Group and other approaches implemented by the two projects continued during the extension phase; (2) to what extent these groups or approaches evolved and how they were supported in the extension phase; (3) to what extent the two projects continued to focus on youth and gender during the extension phase.

Q2.5: The frequency and magnitude of covariate and idiosyncratic shocks and how resilient the target households are in the face of shocks and the role of capacities and systemic changes to maintain resilience?

The ET will (1) compare the resilience measures (both outcomes and capacities) across phases and with the comparison groups to determine the state and level of resilience of households and which factors facilitate or hinder households' resilience outcomes and capacities; (2) assess how well the households transformed their livelihoods, local level systems, service provisioning systems, and inputs delivery systems; (3) conduct an assessment of the predicted capacities against actual capacities that played key roles in recovering from shocks; and (4) assess how effective the DRR and

government risk management interventions were in transforming households' livelihoods and local level systems.

The ET's analysis of resiliency will be driven by the logic model of the program, and thus will focus on household resiliency. However, when possible the ET will also report on community-level resiliency when relevant. For example, if households report on local authorities' strategies to reduce the ultimate effect of a shock or stressor the ET will include that.

Q2.6: Have there been unintended consequences (either positive or negative) from the programming?

What unexpected changes have occurred in villages with FFP Bangladesh programming that have not occurred in comparison villages? What are the effects of these changes to improve or sustain household food and nutrition security?

Phase 3 evaluation questions:

The overarching purpose of the phase 3 evaluations is to evaluate the sustainability of the development outcomes and necessary services needed to sustain the outcomes. This phase of the evaluation will continue to follow the original comparison group that was never treated by FFP, a randomly selected group of villages that received the original project but not the extension project, and a group of villages that received both the original and extension project. Phase 3 will not assess the SAPLING project.

Q3.1: To what extent the key food and nutrition security outcomes are sustained or even further improved?

The ET will evaluate the sustainability of food and nutrition security outcomes. The ET will support its determination using **both quantitative and qualitative** methods when discussing the following: (1) whether the key food and nutrition security indicators continued to improve or sustained without any direct and targeted interventions using external resources. The evaluation will analyze the outcomes based on the theories of change of the projects and a comparison with the comparison group. Using empirical evidence, the evaluation will describe the progress or non-progress along the hypothesized pathways of change to tell stories. The evaluation will review the key assumptions and adaptations to accommodate contextual changes over the past two years; (2) factors that promoted or inhibited the achievement of the key outcomes, **including, but not limited to the effectiveness and sustainability of food-for-asset and/or cash-for-asset interventions**; (3) the determinants of improving or sustaining the key outcomes; and (4) which practices continued by the community including the poorest and most vulnerable households, which new practices or technologies were adapted to the local context; and (5) whether and to what extent the activities such as youth groups and other initiatives continued or evolved to improve results achieved by SHOUHARDO III and *Nobo Jatra*.

Q3.2: To what extent did the market-based service provisioning model continue?

The ET will assess (1) the extent to which the service providers worked in the extension phase continued, what were the drivers and what were the challenges faced by the service providers. (2) Whether the market-based service provisioning model developed by SHOUHARDO III and *Nobo Jatra* encouraged new actors to join. (3) If the market-based model was unsuccessful, what are the reasons, and what could have done differently? (4) What was the quality of inputs and services? (5)

Whether extremely poor and vulnerable households' continued to use the inputs and services and their perception of quality and affordability.

Q3.3: How did the technologies, crop varieties, practices, behaviors, and systems promoted by SHOUHARDO III and *Nobo Jatra* evolve over time?

It is quite possible that the technologies and practices promoted by the projects will evolve over time. The ET will assess (1) the evolution of technologies, crop varieties, practices, behaviors, livelihoods, and systems over time and the extent of adoption; (2) How the adapted technologies, crop varieties, practices, behaviors, livelihoods, and systems contributed to the overall change in food security and wellbeing indicators as well as enabled households to better manage shocks; (3) How well the projects targeted households fair with the macro level changes and systems.

Q3.4: To what extent did the activities, initiatives, and approaches implemented by SHOUHARDO III and *Nobo Jatra* improve household and community level gender equity; to what extent did these activities continue to evolve, and what are the effects in economic and social well-being of the households?

The ET will assess (1) whether and to what extent the activities such as Ekata Group and other initiatives implemented by the two projects continued or evolved to improve and/or sustain the gains achieved by SHOUHARDO III and *Nobo Jatra;* (2) the functionality and responsiveness of these activities, groups or initiatives to continue to address gender inequalities in decision making, preventing early marriage, and gender-based violence; and (3) the effect / impact of these groups in sustaining or even further improving gender equity in decision making; and (4) the evolution of these groups or approaches overtime.

Q3.5: The frequency and magnitude of covariate and idiosyncratic shocks and how resilient the target households are in recovering from these shocks?

The ET will (1) compare the resilience measures (both outcomes and capacities) across phases and with the comparison groups to determine the state and level of resilience of households and what factors facilitate or hinder households' ability to recover from shocks; (2) how well the households transformed their livelihoods, local level systems, and service provisioning; and (3) to what extent the resilience capacities contributed or did not contribute to recovering from shocks.

Q3.6: Have there been unintended consequences (either positive or negative) from the programming?

The ET will assess what unexpected changes have occurred in villages with FFP Bangladesh programming that have not occurred in comparison villages. What are the effects of these changes to improve or sustain household food and nutrition security?

4. Methods

The ERIE research team will employ both quantitative and qualitative methods to answer the research questions. We propose to enhance the currently planned endline evaluation of the FFP projects, which would rely on a pre-post evaluation design, by conducting a rigorous impact evaluation using a matched comparison group design, complemented by qualitative data on project implementation, performance and sustainability. In addition, we propose to carry out two additional rounds of impact analysis using the same matched comparison group design to assess long-term impacts of the FFP investments in Bangladesh.

4.1 Impact evaluation: To implement the proposed impact evaluation, the ERIE research team will use data from the baseline survey conducted by ICF and the Bangladesh Demographic and Health Survey (DHS) 2014 to identify a matched comparison group for each of the projects we will evaluate. We will:

- Select comparison villages within the 2 project areas (SHOUHARDO III and *Nobo Jatra*) using village GPS data and modeled baseline conditions from earlier rounds of data. We plan to interpolate spatially baseline conditions using the DHS (collected in 2014) and baseline data from the project villages to estimate the conditions in nearby non-sampled (and not treated) villages, providing us with a feasible pool of comparison villages.
- Conduct endline household and child surveys in program and comparison villages, measuring child nutritional outcomes, child stunting and underweight rates, household resiliency, and household food security for all three phases.
- Use the endline data to compare changes in program and comparison villages, statistically assessing the program's impacts
- Merge in data on agricultural conditions from a variety of other sources to explore how the program's treatment effects have varied with exposure to weather shocks and agricultural production.
- Randomly select a group of villages that will not receive the extension project in order to understand the long-term impacts of the extension project.

4.2. Original comparison group selection: The quantitative research team will match villages surveyed at baseline with villages that were not treated by the FFP program. To construct this matched sample, the research team will use the Bangladesh DHS 2014 data to reflect pre-FFP conditions, as well as a variety of geospatial covariate datasets (see the list of data sources shown in Table 1 below) to generate an interpolated gridded surface of the percentage of stunted under five children at baseline. If GPS data are available for the baseline survey data, these data will also be integrated into this approach.

The team will use an Empirical Bayesian Kriging (EBK) regression prediction approach within ArcGIS Pro to generate a spatially continuous child-stunting layer for Bangladesh (similar to the work by Gething et al. 2015). EBK regression prediction is a geostatistical interpolation method that combines kriging with regression analysis to make predictions that are more accurate than either regression or kriging can achieve on their own. In EBK regression prediction, explanatory variables are transformed into principle components prior to modeling, solving the problem of multicollinearity and to ensure stability without the loss of accuracy.

After constructing the interpolated surface, the research team will overlay the FFP villages in which the 2016 baseline survey was conducted, thus obtaining estimates of baseline rates in this sample. For each of these villages, the team will then identify the nearest matches at baseline from a pool of non-FFP villages selected from village lists provided by the Bureau of Statistics.

4.3 Extension phase comparison group selection: Researchers will work with project implementers to randomly select villages that will not receive the extension phase. The team will do this by selecting an evaluation sample out of the full set of project villages and randomly selecting a subset of villages from that sample. This group will enable researchers to tease out the specific effects of the extension phase from the original project.

Table 1. Geospatial data sources

Covariate	Description	Data source
Travel times	The amount of travel time it takes to reach a settlement of 50,000 or more	Andrew Nelson, European Union GEM Unit, 2000

Temperature	Average temperature for months January to December in degrees Celsius	WorldClim Version 2, 2009
Rain	Average rainfall	Climate Hazards Group InfraRed Precipitation with Station data 2.0, 2010
Nighttime lights	Average radiance of the cells whose centroid falls within a radius of 10km (rural) or 2km (urban)	Version 1 VIIRS Day/Night Band Nighttime Lights, 2015
Enhanced Vegetation Index	Calculated by measuring the density of green leaves in the near-infrared and visible bands	Vegetation Index and Phenology (VIP) Phenology EVI-2 Yearly Global 0.05 Deg CMG V004, 2010
Evapotranspiration	Average potential evapotranspiration	CGIAR-CSI Global Aridity and Global PET Database, 2009
Elevation	Topography based elevation estimate	Nasa SRTM
Aridity	Aridity is calculated by dividing the actual evapotranspiration by the potential evapotranspiration, average aridity index of the cells whose centroid falls within a radius of 10km (rural) or 2km (urban)	CGIAR-CSI Global-Aridity and Global-PET Database, based on 1960-1990 climate data
All population	Average number of people in the cells whose centroid falls within a radius of 10 km (for rural points) or 2km for urban points	World Pop, 2010

4.4 Qualitative evaluation: Qualitative analysis will be an integral part of the proposed evaluation. The two objectives of the qualitative research are: (1) to collect and analyze data to complement the household survey and provide clarity to the interpretation of the quantitative data from the survey; and (2) to provide a robust understanding of the food security, resilience, health, and nutrition situation in selected project areas and comparison groups, including insights concerning practices and behaviors. Particularly, qualitative methods will be used to explore which outcomes and services are most beneficial to community members, which have continued and why, and which have not (and why not); to determine whether the sustainability of outcomes and services can be aligned with the strategies, institutions, and systems developed by FFP to sustain these outcomes; and to identify the factors that either facilitated or inhibited the outcomes. During the baseline, resiliency questions were answered through the quantitative survey. In the endline and subsequent long-term evaluations, we will expand the research to explore resiliency questions using qualitative research and will examine whether and how the program communities have improved coping mechanisms, maintained sustainable livelihoods in the face of shocks, continued natural resource management, and diversified income sources into livelihoods with different risk factors.

The qualitative analysis will rely on data from both focus group discussions (FGDs) and key informant interviews (KIIs). We will use a structured approach to analyzing the qualitative data, which would involve the following: identifying themes to distill the data into well-defined topics, triangulating the data sources to identify mutually confirming lines of evidence, and explaining observed differences in the reports from different respondents with different perspectives.

The findings from the qualitative analysis are expected to advance our understanding of how the projects performed their activities, what the stakeholders think about them, how sustainability 'happens' – both during and after a project period – providing insights into project quality, cost-effectiveness, and sustainability of project models and approaches. USAID/FFP, USAID/Bangladesh, implementing partners (IPs), government officials and other key stakeholders in Bangladesh and elsewhere will be able to use this information to inform the design of sustainability strategies in future programming.

5. Data Collection

5.1 Survey data collection: In April - June 2020, ERIE will conduct the endline survey with the addition of a comparison group, which was not utilized during the baseline survey. As discussed above, the comparison group will be selected by choosing villages within the same districts as the treatment sample (and potentially within the same *upazilas* as the treatment sample) using village GPS data and baseline conditions from the DHS 2014.

In 2022, ERIE will conduct another round of surveys to support the first long-term impact evaluation, which will focus particularly on examining the sustainability of program outcomes. The final round of surveys will be conducted during the April-June 2024 period. Table 2 below summarizes the survey data collection timeline and whether the survey involves collecting data for a comparison group.

Table 2. Data collection timeline for the endline and long-term evaluation

Timeframe	*Type of evaluation*	*If comparison group included*
April – June 2016	Baseline	No
May - Sept 2020	Endline	Yes
April – Sept 2022	Long-term	Yes
April - Sept 2024	Long-term	Yes

Sampling frame: At baseline, ICF sampled 86 villages for each of the three projects, with 35 households sampled in each village. This resulted in a sample size of 3,010 households for each project, or 9,030 households overall. This household-level sample size was based on the need to sample 1,722 children under 5 years of age per project for the assessment of stunting. To ensure representation in each district, the sampling frame for villages was stratified by district, and the villages to be sampled were allocated proportionately to districts, based on the overall distribution of households in all districts (Baseline Report 2017).

The research team estimated the sample to detect an MDE (minimum detectable effect) of 10% of baseline stunting (34%) within each of the three project areas separately. The team came up with a sample of 108 villages in each region (split evenly across T/C for two project areas) and 54 villages in SAPLING area without T/C, so 270 villages in all. Replicating the 35 hh/vlg from the baseline, that

yields 9,450 households in phase I (2020) and 7,560 in Phases II and III (2022 & 2024) without SAPLING project areas.

Table 3. Sampling structure

Details	*Phase I (2020)*	*Phase II (2022)*	*Phase III (2024)*
Household listing	Yes	No	No
Total villages	270	216	216
Total households	9,450	7,560	7,560
Households per village	35	35	35
# of HH with <5 yrs per village (24 hh/village)	6,480	5,184	5,184

At endline in 2020, the survey firm will be tasked with creating a household listing in all selected treatment and comparison villages. In each village, households will be stratified based on whether or not they have children under five. Households will be randomly sampled within strata from the household listing to receive a household and/or child survey. The team will also attempt to return to households surveyed at baseline.

During the follow-up surveys, the team will return to a selection of respondents from the endline and baseline rounds. The team will also add new households in order to get new households that have children under 5 during that survey round using a household listing method. This will help the team understand the effect of the project on young children that were not present during the original project. For every survey round, sampled households will include:

- households with children under 5
- households with children that were under 5 during the original project (this age will vary by survey round),
- households with no children under five

A selection of these groups will be households also surveyed in prior rounds but in order to obtain households with these characteristics in later rounds, the team will randomly sample new households each time. The final number of respondents will be determined by statistical power as well as budget considerations.

Survey modules: During the endline and long-term rounds of the evaluation, ERIE will use the same survey questions used during the baseline, which includes the following modules.

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
Module R: Resilience

Household Survey: The household survey will focus on household demographics, livelihood sources, agricultural production, resiliency/coping mechanisms, and participation in FFP and other development programs. The survey will also include questions regarding household shock exposure and coping mechanisms for recent shocks and adverse events. This hour-long survey will be targeted at the head of household with some sections requiring information from the individual who prepares the food. Surveys may change slightly between rounds depending on what questions and information arise from previous rounds.

Child Survey: Anthropometrics will be captured by collecting weight and length (or height) of under-5 children in sampled households, coupled with age, sex, and recent nutritional practices for these children. Height and weight will be collected by specially trained enumerators using measurement tools provided by FFP. With this information, we will be able to define stunting for each under-5 child based on whether the child's height-for-age is two standard deviations below the mean (i.e., whether height-for-age z-score < -2). Similarly, we will be able to define each child's underweight status based on their weight-for-age z-score.

5.2 Qualitative data collection: The sample for the qualitative analysis will be a purposively selected subset of treatment villages from the beneficiary survey sample. At the district and village level, we will seek to attain balanced coverage in relation to the FFP program areas, while focusing on smaller geographic areas where implementation was viewed as the strongest by FFP, the implementing partners, and information from implementation reports. We suppose that areas where implementation has been the strongest have the best chances of being positive deviants from whom we can learn about what works and how, and who have the best chances of maintaining or building on those successes in the years to come. We will also take into account the types of livelihoods prevalent in the sampled areas, ethnic diversity, variation in terms of maternal health and child health beliefs and practices, rural vs. peri-urban areas, and if necessary, travel, logistics and ease of access. Within selected treatment villages, we will conduct FGDs and KIIs with beneficiaries, as well as associated leaders, implementers, government officials, and other stakeholders.

6. Staffing

Two ERIE consortium members respectively will lead the quantitative and qualitative parts of the evaluation. AidData will lead the quantitative team, and Mathematica will lead the qualitative team. Notre Dame will be mainly working on the resiliency and program sustainability aspects of the evaluation and will primarily work with Mathematica. At the same time, because the resiliency questions were answered through quantitative methods at baseline, Notre Dame will also work with AidData to support the resiliency aspect of the evaluation. In addition to ERIE consortium members, the qualitative team will include local experts in food security and nutrition. The team will also possess in-depth knowledge of agriculture and off farm livelihoods, gender, resilience, and disaster risk management. The subject matter specialists will also possess knowledge and experience with the specific intervention processes used by the projects (such as care groups, farmer field schools and the like).

Notre Dame will lead the consortium of researchers, consultants and the data collection firm. The team will communicate regularly via email, phone and videoconference throughout the duration of this project. The team will agree upon work plans and timelines to ensure that essential team members review documents and deliverables prior to submission to USAID. The teams will also

coordinate with the data collection firm throughout the project and will receive regular updates from the data collection firm in the most efficient manner possible. This process will be determined through the scope of work with the firm but may include short reports, emails, or check-ins via WhatsApp or Skype during the fieldwork, as is determined to be feasible with connectivity in the areas of fieldwork.

6.1 NOTRE DAME PERSONNEL

Dr. Lila Kumar Khatiwada from University of Notre Dame will support the qualitative analysis. In addition, Notre Dame Initiative for Global Development (NDIGD) will also manage the data collection firm. Mrs. Danice Brown Guzman will support data collection in the field and will coordinate the following: management of the data collection firm, collaboration between institutions within the ERIE consortium, and finally reporting to USAID. Further, an additional M&E expert will support qualitative work by organizing and analyzing data.

Dr. Khatiwada has a PhD in Rural Sociology from University of Missouri. He has used mixed methods in evaluating agriculture, women's empowerment, community health, and climate change projects in developing countries. Using mixed methods Dr. Khatiwada examined resiliency of households in a UNDP supported disaster reduction project in Mozambique. Dr. Khatiwada examined the impact of a USDA supported soybean value chain project in Tanzania, where he led qualitative part of the study. He developed qualitative data collection protocols, trained the field interviewers, supervised focus group discussions and informant interviews, analyzed data, and prepared the report. Dr. Khatiwada measured the post project sustainability of a USAID funded mother and child health project in Indonesia where he designed the study, prepared the survey instrument and focus group discussion protocol, analyzed data and prepared the report. Recently, he was involved in evaluating long-term impact of WALA project in Malawi where he worked with qualitative team in refining research questions, preparing research protocol, analyzing data and preparing report.

Danice Guzman: Mrs. Guzman holds an MPP in Public Policy and a certificate of International Development from Duke University. She has led data collection in Burkina Faso, Ghana, Benin, Tanzania, Haiti, Malawi, Nepal, and Uganda, including survey programming, training of enumerators in data collection using technology, quality control, data cleaning and analysis. She has in-depth experience in studies related to resilience, agriculture and nutrition. In 2015, she was the principal investigator for a baseline study on Catholic Relief Services' Food for Education Program in Benin. Finally, in 2016 Mrs. Guzman contributed to study design, data collection and analysis in Tanzania for Project Concern International's SAPARM Project, focusing on improving efficiency of cattle herders. Currently, she is a lead investigator for an RCT study of the governance component of UBALE, USAID's Food for Peace program as implemented by Catholic Relief Services in Malawi.

Nine Subject Matter Specialists (TBD): To support the qualitative data collection, we will recruit three subject matter specialists per region on agriculture, nutrition and livelihood. These people will be from Bangladesh and will be accompanying with ERIE research team and field researchers during the data collection.

6.2 AidData personnel

Ariel BenYishay
Quantitative Lead
Dr. Ariel BenYishay is a development economist specializing in empirical microeconomics, geospatial impact evaluations, and randomized control trials (RCTs). In addition to serving as Associate Professor in the Economics Department at William and Mary, he also heads AidData's Research and Evaluation Unit, and oversees the AidData Research Consortium, some 120 academics at 50 universities worldwide. His current research focuses on the impacts of foreign aid programs on agriculture and

deforestation as well as human health and social capital. He leads several large-scale RCTs, including one in the Philippines and several in Malawi.

Previously a Lecturer at the School of Economics with the University of New South Wales (UNSW), during his tenure there he conducted impact evaluations and randomized control trials of 200 villages as part of the Making Networks Work for Policy project in Malawi, in addition to executing randomized controlled trials as part of ongoing research on farmer training through the CEGA/J-Pal Agricultural Technology Adoption Initiative Grant. Ariel spent five years (2006-2011) at the Millennium Challenge Corporation, including serving as Associate Director of Economic Analysis & Evaluation, where he designed quasi-experimental impact evaluations, oversaw M&E efforts for multi-million dollar grant programs, and established organizational guidelines for economic analysis and growth diagnostics. From 2003 until 2007, was a Senior Analyst at QED Group, where he designed and led research evaluations on behalf of the US Trade and Development Agency. Ariel's work has been published in leading journals, including the *Review of Economic Studies, Journal of Human Resource*s, *Journal of Development Economics*, *Journal of Public Economics, Journal of Comparative Economics*, and *Economic Development and Cultural Change*. Ariel holds a PhD in Economics from the University of Maryland.

Carrie Dolan
Quantitative Research
Carrie Dolan is an Assistant Professor in the Department of Kinesiology and Health Sciences. Her research examines the allocation of health aid within the context of effectiveness, efficiency, and equity. Through combining household panels with geographically referenced data, Carrie's research determines the contribution of health aid on key health outcomes. She earned a MPH in Epidemiology from Tulane University and a PhD in Healthcare Policy and Research from the Virginia Commonwealth University School of Medicine.

Katherine Nolan
Quantitative Analyst
Katherine Nolan is a Senior Research Analyst at AidData where she manages impact evaluations on a variety of topics including health and governance. She oversees in-country field logistics, develops survey tools, coordinates with important stakeholders, and handles the data cleaning and analysis of preliminary results. Katherine previously worked for Innovations for Poverty Action on several impact evaluations in Mongolia and Kenya. She has also worked on a market access research project in Northern Uganda and an electrification research project in India. She holds an MA from the Fletcher School of Law and Diplomacy at Tufts University and a BA in International Development and African Studies from Amherst College.

6.3 Mathematica personnel

Dr. Kristen Velyvis, a Senior Researcher in the International Division at Mathematica, will lead the qualitative research. Dr. Arif Mamun, an Associate Director at Mathematica, will advise the ERIE research team on the evaluation drawing on his deep experience in Bangladesh and will serve as the quality assurance reviewer for the qualitative analysis.

Kristen Velyvis
Qualitative Lead
Dr. Velyvis has a PhD in Sociology from the University of Wisconsin-Madison and more than two decades of experience conducting evaluations and research in developing nations. She has designed and led numerous large qualitative studies evaluating agriculture, environmental and natural resource management, resiliency, and health. Currently, she is working on an evaluation of the Millennium Challenge Corporation's (MCC) Environmental and Natural Resource Management Project in Malawi, a mixed-mode evaluation of the MCC Irrigation and Water Resource Management Project in Senegal,

and a mixed-mode evaluation of USAID's health portfolio in Ghana. For these and many other studies, Dr. Velyvis has collaborated on or led study design, design of data collection protocols, interviewer training, data coding and analysis, and reporting. Dr. Velyvis also has strong training and experience in gender, currently leading the social and gender component of the evaluation in Malawi, and having conducted gender analysis, mainstreaming and training in Niger, Nigeria, Senegal, Mali, Côte d'Ivoire, and Ghana.

Dr. Arif Mamun
Quality assurance
Dr. Mamun has a Ph.D. in Economics from the University of Washington. He has more than 18 years of experience conducting and directing impact and performance evaluations using quantitative and qualitative data across a broad range of areas in the U.S. and abroad. His current research includes an evaluation of environmental and natural resource management project in Malawi, which focuses on sustainable land management practices in agriculture. He started his career in Bangladesh, has conducted surveys in the *Char* areas in northern Bangladesh, and has traveled to all the regions of the country targeted by the FFP Bangladesh projects. He has served in leadership roles for other research in developing countries sponsored by USAID, MCC, and the Bill and Melinda Gates Foundation, and has advised and assisted research teams on various statistical as well as qualitative analytic issues. He is a native Bengali speaker.

7. Budget

[removed]

8. Reporting and Deliverables

Work Plan • Includes a brief synthesis and timeline for the evaluations, with the timeline including major activities throughout the study, including dates by which field guides and training materials will be completed.
Monitoring Plan • Includes strategies and methods that the awardee will use to monitor the fieldwork. It should provide the timeline, benchmarks, and strategies. It should also offer the feedback loop. Only one monitoring plan is required, and should cover all evaluations under the award.
Enumerator Guide, Supervisor Manual, and Anthropometry Guide* • Provide revised detailed instructions on supervisor, enumerator and anthropometry trainings. Note that the PBS should use the supervisor, enumerator and anthropometry-training guides developed for the baseline. Minor adjustments will be needed to accommodate the new indicators.
Data Treatment and Analysis Plan – one for each round • Details how the data will be cleaned, weighted, and analyzed and must include: programming specifications and editing rules for cleaning data, data dictionary codebook, SPSS syntax or Stata do files and output for all analyses and variable transformations into indicators; and

- Includes a descriptive, inferential, and econometric analysis plan. One DTAP for each of the three evaluations. Each must clearly differentiate between the different analytical approaches used for each evaluation.

Evaluation Inception Report and Protocol (~15 pages for each)

- Briefly synthesizes the literature review;
- Describes the qualitative evaluation methods (including evaluation questions contextualized based on the literature review, sample site selection strategy and number of sites to be selected, number of interviews/discussions per project, types of interviewees)
- Introduces the evaluation team members and their roles; describe how ERIE will select the comparison groups
- Details how the qualitative information will be analyzed and integrated with quantitative.
- Present specific data collection methods by evaluation question;
- Identifies indicators to be collected;
- Discusses the quantitative and qualitative analysis methods and plan;
- Presents quantitative sample size, methods for selecting comparison group, design and plan, survey design, questionnaire design, site selection plan for qualitative research; and
- Presents the fieldwork plan (including trainings and field support/supervision, data management, quality control, recording, analysis and reporting). One inception report and protocol document should be submitted for each of the evaluations.

Pertinent Permissions and approvals

- Demonstrate official approval from all relevant institutional review boards and from host country institutions to collect data, conduct the evaluation, and release data and reports, as required, as well as a statement affirming adherence to all requirements specified in USAID's Scientific Research Policy. Permissions and approvals should be documented for each of the countries where evaluations will take place.

Quantitative Survey and Qualitative topical outlines

- Include both English and local-language versions of the household survey (note: if any new questions are added to the instrument the awardee must back-translate the questions to English via a second translator to ensure accurate translation. The newly added question should be highlighted for ease of reference. Following the pilot of the survey, any modifications based on field experience will again require translation and back translation to ensure accuracy).
- Describe site selection methodology and factors used to select survey instruments and qualitative modules should be submitted for each of the PBS evaluations

Evaluation Reports – one for each project for each phase

- Include items identified in the draft report as well as a three- to five-page executive summary of the purpose, background of the project, methods, findings, conclusions and recommendations, and the following annexes: the scope of work, tools used in conducting the evaluation (questionnaires, checklists, and discussion guides), and any substantially dissenting views by any Team member, USAID or the PVOs on any of the findings or recommendations; and

- Must be 508 compliant and uploaded to the Development Clearinghouse following AOR approval. One final evaluation report should be produced for each of the evaluations. Briefer (~ 5 page each)
- Qualitative and Quantitative findings will be integrated in the reports; these findings will not be presented separately
- The awardee will produce a five page briefer for each evaluation that provides the highlights of the key findings, lessons learned and key recommendations. One briefer should be produced for each of the evaluations. (to be submitted at the time of the final report*)
- Include a separate electronic file of all quantitative data in an easily readable format that is organized and fully documented so as to facilitate use by those not fully familiar with the project or the evaluation;
- Provides cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators; and
- Includes a second final data set in CSV format that has been anonymized to protect individual confidentiality for use as a public data file in the USAID Open Data
- *FFP may request data sets earlier for internal use only

9. Timeline

The ERIE team will submit a timeline for all major activities, which must be agreed by FFP, ERIE, and the Development Lab. Should the timeline allow, we will schedule the qualitative research to occur once at least preliminary quantitative results are available. Otherwise, the two data collection efforts will run simultaneously. Initial timeline found below:

Work Plan (within 30 days of the award)
- Includes a brief synthesis and timeline for the evaluations, with the timeline including major activities throughout the study, including dates by which field guides and training materials will be completed.

Monitoring Plan (within 30 days of the award)
- Includes strategies and methods that the awardee will use to monitor the field work. It should provide the timeline, benchmarks, and strategies. It should also offer the feedback loop. Only one monitoring plan is required, and should cover all evaluations under the award.

Enumerator Guide, Supervisor Manual, and Anthropometry Guide* (30 days before the enumerator training)
- Provide revised detailed instructions on supervisor, enumerator and anthropometry trainings. Note that the surveys should use the supervisor, enumerator and anthropometry training guides developed for the baseline. Minor adjustments will be needed to accommodate the new indicators and subsequent rounds.

Data Treatment and Analysis Plan – one for each round (draft: 30 days before the enumerator training, final: 15 days after the beginning of fieldwork)
- Details how the data will be cleaned, weighted, and analyzed and must include: programming specifications and editing rules for cleaning data, data dictionary codebook, SPSS syntax or Stata do files and output for analyses and variable transformations into indicators;
- Final version, will highlight changes from draft to final version for efficient approval, and

- Includes a descriptive, inferential, and econometric analysis plan. One DTAP for each of the three evaluations. Each must clearly differentiate between the different analytical approaches used for each evaluation.

Evaluation Inception Report and Protocol (~15 pages for each) (45 days before the qualitative evaluation field work)

- Briefly synthesizes the literature review;
- Describes the qualitative evaluation methods (including evaluation questions contextualized based on the literature review, sample site selection strategy and number of sites to be selected, number of interviews/discussions per project, types of interviewees)
- Introduces the evaluation team members and their roles; describe how ERIE will select the comparison groups
- Details how the qualitative information will be analyzed and integrated with quantitative.
- Present specific data collection methods by evaluation question;
- Identifies indicators to be collected;
- Discusses the quantitative and qualitative analysis methods and plan;
- Presents quantitative sample size, methods for selecting comparison group, design and plan, survey design, questionnaire design, site selection plan for qualitative research; and
- Presents the fieldwork plan (including trainings and field support/supervision, data management, quality control, recording, analysis and reporting). One inception report and protocol document should be submitted for each of the evaluations.

Pertinent Permissions and approvals (15 days before the field work)

- Demonstrate official approval from all relevant institutional review boards and from host country institutions to collect data, conduct the evaluation, and release data and reports, as required, as well as a statement affirming adherence to all requirements specified in USAID's Scientific Research Policy. Permissions and approvals should be documented.

Quantitative Survey instrument and Qualitative topical outlines (DRAFT: Quantitative survey instrument: 30 days before the enumerator training; Qualitative topical outline: 30 days before the qualitative evaluation, FINAL: 15 days after the beginning of fieldwork)

- Include both English and local-language versions of the household survey (note: if any new questions are added to the instrument the awardee must back-translate the questions to English via a second translator to ensure accurate translation. The newly added question should be highlighted for ease of reference. Following the pilot of the survey, any modifications based on field experience will again require translation and back translation to ensure accuracy).
- Describe site selection methodology and factors used to select survey instruments and qualitative modules should be submitted for each evaluation

Evaluation Reports – one for each project for each phase (Draft within 60 days of reception of clean data and coded transcripts from firm, and final within 30 days of the comments from the USAID reviewers)

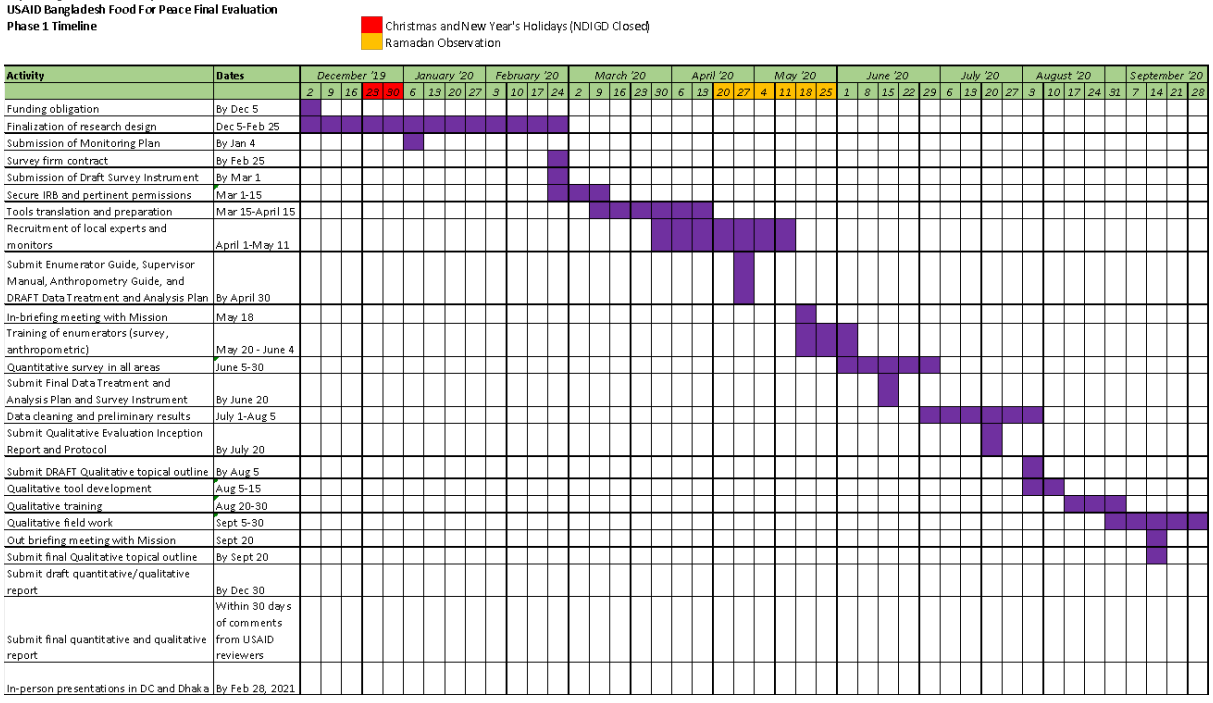
- Include items identified in the draft report as well as a three- to five-page executive summary of the purpose, background of the project, methods, findings, conclusions and recommendations, and the following annexes: the scope of work, tools used in conducting the evaluation (questionnaires, checklists, and discussion guides), and any substantially dissenting views by any Team member, USAID or the PVOs on any of the findings or recommendations; and

- Must be 508 compliant and uploaded to the Development Clearinghouse following AOR approval. One final evaluation report should be produced for each of the evaluations.
- Briefer (~ 5 page each)
- Qualitative and Quantitative findings will be integrated in the reports; these findings will not be presented separately
- The awardee will produce a 5 page briefer for each evaluation that provides the highlights of the key findings, lessons learned and key recommendations. One briefer should be produced for each of the evaluations. (to be submitted at the time of the final report*)
- Include a separate electronic file of all quantitative data in an easily readable format that is organized and fully documented so as to facilitate use by those not fully familiar with the project or the evaluation; provides cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators; and
- Includes a second final data set in CSV format that has been anonymized to protect individual confidentiality for use as a public data file in the USAID Open Data
- *FFP may request data sets earlier for internal use only

In person presentation of results (within 60 days of draft report submission)

- One representative from qualitative and one from quantitative team will travel to Bangladesh to present results of each round of evaluations in person
- One representative from qualitative and one from quantitative team will travel to DC to present results of each round of evaluations in person

Expanding the Reach of Impact Evaluations
USAID Bangladesh Food For Peace Final Evaluation
Phase 1 Timeline



Addendum 1 - Evaluation Design Changes driven by COVID-19

Document History:

Drafted: June 2020

Approved: October 2020

Added to Main Options Memo: February 2021

1. Background

Due to the COVID-19 pandemic, this evaluation was postponed until 2021. All parties agreed that the evolving global crisis would impact the evaluation's timeline, design, and budget. In response, the ERIE team developed strategies for measuring and capturing the impact of COVID exposure, proposed changes to the evaluation design for the SAPLING program, and provided the timeline and budget implications of these changes. The proposed design changes increased the Phase 1 Evaluation budget by $49,224. In December 2020, FFP notified ERIE that the additional funding request had been approved and that ERIE could proceed with incorporating the proposed design changes. These changes, as they were presented to FFP in September 2020, are detailed below.

2. Changes to Timeline

Unfortunately it will not be feasible to try to field the survey as soon as Bangladesh has reopened. We suggest that once things reopen in Bangladesh, we assess the situation with the implementing partners, our consultants, and the data collection firm, and ensure we have a good idea of what the impacts of COVID have been and what areas have been hardest hit. It's unclear how far in advance the implementers will know what their plans will be, and it will be critical to our evaluation to understand how the treatments have changed before moving forward with any data collection. We also will need to get clearance from our institutions and potentially state and federal government before we can travel.

3. Measuring COVID Exposure

As mentioned above, COVID is going to have a very large impact on households and communities, affecting health, household makeup, the ability to farm, work, access to shopping, mental health, social cohesion, healthcare, outside assistance, etc. We propose adding research on the COVID-19 pandemic to this research for two reasons. First, we will need to learn about the bigger picture of how COVID-19 impacted Bangladesh before data collection. We know that many things will change, such as people returning to their home villages from cities, and/or the possibility of international emigrants returning home. Both of these changes would make food shortages more acute in the receiving communities and reduce remittances, but these are only a few of the major shocks which could occur. We will need to inform ourselves of as many of these possible issues ahead of time as possible, to be sure to probe the experiences of the sample interviewed. Second, we will need to understand the differential impacts of the COVID-19 pandemic to sample villages with suitable variation. We propose three additions to these ends.

> ***Addition 1: Secondary Research on COVID exposure in Study Areas:***
> We will do as much secondary research as possible before field data collection begins. We'll work on finding reliable information on COVID exposure rates and how it has impacted any secondary issues such as farming, migration, etc. This will allow us to ensure variation in our samples, inform our instrument design, and inform our field procedures. This additional research will add costs associated with the desk research and updates to the design, instruments, and field logistics.
>
> ***Addition 2A: Additional COVID Survey to help with comparison group selection:***

We propose doing a short COVID-specific survey in the WV and CARE areas during the household listing exercise. This can help us match villages and gain a deeper understanding of the COVID-impact on households/villages. Ensuring the validity of our comparison group will depend on our ability to measure COVID exposure and other potential big COVID impacts. The COVID survey will help with understanding individual village COVID exposure. This will allow us to ensure variation in our sample. To accomplish this, it will also be critical for the survey firm to add individuals to move with the household listing teams to discuss in detail with village leaders or other key informants the purpose and extent of the field work to make sure there aren't any issues with the teams moving through the areas. To further help with this issue, we'd like to select a certain number of replacement villages for the comparison areas to make sure we are able to adequately match locations.

Addition 2B: Inclusion of COVID questions in household survey:
We plan to include COVID-related questions in the household survey in the CARE and WV intervention areas. Considering the length of the survey, we aim to remove questions and modules to preserve the existing length of the survey. Therefore, our understanding is that this addition will not increase the length of the survey, and will not incur any cost beyond additional staff planning time. The ERIE research team will make these changes in consultation with the BHA team.

Addition 3: Additions to the Qualitative Research
Third, during the qualitative research, we propose adding questions to all instruments on these four topics.

A. The type and extent of COVID-related shocks the households and communities sampled experienced using a shock module to inform questions.
B. Resilience capacities households and communities built through the project including absorptive, adaptative, and transformative capacities.
C. The impacts of the shocks on households and how households used their resilience capacities to mitigate impacts. If the project built strong capacities, we might see smaller impacts of the shocks. However, we will also look into whether and how the impacts of the shocks forced any beneficiaries to revert back to extreme coping mechanisms.

These additions will not change the number of interviews, but might increase the length of some interviews.

Addition 4: Adding personal protective equipment and cleaning products to keep enumerators and respondents safe
This additional equipment will include masks, gloves, wipes for the anthropometry equipment and tablets, etc. By including these items, enumerators will be able to practice good hygiene which will help keep them and respondents safe in the field.

4. Staff Funding for Contingency Planning

Due to COVID, the evaluation is experiencing delays and potential changes in evaluation design as described above. Since the middle of March 2020, the ERIE team has completed tasks such as monitoring the situation in Bangladesh and developing COVID contingency plans that were not accounted for in the original project budget. Furthermore, in the months to come it is important that the ERIE team stay informed on changes in programming in the three project areas, and integrate these changes into our program design and contingency plans. We will strive to keep our communication lean during this time in order to preserve our staff time for when data collection occurs, but of course these communications and contingency plans have taken some of our time

which was initially budgeted for data collection, analysis and writing. Therefore, the scenarios presented below include additional funding for staff time in order to maintain a basic level of communication with each other, FFP, subcontractors, mission and implementing staff during this time.

5. SAPLING Area Evaluation

COVID is going to have a very large impact on households not only from members potentially being infected but also from secondary effects including added pressure on households from members moving home, not being able to plant or harvest, closing of businesses because of lock-down, spread of other diseases, fear amongst residents of outsiders, individuals not being able to get medical care for other health issues, assistance from NGOs being cut off, etc. Unfortunately, these impacts could overcome households' ability to cope with this large shock, and will potentially make finding any pre-post project effects very difficult to see. Since the SAPLING program does not have plans for an extension phase, the evaluation in the SAPLING program area does not include defining a control group for follow up studies.
Given this, we propose to focus our efforts on collecting qualitative data in this region. The cost summaries provided for each option include the costs of the four additions and the staffing costs outlined above for COVID contingency planning. Since the SAPLING evaluation is only planned for one round of evaluation, these changes would not affect rounds 2 and 3.

> ***Recommended Solution: Remove the quantitative survey in the SAPLING area and increase the qualitative survey***
> Instead of running a quantitative survey in the SAPLING area, the evaluation team will intensify the focus on the qualitative survey. This will include increasing the sample for qualitative data collection in this area, which will help us get a better idea of how the implementation proceeded and was received throughout the area, what outcomes are reported and how they differed throughout the area, and the effects of COVID on project outcomes.
>
> In order to accomplish this, the qualitative team will need additional funding to cover more interviewers in the field, including pay, travel, and food and lodging expenses. There will also be additional costs for transcription, coding, and analysis. These costs, along with the costs of contingency planning and measuring COVID exposure, are covered by the savings from the removal of the quantitative survey.

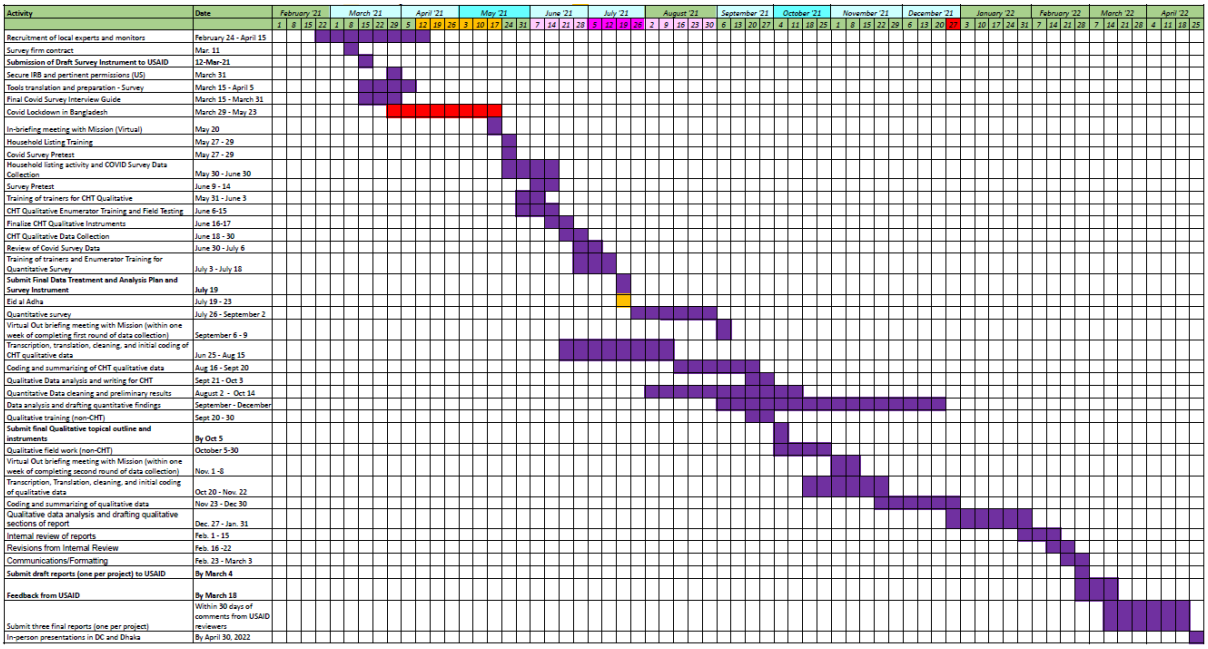
6. Budgetary Implications

[removed]

7. Detailed Budget

[removed]

8. Updated Implementation Timeline (as of May 20, 2021)



Addendum 2 - Proposed Adaptations to Research Questions for CHT Region (Qualitative Data Collection only)

Document History:

Drafted: August 2020

Approved:

Added to Main Options Memo: February 2021

Per Addendum 1, the evaluation team will only conduct a qualitative study in the SAPLING program area. Qualitative data collection for the SAPLING project will take place in June 2021. This document provides additional detail to answer the question: How will all evaluation questions be covered with only a qualitative component in the CHT region?

Phase 1 evaluation questions

The research questions we will be able to answer using qualitative methods for the SAPLING project evaluation are discussed below.

Q1.1: To what extent has the project met its defined goals, purposes and outcomes?

The ET will evaluate the contribution of SAPLING to USAID's efforts to *reduce food insecurity among chronically food insecure households* in these ways.

(1) The ET will collect qualitative data on food security and participants' perceptions of changes in indicators such as number of times participants eat each day, the availability of food year-round, etc. We will also look at why participants report changes have or have not occurred. The evaluation will analyze the performance based on the theories of change of the project. Using empirical evidence, the evaluation will describe the progress or non-progress along the hypothesized pathways of change to tell stories. The ET will review the key assumptions and adaptations to accommodate contextual changes over the past five years;
(2) factors that promoted or inhibited the perceived achievement of the project objectives, including, but not limited to the effectiveness of food-for-asset and/or cash-for-asset interventions;
(3) plausibility of pathways and the determinants of achieving the key outcomes;
(4) targeting strategies and their perceived contributions to achieving project goals (especially with regard to gender and reaching the most vulnerable); and
(5) the practices that have been adopted and the appropriateness and effectiveness of interventions on the poorest individuals. However, without a comparison group, we will not be able to attribute any changes reported to the FFP Bangladesh programming.

Q1.2: To what extent have the projects developed resilience capacities and whether these capacities contributed or will likely contribute to sustain the food and nutrition security outcomes in the face of shocks?

The ET will evaluate the role of institutions and systems established or strengthened by the projects independently or in collaboration with the private sector, Government of Bangladesh, community organizations, NGOs, and research organizations to improve and maintain resilience capacities.

The ET will evaluate the changes in household resilience capacities, understand the role of these capacities to absorb, and adapt to covariate and idiosyncratic shocks and determine the likelihood of these capacities to sustain and further improve food and nutrition security outcomes in the face of future shocks. The ET will support its determination using **qualitative** methods. Using empirical evidence the evaluation will describe how the capacities contributed or will likely contribute to the household resilience in the face of shocks.

Q1.3: In each technical sector, what are the strengths of and challenges to the efficiency and effectiveness of the interventions' implementation and their acceptance to the target communities?

The ET will evaluate the effectiveness and relevance of the technical interventions, including (but not limited to) food-for-asset and/or cash-for-asset interventions, to achieve project outcomes, and discuss those findings in relation to the projects' theories of change. It will support its determination using qualitative methods when discussing the following: (1) factors in the implementation and context perceived to be associated with greater or lesser

efficiency and effectiveness in producing Outputs of higher or lower quality; (2) the interventions and implementation processes deemed more/less acceptable to members of the target communities.

Q1.4: To what extent have the projects strengthened local level systems, and capacities of service and input providers to support the market-based input and service provisioning to prepare for beyond the life of the project?

The ET will assess the progress towards sustaining the outcomes and critical services necessary to continue a sustainable service provisioning using private, and public sector input and service providers. Using qualitative methods, the ET will assess the capacity of local level service providers to support each key outcome; the motivation of the service providers to continue service provisioning and the motivation of the communities to seek services and their willingness to pay; and what has been done to facilitate linkages to resources that the service providers would need to continue service provisioning after the project ends. The ET will try to assess the level of secondary adoption.

Q1.5: Have there been unintended consequences (either positive or negative) from the programming?

The ET will also address the following questions: What unexpected changes have occurred as a consequence of FFP Bangladesh programming? What are the effects of these changes to improve or sustain household food and nutrition security?

Annex G1: Community Listing COVID Survey

Appendix begins on the following page.

CORONAVIRUS AWARENESS AND IMPACTS: Household Listing Community Survey Bangladesh(18/10/2021)

Hello. My name is _____. I am working with Data Management Aid (DMA)on behalf of the University of Notre Dame. We are conducting a survey to learn about household characteristics and expenditures, agriculture, food security, and nutrition of women and children. Your household was selected to participate in an interview that will take approximately two to three hours to complete. We will interview you and other members of your household as needed.

Your participation is completely voluntary. There are minimal risks or discomforts associated with this survey. There will be no benefit provided to you because of your participation. The societal benefits of participating are that we may be able to understand better ways to help your local community. We hope you will agree to answer the questions since your views and experiences are important. If I ask you any questions you don't want to answer, let me know and I will go on to the next question. You can also stop the interview at any time. If you decide not to participate in this survey or if you withdraw from participating at any time, you will not be penalized in any way.

This study requires that you meet personally with a researcher. Because any contact with other people brings the risk of infection with coronavirus (or COVID-19), we want to ensure that you carefully consider your participation. You should have been provided a document explaining how COVID-19 is affecting research generally. If you have specific questions about this study and COVID-19, please ask the researchers. If you have any concerns about your health, please contact your health care provider.

Your privacy is important to us. No part of this interview is being recorded or videoed. If you agree to participate, some of the information you provide will be available on a public website that researchers and others will be able to access without identifying you. The information will be entered into a database of approximately 7500 other households; this will NOT contain confidential information such as your name or the name of your village that could be used to identify you. All data will be stored in a password protected electronic format.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, you may contact the researcher Danice Guzman, at +1 574-631-8922. If you would like to know about your rights as a research participant, or to discuss concerns or complaints, we welcome you to contact the University of Notre Dame at +1 574-631-1461 or at compliance@nd.edu. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

WILL I BE CONTACTED ABOUT RESEARCH IN THE FUTURE?

If you agree, we may contact you after your participation is over to request additional information. Please indicate one of the following options:

_____ Yes, I agree to be contacted for the purpose of collecting additional information.

_____ No, I do not agree to be contacted for the purpose of collecting additional information

PARTICIPANT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent document to keep for my records.

_____ I agree to take part in the study.

_____ I do not agree to take part in the study

(চূড়ান্তখসড়া, তাং ১৮/১০/২১)

করোনা ভাইরাস সম্পর্কে সচেতনতা এবং এর প্রভাব:

গ্রামের খানা তালিকা প্রনয়ন ও জরিপ, বাংলাদেশ-২০২১

= সম্মতিগ্রহণ=

(প্রথমে নমুনা গ্রামে বসবাসকারী এমন একজন গন্যমান্য ব্যক্তিকে উত্তরদাতা হিসেবে নির্বাচন করুন যিনি গ্রামের অধিকাংশ লোককে চিনেন এবং তাদের খোজ খবর রাখেন (যেমনঃইউনিয়ন পরিষদের চেয়ারম্যান, মেম্বর, স্কুলের/মাদ্রাসার প্রধান শিক্ষক, কলেজের শিক্ষক, সন্মানিত ও সুপরিচিত সমাজকর্মী ইত্যাদি।নিম্নোক্তভাবে তার সম্মতি নিয়ে সাক্ষাৎকার শুরু করুন।কোন মডেউলের উত্তরদাতা নতুন হলে, প্রথমে তার সম্মতি নিন এবং অতপর সাক্ষাৎকার শুরু করুন।)

আসসালামু আলাইকুম/ আদাব/ নমস্কার।আমার নাম....., আমি ডাটা ম্যানেজমেন্ট এইড (DMA)- নামের একটি প্রাইভেট গবেষণা প্রতিষ্ঠান এবং যুক্তরাষ্ট্র ভিত্তিক নটরড্যাম বিশ্ববিদ্যালয় এর পক্ষ থেকে এসেছি। আমরা বর্তমানে বাংলাদেশের খানার বৈশিষ্ঠ, খানারব্যয়, কৃষি, খাদ্যনিরাপত্তা,শিশু ও মহিলাদের পুষ্টি এবং কোভিট সম্পর্কে একটি জরিপ পরিচালনা করছি।আপনার খানা নির্বাচিত হয়েছে আপনার সাক্ষাৎকার গ্রহণের জন্য, যাতে তথ্য নিতে প্রায় ২.০-৩.০ ঘন্টা সময়ের প্রয়োজন হবে। আপনার দেয়া তথ্য সম্পূর্ণভাবে গোপন রাখা হবে এবং জরিপের বাইরের অন্য কারোর সাথে আলোচনা করা হবে না। এই জরিপে অংশগ্রহণ সম্পূর্ণরুপে আপনার ইচ্ছার উপর নির্ভরশীল। আপনি জরিপের কোন প্রশ্নের উত্তর না'ও দিতে পারেন এবং আপনি যে কোন সময় সাক্ষাৎকার প্রদান বন্ধ করে দিতে পারেন। আমি আশা করি আপনি এই জরিপে অংশগ্রহণ করবেন, কারন আপনার মতামত ও আপনার দেয়া তথ্য এই জরিপের জন্য অত্যন্ত গুরুত্বপূর্ণ।

আমাদের এইদেশে করোনা ভাইরাসের প্রকোপ চলাকালে আমরা উভয়ই শারিরীক দুরত্ব বজায় রেখে উভয়ই মাস্ক পরিধানকরে, সতর্কতার সাথে ব্যক্তিগত সাক্ষাৎকারগ্রহণ করবো,যাতে আমরা করোনার সংক্রমনের ঝুকি এড়াতে পারি।

এই জপির বা COVID-19 সম্পর্কে যদি আপনার কোন সুনির্দিষ্ট প্রশ্ন জানার থাকে, তবে তা আপনি আমাকে জিজ্ঞাস করতে পারেন বা আমাদের DMA অফিসে যোগাযোগ (মোঃনংঃ01711533451) করতে পারেন।এছাড়াও আপনি Danice Guzman, No.: +1574-631-8922 অথবা University of NotreDame, No.: +1574-631-1461 এইদু'টি মোবাইল নম্বরে কথা বলতে পারেন।এই সাক্ষাৎকার শেষ হবার পরে ভবিষ্যতে কিছু জানার জন্য আপনাকে আমরা আবার যোগাযোগ করতে পারি।আশাকরি তখনও আপনি আমাদেরকে সহযোগিতাকরবেন।

_____ হ্যাঁ, আমি (উত্তরদাতা) প্রয়োজনে অতিরিক্ত তথ্য দিতে রাজি আছি।

_____ না, আমি (উত্তরদাতা) অতিরিক্ত তথ্য দিতে রাজি নই।

উত্তরদাতার সম্মতিঃ

উপরে বর্ণিত বিস্তারিত শুনে আমি এই জরিপে অংশগ্রহণেঃ

_____সম্মতি প্রদান করছি।

_____সম্মতি প্রদান করছি না।

CV01a	District Code জেলা কোডঃ	
CV01b	Upazila Code উপজেলা কোডঃ	
CV01c	Union Code ইউনিয়ন কোডঃ	
CV01d	Village or Cluster Code গ্রাম বা ক্লাষ্টার কোডঃ	
CV02a	Date তারিখঃ	
CV02b	Interviewer name তথ্যগ্রহণকারীর নামঃ	
CV03a	Start Time সাক্ষাৎকার শুরুর সময়	

CV03b	End Time সাক্ষাৎকার শেষের সময়	
CV04	Final Outcome of Survey জরিপের চূড়ান্ত ফলাফল	Completed সম্পন্ন Could not find participant অংশগ্রহণকারী খুঁজে পাওয়া যায়নি Refused অস্বীকৃতি Other: _____অন্যান্য_____
CV05	Name উত্তরদাতার নাম	
CV05a	Mobile number of respondent উত্তরদাতার ফোন নাম্বার	
CV06b	Is the respondent male or female? উত্তরদাতা পুরুষ না মহিলা	Male পুরুষ Female মহিলা
CV07	What is the respondent's position in the community? গ্রামে উত্তরদাতার অবস্থান কি?	1.Community leader elected ওয়ার্ড /এলাকার নির্বাচিত সদস্য 2.Village headman/Leader গ্রামপ্রধান/লিডার 3.Religious leader ধর্মীয় নেতাঃ যেমন-মসজিদ/মাদ্রাসা/ মন্দির/গির্জা 4.Head Teacher/Principal/Professor প্রধানশিক্ষক/শিক্ষক/অধ্যক্ষ/অধ্যাপক 5.Other: _____ অন্যান্য _____
CV08	What is the respondent's occupation (if different than their position)? উত্তরদাতার পেশা কি (যদি তার অবস্থানের অতিরিক্ত কিছু থাকে)?	1.Farmer কৃষক/কৃষি 2.Shop keeper/Business দোকানমালিক/ ব্যবসা 3.Service holder চাকুরী 4.Retired অবসরপ্রাপ্ত চাকুরীজীবি 5.Others ____ অন্যান্য (উল্লেখকরুন)__
CV09	What is the major industry of this village? এইগ্রামের অধিকাংশ লোক কি কি পেশার সাথে জড়িত? (SELECT ALL THAT APPLY) (প্রযোজ্য সবগুলো লিখুন)	A.Farming কৃষি সংশ্লিষ্ট শিল্প/ব্যবসা B.Fishing মাছ ধরা/ মৎস্য সংশ্লিষ্ট ব্যবসা C.Market বিপনন/ক্রয়-বিক্রয় D.Other:_____- অন্যান্য (উল্লেখকরুন)_____
CV09a	"Did any households in your village participate in any projects funded by USAID in the past 5 years, such as Nobo Jatra, SHOUHARDO, or another USAID project?"	1.Nobo Jatra or SHOURHARDO II 2.Other USAID project 3.NONE 4.Other:_____ 5.Don't know

	"আপনার গ্রামের কোন ও পরিবার কি গত ৫ বছরে ইউএসএআইডি দ্বারা অর্থায়িত কোনও প্রকল্পে অংশ নিয়েছিল, যেমন Nobo Jatra, SHOUHARDO বা ইউএস এআইডি এর অন্য কোন প্রকল্পে?	1.নবযাত্রা অথবা সৌহার্দ ।।। 2.অন্যান্য ইউএসএআইডি প্রকল্প 3.কেউনা 4.অন্যান্য-------- 5.জানিনা
CV10	Now I would like to ask you some questions on Coronavirus. করোনা ভাইরাস সম্পর্কে এখন আপনাকে কিছু প্রশ্ন করবো What kind of information has the community received about Coronavirus? এই গ্রামের লোকজন করোনাভাইরাস সম্পর্কে কি ধরনের তথ্য পেয়েছে? (READ ANSWER CHOICES ALLOWED. SELECT ALL THAT APPLY) (উত্তর গুলো পড়ে শুনাতে পারেন, প্রযোজ্য গুলো চিহ্নিত করুন)	A.How to protect yourself from Coronavirus কিভাবে করোনা ভাইরাস থেকে নিজেদেরকে সুরক্ষা করা যায় (যেমন-মাস্ক পরিধান, সংগনিরোধ,বার বার হাত ধোয়া ইত্যাদি) B.The symptoms of Coronavirus করোনা ভাইরাসের লক্ষন সমুহ (যেমন-জ্বর, কাশী, গলা ব্যাথা, শ্বাসকষ্ট ইত্যাদি) C.How Coronavirus is spread করোনা ভাইরাস কিভাবে ছড়ায় (যেমন-রোগীর সংস্পর্শে গেলে, মাস্ক না পরলে ইত্যাদি) D.What to do if you have the symptoms of Coronavirus করোনা ভাইরাসের লক্ষণ দেখাদিলে কি করতে হয় E.Risks and complicates of Coronavirus করোনা ভাইরাসের ঝুঁকি ও জটিলতা F.Coronavirus vaccine availability করোনা ভাইরাসের টিকা/ভ্যাক্সিন প্রসঙ্গে G.Coronavirus vaccine side effects করোনা ভাইরাসের ভ্যাকসিনের পার্শ্ব প্রতিক্রিয়া H.Other:_____ অন্যান্য (উল্লেখকরুন) _____
CV11	What are your community's sources of information about Coronavirus since March 2020? READ ANSWER CHOICES ALLOWED. SELECT ALL THAT APPLY IF RESPONDENT HAS TROUBLE WITH THE TIME PERIOD, PROMPT WITH EVENTS AT THAT TIME SUCH AS WHEN THE LOCK DOWNS STARTED, ETC গত মার্চ/২০ থেকে এই গ্রামে করোনাভাইরাসের তথ্যের উৎসসমূহ কি কি? (উৎসসমূহ পড়ে শোনান। প্রযোজ্যগুলো লিখুন) (যদি উত্তদাতার সময়কাল হিসাব করতে সমস্যা হয়, তবে তাকে লকডাউন শুরুর সময় মনে করিয়ে দিন।)	A.Public announcement সরকারের ঘোষনা/প্রচার (মাইকিং, সরকারি পোষ্টার ইত্যাদি) B.Radio/television রেডিও/টেলিভিশন C.Health officials (Including Health Extension Workers) স্বাস্থ্যকর্মী /স্বাস্থ্যসম্প্রসারনকর্মী D.Other government officials অন্যান্য সরকারী কর্মকর্তা/ কর্মচারী E.NGO workers এনজিওকর্মী F.Religious leaders/ church/ mosque ধর্মীয় নেতা যেমন- মসজিদ/মাদ্রাসা/ মন্দির/গির্জা G.Health Development Army স্বাস্থ্য উন্নয়ন সৈনিক H.Mobile phone texting or calling campaign

		মোবাইল ফোনের ম্যাসেজ/ রিং/বার্তা I.Family members/ relatives/ friends/ neighbors পরিবারের সদস্য/ আত্মিয়/ বন্ধু/প্রতিবেশী J.Other (specify)_____ অন্যান্য (উল্লেখকরুন)_____	
CV12	On a scale of 1 to 5 with 1 being not at all and 5 being completely, how much do you trust the following sources of information about Coronavirus? পাশে বর্ণিত করোনা ভাইরাসের তথ্যের উৎসের প্রত্যেকটি কে কতটুকু বিশ্বাস করেন,তা 1-5স্কেলে পরিমাপ করবেন? 1= not at all একদমই বিশ্বাসযোগ্য নয় 2= somewhat distrust কিছুটা অবিশ্বাস্য/ সন্দেহজনক 3=neither trust nor distrust বিশ্বাসযোগ্যও না অবিশ্বাসযোগ্যও না 4=somewhat trust কিছুটা বিশ্বাসযোগ্য 5 = Completely সম্পূর্ণ বিশ্বাসযোগ্য।	A.Public announcement সরকারের ঘোষনা/প্রচার B.Radio/television রেডিও/টেলিভিশন C.Health officials (Including Health Extension Workers) স্বাস্থ্যকর্মী /স্বাস্থ্যসম্প্রসারনকর্মী D.Other government officials অন্যান্যসরকারীকর্মকর্তা/ কর্মচারী E.NGO workers এনজিওকর্মী F.Religious leaders/ church/ mosque ধর্মীয় নেতাযেমন- মসজিদ/মাদ্রাসা/ মন্দির/গির্জা G.Health Development Army স্বাস্থ্য উন্নয়ন সৈনিক H.Mobile phone texting or calling campaign মোবাইল ফোনের ম্যাসেজ/ রিং I.Family members/ relatives/ friends/ neighbors পরিবারের সদস্য/ আত্মিয়/ বন্ধু/প্রতিবেশী J.Other (specify)_____ অন্যান্য (উল্লেখকরুন)_____	
CV13	What type of information does your community need now about Coronavirus? করোনা ভাইরাস সম্পর্কে বর্তমানে আপনাদের এই গ্রামের কি ধরনেরতথ্য জানা প্রয়োজন? SELECT ALL THAT APPLY	A.Symptoms of Coronavirus করোনা ভাইরাসের লক্ষন B.Personal stories from others about how they cope/are coping অন্যের কোন ব্যক্তিগত গল্প/ অভিজ্ঞতা যেভাবে তিনি করোনা কে সামলাতে পেরেছেন C.Information about the development of treatment for Coronavirus করোনা চিকিৎসার অগ্রগতি/সাফল্য সম্পর্কীত তথ্য D.How I can prevent spread of the disease in my community এই এলাকায়/গ্রামে করোনা ভাইরাসের বিস্তার কিভাবে আমি রোধ করতে পারি E.How I can take care of a person who is in the risk group (this includes elderly family members or those with pre-existing conditions)	

		ঝুঁকিপূর্ণ যারা (পরিবারের বয়স্ক ব্যাক্তি বালক্ষনযুক্ত) তাদের কিভাবে যত্ন নিতে পারি F.What I can do if me or my family member have symptoms নিজ পরিবারের কারো করোনার লক্ষন দেখা দিলে কি কি করনীয়-তা বিস্তারিত G.How I can best take care of my children's school education আমর শিশুদের/সন্তানদের স্কুলের শিক্ষা উত্তম রূপে কিভাবে চালাতে পারি H.Details on travel restrictions ভ্রমন/যাতায়েতের উপর নিষেধাজ্ঞা সম্পর্কে বিস্তারিত I.Vaccine details ভ্যাকসিন/টিকা সম্পর্কে বিস্তারিত J.Other:_____ অন্যান্য (উল্লেখকরুন) _____
CV14	Has Coronavirus affected your community members' income since March 2020? গতমার্চ /২০২০ থেকে আপনার গ্রামের লোকজনদের আয়/রোজগারের উপর করোনা ভাইরাসের কোন প্রভাব ফেলেছে কি?	1.Yes হ্যাঁ 2.No না -8 Don't know জানিনা -9 Refused অস্বিকৃতি SKIP TO CV17
CV15A	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the disruptions in the market/ marketing? করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) বাজার/বিপননের ব্যাঘাতের কারনে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (markets):** A. Inability to access market to buy inputs (fertilizer, livestock, vaccines, seed, etc.) (restrictions or market closed) B. Inability to access market to sell crops and natural resource products (charcoal, firewood, etc.) (movement restrictions or market closed) C. Inability to access market to sell livestock and livestock products (movement restrictions or market closed) D. Looting/theft E. Others F. Don't know G. Refused A. উপকরণ ক্রয় করতে বাজারে যাওয়ার অপারগতা (সার, প্রাণীসম্পদ, টীকা, বীজ ইত্যাদি ক্রয়ে) (বাজার বন্ধ বা যেতে নিষেধাজ্ঞা) B. শস্য এবং প্রাকৃতিক সম্পদ বিক্রয় করতে বাজারে যাওয়ার অপারগতা (চারকল, লাকড়ি ইত্যাদি) (চলাচলে নিষেধাজ্ঞা বা মার্কেট বন্ধ)	

	C. প্রাণীসম্পদ বা প্রাণীসম্পদের উৎপাদিত পণ্য বাজারে বিক্রয়ে অপারগতা (চলাচলে নিষেধাজ্ঞা বা মার্কেট বন্ধ) D. লুটপাট/চুরি E. অন্যান্য F. জানিনা G. উত্তরদানে অস্বীকৃতি
CV15B	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the disruptions in the *Access to banking services*? করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) সেবা এবং ব্যাংকে প্রবেশাধিকার ব্যাহত হওয়ার কারনে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (Access to services and banking):** A. Inability to access safety net transfers B. No longer receiving remittances C. Inability to repay loans D. Difficulty accessing financial services and credit E. Others F. Don't know G. Refused A. নিরাপত্তা ভাতা (ভিজিডি, বয়স্ক ভাতা, বিধবা ভাতা, ইত্যাদি) নিতে পারেনি B. প্রবাস থেকে পাঠানো টাকা বন্ধ C. ঋণ পরিশোধে অক্ষমতা D. ঋণ গ্রহণ ও আর্থিক সেবাপাওয়ারসীমাবদ্ধতা E. অন্যান্য F. জানিনা G. উত্তরদানে অস্বীকৃতি
CV15C	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the disruptions in the *Agricultural activities?* করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) কৃষি কার্যক্রমে ব্যাঘাতের কারনে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (Agriculture):** A. Inability to farm and/or care for livestock due to sickness of HH member B. Constrained access to farmland C. Constrained access to grazing pasture D. Constrained access to water E. Shortage of crop inputs (seeds, fertilizer, pesticides) F. Shortage of livestock inputs (feed and veterinary services) G. Others H. Don't know I. Refused

	A. খানা সদস্যের অসুস্থতার কারনে খামারের বা প্রাণীসম্পদের যত্ন নেবার অসমর্থতা B. কৃষি জমিতে কাজ করার সীমাবদ্বতা C. গোচারণ ভূমিতে গমনে সীমাবদ্ধতা D. পানি সেচে /ব্যবহারেসীমাবদ্ধতা E. শস্য উপকরণের স্বল্পতা (বীজ,সার,কীটনাশক) F. প্রাণীসম্পদ উপকরণের স্বল্পতা (গোখাদ্য ও প্রাণীসম্পদ চিকিৎসা সেবা) G. অন্যান্য H. জানিনা I. উত্তরদানে অস্বীকৃতি
CV15D	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the *Increase or decrease in costs?* করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) খরচ বৃদ্ধি বা হ্রাসের কারনে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (increase or decrease in costs):** A. Increase in price of crop inputs B. Increase in price of livestock inputs C. Increase in transportation costs D. Increase in storage costs E. Decrease in price of products you sold F. Increase in price of products sold that you buy G. Others H. Don't know I. Refused A. শস্য উপকরণের মূল্য বৃদ্ধি B. প্রাণীসম্পদের উপকরণের মূল্য বৃদ্ধি C. পরিবহনের ভাড়া /ব্যয় বৃদ্ধি D. গুদাম ঘরের ভাড়া বৃদ্ধি E. উৎপাদিত পণ্যের মূল্য হ্রাস F. উৎপাদিত পণ্যের মূল্য বৃদ্ধি G. অন্যান্য H. জানিনা I. উত্তরদানে অস্বীকৃতি
CV15E	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the decrease in demand of the goods that the HHs of the community sales? করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) চাহিদা কমে যাওয়ার কারণে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/আয়কে প্রভাবিত করেছে?

	Yes/ No
CV15F	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the changes in *labor supply, employment status or change in income?* করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) শ্রম সরবরাহ, কর্মসংস্থানের অবস্থার পরিবর্তন বা আয়ের পরিবর্তনের কারণে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (labor, employment, income)):** A. Labor shortages (lack of labor to help with farming, herding, and processing) B. Inability to engage with other community members in asset-building activities (dike construction, erosion control, road building, road maintenance, tree planting) C. Lost employment D. Reduction in income E. Others F. Don't know G. Refused A. শ্রমিক সংকট (চাষাবাদে, শস্য সংগ্রহে ও প্রক্রিয়াজাতকরনের শ্রমিক সংকট) B. সম্পদ-নির্মাণ কাজে অন্য এলাকার লোকজন পাওয়ার সংকট (বাধ নির্মাণ, ভাংগন রোধ, রাস্তা নির্মাণ ও সংস্কার এবং বৃক্ষ রোপন কাজে) C. চাকুরী হারানো D. আয় রোজগার হ্রাস E. অন্যান্য F. জানিনা G. উত্তরদানে অস্বীকৃতি
CV15G	Has the COVID-19 (since March 2020) affected your community's livelihoods/income due to the access to health care? করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) স্বাস্থ্যসেবা পাওয়ার কারনে আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়ের উপর কিভাবে প্রভাব ফেলেছে? **Choose all that apply (Health):** A. Inability to access health care B. Illness C. Death D. Others E. Don't know F. Refused A. স্বাস্থ্য সেবা প্রাপ্তিতে সীমাবদ্ধতা B. অসুস্থতা C. মৃত্যু D. অন্যান্য E. জানিনা F. উত্তরদানে অস্বীকৃতি

CV15H	Are there any other ways COVID-19 (since March 2020) has affected your community's livelihoods/income? করোনা ভাইরাস শুরু হাবার পর থেকে (গত মার্চের /২০২০ পর থেকে) আপনাদের এ গ্রামের লোকজনের জীবনযাত্রা/ আয়কে প্রভাবিত করার অন্য কোন উপায় আছে কি? (Write in as many items as necessary)	
CV16A	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **LIVESTOCK**? আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় প্রাণীসম্পদ ও চাষাবাদে করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Sold livestock B. Slaughter livestock C. Leased out land D. Sold Land E. Sent livestock in search of pasture F. Leased out land for cultivation G. Other (specify): _____ H. None I. Don't know J. Refused A. প্রাণীসম্পদ বিক্রি করেছে B.প্রাণীসম্পদকে জবাই করেছে C.জমি বন্ধক রেখেছে D.জমি বিক্রি করেছে E.প্রাণীসম্পদকে গোচারন ভূমির খোঁজে প্রেরণ F.জমি বন্ধক রেখেছে G.অন্যান্য H.কিছুই করি নাই I.জানিনা J.উত্তরদানে অস্বীকৃতি
CV16B	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **CROPS (AGRICULTURE) AND LAND HOLDING?** আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় শস্য উতপাদনে করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Threw out unsold crops B. Donated/gift unsold crops C. Stored unsold crops D. Did not cultivate some of my land in 2020 E. Did not cultivate some of my land in 2021 F. Did not harvest crop (due to market or labor shortage) G. Other (specify): _____ H. None I. Don't know J. Refused A.অবিক্রিত ফসল ফেলে দেওয়া B.অবিক্রিত শস্য/ফসল কাউকে দিয়ে দেওয়া C.অবিক্রিত ফসল গুদামজাত করণ D.2020 সালে আমার কিছু জমি চাষাবাদ করিনি E.2021 সালে আমার কিছু জমি চাষাবাদ করিনি F.বাজারে শ্রমিক সঙ্কটের কারনে ফসল উত্তোলন কর হয়নি

		G.অন্যান্য H.কিছুই করি নাই I.জানিনা J.উত্তরদানে অস্বীকৃতি
CV16C	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **ACQUIRING MORE FOOD OR MONEY?** আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় অধিক খাদ্য ও টাকা উপার্জনে করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Took up new/additional work (casual labor, wage labor) B. Sold household items (e.g., radio, bed) C. Sold productive assets (e.g., plough, water pump) D. Took out a loan (with interest) from a (formal) bank E. Took out a loan (with interest) from an MFI F. Took out a loan (with interest) from a money-lender G. Took out a loan (no interest) from friends or relatives within the community H. Took out a loan (no interest) from friends or relatives outside of the community I. Unconditional gift of money (not remittances) or food from family, friends, church/mosque, or other group within community J. Unconditional gift of money (not remittances) or food from family, friends, church/mosque or other group outside of community K. Sent children to work for money (e.g., domestic service) L. Received emergency food aid from the government or NGO M. Received emergency cash transfer from the government or NGO N. Received permanent direct support food from the government or NGO O. Received permanent direct support cash transfer from the government or NGO P. Participated in government or NGO food-for-work or cash-for-work activities (conditional) Q. Used savings to buy livestock R. Used savings to buy productive inputs S. Used savings to pay for health-care expenses T. Used savings to feed the family U. Used savings to pay for education costs V. Used own savings to pay for other household necessities W. Used own savings to pay for repairs to dwelling or structures X. Relied on remittances from a relative that migrated Y. Other (specify): _____ Z. Did Nothing AA. Don't know AB. Refused A.নতুন/ অতিরিক্ত কাজ গ্রহণ (অনিয়মিত শ্রম, মজু B.ঘরের মালামাল বিক্রি (যেমন-রেডিও, বিছানা-কম্বল C.উৎপাদনশীল মালামাল বিক্রি (লাঙ্গল, পানির পা D.ঋণ গ্রহণ (তফসিলী ব্যাংক থেকে সুদ) E.আর্থিক প্রতিষ্ঠান থেকে সুদে ঋণ গ্রহণ (যেমন- IF F.ঋণ দাতা/ মহাজনের নিকট থেকে সুদে টাকা ধার G.গ্রামের বন্ধু/আত্মীয়ের নিকট থেকে বিনা সুদে ঋণ

		H.গ্রামের বাইরের বন্ধু/আত্মীয়ের নিকট থেকে বিনা সুদে ঋণ গ্রহণ I.গ্রামের মধ্যের বন্ধু/পরিবার /মসজিদ/গির্জা/অন্যান্য গ্রুপ থেকে চু টাকা উপহার হিসেবে গ্রহণ J.গ্রামের বাহিরের পরিবার/বন্ধু/মসজিদ/গির্জা/ অন্যান্য গ্রুপ থেকে টাকা উপহার হিসেবে গ্রহণ K.শিশুদেরকে মজুরীর বিনিময়ে (বাসাবাড়ীতে) কাজে প্রেরণ L.সরকার বা NGO থেকে জরুরী খাদ্য সহায়তা গ্রহণ M.সরকার বা NGO থেকে জরুরী অর্থ সহায়তা গ্রহণ N.সরকার বা NGO থেকে নিয়মিত খাদ্য সহায়তা গ্রহণ O.সরকার বা NGO থেকে সরাসরি নিয়মিত অর্থ সহায়তা গ্রহণ P.সরকার বা NGO এর কাজের বিনিময়ে খাদ্য এবং কাজের বিনি কর্মসুচীতে অংশগ্রহণ (চুক্তিতে) Q.প্রাণিসম্পদ ক্রয়ে সঞ্চয়কৃত টাকা ব্যয় R.উৎপাদন উপকরণ ক্রয়ে সঞ্চিত টাকা ব্যয় S.স্বাস্থ্য পরিচর্যার খরচ মিটাতে জমাকৃত টাকা ব্যয় T.পরিবারের খাবার খরচ মেটাতে সঞ্চিত টাকা ব্যয় U.শিক্ষার ব্যয় মেটাতে সঞ্চয়ের টাকা খরচ V.পরিবারের অন্যান্য প্রয়োজন মেটাতে জমানো টাকা ব্যয় W.বাসগৃহ বা অন্যান্য স্থাপনা মেরামতে নিজেদের সঞ্চয়কৃত টাকা X.প্রবাসে থাকা আত্মিয়ের প্রেরিত টাকার উপর নির্ভরশীল Y.অন্যান্য Z.কিছুই করি নাই AA.জানিনা AB.উত্তরদানে অস্বীকৃতি
CV16D	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **MIGRATION?** আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় জীবিকার সন্ধানে অন্য জায়গায় স্থানন্তরে করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Migrate (only some family members) B. Migrate (the whole family) C. Sent children or an adult to stay with relatives D. Other (specify): _____ E. None F. Don't know G. Refused A.স্থানান্তর (পরিবারের কিছু সদস্য) B.স্থানান্তর (পরিবারের সকলে) C.শিশু ও প্রবীনদের আত্মিয়ের বাড়ীতে পাঠানো D.অন্যান্য E.কিছুই করি নাই F.জানিনা G.উত্তরদানে অস্বীকৃতি
CV16E	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **REDUCE CURRENT EXPENDITURE?**	A. Took children out of school B. Moved to less expensive housing C. Reduced food consumption (quantity/meal; # meal/day) D. Reduced non-essential HH expenses E. Got food on credit from a local merchant

	আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় চলমান ব্যয় হ্রাস এ করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	F. Other (specify): _____ G. None H. Don't know I.Refused A.শিশুদেরকে স্কুল ছাড়ানো B.স্বল্প ভাড়ার বাড়ীতে গমন C.খাদ্য খাওয়া কমিয়ে দেয়া (খাদ্যের পরিমান/ দৈনিক খাবার বেলা কমানো) D.অপ্রয়োজনীয় খাদ্য ব্যয় হ্রাস E.স্থানীয় দোকানী/ ব্যবসায়ীর কাছ থেকে খাদ্য বাকী ক্রয় F.অন্যান্য G.কিছুই করি নাই H.জানিনা I.উত্তরদানে অস্বীকৃতি
CV16F	How have households in your community coped with the impacts of Coronavirus on their livelihoods in terms of **SPECIFIC COVID HEALTH ISSUES?** আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় করোনাভাইরাস সংশ্লিষ্ট স্বাস্থ্য সমস্যায় করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Quarantine B. Used physical separation to distance sick members from others C. Avoided contact with sick member D. Washed hands with water and soap E. Washed hands more frequently F. Sought help at health clinic G. Other (specify): _____ H. None I. Don't know J. Refused A.কোরান্টাইন B.আক্রান্ত ব্যক্তিকে অন্যান্যদের থেকে দূরত্বে/ আলা রাখা C.আক্রান্ত ব্যক্তির সংস্পর্শ পরিহার করা D.সাবান-পানি দিয়ে হাত ধোয়া E.বার বার হাত ধৌত করা F.হাস্পাতাল/ ক্লিনিকে চিকিৎসা নেয়া G.অন্যান্য H.কিছুই করি নাই I.জানিনা J.উত্তরদানে অস্বীকৃতি
CV16G	How have households in your community coped with the impacts of Coronavirus on access to food in **ANY OTHER WAY?** আপনাদের গ্রামের পরিবারগুলো কি ভাবে তাদের জীবনযাত্রায় অন্য কোনো উপায়ে করোনাভাইরাসের প্রভাব খাপ খাওয়াচ্ছেন? **SELECT ALL THAT APPLY.**	A. Engaged in spiritual efforts (e.g., prayed, sacrifices, etc.) B. Other (specify): _____ C. None D. Don't know E. Refused A.ধর্মীয় কাজে নিয়োজিত ছিলাম (নামায,প্রর্থনা,পূজা, দান-ছদ্কা) B.অন্যান্য

		C.কিছুই করি নাই D.জানিনা E.উত্তরদানে অস্বীকৃতি

CV17	Has Coronavirus affected your community's access to food since March 2020? মার্চ /২০২০ থেকে করোনা ভাইরাসে কি আপনাদের গ্রামের খাদ্যের উপর প্রভাব ফেলেছে?	Yes হ্যাঁ No না -8 Don't know জানিনা } SKIP TO CV20 -9 Refused উত্তরদানে অস্বীকৃতি
CV18	How has Coronavirus affected community household's access to food since March 2020? গতমার্চ /২০২০ থেকে করোনা ভাইরাস কিভাবে আপনাদের গ্রামের পরিবার সমুহের উপর খাদ্যের প্রভাব ফেলেছিল? **SELECT ALL THAT APPLY.** (প্রযোজ্যগুলোনির্বাচন করুন)	1. Movement restrictions 2. চলাফেরায় বাধ্যবাধকতা/নিয়ন্ত্রন 3. Market closed 4. বাজার বন্ধ ছিল 5. Transportation costs too expensive/no public transport 6. পরিবহন ব্যয় খুবই বেশী/ গণপরিবহন ছিলনা 7. Traders are absent from the markets 8. বাজারে দোকানীরা/ ব্যবসায়ীরা ছিলনা 9. Products not available in the market 10. বাজারে মালামাল পাওয়া যেতনা 11. Price of foods increased 12. খাদ্য মূল্যবৃদ্ধি পেয়েছিল 13. Delay safety net transfer transfer (cash or food) 14. ভিজিডি / ভিজিএফ (নগদ বা খাদ্য) দেরিতে প্রদান 15. Other (specify)_____ 16. অন্যান্য (উল্লেখকরুন) ---------- 17. -8 Don't know 18. জানিনা 19. -9 Refused উত্তরদানে অস্বীকৃতি

CV19a	How have households in your community coped with the impacts of Coronavirus on access to food in terms of **LIVESTOCK**?	A. Sold livestock B. Slaughter livestock C. Leased out land D. Sold Land

	আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে প্রাণিসম্পদ ও চাষাবাদের মাধ্যমে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন? **SELECT ALL THAT APPLY.**	E. Sent livestock in search of pasture F. Leased out land for cultivation G. Other (specify): _____ H. None I. Don't know J. Refused A. প্রাণীসম্পদ বিক্রি করেছে B.প্রাণীসম্পদকে জবাই করেছে C.জমি বন্ধক রেখেছে D.জমি বিক্রি করেছে E.প্রাণীসম্পদকে গোচারন ভূমির খোঁজে প্রেরণ F.জমি বন্ধক রেখেছে G.অন্যান্য H.কিছুই করি নাই I.জানিনা J.উত্তরদানে অস্বীকৃতি
CV19b	How have households in your community coped with the impacts of Coronavirus on access to food in terms of **SEEDS**? আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে শস্য উৎপাদনের মাধ্যমে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন? **SELECT ALL THAT APPLY.**	A. Threw out unsold crops B. Donated/gift unsold crops C. Stored unsold crops D. Did not cultivate some of my land in 2020 E. Did not cultivate some of my land in 2021 F. Did not harvest crop (due to market or labor shortage) G. Other (specify): _____ H. None I. Don't know J. Refused A.অবিক্রিত ফসল ফেলে দেওয়া B.অবিক্রিত শস্য/ফসল কাউকে দিয়ে দেওয়া C.অবিক্রিত ফসল গুদামজাত করণ D.2020 সালে আমার কিছু জমি চাষাবাদ ক E.2021 সালে আমার কিছু জমি চাষাবাদ ক F.বাজারে শ্রমিক সঙ্কটের কারনে ফসল উত্তো হয়নি G.অন্যান্য H.কিছুই করি নাই I.জানিনা J.উত্তরদানে অস্বীকৃতি
CV19c	How have households in your community coped with the impacts of Coronavirus on access to food in terms of **ACQUIRING MORE FOOD OR MONEY?**	A. Took up new/additional work (casual labor, wage labor) B. Sold household items (e.g., radio, bed) C. Sold productive assets (e.g., plough, water pump) D. Took out a loan (with interest) from a (formal) bank

	আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে অধিক খাদ্য ও টাকা উপার্জনের মাধ্যমে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন? **SELECT ALL THAT APPLY.**	E. Took out a loan (with interest) from an MFI F. Took out a loan (with interest) from a money-lender G. Took out a loan (no interest) from friends or relatives within the community H. Took out a loan (no interest) from friends or relatives outside of the community I. Unconditional gift of money (not remittances) or food from family, friends, church/mosque, or other group within community J. Unconditional gift of money (not remittances) or food from family, friends, church/mosque or other group outside of community K. Sent children to work for money (e.g., domestic service) L. Received emergency food aid from the government or NGO M. Received emergency cash transfer from the government or NGO N. Received permanent direct support food from the government or NGO O. Received permanent direct support cash transfer from the government or NGO P. Participated in government or NGO food-for-work or cash-for-work activities (conditional) Q. Used savings to buy livestock R. Used savings to buy productive inputs S. Used savings to pay for health-care expenses T. Used savings to feed the family U. Used savings to pay for education costs V. Used own savings to pay for other household necessities W. Used own savings to pay for repairs to dwelling or structures X. Relied on remittances from a relative that migrated Y. Other (specify): _____ Z. Did Nothing AA. Don't know AB. Refused A.নতুন/ অতিরিক্ত কাজ গ্রহণ (অনিয়মিত B.ঘরের মালামাল বিক্রি (যেমন-রেডিও, বিছা C.উৎপাদনশীল মালামাল বিক্রি (লাঙ্গল, পা D.ঋণ গ্রহণ (তফসিলী ব্যাংক থেকে সুদ) E.আর্থিক প্রতিষ্ঠান থেকে সুদে ঋণ গ্রহণ (যে F.ঋণ দাতা/ মহাজনের নিকট থেকে সুদে টা G.গ্রামের বন্ধু/আত্মীয়ের নিকট থেকে বিনা সু H.গ্রামের বাইরের বন্ধু/আত্মীয়ের নিকট থেকে I.গ্রামের মধ্যের বন্ধু/পরিবার /মসজিদ/গির্জা/ত টাকা উপহার হিসেবে গ্রহণ

		J.গ্রামের বাহিরের পরিবার/বন্ধু/মসজিদ/গির্জা/ অন্যান্য গ্রু টাকা উপহার হিসেবে গ্রহণ K.শিশুদেরকে মজুরীর বিনিময়ে (বাসাবাড়ীতে) কাজে প্রের L.সরকার বা NGO থেকে জরুরী খাদ্য সহায়তা গ্রহণ M.সরকার বা NGO থেকে জরুরী অর্থ সহায়তা গ্রহণ N.সরকার বা NGO থেকে নিয়মিত খাদ্য সহায়তা গ্রহণ O.সরকার বা NGO থেকে সরাসরি নিয়মিত অর্থ সহায়ত P.সরকার বা NGO এর কাজের বিনিময়ে খাদ্য এবং কা কর্মসুচীতে অংশগ্রহণ (চুক্তিতে) Q.প্রাণিসম্পদ ক্রয়ে সঞ্চয়কৃত টাকা ব্যয় R.উৎপাদন উপকরণ ক্রয়ে সঞ্চিত টাকা ব্যয় S.স্বাস্থ্য পরিচর্যার খরচ মিটাতে জমাকৃত টাকা ব্যয় T.পরিবারের খাবার খরচ মেটাতে সঞ্চিত টাকা ব্যয় U.শিক্ষার ব্যয় মেটাতে সঞ্চয়ের টাকা খরচ V.পরিবারের অন্যান্য প্রয়োজন মেটাতে জমানো টাকা ব্য W.বাসগৃহ বা অন্যান্য স্থাপনা মেরামতে নিজেদের সঞ্চয় X.প্রবাসে থাকা আত্মিয়ের প্রেরিত টাকার উপর নির্ভরশী Y.অন্যান্য Z.কিছুই করি নাই AA.জানিনা AB.উত্তরদানে অস্বীকৃতি
CV19d	How have households in your community coped with the impacts of Coronavirus on access to food in terms of **MIGRATION**? আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে জীবিকার সন্ধানে অন্য জায়গায় স্থানান্তরের মাধ্যমে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন? **SELECT ALL THAT APPLY.**	A. Migrate (only some family members) B. Migrate (the whole family) C. Sent children or an adult to stay with relatives D. Other (specify): _____ E. None F. Don't know G. Refused A.স্থানান্তর (পরিবারের কিছু সদস্য) B.স্থানান্তর (পরিবারের সকলে) C.শিশু ও প্রবীনদের আত্মিয়ের বাড়ীতে পা D.অন্যান্য E.কিছুই করি নাই F.জানিনা G.উত্তরদানে অস্বীকৃতি
CV19e	How have households in your community coped with the impacts of Coronavirus on access to food in terms of **REDUCE CURRENT EXPENDITURE?** **আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে দৈনন্দিন ব্যয় কমিয়ে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন**? **SELECT ALL THAT APPLY.**	A. Took children out of school B. Moved to less expensive housing C. Reduced food consumption (quantity/meal; # meal/day) D. Reduced non-essential HH expenses E. Got food on credit from a local merchant F. Other (specify): _____ G. None

		H. Don't know I.Refused A.শিশুদেরকে স্কুল ছাড়ানো B.স্বল্প ভাড়ার বাড়ীতে গমন C.খাদ্য খাওয়া কমিয়ে দেয়া (খাদ্যের পরিমান খাবার বেলা কমানো) D.অপ্রয়োজনীয় খাদ্য ব্যয় হ্রাস E.স্থানীয় দোকানী/ ব্যবসায়ীর কাছ থেকে খাদ্য ক্রয় F.অন্যান্য G.কিছুই করি নাই H.জানিনা I.উত্তরদানে অস্বীকৃতি
CV19f	How have households in your community coped with the impacts of Coronavirus on access to food in **ANY OTHER WAY?** আপনাদের গ্রামের খানাসমুহ করোনাভাইরাসের কারনে অন্য কোনো উপায়ে খাদ্যের উপর প্রভাব কিভাবে মোকাবেলা করেছিলেন? **SELECT ALL THAT APPLY.**	A. Engaged in spiritual efforts (e.g., prayed, sacrifices, etc.) B. Other (specify): _____ C. None D. Don't know E. Refused A.ধর্মীয় কাজে নিয়োজিত ছিলাম (নামায,প্রর্থনা,পূজা, দান-ছদ্কা) B.অন্যান্য C.কিছুই করি নাই D.জানিনা E.উত্তরদানে অস্বীকৃতি

CV20	How has the coronavirus impacted the community's access to healthcare since March 2020? স্বাস্থ্য সেবা প্রাপ্তির উপর করোনা ভাইরাস মার্চ/২০২০ থেকে কিভাবে প্রভাব ফেলেছে? Select all that apply (প্রযোজ্য গুলো নির্বাচন করুন)	Increased wait times at clinics হাসপাতালে/ ক্লিনিকে স্বাস্থ্যসেবা নিতে অনেক বেশি সময় অপেক্ষা করতে হয় Not enough medical supplies ঔষধ সরবারহ অপ্রতুল No bed space at local hospitals for sick অসুস্থ্য রোগীর জন্য স্থানীয় হাসপাতালে বেড (বিছানা) খালি পাওয়া যায় না Fewer doctors/medical staff appointments available খুব কম ডাক্তার/হাসপাতাল ষ্টাফদের দেখা মিলে

		5. Can't travel to reach clinics হাসপাতাল /ক্লিনিকে যাবার যানবাহনের অভাব 6. No change কোন পরিবর্তন নাই 7. Other:_____ অন্যান্য (উল্লেখকরুন)_____ -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV21A	How has access to local primary schools changed since March 2020? মার্চ/২০২০ থেকে ছাত্রদের প্রাথমিক বিদ্যালয়ে আসা-যাবার বিষয়টি কেমন পরিবর্তন হয়েছে? Select all the apply (প্রযোজ্য গুলো নির্বাচন করুন)	1. Local schools closed for a period of time 2. বেশ অনেকদিন থেকে স্থানীয় বিদ্যালয়গুলো বন্ধ আছে 3. Local schools have closed completely 4. স্থানীয় বিদ্যালয়গুলো সম্পূর্ণরুপে বন্ধ 5. No change 6. তেমন কোন পরিবর্তন নাই 7. -8 Don't know 8. জানিনা 9. -9 Refused উত্তরদানেঅস্বীকৃতি
CV21B	How has access to local secondary schools changed since March 2020? মার্চ/২০২০ থেকে ছাত্রদের মাধ্যমিক বিদ্যালয়ে আসা-যাওয়া বিষয়টি কেমন পরিবর্তন হয়েছে? Select all the apply (প্রযোজ্য গুলো নির্বাচন করুন)	1. Local schools closed for a period of time 2. বেশ অনেকদিন থেকে স্থানীয় বিদ্যালয় গুলো বন্ধ আছে 3. Local schools have closed completely 4. স্থানীয় বিদ্যালয় গুলো সম্পূর্ণরুপে বন্ধ হয়ে গেছে 5. No change 6. তেমন কোনপরিবর্তন নাই 7. -8 Don't know 8. জানিনা 9. -9 Refused 10. উত্তরদানে অস্বীকৃতি

CV22	Has the presence of NGO organizations or works increased, decreased, or remained the same since March 2020? মার্চ/২০ থেকে NGO প্রতিষ্ঠান গুলোর উপস্থিতি বা কার্যক্রম বৃদ্ধি পেয়েছে নাকি হ্রাস পেয়েছে, নাকি একই রকম আছে?	Increased . বৃদ্ধি পেয়েছে Decreased হ্রাস পেয়েছে No change কোন পরিবর্তন নাই -8 Don't know জানিনা -9 Refused - উত্তরদানে অস্বীকৃতি
CV23A	How has coronavirus affected the social relations within households in your town since March 2020? গত মার্চ/২০২০থেকে করোনা ভাইরাস আপনাদের এলাকার পরিবার গুলোর মধ্যে সামাজিক সম্পর্ক কিভাবে প্রভাবিত করেছে? **SELECT ALL THAT APPLY** (প্রযোজ্য গুলো নির্বাচন করুন)	1. Better relations with family/ friends/neighbors পরিবার/বন্ধুবান্ধব/প্রতিবেশিদের মধ্যে সুসম্পর্ক 2. Worse relations with family/ friends/neighbors পরিবার/বন্ধুবান্ধব/প্রতিবেশিদের মধ্যে খারাপ সম্পর্ক 3. No impact on social relations সামাজিক সম্পর্কে কোন প্রভাব ফেলে নাই 4. Other (specify) অন্যান্য (উল্লেখকরুন) _____ -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV23B	Has there been an increase or decrease in violence in the community since March 2020 or has it stayed the same? গত মার্চ/২০২০ থেকে আপনাদের গ্রামে সহিংসতার মাত্রা বেড়েছে, কমেছে নাকি একইরকম আছে? **SELECT ALL THAT APPLY** (প্রযোজ্য গুলো নির্বাচন করুন)	Increase in violence সহিংসতা বেড়েছে Decrease in violence সহিংসতা কমেছে Stayed the same একই রকম আছে -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV23C	Has there been an increase or decrease in child marriage in the community since March 2020 or has it stayed the same?	Increase in violence সহিংসতা বেড়েছে Decrease in violence সহিংসতা কমেছে

	গত মার্চ/২০২০ থেকে আপনাদের গ্রামে সহিংসতার মাত্রা বেড়েছে, কমেছে নাকি একইরকম আছে? **SELECT ALL THAT APPLY** (প্রযোজ্য গুলো নির্বাচন করুন)	Stayed the same একই রকম আছে -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV24	How confident are you that your community can cope with the challenges associated with coronavirus? করোনা ভাইরাসের কারনে আপনাদের গ্রামে যে সমস্ত সমস্যা দেখ দিয়েছে, এলাকাবাসী তা কতটুকু মোকাবেলা করতে পারছে বলে আপনি মনে করেন?	1 Not confident at all/it is impossible. মোটেই সুনিশ্চিত নই/অসম্ভব 2 Not confident সুনিশ্চিত নই 3 Neutral/not sure নিরপেক্ষ/নিশ্চিত নই 4 Somewhat confident কিছুটা আস্থাশীল 5 Very confident খুব আস্থাশীল 6 Not applicable/Not facing any challenges প্রযোজ্য নয়/ কোন সমস্যার সম্মুখীন হয় নাই -8 Don't know -জানিনা -9 Refused -উত্তরদানে অস্বীকৃতি
CV25	What kind of materials or services would help your community cope with coronavirus? কোন ধরনের সেবা বা উপকরণ আপনাদের গ্রামে করোনা ভাইরাস মোকাবেলায় সহায়তা করবে? **SELECT ALL THAT APPLY** (প্রযোজ্য গুলোনির্বাচন করুন)	1 Handwashing stations 1. হাত ধোয়ার ষ্টেশন তৈরি করণ 2 Provision of drinking water 2. পানিয় জলের ব্যবস্থা 3 Soap 3.সাবান সরবরাহ 4 Masks 4.মাস্ক সরবরাহ 5 Gloves 5.গ্লোভস (হাতমোজা)সরবরাহ 6 Better access to health care services স্বাস্থ্যসেবা প্রাপ্তির সহজলব্যতা 7 Better access to credit সহজে ঋণপাওয়ার সুবিধা 8 Better access to markets হাট বাজারে সহজগম্যতা 9 Input vouchers or subsidies উপকরণ ভাইচার বা ভর্তুকি

		10 Food aid খাদ্য সহায়তা 11 Cash aid আর্থিক সহায়তা More information Specify:_____ আরো তথ্য (সুনির্দিষ্টকরুন)..... 13 Other_____ অন্যান্য (উল্লেখকরুন) ---------- -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV26A	Since COVID started (March 2020) have family members working outside of the village come home and stayed for at least 3 months? গত বছর কোভিড শুরু হবার পর থেকে এই এলাকার কিছু পরিবারের লোকজন, যারা চাকুরীর কারনে শহরে থাকতেন, তারা কি এই গ্রামে ফিরে এসে ৩ মাসের অধিক অবস্থান করেছিলেন?	Yes → Continue 1. হ্যাঁ (পরবর্তীপ্রশ্নেযান) No → go to CV28A 2. না (**CV28A** যান) -8 Don't know -8. জানিনা -9 Refused -9. উত্তরদানেঅস্বীকৃতি
CV26B	If yes, approximately how many have come home and stayed? যদি হ্যাঁ হয়, আপনার জানা মতে এই এলাকার কতজন লোক ফিরে এসে গ্রামে অবস্থান করেছিলেন?	.....জন
CV26C	Why did these community members return home and stay? এই লোকজন কেন গ্রামে এসে অবস্থান করেছিলেন? Select all that apply (প্রযোজ্য গুলো নির্বাচন করুন)	Lost job outside of community এলাকার বাইরের চাকরী/ কাজবন্ধ হয়ে গিয়েছিল Job opportunity in community এই এলাকাতে তার কাজের সুযোগ ছিল Came home to take care of a sick relative অসুস্থ্ আত্নীয়ের সেবা যত্ন করতে এসেছিলেন Came home due to restrictions in cities শহরের/কর্মস্থলের চলাচলে নিয়ন্ত্রণের জন্য গ্রামে এসেছিলেন Came home due to being sick নিজে অসুস্থ হয়ে বাড়িতে এসেছিলেন - 8 Not sure নিস্চিতনই

		- 9 Refused উত্তরদানে অস্বীকৃতি
CV27	How did your community cope with a member contracting the coronavirus or falling ill with its symptoms? একজন ব্যক্তি করোনা ভাইরাসের সংস্পর্শে এসে এর লক্ষন নিয়ে অসুস্থ হয়ে পরলে, গ্রামের লোকজন কিভাবে তা মোকাবেলা করেছে? Select all that apply (প্রযোজ্য গুলো নির্বাচন করুন)	Used physical separation to distance sick member from others অসুস্থ ব্যক্তির সাথে অন্যরা দৈহিক দূরত্ব বজায় রেখেছিল Avoided contact with sick member অসুস্থ ব্যক্তির সংস্পর্শ এড়িয়ে চলেছে Washed hands with water and soap সাবান-পানি দিয়ে হাত ধৌত করেছে Washed hands more frequently বারবার হাত ধৌত করেছে Sought help at a health clinic হাসপাতাল/ক্লিনিকে চিকিৎসা সহায়তা চেয়েছে Did nothing কিছুই করেছিল না No one contracted the coronavirus করোনো ভাইরাসকে কেউ চুক্তিবদ্ধ করেনি Other (specify): __ অন্যান্য (উল্লেখকরুন) ---------- -8 Don't know .জানিনা -9 Refused উত্তরদানে অস্বীকৃতি
CV28A	Since COVID started, has anyone in your community contracted coronavirus or showed any of sign/symptoms of coronavirus (high fever, coughing, shortness of breath, difficulty breathing)? গত বছর কোভিড শুরু হবার পর থেকে আপনাদের এই গ্রামের কোন ব্যক্তির করোনাভাইরাসে আক্রান্ত বা করোনার লক্ষন দেখা গিয়েছে কি? (অধিক জ্বর, কাশি, ঘন ঘন শ্বাস, শ্বাস কষ্ট)	1 Yes 2 No } SKIP TO CV30 -8 Don't know -9 Refused 1. হ্যাঁ 2. না} **CV30** এ যান -8 জানিনা -9 উত্তরদানে অস্বীকৃতি

CV28B	If yes, approximately how many people have contracted coronavirus? দি হ্যাঁ হয়, এ এলাকার কতজন ব্যক্তির অত্যাধিক জ্বর, কাশি, ঘন ঘন শ্বাস, শ্বাস কষ্ট হয়েছিল?	_____জন
CV28C	In terms of how your village has been impacted by COVID are you better off, worse off, or the same as your neighboring villages? কোভিড দ্বারা আপনার গ্রাম কীভাবে প্রভাবিত হয়েছে যার পরিপ্রেক্ষিতে আপনি কি আরও ভাল, খারাপ, বা একই রকম আছেন আপনার প্রতিবেশী গ্রামের মতো?	1.Better off 2.Worse off 3.The same 4. Don't know 5. Refused 1.আরও ভাল 2.আরও খারাপ 3.একই রকম 4.জানি না 5.উত্তরদানে অস্বীকৃতি
CV29A	Since March 2020, has anyone in your community passed away from coronavirus? করোনা শুরু হবার পর থেকে (গত মার্চ ২০২০ এরপর থেকে)এই পর্যন্ত আপনাদের এই কেউ কি করোনা ভাইরাসে মৃত্যুবরন করেছে?	1 Yes 1. হ্যাঁ 2 No 2. না -8 Don't know -8 জানিনা -9 Refused -9 উত্তরদানে অস্বীকৃতি
CV29B	If yes, approximately how many people in your community have passed away from coronavirus? যদি হ্যাঁ হয়, এই গ্রামে আনুমানিক কতজন ব্যক্তি করোনা ভাইরাসে মারা গিয়েছে?	Person/জন -8 Don't know জানিনা -9 Refused উত্তরদানে অস্বীকৃতি

=ধন্যবাদ দিয়ে সাক্ষাতকার শেষ করুন=

ANNEX G2: HOUSEHOLD SURVEY

Annex begins on the following page

Endline Evaluation of FFP Program of BHA - 2021

Household (HH) Listing Form

District _____ Upazila _____ Union _____ Village_____

HH No.	Name of Head of Household with nick name (if any)	Father's/Husband's name of HH head	Mobile no.	Number of Household Members	No. of U5 Children (0-59 month) in the HH	No. of Women of Reproductive age (15-49 yrs.) in the HH	No. of currently pregnant women in the HH	Pregnant woman's expected time of delivery in the HH: 1=Delivery within June/21 2=Delivery after June/21
1	2	3	4	5	6	7	8	9
0001								
0002								
0003								
0004								
0005								
0006								
0007								
0008								
0009								
….								

নিকটস্ত উপজেলা সদর অথবা সংশ্লিষ্ট জেলা শহর থেকে নমুনা গ্রাম/মৌজা/ ইউনিয়নে যাতায়েতের রুট

খানা তালিকা প্রস্তুতকারী:

নির্বাচিত নমুনা গ্রামে নিকটস্ত উপজেলা সদর অথবা জেলা শহর থেকে একজন অচেনা জরিপকর্মী বা পরিদর্শন কর্মকর্তা কি ভাবে সহজে ও অল্প সময়ে পৌছতে বা যাতায়েত করতে পারবেন, তা এই পৃষ্ঠায় খানা তালিকা প্রস্তুতকারী বিশদভাবে লিখবেন। গণপরিবহন যেমন বাস, ট্রেন অথবা অটো, সিএনজি, রিক্সা, ভ্যান, ইঞ্জিন বোট, লঞ্চ, হাটা পথ ইত্যাদিতে কোন পয়েন্ট থেকে উঠতে/শুরু করতে হবে এবং কোথায় নামতে হবে ইত্যাদি বিস্তারিতভাবে লিখতে হবে। যদি একাধিক পরিবহন ব্যবহার বা পরিবর্তন করতে হয়, তাও উল্লেখ করতে হবে। জরিপ কাজ শেষে গ্রাম/ক্লাস্টার থেকে ফিরে আসার সময়ে কোন যাত্রীবাহী পরিবহন পাওয়া না গেলে, বিকল্প ব্যবস্তা কি? তাও এই পৃষ্টায় উল্লেখ থাকতে হবে।

Description of the rout to reach the sample village/mauza/union from the nearest Upazila or District HQ

Household lister:

The household lister will write in this page in details how does a new commer Emumerator or a Supervising Officer will reach to the sample village/cluster easily and directly from the nearest upazila or district HQ. It is to be written clearly by which means of transports like bus, train or auto, CNG, ricshaw, van, engine boat, launch, walk way etc. to be used from

which point/stoppage. If it is needed to use more than one means of transport, that to be stated. While returning from the sample village after completion of listing, if there is no public trasports, the alternative means will also be stated in this page.

নমুনা গ্রামের/মৌজার স্কেচ ম্যাপ

হাতে আকা ম্যাপ প্রস্তুত করার ব্যপারে নির্দেশনা মোতাবেক নীচের খালি জায়গায় পেন্সিল দিয়ে আকুন। দিক নির্দেশনা (উঃ-দঃ), ল্যান্ড মার্ক, প্রকৃতিক অবয়ব, সাধারণ খানার অবস্থান (খানা নম্বারসহ) ইত্যাদি ম্যাপে উল্লেখ করতে হবে। খানা তালিকা শুরু (0001) করার পয়েন্টটিও ম্যাপে দেখাতে হবে।

Sketch map of the sample village/mauza

As per mapping guidelines, sketch map of the village will be drawn by pencil. The direction indicator (north-south) mark, land marks, physical structures and the locations of the households along with HH no. etc. will be written clearly in the map. Entry /starting point of HH no. (0001) will also be shown in the map.

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

IDENTIFICATION (1)

A00	**QUESTIONNAIRE TYPE** . **1=CHILDREN'S ONLY 2=FULL QUESTIONNAIRE**	
A01	**HOUSEHOLD NUMBER (HH)** .	
A02	**VILLAGE OR CLUSTER CODE** .	
A03a	**UNION CODE (SEE LIST)** .	
A03b	**UPAZILA CODE (SEE LIST)** .	
A04	**DISTRICT CODE (SEE LIST)** .	

INTERVIEWER VISITS

	FIRST VISIT	SECOND VISIT	THIRD VISIT	**FINAL VISIT**
A05 **DATE**				A09 DAY
A06 **ENUMERATOR**				A10 MONTH
A07 **DAY OF VISIT**				A11 YEAR 2 0 2
A08 **RESULT** USE CODES BELOW				A12 INT. NUMBER
NEXT VISIT: DATE				A13 TOTAL NUMBER OF VISITS
TIME				

A14 **FINAL OUTCOME OF INTERVIEW (CIRCLE ONE)**

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD MOVED OR ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
9 OTHER _____ (SPECIFY)

A15 **HEAD OF HOUSEHOLD NAME & LINE NUMBER (B01)**

_____

A17 TOTAL PERSONS IN THE HOUSEHOLD

A18 LINE NO. OF RESPONDENT TO HOUSEHOLD ROSTER

A19 TOTAL CHILDREN UNDER FIVE

A20 TOTAL ELIG. WOMEN 15-49 YRS

A21 TOTAL NO. OF FARMERS

A22 **SUPERVISOR**	A23 **FIELD EDITOR**	A24 **OFFICE EDITOR**	A25 **DATA ENTRY**
NAME _____	NAME _____	NAME _____	OPERATOR _____
CODE	CODE	CODE	DAY MONTH YEAR

HOUSEHOLD 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.

Hello. My name is _____. I am working with Data Management Aid on behalf of the University of Notre Dame. We are conducting a survey to learn about household characteristics and expenditures, agriculture, food security, and nutrition of women and children. Your household was selected to participate in an interview that will take approximately two to three hours to complete. We will interview you and other members of your household as needed.

Your participation is completely voluntary. There are minimal risks or discomforts associated with this survey. There will be no benefit provided to you because of your participation. The societal benefits of participating are that we may be able to understand better ways to help your local community. We hope you will agree to answer the questions since your views and experiences are important. If I ask you any questions you don't want to answer, let me know and I will go on to the next question. You can also stop the interview at any time. If you decide not to participate in this survey or if you withdraw from participating at any time, you will not be penalized in any way.

This study requires that you meet personally with a researcher. Because any contact with other people brings the risk of infection with coronavirus (or COVID-19), we want to ensure that you carefully consider your participation. You should have been provided a document explaining how COVID-19 is affecting research generally. If you have specific questions about this study and COVID-19, please ask the researchers. If you have any concerns about your health, please contact your health care provider.

Your privacy is important to us. No part of this interview is being recorded or videoed. If you agree to participate, some of the information you provide will be available on a public website that researchers and others will be able to access without identifying you. The information will be entered into a database of approximately 7500 other households; this will NOT contain confidential information such as your name or the name of your village that could be used to identify you. All data will be stored in a password protected electronic format.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, you may contact the researcher Danice Guzman, at +1 574-631-8922. If you would like to know about your rights as a research participant, or to discuss concerns or complaints, we welcome you to contact the University of Notre Dame at +1 574-631-1461 or at compliance@nd.edu. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

WILL I BE CONTACTED ABOUT RESEARCH IN THE FUTURE?
If you agree, we may contact you after your participation is over to request additional information. Please indicate one of the following options:
_____ Yes, I agree to be contacted for the purpose of collecting additional information.
_____ No, I do not agree to be contacted for the purpose of collecting additional information

PARTICIPANT'S CONSENT
In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent document to keep for my records.
_____ I agree to take part in the study.
_____ I do not agree to take part in the study

CHILD SURVEY INFORMED CONSENT: ADULT AND CHILD

5.2.2 Parent/Caregiver consent for Anthropometric/Child Survey:

Hello, Good morning/afternoon. My name is..... I am working for researchers from the University of Notre Dame. I have come to your house today because your household has been randomly chosen to participate in a survey. I would like to gather information on the health and nutrition of (NAME OF THE CHILD) from you (the child's mother/care giver). Your answers will be confidential. They will be put together with other people we are talking to, in order to get an overall picture. It will be impossible to pick you out from what you say, so please feel free to tell us what you think. The information collected from you will be combined with information collected from others like you, and we will not disclose your name and what you have told us to others. Your responses will be presented as part of a group, along with all other study participants on a public website that researchers and others will be able to access without identifying you. The information will be entered into a database that will NOT contain confidential information such as your name or the name of your village that could be used to identify you.

If you can answer our questions as honestly as possible it will help in the future development of this community. You should not hesitate to say you do not understand a question, or if 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. It takes about 20 to 30 minutes.

This study requires that you meet personally with a researcher. Because any contact with other people brings the risk of infection with coronavirus (or COVID-19), we want to ensure that you carefully consider your participation. You should have been provided a document explaining how COVID-19 is affecting research generally. If you have specific questions about this study and COVID-19, please ask the researchers. If you have any concerns about your health, please contact your health care provider.

There is no penalty for refusing to participate. If in the future you have any questions regarding the survey or the interview, you may contact the researcher Danice Guzman, at +1 574-631-8922. If you would like to know about your rights as a research participant, or to discuss concerns or complaints, we welcome you to contact the University of Notre Dame at +1 574-631-1461 or at compliance@nd.edu. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

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.

4. NAME_____ Do you agree to participate in the survey? ___ ___
   [NAME], do you agree to participate in the survey?
   NAME: _____ 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 ____
   NAME: _____ CHILD AGREED _____ CHILD DID NOT AGREE ____
   NAME: _____ CHILD AGREED _____ CHILD 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 2 [ ]

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

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

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

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

VILLAGE | | | | 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
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		
						. CM		. KG		

D78: COMMENTS #1

SOURCE OF BIRTH DATE
1. BIRTH REGISTRATION/CERTIFICATE 4. HOME RECORD
2. BAPTISMAL/CHURCH RECORD 5. PARENT STATEMENT
3. HEALTH REGISTRATION CARD 6. OTHER _____

EA CODE | | | | HH NUMBER | | | |

ANTHROPOMETRY - Non-pregnant women 15-49 years of age (ONLY APPLICABLE TO CERTAIN AREAS, DOUBLE CHECK THAT THIS IS REQUIRED BEFORE YOU ADMINISTER)

IN MODULE E1 CHECK QUESTIONS E04A, E04B AND E28. 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 E1 TO QUESTIONS E50 TO E52 BELOW.

IN MODULE E2 CHECK QUESTIONS E04A AND E04B. IF THE WOMAN IS 15-49 YEARS OLD, SHE SHOULD BE MEASURED. TRANSFER THE INFORMATION FOR EACH WOMAN 15-49 YEARS FROM MODULE E2 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)
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	
			. CM	. KG	

E56:COMMENTS #2

GO TO MODULE J

ANTHROPOMETRIST PRINT NAME: _____ SIGNATURE: _____ AN02 ID NO. | AN03 DAY | MONTH | 2022 YEAR

SUPERVISOR PRINT NAME: _____ SIGNATURE: _____ AN04 ID NO. | AN05 DAY | MONTH | 2022 YEAR

MODULE B. HOUSEHOLD ROSTER (HEAD OF HH OR RESPONSIBLE ADULT)

B00: START TIME HOUR ____ MINUTE ____

LINE NO.	USUAL RESIDENTS	RELATION-SHIP TO HEAD OF HOUSE-HOLD	SEX	AGE	RELIGION	CASTE/ ETHNICITY	IF AGE 15 OR OLDER		IF UNDER 5 YEARS	IF AGE 15 OR OLDER					IF AGE 10 OR OLDER		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AG
							ELIGIBILITY								MARITAL STATUS		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURR SCHOOL
B01	B02	B03	B04	B05	B05A	B05B	B06	B07	B08	B09	B10	B11	B12	B14	B15		B16	B17	B18	B19	B20	B21	B22
	Please tell me the name 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, SEX, AGE, CASTE 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 OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE ≥ 50. USE '00' IF CHILD IS LESS THAN 1 YEAR	What is (NAME)'s religion? 1 = Muslim 2 = Hindu 3 = Buddhist 4 = Christian 8 = Other	What is (NAME)'s ethnicity? 1 = Bangali 2 = Bown 3 = Chak 4 = Chakma 5 = Garo 6 = Hajong 7 = Kheong 8 = Khumi 9 = Lushai 10 = Marma 11 = Mro 12 = Monipuri 13 = Pankhua 14 = Tanchanga 15 = Tripura 98 = Other	Is [NAME] responsible for food preparation in the household?	IS THIS PERSON UNDER 5 YEARS OF AGE? [TABLET WILL AUTOMATICALLY FILL]	Who is the primary caregiver of [NAME]? *SEE DEFINITION BELOW ENTER LINE NUMBER OF PRIMARY CAREGIVER	IS THIS A WOMAN 15-49 YEARS OF AGE? [TABLET WILL AUTOMATCIALLY COMPLETE]	IS THIS PERSON THE HEAD OF THE HH OR A RESPON-SIBLE ADULT IF HEAD OF HH IS ABSENT?	Has (NAME) done any work in the last 12 months? **READ DEFINITION OF "WORK" BELOW TO RESPON-DENT.	During the last 12 months, was (NAME) usually paid in cash or kind for this work or was (NAME) not paid at all? 1= CASH ONLY 2= CASH AND KIND 3= IN KIND ONLY 4= NOT PAID	Is (NAME) a farmer? ***READ DEFINI-TION OF FARMER BELOW TO RESPON-DENT.	What is (NAME)'s current marital status? IF '4' NEVER-MARRIED, RECORD ANSWER AND, SKIP TO B16		Is (NAME)'s natural mother alive? IF "NO", RECORD '00'.	Does (NAME)'s natural mother usually live in this household? IF "YES": What is her name? RECORD MOTHER'S LINE NUMBER.	Is (NAME)'s natural father alive? IF "NO", RECORD '00'.	Does (NAME)'s natural father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER.	Has (NAME) ever attended school? What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level? SEE CODES/ WILL AUTOMATICALLY FILL IN LEVEL		Did (NAME) attend school at any time during the 2021 school year?
01		0 1	M F 1 2	IN YEARS			Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2	Y N 1 2 → GO TO 15		Y N 1 2			Y N DK 1 2 8 → GO TO 18		Y N DK 1 2 8 → GO TO 20		Y N 1 2	CLASS	Y N 1 2 → B24
02			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
03			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
04			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
05			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
06			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
07			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
08			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24
09			1 2				1 2	1 2		1 2	1 2	1 2 → GO TO 15		1 2			1 2 8 → GO TO 18		1 2 8 → GO TO 20		1 2		1 2 → B24

CODES FOR B03: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

DEFINITIONS

*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 fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops(crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.

CODES FOR Qs. B21 AND B23: EDUCATION

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = SECONDARY (SSC)
3 = HIGHER (HSC)
4 = GRADUATION
5 = POST-GRADUATION
8 = DON'T KNOW

CLASS
00 = LESS TH
COMPLETED
(USE '00' FO
THIS CODE I
ALLOWED FO
98 = DON'T K

			M F	IN YEARS			Y N	Y N		Y N	Y N	Y N		Y N		Y N DK		Y N DK		Y N	CLASS	Y N
10			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
11			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
12			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
13			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
14			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
15			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
16			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
17			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24
18			1 2				1 2	1 2		1 2	1 2	1 2 GO TO 14		1 2		1 2 8 GO TO 18		1 2 8 GO TO 20		1 2 B24		1 2 B24

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? YES → ADD TO TABLE / NO

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? YES → ADD TO TABLE / NO

2C) Does anyone else live here even if they are not at home now? INCLUDE CHILDREN IN SCHOOL OR HOUSEHOLD MEMBERS AT WORK OR MIGRATED. YES → ADD TO TABLE / NO

CODES FOR B03: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
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

DEFINITIONS

*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. It can also include participating in cash for work, food for work, or conditional cash transfers and/or productive safety net programs. For this indicator, work does not include 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 fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce food, feed, and fiber, where "food" includes agronomic crops(crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.

CODES FOR Qs. B21 AND B23: EDUCATION

LEVEL	CLASS
0 = PRE-PRIMARY	00 = LESS TH
1 = PRIMARY	COMPLETED
2 = SECONDARY (SSC)	(USE '00' FO
3 = HIGHER (HSC)	THIS CODE I
4 = GRADUATION	ALLOWED FO
5 = POST-GRADUATION	98 = DON'T K
8 = DON'T KNOW	

B28: END TIME

HOUR ☐☐ MINUTE

→ **GO TO MODUE C1**

E 5-24 YEARS	Everyone				
ENT/RECENT . ATTENDANCE	CORONAVIRUS				
B23	B24	B25	B26	B27	B28
During this school year, what level and class was (NAME) attending? SEE CODES/ WILL AUTOMATICALLY FILL IN LEVEL	Did (NAME) experience any of the following symptoms over the last X months? Fever, dry cough, we cough (or sputum/mucus productio), shortness of breath or difficulty breathing, sore throat, headache, diarrhea, fatigue or malaise, body aches (musle or joit pain, runny nose or nasal congestion, loss of taste or smell. If yes, go to B25, if no, move to next person	Did (NAME) get tested for Coronavirus?	If yes, was it positive or negative?	Did (NAME) seek treatment for these symptoms?	If yes, where did (NAME) go for treatment ? [MULTIPLE ANSWERS ARE ALLOWED]
CLASS	Y N	Y N	Y N	Y N	Y N
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______
☐☐☐	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	1 2 → NEXT LINE	______ ______

S
HAN 1 YEAR
D.
R Q. 21 ONLY.
S NOT
OR Q. 23)
NOW

CLASS	Y N	Y N	Y N	Y N	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
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	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	
	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	

S
HAN 1 YEAR
D.
R Q. B21 ONLY.
S NOT
OR Q. B23)
NOW

CODES FOR B25

1 - Community Clinic
2 = Hospital
3 = Doctor in private chamber
4 = At home
5 = Pharmacy store
6 = Traditional Practitioner
7 = Over phone from a Doctor/Medical practioner
8 = Mobile Clinic
98 = Don't know

Module C1. Food Access

(Person in charge of food preparation in last 7 days, or adult who ate in the household in last 7 days)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
C01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE ☐☐☐ HH ☐☐☐
C02A	LINE NUMBER FROM MODULE B (COLUMN 6) OF THE PERSON PRIMARILY RESPONSIBLE FOR FOOD PREPARATION OR A RESPONSIBLE ADULT WHO WAS PRESENT AND ATE IN THE HOUSEHOLD.	LINE NUMBER ☐☐
C02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 → C22 NOT AVAILABLE . 3 → C22

FCS and HDDS QUESTIONS

Now I would like to ask you about the types of foods that you or the majority of household members ate during the **past 7 days**. I will read each of the food items and then ask you a few questions about each item.

READ EACH QUESTION INSERTING THE NAME OF THE FOOD ITEM LISTED IN QUESTIONS C03 TO C14 AND RECORD THE RESPONSE IN THE BOXES PROVIDED.

		1. How many days did you or members of your household eat [READ FOOD GROUPS] during the **past 7 days** both inside and outside your home? 1= 1 day 2= 2 days 3= 3 days 4= 4 days 5= 5 days 6= 6 days 7= 7 days 9= Not consumed	2. What was the primary source from which [READ FOOD GROUPS] was obtained? 1= Own Production 2= Purchases (cash or barter) 3=Purchase by remittances from outside BD 4= Purchase by remittances from within BD 5= Government Food Assistance (In kind, cash, or vouchers) 6= Purchased by Grain loan Scheme 7= Non State Agencies Food Assistance (In kind or purchased by cash) 8= Gifts 9= Labour exchange 10= Borrowed 11= Hunting and gathering from wild 12=Gleaning/collecting/gathering 13 = Not consumed
C03	Maize, bread, rice, roti/ parota/ pitha, muri, khichuri, porridge, noodles, khir (rice pudding), shemai (vermicelli), jau bhat, bhater mar or other foods made from cereals/grains?	C03.1 ☐	C03.2 ☐☐
C04	Cassava, potatoes, sweet potatoes, yams, taro, Shakaloo or foods made from roots such as aloor dal?	C04.1 ☐	C04.2 ☐☐
C05	Any vegetables such as carrots, okra, pumpkin, squash, gourds (including bitter & bottle), mushrooms, radish, tomato, cucumber, cabbage, cauliflower, leafy vegetables, broad beans, brinjals, green peas?	C05.1 ☐	C05.2 ☐☐
C06	Any fruits such as banana, guava, papaya, mangoes, pineapple, berries, water melon (tormuz), jackfruit (kathal), star fruit (kamranga), jujubee (bori), wood apple (bael), sugar apple (ata fol), apples, oranges etc. ?	C06.1 ☐	C06.2 ☐☐
C07	Any meat such lamb, goat, chicken, buffalo/beef (NOT TO ASK HINDU HOUSEHOLDS), duck, rabbit, pork (NOT TO ASK MUSLIM HOUSEHOLDS), snails, other birds or organ meats such as liver, kidney, heart?	C07.1 ☐	C07.2 ☐☐
C08	Any eggs from chicken, ducks, or koel?	C08.1 ☐	C08.2 ☐☐
C09	Any fresh or dried fish, crabs?	C09.1 ☐	C09.2 ☐☐
C10	Any foods made from beans, peas, lentils, pigeon peas, groundnuts, pear	C10.1 ☐	C10.2 ☐☐
C11	Any khuwa, cheese, yogurt, milk, sour milk or other dairy products?	C11.1 ☐	C11.2 ☐☐
C12	Any foods made with oil, fat, animal fat, lard, butter, ghee or nauni?	C12.1 ☐	C12.2 ☐☐
C13	Any sugar or honey, granulated sugar, sugar cane, jaggery, molasses, vel	C13.1 ☐	C13.2 ☐☐
C14	Any other foods, such as condiments, spices, fish powder, coffee, or tea?	C14.1 ☐	C14.2 ☐☐

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**? READ OPTIONS.	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	
		→ **GO TO MODULE C2**	

Module C2. VSLA

New module

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
C00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐
C01	VILLAGE AND HOUSEHOLD NUMBER	
C02A	LINE NUMBER FROM MODULE B (COLUMN 6) OF THE PERSON PRIMARILY RESPONSIBLE FOR FOOD PREPARATION OR A RESPONSIBLE ADULT WHO WAS PRESENT AND ATE IN THE HOUSEHOLD.	LINE NUMBER
C02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 → Module F NOT AVAILABLE . 3 → Module F

Module C2 - VSLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
	SAVINGS AND LOANS			
C220A	How many people in your household are currently a part of a VSLA or sav	☐☐☐ NUMBER OF PEOPLE		→
C220B	For the household member who has been participating in a VSL group the	☐☐☐ YEARS		
C220C	Did anyone in your household participating in a VSLA group take any loar	YES 1 Continue NO 2 If 2, go to end		
C220D	If yes, how many loans have members of your household taken in the last	☐☐☐ NUMBER OF LOANS		

→ **GO TO MODULE CV**

Module CV. COVID

(Head of HH or Responsible Adult)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CV01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE ☐☐☐ HH ☐☐☐	
CV02A	HEAD OF THE HOUSEHOLD OR RESPONSIBLE ADULT **(B10 = 1)** FROM HOUSEHOLD ROSTER	LINE NUMBER **(B01)** ☐☐	
CV02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 NOT AVAILABLE . 3	→ Next Module
	COVID		
CV04	Has Coronavirus affected your household members' income **since the coronavirus started**?	YES . 1 NO . 2 DON'T KNOW . 8	CONTINUE GO TO CV07 GO TO CV07
CV05A	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the disruptions in the *Access to services and banking (both MFIs and banks)*?	1Inability to access safety net transfers 2No longer receiving remittances 3Inability to repay loans 4Difficulty accessing financial services and credit 5Other 6None 7Refused	
CV05B	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the disruptions in the ***Agricultural activities***? Choose all that apply (Agriculture):	1Inability to farm and/or care for livestock due to sickness of HH member 2Constrained access to farmland 3Constrained access to grazing pasture 4Constrained access to water 5Shortage of crop inputs (seeds, fertilizer, pesticides) 6Shortage of livestock inputs (feed and veterinary services) 7Other 8None 9Refused	
CV05C	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the ***Increase or decrease in costs***? Choose all that apply (increase or decrease in costs):	1Increase in price of crop inputs 2Increase in price of livestock inputs 3Increase in transportation costs 4Increase in storage costs 5Decrease in price of products you sold 6Increase in price of products sold that you buy 7Other 8None 9Refused	
CV05D	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the ***decrease in demand?***	1Yes 2No	
CV05E	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the ***changes in labor supply, employment status or change in income***? Choose all that apply (labor, employment, income)):	1Labor shortages (lack of labor to help with farming, herding, and processing) 2Inability to engage with other community members in asset-building activities (dike construction, erosion control, road building, road maintenance, tree planting) 3Lost employment 4Reduction in income 5Other 6None 7Refused	
CV05F	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to the ***access to health care***?	1Inability to access health care 2Illness 3Death 4Other 5None 6Refused	

CV05G	Has the COVID-19 (since March 2020) affected your household's livelihoods/income due to ***any other reason***?	_____ _____ _____ _____	
CV06A	How has your household **coped** with the impacts of Coronavirus on their livelihoods in terms of ***LIVESTOCK***? SELECT ALL THAT APPLY.	1. Sold livestock 2. Slaughter livestock 3. Leased out land 4. Sold Land 5. Sent livestock in search of pasture 6. Other (specify): _____ 7. None -8 Don't know -9 Refused	
CV06B	How has your household **coped** with the impacts of Coronavirus on their livelihoods in terms of ***CROPS (AGRICULTURE) AND LAND HOLDING***? SELECT ALL THAT APPLY.	1. Threw out unsold crops 2. Donated/gift unsold crops 3. Stored unsold crops 4. Did not cultivate some of my land in 2020 5. Did not cultivate some of my land in 2021 6. Did not harvest crop (due to market or labor shortage) 7. Sold at lower price 8. Threw away seeds 9. Other (specify): _____ 10. None -8 Don't know -9 Refused	
CV06C	How has your household **coped** with the impacts of Coronavirus on their livelihoods in terms of ***ACQUIRING MORE FOOD OR MONEY***? SELECT ALL THAT APPLY.	1. Took up new/additional work (casual labor, wage labor) 2. Sold household items (e.g., radio, bed) 3. Sold productive assets (e.g., plough, water pump) 4. Took out a loan (with interest) from a (formal) bank 5. Took out a loan (with interest) from an MFI 6. Took out a loan (with interest) from a money-lender 7. Took out a loan (no interest) from friends or relatives within the community 8. Took out a loan (no interest) from friends or relatives outside of the community 9. Unconditional gift of money (not remittances) or food from family, friends, church/mosque, or other group within community 10. Unconditional gift of money (not remittances) or food from family, friends, church/mosque or other group outside of community 11. Sent children to work for money (e.g., domestic service) 12. Received emergency food aid from the government or NGO 13. Received emergency cash transfer from the government or NGO 14. Received permanent direct support food from the government or NGO 15. Received permanent direct support cash transfer from the government or NGO 16. Participated in government or NGO food-for-work or cash-for-work activities (conditional) 17. Used savings to buy livestock 18. Used savings to buy productive inputs 19. Used savings to pay for health-care expenses 20. Used savings to feed the family 21. Used savings to pay for education costs 22. Used own savings to pay for other household necessities 23. Used own savings to pay for repairs to dwelling or structures 24. Relied on remittances from a relative that migrated 25. Other (specify): _____ 26. None -8 Don't know -9 Refused	

CV06D	How have households in your community **coped** with the impacts of Coronavirus on their livelihoods in terms of ***MIGRATION***? SELECT ALL THAT APPLY.	1. Migrate (only some family members) Approximate number of households:_____ 2. Migrate (the whole family) Number of households:_____ 3. Sent children or an adult to stay with relatives 4. Other (specify): _____ 5. None -8 Don't know -9 Refused	
CV06E	How has your household **coped** with the impacts of Coronavirus on their livelihoods in terms of ***REDUCE CURRENT EXPENDITURE***? SELECT ALL THAT APPLY.	1. Took children out of school 2. Moved to less expensive housing 3. Reduced food consumption (quantity/meal; # meal/day) 4. Reduced non-essential HH expenses 5. Got food on credit from a local merchant 6. Other (specify): _____ 7. None -8 Don't know -9 Refused	
CV06F	How has your household **coped** with the impacts of Coronavirus on their livelihoods in terms of ***SPECIFIC COVID HEALTH ISSUES***? SELECT ALL THAT APPLY.	1. Quarantine 2. Used physical separation to distance sick members from others 3. Avoided contact with sick member 4. Washed hands with water and soap 5. Washed hands more frequently 6. Sought help at health clinic 7. Other (specify): _____ 8. None -8 Don't know -9 Refused	
CV06G	How has your household **coped** with the impacts of Coronavirus on access to food in ***ANY OTHER WAY***? SELECT ALL THAT APPLY.	1. Did nothing 2. Engaged in spiritual efforts (e.g., prayed, sacrifices, etc.) 3. Other (specify): _____ 4. None -8 Don't know -9 Refused	

CV07	Has Coronavirus affected your household's access **since the coronavirus started**?	YES . 1 NO . 2 DON'T KNOW . 8	Continue GO TO CV10 GO TO CV10
CV08	How has Coronavirus affected your household's access to food since the coronavirus starteds? SELECT ALL THAT APPLY.	1Movement restrictions 2Market closed 3Transportation costs too expensive/no public transport 4Traders are absent from the markets 5Products not available in the market 6Price of foods increased 6 Delay PSNP transfer (cash or food) 7 Other (specify)_____ -9 Don't know -8 Refused	
CV10	In the last year have family members working outside of the village come home and stayed for longer than 3 months?	1. Yes. --> CONTINUE 2. No --> GO TO CV13 -8 Don't Know --> GO TO CV13 -9. Refused --> GO TO CV13	
CV11	If yes, approximately how many have come home and stayed?	|_____|	
CV12	Why did these family members return home and stay? SELECT ALL THAT APPLY	1.Lost job outside of community 2.Job opportunity in community 3.Came home to take care of a sick relative 4.Came home due to restrictions in cities 5.Came home due to being sick - 8 Not sure - 9 Refused	
CV13	Did anyone in your household die from a disease with coronavirus like symtoms? READ LIST OF SYMPTOMS: Fever, dry cough, wet cough (or sputum/mucus production), shortness of breath or difficulty breathing, sore throat, headache, diarrhea, fatigue or malaise, body aches (muscle or joint pain), runny nose or nasal congestion, loss of taste or smell.	1. Yes --> GO TO CV14 2. No --> GO TO NEXT MODULE -8 Don't Know --> GO TO NEXT MODULE -9. Refused --> GO TO NEXT MODULE	
CV14	If yes, to CV13, how many died?	|_____|	
CV15	How old were they when they died?	1. PERSON 1 AGE: _____ 2. PERSON 2 AGE: _____ 3. PERSON 3 AGE: _____ 4. PERSON 4 AGE: _____	

Module D1. Children's Nutritional Status and Feeding Practices (Primary Caregivers)

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIBIBLE CHILD FROM ROSTER
D00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐		
D01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE ☐☐☐ HH ☐☐☐		
		NAME	NAME	NAME
D02	CHILD UNDER 5 YEARS OLD **(B07= 1)** FROM THE HOUSEHOLD ROSTER	LINE NO. CHILD (B01) ☐☐	LINE NO. CHILD (B01) ☐☐	LINE NO. CHILD (B01) ☐☐
D03A	CAREGIVER'S LINE NUMBER FROM THE HOUSEHOLD ROSTER **(B08)**	LINE NO. CAREGIVER ☐☐	LINE NO. CAREGIVER ☐☐	LINE NO. CAREGIVER ☐☐
D03B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . . 1 NO . . 2 (SKIP TO D65) NOT AVAILABLE . 3	YES . . 1 NO . . 2 (SKIP TO D65) NOT AVAILABLE . 3	YES . . 1 NO . . 2 (SKIP TO D65) NOT AVAILABLE . 3
D04	What is [CHILD 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. RECORD AGE IN YEARS IN D06 IF A DOCUMENT WITH THE BIRTHDATE IS NOT SHOWN THEN ASK: In what month and year was [CHILD'S NAME] born? What is [HIS/HER] birthday? RECORD BIRTH DAY, MONTH AND YEAR	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
D06	How old was [CHILD'S NAME] at [HIS/HER] last birthday? RECORD AGE IN COMPLETED YEARS	YEARS ☐☐	YEARS ☐☐	YEARS ☐☐
D07	How many months old is [CHILD'S NAME]? RECORD AGE IN COMPLETED MONTHS	MONTHS ☐☐	MONTHS ☐☐	MONTHS ☐☐
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.			

EXCLUSIVE BREAST FEEDING AND MINIMUM ACCEPTABLE DIET

D14	CHECK **D07:** IS THE CHILD 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 THE CHILD 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. Did [CHILD'S NAME] have:			
D21	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	Any kind of Infant formula like Lactogen, Biomil, Baby Care, NAN, Cow & Gate, etc?	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 . ☐☐	TIMES . ☐☐	TIMES . ☐☐
D24	Did [CHILD'S NAME] have any milk such as tinned, or powdered milk (Dano, Nido, Diploma, Fresh, Marks) 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
D25	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	TIMES . ☐☐	TIMES . ☐☐	TIMES . ☐☐
D26	Did [CHILD'S NAME] have any juice or juice drinks, including Frooti, Frutika,, Sezan, Pran juice and 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	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	Yogurt?	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 .	TIMES .	TIMES .
D30	Did [CHILD'S NAME] have any thin porridge? PROBES: rice powder, gruel, rice, porridge, suji, jau, Celerac LIMIT 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: Glucose water, sugar water, Horlicks, Viva, Boost, Complan, misri pani, honey	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 (NAME) ate yesterday during the day or at night at home or outside the home. I am interested in whether your child had the item even if it was combined with other foods. For example, if (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 any (ASK QUESTIONS D33-D48)?			
D33	Bread, flat bread (roti), biscuits, crackers, noodles, chhatu, rice, flat rice, puffed rice, popcorn, moa or other foods made from grains such as corn, 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
D34	Pumpkin, carrots, sweet potatoes, or any other dark yellow or orange fleshed roots, tubers and vegetables or any other dark yellow or orange fleshed roots, tubers and vegetables?	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	White potatoes, potato chips, banana chips, white yams, cassava, taro or any other fruits 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
D36A	Any dark leafy vegetables such as spinach, Indian spinach, pumpkin leaves, mustard leaves, amaranths, arums, red amarnath, kangkong (water spinach), taro leaf?	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	Any other vegetables like gourds (ridge gourd, bitter gourd, bottle gourd, snake gourd, spiny gourd, pointed gourd), ~~carrots~~, flat beans, mpore, turnips, green beans, tomatoes, cauliflower, okra, cabbage, eggplant 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	Ripe mangoes, ripe papaya, jack fruit or other fruits that are dark yellow or orange inside ?	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	Any other fruits like bananas, apples, guava, pineapple, licchi, plum, orange, pomegranate, any berries, gooseberries 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	Any liver, kidney, heart, or other organ meats from domesticated animals such lamb, goat, chicken, or duck, beef/buffalo (DO NOT ASK HINDU HOUSEHOLDS) or pork (DO NOT ASK MUSLIM HOUSEHOLDS)?	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	Any meat from domesticated animals, such as lamb, goat, chicken, duck, beef/buffalo (DO NOT ASK HINDU HOUSEHOLDS) or pork (DO NOT ASK MUSLIM HOUSEHOLDS)?	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	Any organs from wild animals, such as birds, deer, snake, frog?	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	Any flesh from wild animals such as birds, deer, snake, frog?	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	Eggs from chicken, pigeon, duck or koel?	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	Fresh or dried fish, shellfish, or crabs?	YES . . 1 NO . . . 2 DON'T KNOW 8	YES . . . 1 NO . . . 2 DON'T KNOW 8	YES . . . 1 NO . . . 2 DON'T KNOW 8
D42	Any foods made from beans, peas, lentils, peanuts 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
D43	Any foods made from nuts and seeds such as pumpkin seeds, walnuts, almonds, cashew nuts, jackfruit?	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	Cheese, yogurt, whey (mohi), kurauni, paneer, or other milk 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
D45	Any oils, fats, butter ghee or foods made with any of these?	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	Any sugary foods such as chocolates, sweets, candies, doughnuts, cakes?	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	Condiments for flavor, such as chilies, spices, herbs, or fennel grain, corainder, cumin, ginger, turmeric, garlic, cardamom?	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-D48**:	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 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-D48 AND RECORD FOODS EATEN. THEN CONTINUE WITH **D51**. NO . . . 2 → GO TO D52 DON'T KNOW . 8	YES . . . 1 GO BACK TO D33-D48 AND RECORD FOODS EATEN. THEN CONTINUE WITH **D51**. NO . . . 2 → GO TO D52 DON'T KNOW . 8	YES . . . 1 GO BACK TO D33-D48 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 solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	TIMES . ☐☐ DON'T KNOW 98	TIMES . ☐☐ DON'T KNOW 98	TIMES . ☐☐ DON'T KNOW 98
		GO TO **D54** FIRST COLUMN	GO TO **D54** SECOND COLUMN	GO TO **D54** THIRD COLUMN

GO TO MODULE D2

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

D62	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a) A fluid made from a special packet called ORS? (Orestal/Tasty Saline/Rice Saline)	FLUID FROM ORS PKT…….. 1 2 8	FLUID FROM ORS PKT…….. 1 2 8	FLUID FROM ORS PKT…….. 1 2 8
	b) sugar salt -water solution (laban gur)?	HOMEMADE SOLUTION 1 2 8	HOMEMADE SOLUTION 1 2 8	HOMEMADE SOLUTION 1 2 8
	c) ORS with zinc	ORS WITH ZINC…….. 1 2 8	ORS WITH ZINC…….. 1 2 8	ORS WITH ZINC…….. 1 2 8
D65	THERE ARE NO MORE QUESTIONS FOR THIS CHILD.	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
		→ **GO TO MODULE E1**		

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 E1. Women's Nutrition, Breastfeeding and Antenatal Care (WOMEN 15-49 EVER MARRIED)

NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____	WOMAN'S NAME _____	WOMAN'S NAME _____
E01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE ☐☐☐		HH ☐☐☐
E02A	LINE NUMBER OF WOMAN 15-49 YEARS, **B09=1** AND THOSE WHO RESPONDED **1, 2, OR 3** FOR **B15** IN THE HOUSEHOLD ROSTER	LINE NUMBER (B01) ☐☐	LINE NUMBER (B01) ☐☐	LINE NUMBER (B01) ☐☐
E02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . . 1 NO . . 2 → SKIP TO E49A NOT AVAILABLE 8	YES . . 1 NO . . 2 → SKIP TO E49A NOT AVAILABLE 8	YES . . 1 NO . . 2 → SKIP TO E49A NOT AVAILABLE 8
E03	In what month and year were you born? IF DON'T KNOW MONTH RECORD "98" IF DON'T KNOW YEAR RECORD "9998"	MONTH . . . . . ☐☐ YEAR ☐☐☐☐	MONTH . . . . . ☐☐ YEAR ☐☐☐☐	MONTH . . . . . ☐☐ YEAR ☐☐☐☐
E04A	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS AND SKIP TO E05. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, CIRCLE 98 AND ASK QUESTION E04B.	AGE IN YEARS ☐☐ → (SKIP TO E05) DON'T KNOW 98	AGE IN YEARS ☐☐ → (SKIP TO E05) DON'T KNOW 98	AGE IN YEARS ☐☐ → (SKIP TO E05) DON'T KNOW 98
E04B	Are you between the ages of 15 and 49 years old?	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 E03 AND E04A AND E04B (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS? IF ANSWER IS 'NO' AND ANOTHER WOMAN IS INCLUDED, THAN QUESTIONS E02-E04B MUST BE REPEATED FOR THE NEW WOMAN. IF THE INFORMATION IN E03, E04A AND E04B CONFLICTS, DETERMINE WHICH IS MOST ACCURATE.	IF YES, THEN CONTINUE. IF NO, THEN GO TO E49A	IF YES, THEN CONTINUE. IF NO, THEN GO TO E49A	IF YES, THEN CONTINUE. IF NO, THEN GO TO E49A

Before continuing with this section, please make sure the respondent is alone. If other household members are around or listening, please politely ask them to move away or find a different location farther away or more private

E05	How old were you when you got married?	☐☐ AGE IN YEARS	☐☐ AGE IN YEARS	☐☐ AGE IN YEARS
	PRIMARY HEALTH CARE SERVICES			
	Now I am going to ask you about primary health care services that you may have received from the Health Department of the Government of Bangladesh (GoB)) within the past 12 months and whether you were satisfied with these services.			
E06A1	Did you receive ante natal care services?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06A2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06B1	Did you receive post natal care with vitamin-A supplementation?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06B2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06C1	Did you receive iron and folic acid and vitamin-A supplementation?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06C2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06D1	Did you receive child health care services?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06D2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06E1	Did you receive treatment or preventive advice on ARI/pneumonia, diarrhea, malnutrition, fever, etc.?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06E2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06F1	Did you receive growth monitoring and promotion?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06F2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2
E06G1	Did you receive medications or deworming?	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM	YES . . 1 NO . . 2 → SKIP TO NEXT ITEM
E06G2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . . 1 NO . . 2

E06H1	Did you receive routine immunization (EPI) and vitamin A supplementation?	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . 1 NO . . 2 SKIP TO NEXT ITEM
E06H2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . 1 NO . . 2
E06I1	Did you receive newborn care? i.e health education for mothers on basic hygiene, counseling for breastfeeding or ICYF counseling	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . 1 NO . . 2 SKIP TO NEXT ITEM
E06I2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . 1 NO . . 2
E06J1	Did you receive any other primary health care services from the Health Department of the GoB in the past 12 months?	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . . 1 NO . . 2 SKIP TO NEXT ITEM	YES . 1 NO . . 2 SKIP TO NEXT ITEM
E06J2	Were you satisfied with these services?	YES . . 1 NO . . 2	YES . . 1 NO . . 2	YES . 1 NO . . 2
	WOMAN'S DIETARY DIVERSITY			
E07A	Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night at home or outside the home. 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. Yesterday during the day or night did you drink/eat any [ASK QUESTIONS E07 to E26]?			
E07	Bread, flat bread (roti), biscuits, crackers, noodles, chhatu, rice, flat rice, puffed rice, popcorn, moa or other foods made from grains such as corn, 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
E08	Pumpkin, carrots, sweet potatoes, or any other dark yellow or orange fleshed roots, tubers and vegetables or any other dark yellow or orange fleshed roots, tubers and vegetables?	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	White potatoes, potato chips, banana chips, white yams, cassava, taro or any other fruits 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	Any dark leafy vegetables such as spinach, Indian spinach, pumpkin leaves, mustard leaves, amaranths, arums, red amarnath , kangkung (water spinach), taro leaf?	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	Any other vegetables like gourds (ridge gourd, bitter gourd, bottle gourd, snake gourd, spiny gourd, pointed gourd), ~~carrots~~, flat beans, mpore, turnips, green beans, tomatoes, cauliflower, okra, cabbage, eggplant 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	Ripe mangoes, ripe papaya, jack fruit or other fruits that are dark yellow or orange inside ?	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	Any other fruits like bananas, apples, guava, pineapple, licchi, plum, orange, pomegranate, any berries, gooseberries 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
E14	Any liver, kidney, heart, or other organ meats from domesticated animals such lamb, goat, chicken, or duck, beef/buffalo (DO NOT ASK HINDU HOUSEHOLDS) or pork (DO NOT ASK MUSLIM HOUSEHOLDS)?	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	Any meat from domesticated animals, such as lamb, goat, chicken, duck, beef/buffalo (DO NOT ASK HINDU HOUSEHOLDS) or pork (DO NOT ASK MUSLIM HOUSEHOLDS)?	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	Any organs from wild animals, such as b birds, deer, snake, frog?	YES . . 1 NO . . 2 DON'T KNOW . . 8	YES . . 1 NO . . 2 DON'T KNOW . . 8	YES . . 1 NO . . 2 DON'T KNOW . . 8
E17	Any flesh from wild animals such as birds, deer, snake, frog?	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	Eggs from chicken, pigeon, duck or koel?	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	Fresh or dried fish, shellfish, or crabs?	YES . . 1 NO . . 2 DON'T KNOW . . 8	YES . . 1 NO . . 2 DON'T KNOW . . 8	YES . . 1 NO . . 2 DON'T KNOW . . 8
E20	Any foods made from beans, peas, lentils, peanuts 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
E21	Any foods made from nuts and seeds such as pumpkin seeds, walnuts, almonds, cashew nuts, jackfruit?	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	Cheese, yogurt, whey (mohi), kurauni, paneer, or other milk 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

E23	Any oils, fats, butter ghee or foods made with any of these?	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	Any sugary foods such as chocolates, sweets, candies, doughnuts, cakes?	YES . . 1 NO . . 2 DON'T KNOW . 8	YES . . 1 NO . . 2 DON'T KNOW . 8	YES . . 1 NO . . 2 DON'T KNOW . 8
E25	Condiments for flavor, such as chilies, spices, herbs, or fennel grain, coriander, cumin, ginger, turmeric, garlic, cardamom?	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	Snails, insects (ghugra)? **INTERVIEWER INSTRUCTION:** ASK THE QUESTION ONLY IN CHT, removed for CARE and WV	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 E29A) ← NO . . 2 DON'T KNOW . 8	YES . . 1 (SKIP TO E29A) ← NO . . 2 DON'T KNOW . 8	YES . . 1 (SKIP TO E29A) ← NO . . 2 DON'T KNOW . 8
E29	Have you ever been pregnant? Please include pregnancy that miscarried, was aborted, or ended in a stillbirth.	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←
E29A	How old were you when you first became pregnant?	|__|__| AGE IN YEARS	|__|__| AGE IN YEARS	|__|__| AGE IN YEARS
E30	Have you ever given birth?	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←
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]** 2011?	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E45	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E45	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO E45
	ANTENATAL CARE			
E38	Did you see anyone for antenatal care during the pregnancy?	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←	YES . . 1 NO . . 2 (SKIP TO E45) ←
E39	Whom did you see? Anyone else? TBA= TRADITIONAL BIRTH ATTENDANT. PROBE TO IDENTIFY EACH TYPE OF CAREGIVER AND RECORD ALL MENTIONED.	HEALTH PERSONNEL NURSE/MIDWIFE /PARAMEDIC . B FAMILY WELFARE VISITOR.. C COMMUNITY SKILLED BIRTH ATTENDANT . D MEDICAL ASSISTANT/ SUB ASSISTANT COMMUNITY MEDICAL OFFICER . E COMMUNITY HEALTH CARE PROVIDER . F NGO WORKER . . H OTHER TRAINED TBA . I UNTRAINED TBA . J UNQUALIFIED DOCTOR K OTHER ________ X (SPECIFY)	HEALTH PERSONNEL NURSE/MIDWIFE /PARAMEDIC . B FAMILY WELFARE VISITOR.. C COMMUNITY SKILLED BIRTH ATTENDANT . D MEDICAL ASSISTANT/ SUB ASSISTANT COMMUNITY MEDICAL OFFICER . E COMMUNITY HEALTH CARE PROVIDER . F NGO WORKER . . H OTHER TRAINED TBA . I UNTRAINED TBA . J UNQUALIFIED DOCTOR K OTHER ________ X (SPECIFY)	HEALTH PERSONNEL NURSE/MIDWIFE /PARAMEDIC . B FAMILY WELFARE VISITOR.. C COMMUNITY SKILLED BIRTH ATTENDANT . D MEDICAL ASSISTANT/ SUB ASSISTANT COMMUNITY MEDICAL OFFICER . E COMMUNITY HEALTH CARE PROVIDER . F NGO WORKER . . H OTHER TRAINED TBA . I UNTRAINED TBA . J UNQUALIFIED DOCTOR K OTHER ________ X (SPECIFY)
E40	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF FACILITY AND RECORD ALL MENTIONED.	**HOME** YOUR HOME......................... A OTHER HOME....................... B **GOVT SECTOR** PUBLIC HOSPITAL C DIST. HOSPITAL D MCWC E UPAZILLA HEALTH COMPLEX F FAMILY WELFARE CENTER G SAT. CLINIC/EPI OUT REACH H COMM. CLINIC I	**HOME** YOUR HOME......................... A OTHER HOME....................... B **GOVT SECTOR** PUBLIC HOSPITAL C DIST. HOSPITAL D MCWC E UPAZILLA HEALTH COMPLEX F UH & FAMILY WELFARE CENTER G SAT. CLINIC/EPI OUT REACH H COMM. CLINIC I	**HOME** YOUR HOME......................... A OTHER HOME....................... B **GOVT SECTOR** PUBLIC HOSPITAL C DIST. HOSPITAL D MCWC E UPAZILLA HEALTH COMPLEX F UH & FAMILY WELFARE CENTER G SAT. CLINIC/EPI OUT REACH H COMM. CLINIC I

		OTHER GOVT ______ J (SPECIFY) **NON-GOVT (NGO) SECTOR** NGO STATIC CLINIC K NGO SAT CLINIC L OTHER NGO ______ M (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/CLINIC /NURSING HOME............. N OTHER PRIVATE MED. ______ O (SPECIFY) **OTHER** ______ X (SPECIFY)	OTHER GOVT ______ J (SPECIFY) **NON-GOVT (NGO) SECTOR** NGO STATIC CLINIC K NGO SAT CLINIC L OTHER NGO ______ M (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/CLINIC /NURSING HOME............. N OTHER PRIVATE MED. ______ O (SPECIFY) **OTHER** ______ X (SPECIFY)	OTHER GOVT ______ J (SPECIFY) **NON-GOVT (NGO) SECTOR** NGO STATIC CLINIC K NGO SAT CLINIC L OTHER NGO ______ M (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/CLINIC /NURSING HOME............ N OTHER PRIVATE MED. ______ O (SPECIFY) **OTHER** ______ X (SPECIFY)
E41	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTHS [ ][ ]	MONTHS [ ][ ]	MONTHS [ ][ ]
E42	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES [ ][ ]	NUMBER OF TIMES [ ][ ]	NUMBER OF TIMES [ ][ ]
E45	**CHECK ANSWER TO QUESTION E28. IS THE WOMAN CURRENTLY PREGNANT?** **TABLET WILL AUTOMATICALLY FILL**	IF YES, THEN SKIP TO INSTRUCTION BEFORE E48A. IF NO, THEN CONTINUE.	IF YES, THEN SKIP TO INSTRUCTION BEFORE E48A. IF NO, THEN CONTINUE.	IF YES, THEN SKIP TO INSTRUCTION BEFORE E48A. IF NO, THEN CONTINUE.
E46	**CHECK HOUSEHOLD ROSTER, QUESTION B15 (MARITAL STATUS). IS WOMAN CURRENTLY MARRIED (B15=1)?** **TABLET WILL AUTOMATICALLY FILL**	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO INSTRUCTION BEFORE E48A.	IF YES, THEN CONTINUE. IF NO, THEN SKIP TO INSTRUCTION BEFORE E48A.	IF YES, THEN SKIP TO INSTRUCTION BEFORE E48A IF NO, THEN CONTINUE.
E47	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . 1 NO . . 2 (SKIP TO E48A)	YES . . . 1 NO . . 2 (SKIP TO E48A)	YES . . . 1 NO . . 2 (SKIP TO E48A)
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 LACTATIONAL AMEN. METHOD..I RHYTHM METHOD........................J WITHDRAWAL ....K OTHER MODERN METHOD ....L OTHER TRADITIONAL METHOD....M	FEMALE STERILIZATION ....A MALE STERILIZATION ....B IUD..C INJECTABLES ....D IMPLANTS....................................E PILL..F CONDOM......................................G FEMALE CONDOM........................H LACTATIONAL AMEN. METHOD..I RHYTHM METHOD........................J WITHDRAWAL ....K OTHER MODERN METHOD ....L OTHER TRADITIONAL METHOD....M	FEMALE STERILIZATION ....A MALE STERILIZATION ....B IUD..C INJECTABLES ....D IMPLANTS....................................E PILL..F CONDOM......................................G FEMALE CONDOM........................H LACTATIONAL AMEN. METHOD..I RHYTHM METHOD........................J WITHDRAWAL ....K OTHER MODERN METHOD ....L OTHER TRADITIONAL METHOD....M
	Now, I would like to talk to you about whether or not you need to ask permission, or inform someone to leave the house to go to the market, hospital or a friends home.			
E48A	Do you ever go to the local market to buy things?	YES . . . 1 NO . 2 (SKIP TO E48C)	YES . . . 1 NO . . 2 (SKIP TO E48C)	YES . . . 1 NO . . 2 (SKIP TO E48C)
E48B	Do you need to take permission or, do you just need to inform other household members before going to the local market to buy things?	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3
E48C	Do you ever go to a hospital or clinic to receive health services?	YES . . . 1 NO . . 2 (SKIP TO E48E)	YES . . . 1 NO . . 2 (SKIP TO E48E)	YES . . . 1 NO . . 2 (SKIP TO E48E)
E48D	Do you need to take permission or, do you just need to inform other household members before going to a hospital or clinic to receive health services?	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3	SEEK PERMISSION . 1 INFORM ONLY . 2 NEITHER . 3
E48E	Do you ever go to a friend's home in the para/mohalla?	YES . . . 1	YES . . . 1	YES . . . 1

		NO . . 2 (SKIP TO E48G)	NO . . 2 (SKIP TO E48G)	NO . . 2 (SKIP TO E48G)
E48F	Do you need to take permission or, do you just need to inform other household members before going to a friend's home in the para/mohalla?	SEEK PERMISSION . 1 INFORM ONLY . 2	SEEK PERMISSION . 1 INFORM ONLY . 2	SEEK PERMISSION . 1 INFORM ONLY . 2
	Now I will ask you some questions about your husband contribution in the household.			
E48G	In the last seven days, did your husband stay in the house?	YES . . . 1 NO . . 2 (SKIP TO E49A)	YES . . . 1 NO . . 2 (SKIP TO E49A)	YES . . . 1 NO . . 2 (SKIP TO E49A)
E48H	In the past week, did your husband help you with a) Cooking? b) Gathering water or firewood for the household? c) Cleaning the house? d) Taking care of the children? e) Agricultural activities? f) Selling produce or going to the market to buy things? g) Homestead farming? h) Homestead poultry rearing? i) Any other help? IF YES TO ANY OTHER HELP, SPECIFY _____ CIRCLE '1' FOR YES OR '2' FOR NO.	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
E49A	THERE ARE NO MORE QUESTIONS FOR THIS WOMAN.	GO TO E02A FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO E49B.	GO TO E02A FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO E49B.	GO TO E02A FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO E49B.
				→ **GO TO MODULE E2 OR IF NO NEVER MARRIED WOMEN GO TO ANTHROPOMETRY**

Module F. Water, Sanitation and Hygiene (Head of HH or Responsible Adult)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE ☐☐☐ HH ☐☐☐	
F02A	HEAD OF THE HOUSEHOLD OR RESPONSIBLE ADULT **(B10 = 1)** FROM HOUSEHOLD ROSTER	LINE NUMBER **(B01)** ☐☐	
F02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 NOT AVAILABLE . 3	→ F18
DRINKING WATER			
F04	What is currently the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . 11 PIPED TO YARD/PLOT . 12 PUBLIC TAP/STANDPIPE . 13 TUBEWELL OR BOREHOLE DEEP TUBE WELL . 21 SHALLOW TUBE WELL . 22 DUG WELL PROTECTED WELL . 31 UNPROTECTED WELL . 32 WATER FROM SPRING PROTECTED SPRING . 41 UNPROTECTED SPRING . 42 RAINWATER HARVESTING 51 TANKER TRUCK . 61 POND SAND FILTERS (PSF) . . . . . 71 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 . ☐☐☐ 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 not available from this source for a day or longer?	YES, WATER NOT AVAILABLE IN PAST 2 WEEKS..... 1 NO, WATER WAS AVAILABLE IN PAST 2 WEEKS..... 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
F10	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 . A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH . . C USE WATER FILTER (CERAMIC/BIOSAND/COLLOIDAL) D SOLAR DISINFECTION . E LET IT STAND AND SETTLE . F OTHER _____ X (SPECIFY) DON'T KNOW . Z	

SANITATION

F11	What kind of toilet facility do members of your household usually use ?	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYTEM . 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 . . 21 PIT LATRINE WITH SLAB . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . 23 COMPOSTING TOILET . 31 BUCKET TOILET . 41 NO FACILITY/BUSH/FIELD . 51 HANGING LATRINE . 61 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 0 [0][ ] IF LESS THAN 10 . 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/PLOT . 2 NOT OBSERVED, NO PERMISSION TO SEE . 3 NOT OBSERVED, OTHER REASON . 4	
F15	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . 1 WATER IS NOT AVAILABLE . 2	
F16	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . 1 ASH, MUD, SAND . 2 NONE . 3	
F17	OBSERVATION ONLY: OBSERVE TOILET FACILITY THAT HOUSEHOLD SAID THEY USED.	TOILET FACILITY IS AVAILABLE . 1 TOILET FACILITY IS NOT AVAILABLE . 2 SKIP TO F19	
F18	OBSERVATION ONLY: OBSERVE OUTLET FOR TOILET	CONNECT TO OPEN PLACE . 1 NOT CONNECTED TO OPEN PLACE . 2	

Module G. Agriculture (treatment - All Farmers; Comparison - Main Farmer)

G01	VILLAGE AND HOUSEHOLD NUMBER		VILLAGE ☐☐☐ HH ☐☐☐	
NO.	QUESTIONS AND FILTERS	**FIRST FARMER** NAME _	**SECOND FARMER** NAME _	**THIRD FARMER** NAME _
	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 G03A-G03D ARE ONLY USED IF THE FARMER IS ABSENT AFTER THREE TRIES AND THERE IS AN ALTERNATE RESPONDENT THAT IS KNOWLEDGABLE ABOUT THE FARMER'S AGRICULTURAL PRACTICES.			
G02A	FARMER FROM THE HOUSEHOLD ROSTER **(B14 = 1).** THIS WILL BE IMPORTED FROM HH ROSTER	LINE NO. (B01) ☐☐	LINE NO. (B01) ☐☐	LINE NO. (B01) ☐☐
	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/store/sell 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/store/sell of the production?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G06	CHECK ANSWERS TO QUESTIONS **G04** AND **G05.** IS THE ANSWER TO QUESTION G04 **OR** G05 "YES"?	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.
	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. CIRCLE ALL THAT APPLY. MFI=MICRO FINANCE INSTITUTION NGO=NON-GOVERNMENT ORGANIZATION ASK ANY OTHER IF NO AGRICULTURAL CREDIT TAKEN THEN CIRCLE Y.	Contract farming . A Village savings and credit groups…… B Farmers group/ cooperative/association….. C MFI/NGO…… D Input from buyers . E Bank…… F Village money lenders…… G Relatives/Neighbors H Advance crop sales I Other _____ X Specify Did not take any agricultural credit Y	Contract farming . A Village savings and credit groups…… B Farmers group/ cooperative/association C MFI/NGO…… D Input from buyers . E Bank…… F Village money lenders…… G Relatives/Neighbors H Advance crop sales I Other _____ X Specify Did not take any agricultural credit Y	Contract farming . A Village savings and credit groups…… B Farmers group/ cooperative/association C MFI/NGO…… D Input from buyers . E Bank…… F Village money lenders…… G Relatives/Neighbors H Advance crop sales I Other _____ X Specify Did not take any agricultural credit Y

G08A	Did you save any cash through any of the following formal institutions in the [PAST 12 MONTHS]? READ LIST. CIRCLE ALL THAT APPLY. ASK ANY OTHER IF NO SAVINGS THEN CIRCLE Y.	Village savings and credit groups…… A MFI/NGO …….. B Cooperative/Association…… C Banks…….. D Mobile banking…… E Insurance company ……. F Savings in Post office …… G Other _____ X Specify Did not save any cash Y	Village savings and credit groups…… A MFI/NGO …… B Cooperative/Association…. C Banks…….. D Mobile banking…… E Insurance company ….. F Savings in Post office … G Other _____ X Specify Did not save any cash Y	Village savings and credit groups…… A MFI/NGO …… …… B Cooperative/Association…… C Banks…….. D Mobile banking…… E Insurance company …….. F Savings in Post office ….. G Other _____ X Specify Did not save any cash Y
G08B	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
	AGRICULTURAL AND LIVESTOCK EXTENSION SERVICES			
	Now I am going to ask you about agricultural and extensions services that you may have received from the Government of Bangladesh within the past 12 months and whether you were satisfied with these services.			
G09A1	Did you receive agricultural-related knowledge or information?	YES . . 1 NO . . . 2 (SKIP TO **G09B1**)	YES . . 1 NO . . . 2 (SKIP TO **G09B1**)	YES . . 1 NO . . . 2 (SKIP TO **G09B1**)
G09A2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09B1	Did you receive agricultural inputs? Cash or in kind (seeds, fertilizer, irrigation or other inputs).	YES . . 1 NO . . . 2 (SKIP TO **G09C1**)	YES . . 1 NO . . . 2 (SKIP TO **G09C1**)	YES . . 1 NO . . . 2 (SKIP TO **G09C1**)
G09B2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09C1	Did you receive agricultural service through field visits?	YES . . 1 NO . . . 2 (SKIP TO **G09D1**)	YES . . 1 NO . . . 2 (SKIP TO **G09D1**)	YES . . 1 NO . . . 2 (SKIP TO **G09D1**)
G09C2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09D1	Did you receive agricultural demonstration (demo) plots?	YES . . 1 NO . . . 2 (SKIP TO **G09E1**)	YES . . 1 NO . . . 2 (SKIP TO **G09E1**)	YES . . 1 NO . . . 2 (SKIP TO **G09E1**)
G09D2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09E1	Did you receive e-agricultural service through hotline?	YES . . 1 NO . . . 2 (SKIP TO **G09F1**)	YES . . 1 NO . . . 2 (SKIP TO **G09F1**)	YES . . 1 NO . . . 2 (SKIP TO **G09F1**)
G09E2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09F1	Did you receive livestock-related knowledge or information?	YES . . 1 NO . . . 2 (SKIP TO **G09G1**)	YES . . 1 NO . . . 2 (SKIP TO **G09G1**)	YES . . 1 NO . . . 2 (SKIP TO **G09G1**)
G09F2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09G1	Did you receive vaccinations for chickens or duck?	YES . . 1 NO . . . 2 (SKIP TO **G09H1**)	YES . . 1 NO . . . 2 (SKIP TO **G09H1**)	YES . . 1 NO . . . 2 (SKIP TO **G09H1**)
G09G2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09H1	Did you receive vaccinations for goats or sheep?	YES . . 1 NO . . . 2 (SKIP TO **G09I1**)	YES . . 1 NO . . . 2 (SKIP TO **G09I1**)	YES . . 1 NO . . . 2 (SKIP TO **G09I1**)
G09H2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09I1	Did you receive vaccinations for cows?	YES . . 1 NO . . . 2 (SKIP TO **G09J1**)	YES . . 1 NO . . . 2 (SKIP TO **G09J1**)	YES . . 1 NO . . . 2 (SKIP TO **G09J1**)
G09I2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
G09J1	Did you receive any other agricultural extensions services from the GoB in the past 12 months?	YES . . 1 NO . . . 2 (SKIP TO **G10**)	YES . . 1 NO . . . 2 (SKIP TO **G10**)	YES . . 1 NO . . . 2 (SKIP TO **G10**)
G09J2	Were you satisfied with these services?	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2
	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)**	YES . 1 NO . . . 2 (SKIP TO **G14)**	YES . 1 NO . . . 2 (SKIP TO **G14)**

		DON'T KNOW . 8	DON'T KNOW . 8	DON'T KNOW . 8
G13A1	What crops did you plant during the [PAST 12 MONTHS] in the plot(s) over which you make decisions? READ LIST OF CROPS AND RECORD ALL CROPS NAMED.	RICE…… A MAIZE…… B WHEAT…… C GROUNDNUTS…… D JUTE…… E TOBACCO…… F LEGUMES (BEANS, LENTILS, ETC.)…… G OILSEED (SUNFLOWER, MUSTARD, SESAME)…… H POTATO…… I SUGAR CANE…… J TUMERIC…… K GINGER…… L OTHER SPICES…… M PINEAPPLE…… N BANANA…… O OTHER FRUITS…… P OTHER VEGETABLES…… Q OTHER ______ X (SPECIFY)	RICE…… A MAIZE…… B WHEAT…… C GROUNDNUTS…… D JUTE…… E TOBACCO…… F LEGUMES (BEANS, LENTILS, ETC.)…… G OILSEED (SUNFLOWER, MUSTARD, SESAME)…… H POTATO…… I SUGAR CANE…… J TUMERIC…… K GINGER…… L OTHER SPICES…… M PINEAPPLE…… N BANANA…… O OTHER FRUITS…… P OTHER VEGETABLES…… Q OTHER ______ X (SPECIFY)	RICE…… A MAIZE…… B WHEAT…… C GROUNDNUTS…… D JUTE…… E TOBACCO…… F LEGUMES (BEANS, LENTILS, ETC.)…… G OILSEED (SUNFLOWER, MUSTARD, SESAME)…… H POTATO…… I SUGAR CANE…… J TUMERIC…… K GINGER…… L OTHER SPICES…… M PINEAPPLE…… N BANANA…… O OTHER FRUITS…… P OTHER VEGETABLES…… Q OTHER ______ X (SPECIFY)

G13B	For the crops (including vegetables) that you planted, did you use any of these practices in the [PAST 12 MONTHS]? 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.	Organic Manure/Compost …… A Planting basins/improved bed…… B Mulching…… C Line sowing…… D Ripping into residues…… E Tied ridges…… F Pot-holing/pit crop…… G Crop rotations…… H Intercropping…… I Integrated Pest Management (IPM)…… J Early planting …… K Use of improved crop varieties…… L Contour planting with hedge row…… M Artificial pollination…… N Dyke cropping…… O Use of improved seeds (certified/truthful labeling)…… P Urea deep placement……Q DID NOT USE ANY OF THESE PRACTICES IN PAST 12 MONTHS …… Y		
	CIRCLE ALL PRACTICES STATED.	A B C D E F G H I J K L M N O P Y	A B C D E F G H I J K L M N O P Y	A B C D E F G H I J K L M N O P 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 and/or aquacultural products 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 PIGS . E CHICKEN . F DUCK . G FISH . H PIGEONS . I WATER BUFFALO………. J OTHER 1 ________ W (SPECIFY) OTHER 2 ________ X (SPECIFY)	CATTLE . A GOATS . B SHEEP . C PIGS . E CHICKEN . F DUCK . G FISH . H PIGEONS . I WATER BUFFALO………. J OTHER 1 ________ W (SPECIFY) OTHER 2 ________ X (SPECIFY)	CATTLE . A GOATS . B SHEEP . C PIGS . E CHICKEN . F DUCK . G FISH . H PIGEONS . I WATER BUFFALO………. J OTHER 1 ________ W (SPECIFY) OTHER 2 ________ X (SPECIFY)
G16	Did you use any of the following practices when you cared for the livestock during the [PAST 12 MONTHS]? 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.	Improved animal shelters . A Vaccinations . B Deworming . C Improved breed selection . D Homemade animal feeds made of locally available products . E Animal feed supplied by stockfeed manufacturer . F Artificial insemination . G Pen feeding or improved feeding practices . H Fodder production . I Used the services of community animal health workers/paravets . J DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS . Y		
	CIRCLE ALL PRACTICES STATED.	A B C D E F G H I J Y	A B C D E F G H I J Y	A B C D E F G H I J Y
G17	If you purchased drugs or medicines to give to livestock during the past 12 months, where did you primarily purchase the drugs? IF DRUGS OR MEDICINES WERE NOT PURCHASED, THEN CIRCLE 7. CIRCLE ONLY ONE RESPONSE	VETERINARIAN……… 1 COMMUNITY ANIMAL HEALTH WORKER……… 2 AGRO-VET……… 3 OTHER ________ 6 SPECIFY DID NOT PURCHASE DRUGS/MEDICINES 7	VETERINARIAN……… 1 COMMUNITY ANIMAL HEALTH WORKER……… 2 AGRO-VET……… 3 OTHER ________ 6 SPECIFY DID NOT PURCHASE DRUGS/MEDICINES 7	VETERINARIAN……… 1 COMMUNITY ANIMAL HEALTH WORKER……… 2 AGRO-VET……… 3 OTHER ________ 6 SPECIFY DID NOT PURCHASE DRUGS/MEDICINES 7

G18	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]? 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.	Management or protection of watersheds or water catchments . A Agro-forestry . B Management of forest plantation . C Regeneration of natural landscapes . D Sustainable harvesting of forest products . E Hedge-row planting . F DID NOT PRACTICE ANY OF THESE ACTIVITIES FOR THE PAST 12 MONTHS . Y		
	CIRCLE ALL PRACTICES STATED.	A B C D E F Y	A B C D E F Y	A B C D E F 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	During [THE LAST 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	Did you use any of the following methods to store the crops? MULTIPLE RESPONSES POSSIBLE. READ EACH METHOD AND CIRCLE ALL THAT APPLY. IF NONE OF THESE METHODS WERE USED, THEN CIRCLE Y.	Hermetic storage… . A Improved granary . B Warehousing . C Grain bag with bio-pesticides…… D Did not use any of these methods . Y	Hermetic storage… . A Improved granary . B Warehousing . C Grain bag with bio-pesticides…… D Did not use any of these methods . Y	Hermetic storage… . A Improved granary . B Warehousing . C Grain bag with bio-pesticides…… D Did not use any of these methods . Y
G22	THERE ARE NO MORE QUESTIONS FOR THIS FARMER.	GO TO **G02** FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G23.	GO TO **G02** FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G23.	GO TO **G02** FOR ANOTHER FARMER. IF THERE ARE NO MORE FARMERS, GO TO G23.
				GO TO MODULE P

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: _____

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 ELIBIBLE PERSON FROM ROSTER
J01	VILLAGE AND HOUSEHOLD NUMBER	VILLAGE |__|__|__|	HH |__|__|__|	
J02	MAN/WOMAN WHO EARNED CASH **(B12 = 1 OR 2)** FROM THE HOUSEHOLD ROSTER	LINE NO. (B01) |__|__|	LINE NO. (B01) |__|__|	LINE NO. (B01) |__|__|
J03	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 GO TO J12 NOT AVAILABLE 3	YES . 1 NO . 2 GO TO J12 NOT AVAILABLE 3	YES . 1 NO . 2 GO TO J12 NOT AVAILABLE 3
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 **(B05)**	YEARS |__|__|	YEARS |__|__|	YEARS |__|__|
J06	Have you done any work in the past 12 months? READ DEFINITION OF WORK FROM MODULE B.	YES . 1 NO . 2 GO TO J12	YES . . . 1 NO . . . 2 GO TO J12	YES . . . 1 NO . . . 2 GO TO J12
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 J12 NOT PAID . . 4	CASH ONLY . 1 CASH AND KIND . 2 IN KIND ONLY . 3 GO TO J12 NOT PAID . . 4	CASH ONLY . 1 CASH AND KIND . 2 IN KIND ONLY . 3 GO TO J12 NOT PAID . . 4
J07A	How much cash did you earn from this work in the **past month**?	|___|___|___|___|___|___|	|___|___|___|___|___|___|	|___|___|___|___|___|___|
J07B	CHECK HOUSEHOLD ROSTER QUESTION B15 (MARITAL STATUS). IS RESPONDENT MARRIED (B15=1)?	YES . 1 NO . . 2 GO TO J12	YES . . . 1 NO . . . 2 GO TO J12	YES . . . 1 NO . . . 2 GO TO J12
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.	YOURSELF . 1 SPOUSE . 2 SOMEONE ELSE IN HH 3 _______ (SPECIFY) OTHER _______ 4 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 SOMEONE ELSE IN HH 3 _______ (SPECIFY) OTHER _______ 4 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 SOMEONE ELSE IN HH 3 _______ (SPECIFY) OTHER _______ 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 . A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) _______ B OTHER _______ C (SPECIFY)	SPOUSE . A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) _______ B OTHER _______ C (SPECIFY)	SPOUSE . A SOMEONE ELSE IN HH (SPECIFY RELATIONSHIP) _______ B OTHER _______ C (SPECIFY)
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 THE RESPONDENT.	YOURSELF . 1 SPOUSE . 2 YOURSELF AND SPOUSE JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _______ (SPECIFY) OTHER _______ 5 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 YOURSELF AND SPOUSE JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _______ (SPECIFY) OTHER _______ 5 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 YOURSELF AND SPOUSE JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _______ (SPECIFY) OTHER _______ 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 THE RESPONDENT.	YOURSELF . 1 SPOUSE ……………… . 2 YOURSELF AND SPOUSE JOINTLY…….. 3 YOURSELF AND OTHER JOINTLY…… . 4 _______ (SPECIFY) OTHER _______ 5 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 YOURSELF AND SPOUSE JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _______ (SPECIFY) OTHER _______ 5 (SPECIFY)	YOURSELF . 1 SPOUSE . 2 YOURSELF AND SPOUSE JOINTLY 3 YOURSELF AND OTHER JOINTLY . 4 _______ (SPECIFY) OTHER _______ 5 (SPECIFY)
J12	THERE ARE NO MORE QUESTIONS FOR THIS CASH EARNER.	GO TO J02A FOR NEXT CASH EARNER, OR J13 IF NO MORE CASH EARNERS	GO TO J02A FOR NEXT CASH EARNER, OR J13 IF NO MORE CASH EARNERS	GO TO J02A FOR NEXT CASH EARNER, OR J13 IF NO MORE CASH EARNERS
				→ **GO TO RESILIENCE MODULE**

Module P. Project Participation

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
P00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐	
P01	ENUMERATION AREA AND HOUSEHOLD NUMBER	EA ☐☐☐ HH ☐☐☐	
P02A	HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT (B10 = 1) FROM HOUSEHOLD ROSTER	LINE NUMBER **(B01)** ☐☐	
P02B	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES . 1 NO . 2 NOT AVAILABLE 3	Next Module Next Module

PROJECT PARTICIPATION

Now I would like to ask you some questions about your household social assistance participation. These questions about activities you or a member of your household may have participated in during the past FIVE YEARS.

				1. Approximately how many years have you been involved?	2. Are you still receiving this good or participating in this activity?	3. If not, approximately what year did you or the member of your household stop?	4. If answer to column 2 is Yes, we pay for this service, who in your household is paying for this service? ONLY FOR EXTENSION ACTIVITIES
HEALTH							
P03	Have you or a member of your household received help gaining access to health services from government facilities? Have you or a member of your household visit a satellite clinic? Have you or a member of your household been able to access health care in mobile or temporary site, where health workers came only for the day?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P04	Participate in groups intended for mothers, such groups promoting child nutrition or trainings on early childhood development, breast cancer, and/or exclusing breastfeeding, infant and young child feeding, handwashing,antenatal and post natal care, vitamin A supplementation, growth monitoring and promotion? (This includes deviant mother's groups, newly bride and young Mother Group (18-25), Mother's Group (pregnant and lactating mothers. It also includes training your children received at school on those topics, GMP session, LSBE Session, SBCC, Male Engagement Session)	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P05	Did you or a member of your household regularly have access to information on MCHN (Maternal and Child Health Nutrition), disease prevention, weather, or other disaster or climate related topics?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P06 WTP BOTH	Did you or a member of your household regularly have access to SMC Blue Start health service provider?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
NUTRITION							
P07	Have you or a member of your household received cash as nutritional support for Pregnant/lactating mothers?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3	Year: |_____|	

					-8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT		
P08 CARE	**CARE AREAS ONLY** Did you or a member of your household receive a supplementary food ration? [this includes participation in Supplementary Food Distribution Committee (SDFC)]	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
P09	Did you or a member of your household participate in sessions that have discussed how to make sure your family is eating in a health way? (This includes sessions where new recipes were shared or tasted that taught you about how to cook and eat better for your health or a group cooked recipes using cooking demonstration or a nutirion related courtyard session)	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
SANITATION							
P10	Did you or a member of your household participate in trainings or events on open defecation, sanitation, hygiene, water quality, or hand-washing?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P11	Did your household build a toilet as a result of any messages or trainings you received on open defecation?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P12	Did your household gain access to a latrine?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P13 NJB	**NJB AREAS ONLY** Was a sanitation drain constructed/upgraded/repaired near your home?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
WASH							
P14 WTP NOBO JATRA	Does your household have access to a reverse osmosis (RO) plant water?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
P15 WTP BOTH	Did your household gain access to a safe water point?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____

P16 WTP BOTH	Do you or a member of your household have an individual thatcomes to test your water for arsenic or other water contaminants?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
P17	Did your household gain access to a tube well (do not count tube well platform)?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
GENDER/FAMILY							
P18	Did you or a member of your household participate in any sessions where issues about decision making, how to discuss family issues, gender equality, child marriage, the cost of violence against women (CoVAW), adolescent reproductive health issues, equal wages, and/or sharing household responsibilities were discussed? This includes an EKATA (Empowerment Knowledge and Transofmative) Group?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
CONSTRUCTION							
P19 CARE	**CARE AREAS ONLY** Did your household receive support for house rising?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
P20	Did your household receive support for mound protection or extension?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
AGRICULTURE							
P21 CARE	**CARE Areas Only** Have you or a member of your household participated in a farmer filed business school (FFBS)? This includes training in agriculture (field crops cultivation), CHD participants (Comprehensive homestead development includes vegetable cultivation, poultry reaaring, and fruit tree plantation in the homestead), fish culture.	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
P22	Did you or a member of your household participate in groups or a farmer to farmer training that teach you about farming techniques to help you raise better and more nutrition crops? (this includes Farmer Field and Business School (FFBS) training in field crop cultivation, comprehensive homestead development in vegetablse cultivation, poultry rearing, and fruit tree plantation, and fish culture training, deviant farmers groups, agriculture producer groups, and trainings on pit gardening, composting, mulching, etc.), garden, livestock, poultry, aquaculture or any other related agriculture information)	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P23 NJB	**NJB AREA ONLY** Did you or a member of your household participate in trainings or events related to natural resource management? This includes Pond preparation, crop rotation, irrigation, Safer Use Action Plan (SUAP), land management, soil health, forest management, the importance of not taking stones from the river, watershed management, keeping your soil from sliding off the hill also called erosion control, or natural resource management topics	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	

P24	Did you or a member of your household receive any agricultural inputs such as improved seeds, live fencing, seedings, plants, chickens, ducks, fingerlings, chicken coop materials, tools, or irrigation supplies?	Yes No	1 --> continue 2 --> Go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P25 WTP Nobo Jatra	Did you or a member of your household receive use a buying service for livestock inputs and poultry?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
P26	Have you or a member of your household received help in gaining access to any agriculture services related to agriculture, poultry, and/or livestock from the government of Bangladesh?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
BUSINESS, TRAINING, INCOME GENERATING ACTIVITIES, AND MARKET ACCESS							
P27	Have you or a member of your household been a member of a VSLA group?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P28 WTP BOTH	Have you or a member of your household been part of a VSLA group that uses a indivual/Shanchoy Sathi to assist in operating the group?	Yes No	1 --> continue 2 --> go to HK20	Year: |_____|	1. Yes, we do not pay for this service --> NEXT Q 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT Q -9. Refused --> NEXT Q	Year: |_____|	HH Member ID Code _____
P29	Did you or a member of your household receive any market-related support, such as access to market price information, connections to private sector agro-input suppliers, or trainings on how to better package or market your products for sale?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P30	Did you or a member of your household receive a conditional cash transfer (CCT)?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P31	Have you or a member of your household received cash support in lean period for Income Generating Activities Program?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P32 WTP BOTH AREAS	Did you or a member of your household participate in training in alternative livelihoods or vocational skills or participate in any on or off farm income generating activities? This includes training on employment, entrepreneurship, or business skills and any technical support	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
P33	**ONLY FOR CARE AREAS**	Yes	1 --> continue				

CARE	Have you or a member of your household participate in a cash-for-work program?	No	2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
	ONLY FOR CARE AREAS						
P34 CARE	Did you or a member of your household participate in a Labor Contracting Society (LCS)?	Yes No	1 --> continue 2 --> go to next	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	
GROUPS							
P35	Did you or a member of your household participate in Adult Male, Male Champion, Mother-in-law, and/or Female Group (18+)?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P36	Did you or a member of your household participate in any Adolescent Boy or Girl Groups? This includes Red Crescent Youth, Forest Management Brigades, and Adolescent girl and boy groups	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
DISASTER RISK MANAGEMENT							
P37	Did you or a member of your household regularly have access to information on disease prevention, weather, or other disaster or climate related topics?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P38	Did you or a member of your household engage in developing disaster risk reduction plans, emergency preparedness plans, and/or climate change adaptation (DRR/CCA) plans?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P39	disasters from affecting your home and livestock or other important assets or in sessions that discussed how to minimize problems resulting from climate change, disaster-risk reduction and climate change adaptation	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
GOVERNMENT SERVICES							
P40	access to information on government services? Or receive government services? This includes services from Union Digital Center, Community Clinic (CC), Union Health and Family Welfare Center (UH&FWC), livestock	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT		

				TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P41	Have you or a member of your household enrolled or been enrolled in the government of Bangladesh's social safety net program? [This includes the employment generation program for the poorest (EGPP), old age allowance, widow allowance, stipend for children with disabilities, disabled allowance, maternity allowance, vulnerable group feeding (VGF), and vulnerable group development program (VGD).]	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P42	Have you or a member of your household gain access to Social Safety Net Facilities from the Union Parishads?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P43	Did you or a member of your household participate in Village Development Committees (VDCs)?	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	
P44 WTP Nobo Jatra	Have you participated in a Gold Star Member model?	Yes No	1 --> continue 2 --> go to next	Year: |_____|	1. Yes, we do not pay for this service --> NEXT TREATMENT 2. Yes, we pay for this service --> GO TO COLUMN 4 3. No --> GO TO COLUMN 3 -8. Don't know --> NEXT TREATMENT -9. Refused --> NEXT TREATMENT	Year: |_____|	HH Member ID Code _____
P45	Have you participated in any other health, business, sanitation, or agriculture activties? OTHER:_____	Yes No	1 --> continue 2 --> go to next question	Year: |_____|	1. Yes, we do not pay for this service --> GO TO NEXT TREATMENT 2. Yes, we pay for this service --> GO TO NEXT TREATMENT 3. No --> GO TO COLUMN 3 -8. Don't know --> GO TO NEXT TREATMENT -9. Refused --> GO TO NEXT TREATMENT	Year: |_____|	

USAID specific project questions

P46	Are you or a member of your household a local service provider?	1. Yes 2. No -8. Don't know -9. Refused	
P47	Did you or a member of your household participate in any projects funded by USAID in the past 5 years, such as Nobo Jatra, SHOUHARDO, or another USAID project? SELECT ALL THAT APPLY	NOBO JATRA or SHOURHARDO II . 1 OTHER USAID PROJECT . 2 DON'T KNOW . 8	
BB43	**MODULE END TIME**	HOUR |___|___| MINUTE |___|___|	**GO TO MODULE D1 IF CHILD SURVEY OTHERWISE GO TO E1**

ANNEX H: DMA FINAL REPORT

Appendix begins on the following page.

Long-term Evaluation of the

Food and Nutrition Security Programs in Bangladesh supported by USAID Food for Peace

Completion Report of Endline Survey

2021-2022

July 2022

Submitted by

Data Management AID (DMA)
House 8/A/Ka, Road13 (new)
Dhanmondi, Dhaka-1209
Bangladesh

Completion Report on USAID's FFP Endline Quantitative Survey 2021-2022 in Bangladesh by Data Management Aid (DMA)

1. Introduction

Being contacted by the ERIE- an US based consortium for external evaluation of USAID's resilience food security activities (RFSA) in Bangladesh, Data Management Aid (DMA) have been commissioned to implement the endline survey through collecting both quantitative and qualitative data from three programs namely SHOUHARDO III, Nabo-Jatra and SAPLING projects' areas during 2021-2022. The objective of the study was to assess the effectiveness and long-term sustainability of USAID's ongoing food security projects. The purpose of this report is to present completion procedures of the tasks carried out by DMA.

The report is divided into two chapters i.e., quantitative and qualitative surveys. The following chapter covers the quantitative surveys:

2. Quantitative Surveys:

2.1. Districts under Endline Survey

As per ToR, a total of 10 sample districts (27 sub-districts/upazilas) of whom 08 from *Char* and *Haor* areas (north-east areas) under SHOUHARDO III program of CARE, Bangladesh and 02 districts from south-west coastal area of Bangladesh under Nabo-Jatra project of World Vision have been covered under endline survey during the year 2021-2022. In addition, one hilly district (Bandarban) under SAPLING project of HKI has been brought under only qualitative survey. Name of the sample districts under endline survey were:

SHOUHARDO III	Nobo Jatra
Chars	Khulna
Kurigram	Satkhira
Gaibandha	
Jamalpur	
Sirajganj	
Haors	
Netrokona	
Kishoreganj	
Sunamganj	
Hobiganj	

Detailed list of 216 sample clusters (villages) under 10 districts can be seen in the Appendix-A1 of this report.

2.2. Survey Method

As per provision outlined by the AidData, selection of 240 villages *(*mauzas)* taking 108 villages each from SHOUHARDO III and Nabo-Jatra areas for endline household survey and 24 extra villages for only household listing purpose have been identified as sample villages. Special drives have been made for obtaining the soft copy of 240 sample villages/*mauzas* list with containing of number of households therein from Bangladesh Bureau of Statistics (BBS). Similarly, all the sample up-to-date *mauzas* sketch maps with imaginary area marking boundary of villages as well as *mauzas* were also procured from BBS. These *mauza* maps facilitated much DMA survey staff/team to identify the sample villages/ *mauzas* during household listing operation and subsequently during Food for Peace (FFP) household survey 2021-22.

Mauza: Mauza is the smallest territorial unit with specific boundary and separate name, mostly the term used for land review collection. Difference between mauza and village is that the mauza has its separate jurisdiction line/boundary (JL) with JL no., while village has the imaginary boundary, is known by the local people verbally. There may be one or more than one village in a mauza. Mauza may be populated or depopulated.

3.1 Survey personnel

In addition of 8 full time staff members (Chief Coordinator- the Executive Director of DMA, three Survey Specialist/Consultants, two Field Coordinators/QCOs, one Data Analyst & one Logistic support) of DMA, 80 Casual Field Investigators (FIs) of whom approximately 50% were female have been hired from the DMA short list. All the experienced FIs were graduate and post graduate degree holders and had been working as interviewers and supervisors in different surveys projects of DMA and other research organizations since last few years. Of them about 20 female FIs were selected as measurers for anthropometry of U5 children and non-pregnant reproductive age (18-49 yrs.) women who had such previous working experiences. Training were given more FIs (nearly 80) compared to actual requirement (64), so that in case of any dropout, replacement could be made immediately from the reserve. List of enumerators, measures, supervisors and QCOs can be seen in Appendix-B. Coverage of endline survey placed below.

Table 1: Coverage of FFP endline survey 2021-2022

Survey type	No. of Teams	No. of districts covered	No. of sample villages under survey	No. of surveyed sample households	No. of data collectors	No. of team supervisors	No. of Field Coordinators/ QCO
HH Listing	8	10	240	54428	58	8	3
HH Survey	8	10	216	6696	72	8	3

3.2 Household listing/census:

Household (HH) listing/census form (in one page) to obtain the HH sampling frame was prepared showing: serial no. HH, name of head of HH, father's or husband's name of the HH head, contact mobile no., total HH usual members with no. of U5 and no. of reproductive age women, description of the route to reach the sample cluster/ village etc. were included. After imparting 3 days extensive training (from 20 to 22 October 2021) in the training hall room of an NGO (RDRS) in Rangpur city on procedure HH listing/census and mapping, 08 teams each comprises of 04 listers, 02 mappers and 01 supervisor have been deployed in sample villages/ mauzas of 10 sample districts for HH listing/census and doing the sketch maps. Four listing teams have been assigned in 08 districts of SHOUHARDO III areas and another 04 teams deployed in two coastal districts of Nabo-Jatra areas. One expert Consultant Cartographer and 01 Survey Specialist provided training to the HH listers and supervisors on different steps of preparation of village sketch maps and HH listing procedures.

The HH listing team particularly the mappers first walked around the village and then from the center point of the village, the supervisor spine a bottle and asked the team members for starting HH listing and mapping where the bottle mouth was pointed. This procedure of bottle spinning was followed in every clusters for avoiding biasness of selecting starting point and direction. As per decision, initially each listing and mapping team had the obligation to enlist 250-300 HHs in each sample villages. It was experienced later that every sample villages did not have 250-300 HHs and then in consultation with NDU the decision was changed to complete house listing at least in 200 HHs or more where available. During HH listing, if number of HHs in any village were found less than 200, then the adjacent village had been merged to complete the listing target at least 200 and or bit more. The location of the HHs with serial number and physical land marks like- roads, paddy fields, schools, mosques, temples, canals, bazar, towers etc. were also marked in the maps for easy identification of the location of the sample HHs. Listing operation in 240 sample villages had been started in 23 October 2021 and complete by 15 November 2021 (i.e. 24 days). Listing of the dwelling HHs were done in the respective tabs of the listers while sketch maps of the sample

villages were drawn by the mappers in the large sheet of demy size (44.5 X 57.2 cm) offset papers keeping it on the large clip boards. Listed HH numbers were also written on the doors or walls of the dwelling structures with the permanent marker (pen) similar as it was in the Tablet/Form. For each of 240 villages/ clusters, one young and educated local guide was hired for one full day for easy identification of location of the dwelling household, the households' head, sample village boundary, the HH structures, roads, lanes, rivers etc. therein. During HHs listing, a total of 18 villages had been replaced from the buffer sample for didderent reasons which can be seen in Appendix-C.

Table 2: Persons engaged in HH listing, no. of listed HHs, duration of training and listing operation

Duration of training for listers (days)	No. of listing/mapping persons engaged (persons)	Duration of listing Operation (days)	No. of household Listed (HHs)
3 (20 to 22 October 2021)	56 (4 listers+2 mappers+1 supx8 teams)	24 (23 October to 15 November 2021)	54428 (from **240 villages** of 10 district)

3.3 Sampling of villages and households

From the list of the total villages/mauzas of 10 districts (obtained from Bangladesh Bureau of Statistics/BBS), sampling expert of Notre Dame University (NDU) had drawn 240 villages (108 villages from each of 02 implementing partners' program areas i.e. CARE & World Vision and from non-program areas (for comparison), another 24 villages as extra sample) for HH listing. Similarly, from the listed 200 to around 300 households of each of 216 (108+108) villages from SHOUHARDO III and Nabo-Jatra areas, NDU drawn 31 HHs from each village following the different criteria and sent those to DMA for field enumeration. In addition of the targeted sample HHs, few HHs numbers were also drawn from each of 216 villages as buffer sample in case of non-availability of sample HHs during field enumeration for different reasons.

4. Survey tools

Survey tools/ questionnaires with 14 different modules for household survey part and another 2 modules for children part were provided by ERIE/NDU in English version and some modules in Bangla version. After translating the English version questionnaires into Bangla version, each of 16 modules of Bangla version questionnaires were critically reviewed and edited carefully based on the English version and customized with Bangladesh context and finalized for piloting and training. All the survey tools both in English and Bangla were entered in the Tablets in a template form and frequent tests were run for easy and smooth operation. Two field/ instruction manuals, one for household survey part and another for children and mothers' anthropometry (height, length and weight) were prepared in Bangla and printed copies of such manuals were made available to each survey staff. Sufficient number of anthropometry tools like: electronics weighing scales (UNISCALE) and height measuring wooden folding boards (SHORR Scale) were made ready after frequent standardization/accuracy test to measure the nutritional status of U5 children and reproductive-age women.

5. Training of the field survey staff

A-twelve-days (from 09-20 December 2021) residential training was arranged for 72 field survey staff (interviewers, measurers and supervisors) in the training hall of the RDRS, Rangpur. The training hall was well equipped with modern training aids like: modern multimedia with internet connection, loud speaker, hand mike, flip chart, display board etc. Government's guidelines for COVID protocol like: wearing masks, body temperature monitoring, social distancing among the participants, seating arrangements, sanitizing, handwashing etc. were strictly maintained during training. Training was provided by Executive Director, Survey Specialist of DMA and the Cartographer Consultant. Training session ran from 8:30 am though 5:30

pm with 01-hour 20 minutes break for lunch, prayer and tea. Training session included: objectives and overview of the study, COVID-19 guidelines, discussion on every module, definition of the terms used, measuring of height, length and weighing techniques, arthrometric practices over U5 children and on reproductive-age women, age assessment techniques of U5 children using events calendar, role playing/demonstrations and mocks, survey method and sampling, interview techniques etc. Three local experts of ERIE/AidData had closely monitored the whole sessions of the training on attending in the training hall.

For anthropometry, about 20 measurers and assistants from the trainees (who had previous experiences) were isolated after being trained on all modules of questionnaires in a separate training room. Each of them had been trained each and every aspects of anthropometry and had gone under repeated anthropometry practices on 10 U5 children and on 18-49 years non-pregnant women. Anthropometric practices included weighing and measuring length of under 02 years children, height of 24-59-month age children and reproductive women. Anthropometric training (weighing and measuring) were imparted and practices by the measurers were monitored closely by the Survey Specialist who had about 20 years experiences in conducting National Nutritional status Survey among children and mothers in Bangladesh Bureau of Statistics (BBS). One 5.0 kg. iron weight was used to check the accuracy of the UNISCALEs and was given to each team during field survey. The anthropometric teams were advised if they found any inaccurate readings in the weighing scales or height measuring boards during check in the field to inform immediately to QCOs for replacement from their stock.

As a part of 12 days training (9/12/2021 - 20/12/2021), 02 days were field demonstration survey in 02 separate non-sample program areas in Lalmonirhat district where all trainees and resource persons were participated followed by 02 review sessions in the training room, where all the queries and minor errors were resolved and gave the solutions.

Table 3: Training on survey methodology, survey tools and on anthropometry

Duration of training (days)	No. of field survey staff/ trainees	No. of measurers and assistants for anthropometry (female)	Field demonstration/ Practice (Days)
12 (09-20 December 2021)	72 (nearly 50% female)	20 (separated from 72 trainees)	2 In addition several sessions of classroom demonstration with model mothers and children took place

6. Field data collection

After completion of 12 days extensive residential training, 08 teams containing a total of 64 qualified trained field enumerators (of whom about 50% were female) were engaged in 216 sample villages/clusters of 10 districts for field data collection of FFP Endline Survey 2021-22. Each interviewer collected data through face to face interview from the head of HHs/eligible respondents/mothers of U5 children and entered the responses in the Tablet followed by strictly maintained the govt.'s COVID-19 guidelines which include wearing of musk by both enumerators and respondents, physical distancing during interview and hand sanitization immediate after interview. The field enumeration was continued for 62 days starting from 21st December 2021 and completed by 20th February 2022. Each survey team is consisted of 08 trained Research Assistants (RA) of whom 05 RAs were assigned as household-based interviewers and 02 (female) for anthropometry measurements of U5 children and reproductive age women leaded by 01 full time male supervisor. A total of 6,696 sample households were successfully interviewed as per target, whereas 1573

(19%) households could not interviewed (not success) due to different reasons like: eligible respondents were not home, entire HHs were absent for extended period, no HH members at home during home visit, death of respondents etc. Every team member was provided by hanging ID cards with photograph and a USAID's introducing letter to carry those with them during entire survey period. Table containing the households could not interviewed with different reasons is shown in Appendix-A (b).

The supervisor had leaded the survey team in identifying and arriving in the sample clusters and he distributed sample HHs among interviewers and measures for survey. All supervisors were well aware about the route and locations of sample clusters since they had been assigned in the same clusters during HHs listing operation in October - November 2021. Out of 8, 4 teams had been deputed in 8 districts of north-east *Char* and *Haor* areas (SHOUHARDO III) and other 4 teams had been deputed in 2 districts of south-west coastal areas (Nabo-Jatra). Two days had been allotted for each sample cluster for survey of 31 sample households by 05 interviewers and 02 measures/assistants. In case of any non-availability of sample HHs for any reason, the supervisor visited the location and after conforming, allotted a new HH for interview from the buffer HH sample list. The month of December through February were the ideal season for field data collection since it was the winter, dry and comfortable season in Bangladesh. A coverage table containing number of sample villages, survey households, listers and surveyors by districts and implementing partners is placed in Appendix- A (a). A detailed table on survey date by team, sample areas and households surveyed is presented in Appendix- D.

Table 4: Duration of field data collection, no. of data collectors, sample villages and no. of households surveyed in 10 districts for FFP survey 2021-2022

Duration of field data collection (Days)	Field data collectors (No.)	Sample villages/ clusters (No.)	Households surveyed (No.)
62	64	216	6696
21/12/21 to 20/2/2022	50% female enumer.	Prog. & non-prog.	Success cases

7. Quality control

Two full time Field Coordinators cum Quality Control Officers (FC/QCO) had accompanied with the survey teams during the entire period of field data collection, one for SHOUHARDO III areas and other with the teams of Nabo-Jatra areas. They visited the sample clusters and observed the interview and anthropometry procedures of the team members closely and if any deviation were noticed, immediate corrective measures were taken. If the team faced difficulties relating to Tablet or questionnaire, technical or field oriented, after being informed by the supervisors, the FCs/QCOs took corrective measures. For any major or critical problem if any, the QCO consulted the issues with Chief Coordinator or Survey Specialist and informed the solution to the survey team. During initial stage of field enumeration, the Survey Specialist (SS) of DMA visited 05 sample clusters of all the 04 teams of Nabo-Jatra project areas and observed the interview and anthropometric procedures. During field visit the SS-cum-anthropometry trainer took some duplicate measurements of U5 children and matched those with earlier measurement records of the measures and had found no differences or tolerable differences. If had found any deviations, corrective measures were suggested. The SS expressed his satisfactions about the overall quality of survey staff to the Chief Coordinator (CC) -the Executive Director of DMA. In addition, the Data Analyst (DA) of DMA (who participated entire training) passed his positive impressions after visited the field performances of some teams and the quality of collected data as examined/scrutinized in the Tablets. Both the CC and DA constantly monitored the movements of the survey teams in the field through GPS and their data quality through checking the data set which were sent by the teams and expressed their satisfaction about the coverages, performances and quality of collected data. The CC/ED, DMA performed the role as the ultimate trouble shooter in case of any need/query through constant monitoring mechanism.

Three expert field monitors of ERIE/AidData had closely monitored field staff performances in some clusters during the field operation. The list of the QCOs, supervisors, enumerators and measurers by sex and team can be seen in Appendix- B.

8. Challenges

No remarkable challenges had to be faced during field enumeration of endline survey. But during household listing operation in the sample villages in October-November 2021, listing team found 04 sample villages had no physical existence particularly in the *char* areas of Sirajganj district. The team came to know from the local people that those sample villages located in different upazilas had been demolished by river erosion. As per decision, the listing team had replaced those with new villages from the buffer/reserved sample village list and completed HHs listing.

One public representative (Ward Commissioner) of a union of Kurigram district had made objection and compelled the survey team to stop the survey in his area (sample village) at the end of first day enumeration. Finally, with the interference of the union parishad Chairman, the team had completed the survey work in that sample village in the next day.

During field survey, a remarkable proportion (nearly 19%) of sample HHs could not interviewed due to different reasons like- some housing structures were found under lock and keys, no HH members at home during visit, sample/eligible respondents were not home, death of respondents etc. In the next day, after conforming of 'not available' from the neighbors, the concerned supervisor had allotted the survey team a new sample HH for survey from the buffer sample HHs list. It is a common picture particularly in rural areas, during winter and in the month of January and February, parents travel to their relatives' houses or other places along with their children for few days even that time has less pressure on education since those months are the starting of education year.

Transportation (to and from) in some remote areas/clusters in *char/haor* and coastal belt were much challenging even in the dry season during field enumeration. Long way through the river had to cross by engine boat even had to face night/dark on returning. For not accessible by the three or four-wheeler, motor bikes had to use by the team members even with anthropometry equipment to reach and return in some remote coastal clusters in Dacope upazila and others *char* areas.

The mutual professional relationship among the team members even among the gender during 02 months long data collection period were reported to be very good and cooperative. No adverse unpleasant and unethical situation within the team members were reported.

9. Lesson learned

Data management Aid (DMA) successfully completed the task of implementing a large range household (HH) based survey including the anthropometry of U5 children and non-pregnant women containing more than 8000 HHs in 216 villages under 10 districts in the remote and repeatedly disaster-prone areas. DMA had accomplished the assignment with maintaining topmost quality with the efficient and experienced poll of professional survey personnel. The successful story of completing the survey within planned time and duration without any compromise with quality had strengthened DMA's believes again to undertake any sort of large study or survey in future within the stipulated time.

Appendix-A

(a) Number of sample villages, households, listers and surveyors by districts

District (implementing NGO)	No. of sample villages for listing	No. of HHs *listed	No. of sample villages surveyed	No. of HHs surveyed			No. of ** field surveyors
				Success	Not Success	Total	
1. Kurigram (SHOUHARDO III)	22	5033	19	589	140	729	8
2. Gaibandha (SHOUHARDO III)	17	4129	16	496	117	613	8
3. Sirajgonj (SHOUHARDO III)	28	6339	27	837	199	1036	8
4.Jamalpur (SHOUHARDO III)	4	822	4	124	35	159	8
5. Kishoreganj (SHOUHARDO III)	19	4303	16	456	121	617	8
6.Netrokona (SHOUHARDO III)	8	1653	5	155	41	196	8
7. Hobigonj (SHOUHARDO III)	14	2832	13	403	98	501	8
8. Sunamgonj (SHOUHARDO III)	9	1848	8	248	48	296	8
9. Khulna (Nabo-Jatra)	56	12838	52	1612	405	2017	8
10. Satkhira (Nabo-Jatra)	63	14631	56	1736	369	2105	8
Total:	**240**	**54428**	**216**	**6696**	**1573**	**8269**	**64**

Note: * For HH listing, among 7, 4 performed as HH listers, 2 mappers and I supervisor in each district.

** Out of 8 surveyors, 4 performed as interviewers, 2 measurers and I supervisor in each district.

(b) Reason for not success (not interviewed)

Reason	Number of HHs
No household member at home	910
Sampled respondent not at home at the time of visit	112
Entire household absent for the extended period of time	105
Sample frame is not matched	411
Other (serious illnesses)	14
Died	4
Others	17
Total	**1573** (19%)

Completion Report of USAID's FFP Endline Qualitative Study 2021-2022

Introduction

The Extending the Reach of Impact Evaluation (ERIE) has partnered with USAID's Global Development Lab and Bureau for Humanitarian Assistance (BHA) (the former Office of Food for Peace (FFP) to evaluate the long-term impacts of three Food for Peace projects that were carried out beginning in 2015 in Bangladesh. The three projects include SAPLING implemented by Helen Keller International, SHOUHARDO III implemented by CARE Bangladesh and *Nobo Jatra* implemented by World Vision.

EIRIE is a consortium which includes AidData, a research lab at the College of William & Mary; the University of Notre Dame's Pulte Institute for Global Development; and Mathematica. ERIE has engaged Data Management Aid (DMA) as its local partner to conduct data collection for this evaluation.

DMA established in 1990 is an independent private consulting firm with a mission to conduct high quality research in support of the economic and social development of Bangladesh. DMA with over 30 years of experience has been engaged in research, monitoring and evaluation of development projects for a wide range of international and national clients within and outside Bangladesh. DMA Core team of experts are highly experienced.

Mathematica is the consortium member leading the qualitative component of this evaluation. Mathematica is a nonpartisan policy research firm that conducts research for US federal and state governments, foundations, and private sector clients within and outside the US. Mathematica's studies have been used to inform policymakers for more than 50 years.

Mathematica is the lead for the qualitative study for this evaluation. Data Management Aid (DMA) as ERIE's local partner was responsible for conducting training and data collection for this evaluation. The training and qualitative data collection for the three projects have been conducted by DMA with the leadership of Mathematica.

DMA was responsible for data collectors' recruitment and training of data collectors, translation and pre-testing of protocols, implement data collection, transcribing and translating interviews/FGDs, cleaning and reviewing the transcripts for quality control, and coding and summarizing codes. This report focuses on the progress of the qualitative study for this evaluation.

Overview of the 3 Projects

The aim of FFP's development food security activities in Bangladesh is to reduce chronic and acute malnutrition and food insecurity and improve resilience to disasters among vulnerable populations. In conforming to its overall goal, USAID FFP awarded funding to the following three organizations to implement multi-year development food assistance projects in various districts in Bangladesh:

1. **The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI).**
   SAPLING aimed to achieve the goals of improving gender equitable food security, nutrition, and resilience of vulnerable people in selected 5 upazilas (**REDACTED**) in Bandarban District of the Chittagong Hill Tracts (CHT). Under the 5 upazilas 24 unions and 2 municipalities were covered that benefitted nearly 56,000 households. Project beneficiaries included poor and extreme poor households (HHs), HHs with pregnant or lactating women (PLW) and/or children under two (regardless of economic class); adolescent girls, elderly, disabled, and female-headed households. Project duration was Sept. 30, 2015 – Sept. 30, 2021.

2. **The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by CARE**.
   The goal of SHOUHARDO III is to build a more resilient population in targeted areas of the Char and Haor regions of Bangladesh by precipitating or causing changes in three primary areas: empowerment, governance, and engagement. The project is expected to last five years and benefit more than 392,000 households. The 8 districts where of SHOUHARDO III operated are as follows:

Char areass	**Haor areas**
Kurigram District in the Rangpur Division in Northern Bengal Region.	**Netrakona** District in the Mymensingh Division of Central Bengal Region.
Gailbandha District in the Rangpur Division in Northern Bengal Region.	**Kishoreganj** District in the Dhaka Division of the Central Bengal Region.
Sirajganj District in the Rajshahi Division of the Northern Bengal Region.	**Sunamganj** District in the Sylhet Division of the Eastern Bengal Region.
Jamalpur District in the Mymensingh Division of Central Bengal Region.	**Habiganj** District in the Sylhet Division of the Eastern Bengal Region.

3. **The *Nobo Jatra* Project, implemented by World Vision, Inc.**
   The *Nobo Jatra* project aims to address the underlying causes of chronic food insecurity by improving knowledge, capacity, and links to food production and income generation and facilitate improvements in household assets and savings in the Khulna and Satkhira districts. The project is expected to be implemented over seven years and benefit more than 216,000 households. The project is being implemented in 4 Upazilas i.e. Dacope and Koyra under Khulna district and Kaliganj and Shyamnagar under Satkhira district.

The Qualitative Evaluation Team

The overall qualitative study is led by Dr. Kristen Velyvis from Mathematica and the qualitative data collection team in Bangladesh is led by Maqbul Buiyan and Shereen Khan from DMA. Maqbul Buiyan, Executive Director of DMA is also overall responsible for both quantitative and qualitative data collection for the entire evaluation. DMA has a large pool of experienced qualitative data collectors who were recruited for this evaluation. The team was formed contextually and keeping a gender balance. Transcribers were recruited based on their proficiency in English language as well.

For SAPLING project data collectors were recruited locally in consideration of the indigenous population in Bandarban who were SAPLING beneficiaries. They consisted of different communities having their own distinct language. A total of 13 data collectors, 1 coordinator and 3 transcribers were engaged in the SAPLING evaluation. All were natives who had prior experience in research. The team consisted of 9 females and 8 males.

Data collection team for SHOUHARDO III comprised of 13 persons (7 female and 6 males) who included 10 data collectors, 1 coordinator and 2 transcribers while in NOBO JATRA 12 people (7 females and 5 males) including 9 data collectors, 1 coordinator and 2 transcribers were engaged.

Experts were recruited directly by ERIE to provide technical support to the data collection team. 3 Experts were involved in each project, however, 1 Expert dropped out from SHOUHARDO III during the course of data collection.

*List of Data Collectors provided in **Annex 1***

Training and Data Collection

Training:

The DMA team responsible for providing training to the data collection team received online TOT from Mathematica. Duration of training for the data collectors was 10-11 days for each project. Methodology for the training was interactive and fully participatory which also included practice sessions within class room and in the field.

All training materials prepared by Mathematica were translated in Bangla and the training was delivered in Bangla. The training topics covered project background information, Covid-19 mitigation protocols, gender consideration in research, research ethics, data collection techniques, data collection tools/protocols.

Project background were presented by project team members of respective projects.To strengthen the data collectors' skill, 2 field testing were conducted for each project. Data collectors, transcribers and the Experts participated in the training full time.

Field testing: To strengthen the data collectors' skill, 2 field testing were conducted for each project. After completion of the training the team immediately got involved in data collection from next day.

COVID-19 risk mitigation:

DMA followed COVID-19 risk mitigation protocols and took necessary measures both during training and data collection in the field for safety of the data collectors' as well as the respondents/participants of this evaluation. Safe work practice was ensured for face to face interaction in head office, training center, field travel and field work for data collection. Training rooms were sanitized each day before training session started. Disposable masks and hand sanitizer were provided to each member of the data collection teams. Each morning and afternoon screening of the team members were done for symptoms using a temperature check. Masks were worn by each team member at all times during the training session, field visits and conduction of focus groups or interviews. Disposable masks were also provided to the respondents/participants to be worn during interviews/FGD sessions. The area where FGD/interviews were conducted were sanitized before the sessions. None of the team members got COVID while working in the field, and no transmission in the sampling villages were reported due to the team.

Training and Data Collection Completion:

To ensure quality control, the data collection team worked in groups and each group consisted of 3 persons i.e. one Facilitator and two Note Takers. Experts recruited directly by ERIE were present all through in the field and provided technical support to the data collection team.

FGDs with community people (male/female/youth) and KII with Community Leader, Service Provider and Resilient Households were conducted by the data collectors and KII with Implementers and Stakeholders were conducted by the Experts. Project wise training dates and details of data collection are presented in the following table.

Overview of Qualitative Data Collection:

Name of Project and	Training Period and Location	Data Collection Period	District	Upazila	Village	Type of transports used	Number of Staff	Number of FGDs/KIIs conducted
SAPLING Start date: 21 Sept 2021 End date: 19 Oct 2021	21 Sept - 01 Oct 2021 Bandarban	02 – 19 Oct 2021	1 Nos. Bandarban	6 Nos. - Bandarban Sadar, - Lama, - Ruma, Rowangchuri - Thanchi	6 Nos.	Land Cruiser/four wheel drive	2 Trainers 3 Experts 4 Interviewers 11 Note-takers 1 Coordinator 3 Transcribers 2 Logistic Support	40 FGD 66 KII
Comments: In SAPLING, an extra sex-disaggregated FGD was conducted among youth or the vulnerable in 4 out of the 6 sampled villages to ensure that all perspectives have been covered. Ethnicities included Marma, Mro, Bangla, Tanchangya, Tripura and Bawn.								
SHOUHARDO III Start date: 25 Oct 2021 End date: 3 Novmber 2021	25 Oct – 03 Nov 2021 Rangpur	04 – 26 Nov 2021	6 Nos. Char Area - Gaibandha - Sirajganj - Kurigram Haor Area - Netrokona - Kishoreganj - Sunamganj	6 Nos. Char Area - Sundarganj - Chauhali - Char Rajibpur Haor Area - Kalmakando - Nikli - Taahirpur	6 Nos.	Microbus Horse cart Motorcycle Speedboat Trawler	2 Trainers 3 Experts 3 Interviewers 7 Note-takers 1 Coordinator 3 Transcribers 2 Logistic Support	36 FGD 66 KII
NOBO JATRA Start date: 10 Nov 2021 End date: 19 Nov 2021	10 – 19 Nov 2021 Khulna	20 Nov - 02 Dec 2021	2 Nos. - Khulna - Shatkhira	4 Nos - Shyamnagar - Kaliganj - Koyra - Dacope	4 Nos.	Microbus Ferry	2 Trainers 3 Experts 3 Interviewers 6 Note-takers 1 Coordinator 3 Transcribers 2 Logistic Support	24 FGD 44 KII
					Total			**100 FGD 176 KII**

Project wise field plan is attached as Annex 2

Sample Identification and Selection Criteria:

The criteria for selecting villages and identifying and selecting interview respondents / FGD participants were done by ERIE.

Village-level Sampling

The qualitative sample for SAPLING, SHOUHARDO III and NOBOJATRA were purposively selected subset of villages who participated in the program. Selection criteria for villages were that the village was large enough and had at least 46 households who were project participants and where the three projects (SAPLING, SHOUHARDO III and NOBOJATRA) had implemented most or all of their interventions in their respective project area. The sample villages list (where implementation have been the strongest) was created by the implementers of the respective projects. The idea was to have an understanding of the work of these 3 projects and capture the broadest representation in terms of types of livelihoods prevalent in the implementation areas, ethnic diversity (for SAPLING only), variation in maternal health and child health beliefs and practices, and rural vs. peri-urban

In SAPLING in two unions 2 villages were selected in each as single villages were not large enough and did not have 46 households. These two union were **REDACTED.**

In each of these villages FGDs and KIIs were conducted and participant selection for FGDs and KIIs was done as per selection criteria indicated for each protocols. The project officials and their implementing partners helped the evaluation team to identify the participants for the FGDs and KIIs through contacting prominent project participants and field facilitators. *Details are presented in Annex 3.*

Focus Group Discussion (FGD):

Though protocol suggested mixed gender in some FGDs to determine effects of gender but in consideration of the rural context in majority cases FGDs were conducted with single sex groups because experience shows that females in particular sometimes felt uncomfortable to speak openly in front of males. In each village 6 FGDs were conducted which included 3-4 Female group, 1 Male group, 1 vulnerable group, and 1 youth group. For each group, participants were selected based on that each of them participated in at least one Food for Peace intervention in each project area (SAPLING, SHOUHARDO III and NOBOJATRA). The vulnerable group included male or female from extreme poor households/vulnerable community.

For the youth group, participants were aged at 18 - 22 years which means during the project period they participated as adolescents. But in most cases these youths could not be found and therefore, youths were selected based on their availability i.e. FGDs were conducted either male or female or mixed group.

For SAPLING project, an extra sex-disaggregated FGD was conducted among youth or the vulnerable in 4 out of the 6 sampled villages to ensure that all perspectives have been covered.

In total 100 FGDs were conducted i.e. 40 (36 + 4 extra) in SAPLING, 36 in SHOUHARDO III, and 24 in NOBOJATRA.

Key Informant Interview (KII):

5 type's respondents were selected for KII which included member of resilient households, community leaders, service providers, implementing partners and stakeholders/collaborators.

Resilient households: In each village, 4 KIIs were conducted with 4 most resilient households' members. The resilient households were selected based on the following criteria: (1) households within the village; (2) have participated in the program; (3) had food throughout most of the year; (4) had diversified income sources; and (5) were able to bounce back in the event of a shock. Taking into account that in resilient households, project participants could be more than one (male/female/youth), the KIIs were conducted

with more than one member as and when required. A total of 24 KII in SAPLING, 24 in SHOUHARDO III, and 16 in NOBOJATRA were conducted with resilient household members.

Community Leaders: In each village, 2 KIIs were conducted with community leaders who were involved with the project, knowledgeable about the implementation of the Food for Peace activities in their respective villages and who could provide perspectives regarding other programs that have occurred in their area. Both male and female community leaders were interviewed. A total of 12 KII each in SAPLING and SHOUHARDO III, and 8 KII in NOBOJATRA were conducted with community leaders.

Service Providers: In each village 3 KIIs were conducted with FFP project-supported input and service providers who served in those villages. These service providers were either newly created by the project or existing institutions linked by the project. A wide range of male and female service providers were interviewed who included agricultural input sellers, extension workers, health workers of community clinic and extension programs for immunization (EPI) centers, birth attendants, chicken & livestock vaccinators, savings group leader, local business actor, WASH etc. A total of 18 KII in SAPLING, 18 in SHOUHARDO III, and 12 in NOBOJATRA were conducted with service providers.

Implementing Partners: In each village, one KII was conducted with the FFP project implementing partner staff who served in at least one these selected villages and in separate geographic locations. Criteria for selection for interview included level of participation in the FFP program, work in the selected villages, knowledge about the FFP program they worked for, and their sustained contact with villages. In selection of respondents the evaluation team gave priority to project staff who worked on different types of respective project interventions and a mix of men and women. A total of 6 KII in SAPLING, 6 in SHOUHARDO III, and 4 in NOBOJATRA were conducted with Implementing Partners

Collaborators/Stakeholders: In each village, one KII was conducted with project collaborators in respective project areas who included funders or stakeholders in the private sector, government departments, local government, NGOs and community organizations. Collaborators were selected based on the selection criteria for this particular protocol that included their level of understanding of the FFP program, their work in the geographic areas of the project and their experience with programs similar to the FFP program. Moreover, the evaluation team also took into consideration of interviewing those people who could offer a variety of perspectives in the context of these interventions, including local, national and international level and a mix of male and female. A total of 6 KII in SAPLING, 6 in SHOUHARDO III, and 4 in NOBOJATRA were conducted with Implementing Partners

Transcription, Cleaning and Coding

Transcription: A total of 7 persons were engaged in transcription 3 in SAPLING and 2 each in SHOUHARDO III and NOBOJATRA.

Cleaning and Coding: The cleaning and coding team comprised of 5 persons who were experienced in NVIVO program. The NVIVO team was responsible for cleaning and coding of the qualitative data (transcription files) for the three projects (SAPLING, *SHOUHARDO III and Nobo Jatra).* The coding was done in NVIVO. **The NVIVO license/software was provided by DMA.**

All qualitative data (field notes, audio files, and transcription files in English) were uploaded in google drive and the team members were provided access to those files in google drive as and when required.

Before onset of coding Mathematica and DMA provided relevant documents and online training on cleaning and coding to the NVIVO team. The NVIVO team worked under the guidance of Mathematica and DMA.

Cleaning and coding for all the 3 projects have been completed (SAPLING – 106 files, *SHOUHARDO III – 103 files and Nobo Jatra – 68 files).*

Limitations/Challenges:

- It was a challenge to find the youth group (18 – 22 years) who participated in the project as adolescents during the project period. They were not readily available as many male youth migrated elsewhere for work and many female youth were married and went off to other villages. Therefore, FGD with the youth group was conducted based on their availability i.e. either male or female or mixed group. This challenge was faced in all the three projects.

- Even though for SAPLING project evaluation, data collectors were recruited locally in consideration of diversified indigenous language in some villages, facilitators faced language problems where locally translators were required to be engaged for interpretation. This happened particularly in the Mro and Marma village. Three transcribers who were from the Bawm community were engaged as facilitators in Bawm villages.

- Some villages were very remote with poor communication and transportation facilities particularly in Bandarban (SAPLING), Char region, Char Rajibpur (SHOUHARDO III), and Haor region Taherpur, Nikli. Nevertheless the data collection team was vibrant and achieved the field work.

- In some cases the collaborators (government stakeholders) were selected at upazilla (sub-district) level such as Upazila Nirbahi Officer (UNO), Upazila Agriculture Officer (UAO) and Upazila Health and Family Planning Officer UHFO). However among these stakeholders those who were actually involved in the project and had knowledge about the FFP program have been transferred. Therefore, during data collection those who were available were posted recently and having limited knowledge about the FFP program could not tell much about the project activities.

- In some cases the resilient households selected did not meet all the protocol criteria and therefore respondents were unable to provide required information. They were selected as respondents as they got some support from the project.

- One Expert from the SHOUHARDO III team dropped out and hence increased the workload of the remaining 2 Experts

- In some cases the team had to stay longer time in the field (start at 6:00 am return at 7:00 pm), which created additional pressure to prepare the field notes.

- Transcription is taking longer than expected due to language problem particularly for the SAPLING where audios were required to be translated in Bangla in some cases.

Conclusion:

Training and data collection was completed successfully and smoothly. FGD participants and KII respondents participated actively and provided useful insights about their experience as project beneficiaries the opportunities they had and challenges they faced and how the projects created impact on their health, life and livelihood and food security.

The Experts were very cooperative and supportive to the team throughout data collection period. Project Team members of SAPLING, SHOUHARDO III and NOBOJATRA provided necessary support for preparing field plan and their respective local partners provided support in organizing field work (FGDs and KIIs). Due to maintenance of strict COVID-19 risk mitigation protocol none of the team members got sick during the entire training and data collection period for each project.

However, duration for transcription, cleaning and coding was required to be extended due to large data files, language problem (only for SAPLING) and team members getting sick due to COVID-19.

Annex 3: Sample identification and participant selection criteria

Data Collection Protocol Type	Number of interviews	Individual sample identification and participant selection criteria
Focus Groups	**6 focus groups per village (8 to 12 people per group)** 36 FGDs for SOUHARDO III 24 FDGs for *Nobo Jatra* 36 FGDs for SAPLING (Plus 4)	Within each selected village or village pair, conduct six focus group discussions (FGDs): - 1-2 FGDs with men who participated in at least one Food for Peace intervention - 2-3 FGDs with women who participated in at least one Food for Peace intervention Depending on the context, some of these FGDs can be mixed gender, if that would help in determining effects on gender. If single-sex groups are more effective, keep the groups single-sex. For mixed groups, select enough women and men to hear a broad range of opinions on the effects on gender. - 1 FGD with extremely poor and/or vulnerable community members who participated in at least one Food for Peace intervention. A mix of men and women is fine, if acceptable in the community. - 1 FGD among youth who participated in at least one Food for Peace intervention. Youth must be at least 18 years of age. - In 4 of the 6 villages sampled in the SAPLING area, conduct an extra focus group among youth or the vulnerable to ensure all perspectives have been included. To do this, in four of the villages, do sex-disaggregated focus groups for either youth or the vulnerable. Contact community leaders and prominent project participants to identify community members who were involved in at least one Food for Peace activity. Use participant list from HKI. Select focus group members and key informants based on the criteria above.
Resilient Household Members	**4 KIIs per village** 24 KIIs for SOUHARDO III 16 KIIs for *Nobo Jatra* 24 KIIs for SAPLING	In each village, select four (4) members of the most resilient households in the village. Resilient households will be identified by the focus group discussion participants, community leaders, and/or other informants, preferably those who had been in some leadership position in the program activities. The criteria for resilient households are that they: (1) are households within the village; (2) have participated in the program; (3) had food throughout most of the year; (4) had diversified income sources; and (5) were able to bounce back in the event of a shock. Four members of resilient households will be chosen for key informant interviews. One key informant interview will be conducted with each of the four household members selected. If perspectives are different enough, more than one interview can be conducted with members of the same household. Or, a key informant interview can be conducted with more than one member of the resilient household together if a more

		complete picture of the situation warrants it. At least one interview should be done with a woman and at least one should be done with a man. Try to include different participants in the focus groups and KIIs, so their insights are not counted twice.
Community Leaders	**2 KIIs per village** 12 KIIs for SOUHARDO III 8 KIIs for *Nobo Jatra* 12 KIIs for SAPLING	In each village, conduct two interviews with community leaders who were involved with and are knowledgeable about the implementation of the Food for Peace activities and the villages in which the activities were implemented. Seek participants who can provide perspectives regarding other programs that have occurred in Food for Peace villages as well. Please seek female leaders if possible.
Local Input and Service Providers	**3 KIIs with providers that serve each village** 18 KIIs for SOUHARDO III 12 KIIs for *Nobo Jatra* 18 KIIs for SAPLING	Identify the FFP project-supported input and service providers who serve each selected village and the institutions and systems established or strengthened by the project. Examples could include agricultural input sellers, extension workers, local health clinics, extension programs for immunization centers, and birth attendants. Select 3 that serve each village to interview. Try to interview at least one woman and one man. Try to interview providers providing different services and inputs. The implementers might have a list of project-supported providers.
Implementing Partners	6 KIIs for SOUHARDO III (Care) 4 KIIs for *Nobo Jatra* (World Vision) 6 KIIs for SAPLING (Helen Keller)	For each program being evaluated, identify implementing partner staff who have served at least one village selected. Attempt to identify staff who have served in separate geographic locations. You will receive contact information for the main implementing partner for each program during training. You can identify local implementers through local stakeholders or implementing partners interviewed previously. Criteria for selection for interview will include level of participation in the Food for Peace program, work in the selected villages, knowledge about the Food for Peace program they worked for, and sustained contact with villages. Try to interview staff who work on different types of interventions and a mix of men and women.
Stakeholders	6 KIIs for SOUHARDO III 4 KIIs for *Nobo Jatra* 6 KIIs for SAPLING	For each program being evaluated, identify collaborators, funders or stakeholders in the private sector, government, community organizations, NGOs, and/or research organizations who are knowledgeable about the program or similar programs, who do work similar to the program, who have a stake in the outcome of the program, or who can offer a broad perspective on the context in which the work was carried out. Attempt to identify stakeholders who know about the program and ideally the geographic locations where the program was implemented. You can identify possible stakeholders to interview though conversations with implementing partners, local stakeholders, USAID staff, news media, or other means. Criteria for selection for interview will include level of understanding of the Food for Peace program, work in the geographic areas of the

		program, and experience with programs similar to the Food for Peace program. Try to interview people who offer a variety of perspectives, including local, national and international, a mix of men and women, etc.

ANNEX I: BHA BANGLADESH SAMPLING FRAME

Appendix begins on the following page.

Food for Peace Bangladesh
Sampling frame – Overview

Endline Sampling Overview

The ERIE research team estimated the sample to detect an MDE (minimum detectable effect) of 10% of baseline stunting (34%) within each of the three project areas separately. The team came up with a sample of 108 villages in SOUHARDO III and *Nobo Jatra* (split evenly across treatment and comparison for two project areas) and 54 villages in SAPLING area without comparison villages, so 270 villages in all.

We propose to reduce the number of households to 31 household per village structured in the following manner:

- 9 households surveyed with only the child survey
- 11 households surveyed with only the household survey
- 11 households surveyed with both the household and child survey

This survey sampling scheme will yield 22 household surveys and 20 child surveys (mirroring the baseline). It will mean we will visit 20 households with U5 children per village and 11 households without U5 children in each village. Out of the 20 households with U5 children, 11 of them will be randomly selected to receive a household survey along with the child survey. While this will mean visiting less households, the number of child and household surveys will be the same compared to if we had used the 13-15-7 sampling frame that was used at baseline (see table 1 and 2 below for a detailed breakdown of both sampling frame options). **We will have two subframes mirroring the baseline survey. 20 households will be selected from subframe 1 (households with U5 children) and 11 households will be selected from subframe 2 (households with no U5 children).**

After the survey is completed, the researchers will weight the indicator estimates to reflect the number of households with and without U5 children in each village, as is commonly done for surveys with stratified samples. At baseline, the average household shares in the U5 and non-U5 strata were 31.24% of households with a U5 child and 68.76% without a U5 child. These shares may have changed in the past four years, so we will re-estimate them for each village using the household listing, and then generate weights for the U5 and non-U5 households on that basis.

Secondly, we designed our sample size based on equal sample sizes of treated villages in each area. We considered whether we should reduce the sample size for SHOUHARDO III—where baseline stunting rates were higher and thus a 10% reduction was thus easier to detect with a smaller sample—and increase it in the other areas. However, while it is true that stunting rates differ across the three program areas, other outcomes vary only to a lesser extent, and sometimes in opposite directions. We describe this cross-area variation below. Our general recommendation is to keep the samples equal so that we can detect effects for the full set of indicators.

Cross-Section Variation

There are several areas of variation across the different project areas and the baseline indicators. The results across the poverty indicators are fairly consistent with the SHOUHARDO III project area having the lowest per capital expenditures, highest prevalence of poverty, and highest depth of poverty.

Despite consistent results across the poverty indicators, there are mixed results across the WASH indicators. The majority of households in SHOUHARDO III use an improved source of drinking water (80.5%), which is the highest amongst the project areas. However, only .9% of households in SHOUHARDO III use recommended water treatment technologies compared to much higher usage in *Nobo Jatra* (35.2%) and SAPLING (11.7%). Less households in the SHOURHARDO III project area are also using improved sanitation facilities (15.5%) compared to the other two project areas (42.2% in *Nobo Jatra*; 25% in SAPLING) while the percent of households using open defecation is the highest in the SAPLING project area compared to *Nobo Jatra* (.9%) and SHOUHARDO III (4.9%).

Agriculture indicators are fairly similar across the three project areas except for using sustainable crop practices which is higher in SAPLING (68.2%) compared to 51.1% in SHOURHARDO III and 47% in *Nobo Jatra*. However, more farmers in SHOUHARDO III (34.9%) and *Nobo Jatra* (36.5%) use sustainable livestock practices then farmers in the SAPLING project area (20.3%).

The prevalence of underweight women is the highest in SHOUHARDO III (27.7%) and noticeably lower in the SAPLING project area (15%). This matches the proportion of women of reproductive age who are consuming a minimum dietary diversity, which is highest in SAPLING (60.6%) and lowest in SHOUHARDO III (37.3%) and *Nobo Jatra* (49.9%). Prevalence of stunted children under five years old mirrors this trend with 42% in SHOUHARDO III, 31.5% in SAPLING, and 26.8% in *Nobo Jatra*. While the SHOUHARDO III project area women's and child nutrition indicators consistently perform worse (except for the percent of under five children with diarrhea in the last two weeks) the other two areas are less consistent. There are more underweight women in *Nobo Jatra* (21%) than in the SAPLING project area (15%) but less under five stunted children (26.8% compared to 31.5% in SAPLING). *Nobo Jatra* also has the lowest percent of under five children with diarrhea in the last two weeks (9.8%) compared to the SAPLING project area (17.1%). The prevalence of exclusive breastfeeding of children under six months is also inconsistent with the lowest prevalence occurring in *Nobo Jatra* even though it has the lowest prevalence of under-five stunted children.

Gender indicators are fairly well balanced between the areas except for the percent of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices which is the highest in the *Nobo Jatr*a project area (90.4%) compared to SAPLING (73.1%) and SHOUHARDO III (72.9%). Also, there is a very low percentage of women in union with children under two who make maternal health and nutrition decisions alone in SHOUHARDO III (4.5%) compared to the *Nobo Jatra* (11.4%) and SAPLING (18.4%) project areas. See table 3 below extracted from the Bangladesh final baseline report for exact breakdowns across projects and indicators.

Baseline Sampling Overview

At baseline, ICF sampled 86 villages for each of the three projects, with 35 households sampled in each village. This resulted in a sample size of 3,010 households for each project,

or 9,030 households overall. This household-level sample size was based on the need to sample 1,722 children under 5 years of age per project for the assessment of stunting. To ensure representation in each district, the sampling frame for villages was stratified by district, and the villages to be sampled were allocated proportionately to districts, based on the overall distribution of households in all districts. The baseline sampling criteria was:

- Design effect of 2
- Confidence level of 95 percent
- Power level of 80 percent
- Baseline prevalence for stunting of 42.7 percent
- Baseline prevalence for household indicators of 50 percent
- Expected change in indicators over the life of the project of 6 percentage points
- Inflation of the sample size by 5 percent to account for estimated non-response

This sampling formula includes the 5 percent adjustment for nonresponse.

Evaluators needed 1,722 children and 1,795 households. 20 child surveys from every one of the 86 villages results in 1722 child surveys. For the household surveys, households were sampled using the general percentage of estimated households with U5 children (31.24%) and without U5 children (68.78%). For the households survey, they selected (1,795*0.3124)/86=7 HHs in each village from subframe 1 (with U5 children) and (1795*0.6876)/86= 1,234 HHs in each village from subframe 2 (without U5 children).

The 35 households were selected from 2 subframes: 20 from subframe 1 which includes all households with U5 children and 15 from sub-frame 2 which includes households with no U5 children. These households were then given the following surveys:

- 13 households were administered the child's survey only (from subframe 1)
- 7 Households were administered the children's and household survey through second phase subsampling of the original 20 households (subframe 1)
- 15 households were administered the household survey only (subframe 2 without U5

(Baseline Report 2017)

Table 1: Survey numbers for 11 household only surveys, 9 child only surveys, and 11 household and child surveys. We will have two subframes mirroring the baseline survey. 20 households will be selected from subframe 1 (households with U5 children) and 11 households will be selected from subframe 2 (households with no U5 children). The "+" indicates that there may be more than 20 child surveys per village. If a selected child survey household has more than one child, all children will be surveyed, weighed, and measured.

Details	*Phase I (2020)*	*Phase II (2022)*	*Phase III (2024)*
Household listing	Yes	Yes	Yes
Total sampled villages	216	216	216

Total sampled households	6,696	6,696	6,696
Number of households sampled per village	31	31	31
Number of household only surveys	11	11	11
Number of child only surveys per village	9	9	9
Number of household and child surveys	11	11	11
Number of household Surveys	22	22	22
Number of child surveys	20+	20+	20+
Total number of surveys per village	42+	42+	42+
Total number of household surveys	4,752	4,752	4,752
Total number of child surveys	4,320+	4,320+	4,320+
Total number of Surveys	9,072+	9,072+	9,072+

Table 2: Survey numbers for 15 household only surveys, 13 child only surveys, and 7 household and child surveys

Details	***Phase I (2020)***	***Phase II (2022)***	***Phase III (2024)***
Household listing	Yes	Yes	Yes
Total sampled villages	216	216	216
Total sampled households	7,560	7,560	7,560
Number of households sampled per village	35	35	35
Number of household only surveys	15	15	15
Number of child only surveys per village	13	13	13
Number of household and child surveys	7	7	7
Number of household Surveys	22	22	22
Number of child surveys	20	20	20

Total number of surveys per village	42	42	42
Total number of household surveys	4,752	4,752	4,752
Total number of child surveys	4,320	4,320	4,320
Total number of Surveys	9,072	9,072	9,072

Bangladesh Endline Sample - Phase 1 by DFSA

TREATMENT GROUP	SHOUHARDO III	NOBO JATRA	TOTAL
Number of Villages	54	54	108
Number of Sampled Households per Village	31	31	62
Number of Household Only Surveys per Village	11	11	22
Number of Child Only Surveys per Village	9	9	18
Number of Household/Child Surveys per village	11	11	22
Total Number of Household Only Surveys	594	594	1,188
Total Number of Child Only Surveys	486	486	972
Total Number of Household/Child Surveys	594	594	1,188
Total Number of Households Surveyed	**1,674**	**1,674**	**3,348**

COMPARISON GROUP	SHOUHARDO III	NOBO JATRA	TOTAL
Number of Villages	54	54	108
Number of Sampled Households per Village	31	31	62
Number of Household Only Surveys per Village	11	11	22
Number of Child Only Surveys per Village	9	9	18
Number of Household/Child Surveys per village	11	11	22
Total Number of Household Only Surveys	594	594	1,188
Total Number of Child Only Surveys	486	486	972
Total Number of Household/Child Surveys	594	594	1,188
Total Number of Households Surveyed	**1,674**	**1,674**	**3,348**

TOTAL TREATMENT & COMPARISON	**3,348**	**3,348**	**6,696**

Table 3: Baseline Indicators by project location (Baseline Report 2017)

Table 3.1a. Summary of Food for Peace Indicator Estimates [Bangladesh 2016]

Baseline Survey Food for Peace Indicators	Overall	*SHOUHARDO III*	*Nobo Jatra*	SAPLING
Food Security Indicators				
Prevalence of households with moderate or severe hunger (HHS)	9.3	9.6	9.1	8.0
Average household dietary diversity score (HDDS)	6.6	6.4	6.9	6.8
Poverty Indicators				
Per capita expenditures (as a proxy for income) of USG-assisted areas	$2.32	$2.03	$2.62	$3.64
Prevalence of poverty: Percent of people living on less than $1.90/day	37.5	45.7	26.7	19.5
Depth of poverty: Mean percent shortfall relative to the $1.90/day poverty line	9.1	11.1	6.6	4.2
WASH				
Percent of households using an improved drinking water source	69.1	80.5	52.0	56.6
Percent of households in target areas practicing correct use of recommend household water treatment technologies	13.2	0.9	35.2	11.7
Percent of households that can obtain drinking water in less than 30 minutes (round trip)	32.0	27.9	34.5	51.6
Percent of households using improved sanitation facilities	25.2	15.5	42.2	25.0
Percent of households in target areas practicing open defecation	5.1	4.9	0.9	25.1
Percent of households with soap and water at a handwashing station commonly used by family members	31.4	26.4	39.0	37.3
Agricultural Indicators				
Percentage of farmers who used financial services in the past 12 months	42.1	42.3	42.8	37.0
Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months	26.1	27.0	24.1	29.5
Percentage of farmers who used at least three sustainable agricultural practices and/or technologies in the past 12 months	50.9	51.1	47.0	68.2
Percentage of farmers who used at least two sustainable crop practices and/or technologies in the past 12 months	53.6	56.5	44.5	75.7

Baseline Survey Food for Peace Indicators	Overall	*SHOUHARDO III*	*Nobo Jatra*	SAPLING
Percentage of farmers who used at least two sustainable livestock practices and/or technologies in the past 12 months	34.4	34.9	36.5	20.3
Percentage of farmers who used at least two sustainable NRM practices and/or technologies in the past 12 months	1.4	0.8	0.7	10.2
Percentage of farmers who used improved storage practices in past 12 months	38.2	37.7	38.9	38.8
Prevalence of underweight women	24.4	27.7	21.0	15.0
Minimum Dietary Diversity - Women (MDD-W): Proportion of women of reproductive age who are consuming a minimum dietary diversity	43.6	37.3	49.9	60.6
Women's Dietary Diversity Score (WDDS): Mean number of food groups consumed by women of reproductive age	4.3	4.1	4.5	4.7
Percent of births receiving at least 4 antenatal care (ANC) visits	11.7	5.4	24.1	19.2
Contraceptive Prevalence Rate	75.3	73.4	77.5	79.5
Prevalence of underweight children under five years of age	33.9	36.2	30.2	27.6
Prevalence of stunted children under five years of age	36.6	41.0	26.8	31.5
Prevalence of wasted children under five years of age*	14.8	14.3	17.4	10.4
Percentage of children under age five with diarrhea in the last two weeks	14.1	15.3	9.8	17.1
Percentage of children under age five with diarrhea treated with ORT	84.0	82.6	85.2	91.5
Prevalence of children 6-23 months of age receiving a minimum acceptable diet	25.1	17.8	38.9	34.1
Prevalence of exclusive breastfeeding of children under six months of age	38.5	41.6	29.2	43.7
Gender Indicators				
Percentage of men and women who earned cash in the past 12 months	46.7	46.1	48.3	44.0
Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash	26.5	26.7	25.8	27.7
Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash	14.8	13.7	16.1	13.0
Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	52.9	53.2	52.2	53.7
Percentage of women in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash	57.5	57.0	57.1	64.2
Percentage of men and women with children under two who have knowledge of maternal and child health and nutrition (MCHN) practices	77.5	72.9	90.4	73.1

Baseline Survey Food for Peace Indicators	Overall	*SHOUHARDO III*	*Nobo Jatra*	SAPLING
Percentage of men in union with children under two who make maternal health and nutrition decisions alone	30.3	31.1	30.8	24.4
Percentage of women in union with children under two who make maternal health and nutrition decisions alone	14.4	9.6	21.8	24.3
Percentage of men in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	48.4	48.9	46.0	50.3
Percentage of women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner	50.3	53.7	42.9	49.6
Percentage of men in union with children under two who make child health and nutrition decisions alone	13.7	15.3	9.5	13.7
Percentage of women in union with children under two who make child health and nutrition decisions alone	7.7	4.5	11.4	18.4
Percentage of men in union with children under two who make child health and nutrition decisions jointly with spouse/partner	62.0	63.0	62.0	56.9
Percentage of women in union with children under two who make child health and nutrition decisions jointly with spouse/partner	61.0	62.5	58.0	59.3

ANNEX J: SIGNED DISCLOSURES OF CONFLICTS OF INTEREST

Appendix begins on the following page.

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Danice Guzman
Title	Associate Director, Evidence and Learning
Organization	University of Notre Dame
Evaluation Position	☒ Team Leader ☐ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. Close family member who is an employee of the USAID operating unit managing the activity(s) being evaluated or the implementing organization(s) whose activity(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose activities are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the activity(s) being evaluated, including involvement in the activity design or previous iterations of the activity.	

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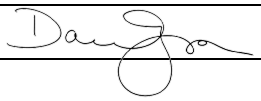
Date	7/13/2022
Signature	

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Ariel BenYishay
Title	Chief Economist, AidData
Organization	William & Mary
Evaluation Position	☐ Team Leader ☑ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	7/22/2022
Signature	Ariel BenYishay

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Katherine Nolan
Title	Research Scientist
Organization	AidData at the College of William and Mary
Evaluation Position	☐ Team Leader ☑ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	July 18th, 2022
Signature	

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Maqbul Hossain Bhuiyan
Title	Executive Director
Organization	Data Management Aid
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	13 July 2022
Signature	Maqbul Bhuiyan

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Kristen Velyvis
Title	Senior Researcher
Organization	Mathematica
Evaluation Position	☑ Team Leader ☐ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	7/18/2022	
Signature	Kristen Velyvis	

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Joy Kerubo Nyabwari
Title	Research Analyst
Organization	Mathematica
Evaluation Position	☐ Team Leader ☑ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	07/25/2022
Signature	

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Laura Meyer
Title	Researcher
Organization	Mathematica
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Date	7/29/2022
Signature	Laura Meyer

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Naomi Dorsey
Title	Research Analyst
Organization	Mathematica
Evaluation Position	☐ Team Leader ☒ Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012 3. The Sustainable Agriculture and Production Linked to Improved Nutrition Status, Resilience, and Gender Equity (SAPLING) Project, implemented by Helen Keller International (HKI) -- AID-FFP-A-15-00010
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Date	7/29/2022
Signature	

TEMPLATE: USAID Disclosure of Real or Potential Conflict of Interest for External Evaluation Team Members

Name	Madeleine Walker
Title	Junior Data Analyst
Organization	AidData
Evaluation Position	Team Leader Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-A-16-00025
USAID Activity(s) Evaluated *(Include activity name(s), implementer name(s) and award number(s), if applicable)*	1. The Strengthening Household Ability to Respond to Development Opportunities 3 (SHOUHARDO III) project, implemented by Cooperative for Assistance and Relief Everywhere (CARE) -- AID-FFP-A-15-00009 2. The Nobo Jatra Project, implemented by World Vision, Inc. -- AID-FFP-A-15-00012
I have real or potential conflicts of interest to disclose.	Yes No
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DISCLOSURE OF REAL OR POTENTIAL CONFLICT OF INTEREST

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Date	August 1, 2022
Signature	Madeleine Walker

Annex K: COVID-19 Impacts

Appendix begins on the following page.

COVID-19 Impacts

The first confirmed case of COVID-19 in Bangladesh occurred on March 8, 2020. As one of the most densely populated countries in the world, the virus took hold quickly and spread rapidly. The economy was hit hard due to lowered income from exports and tourism, and the health system, which was already under strain, was quickly overwhelmed by the number of sick individuals (Kumar, 2021). When the government instituted lockdown procedures in order to control the virus spread (from March to May 2020), including the closure of schools, factories, and public transportation, the amount of severe food insecurity in the population tripled (Ahmed, 2021). Loss of revenue and store closures made it increasingly difficult to access adequate quantities and quality of food. In an effort to purchase food, families had to lower spending on costs such as electricity and healthcare, lowering the quality of life for many citizens (Ahmed, 2021). In the best-case scenario communities, respondents reported widespread loss of income from wage employment and income-generating activities because markets were either closed or open during very limited hours. Households also reported concerns about their children's well-being and development because they were not able to attend school.

In the endline survey, households were similarly asked if COVID-19 had any impacts on households. These questions covered livelihood/income impacts, impacts on agricultural activities, and issues with decreased or increased costs, decrease in demand for products and services the household deals in, changes in labor supply or employment status, and access to health care. In the treatment area, 93.7% of households reported that COVID-19 had one or more impact on their household. In the comparison area, this was lower at 83.5% (see Table 3 below). The biggest impacts in the treatment and comparison areas seemed to stem from decreasing demand for goods and services. This impact was slightly higher in the comparison areas (83.3% households) than treatment areas (81.1% of households). Households in the treatment areas reported having an average of 3.9 impacts on their households, which is a higher number of impacts than comparison households at 3.4 impacts.

Table 3

COVID-19 Impacts

	Treatment Households	**Comparison Households**
Households that had one or more impact from COVID-19	93.7% [92.1, 95.0]	83.5% [81.0, 85.7]
Income disruptions	50.1% [47.1, 53.2]	47.8% [44.7, 50.9]
Agricultural disruptions	39.0% [36.1, 42.0]	48.3% [45.2, 51.4]
Increased or decreased costs	66.1% [63.2, 69.0]	75.3% [72.5, 77.8]

Decrease in demand	81.1% [78.6, 83.5]	83.3 [80.9, 85.5]
Interruptions in health care access	56.8% [53.8, 59.8]	56.3% [53.2, 59.4]
Mean number of impacts from COVID-19	3.91 [3.74, 4.07]	3.38 [3.21, 3.55]

Other impacts include issues with food access with a large number of households in both the treatment and comparison areas reporting movement restrictions, markets being closed, products not available in the markets, and an increase in food prices. Treatment area households were more likely to be facing an increase in prices (81.5%) than comparison households (70.6%) (see Table 4 below). Overall, 86.5% of households in the treatment area reported having food access issues, which is higher than the comparison areas where 76.7% of households reported food access issues. Despite the difference, both households in the treatment and comparison areas reported the same mean number of impacts on their food access (3.8).

Table 4

COVID-19 Related Food Access Issues

	Treatment Households	**Comparison Households**
Movement restrictions	78.1% [75.3, 80.6]	81.9% [79.2, 84.4]
Market closed	71.9% [68.9, 74.8]	75.7% [72.6, 78.5]
Transportation costs too expensive or no public transportation available	45.6% [42.3, 48.9]	47.9% [44.4, 51.5]
Traders are absent from the markets	39.3% [36.1, 42.6]	44.9% [41.3, 48.4]
Products are not available in the market	62.2%	63.4%

	[58.9, 65.3]	[59.9, 66.8]
Price of foods increased	81.5% [78.9, 83.9]	70.6% [67.3, 73.7]
PSNP transfer cash or food delayed	0.0% [0.0, 0.0]	0.0% [0.0, 0.0]
Overall (Household facing one or more food related access issue)	86.5% [84.3, 88.4]	76.7% [74.0, 79.2]

For households that reported COVID-related household impacts, respondents were also asked what types of coping strategies they implemented when facing these impacts. Overall 96.8% of households in the treatment and 87.5% of households in the comparison areas that face impacts from COVID-19 reported using some sort of coping strategy. The most frequently used coping mechanism was implementing COVID-19 safety measures and/or receiving care at health clinics, with over 99% of households in both the treatment and comparison area reporting utilizing one or both of these coping measures. Households also reduced current expenditures (89.5% in the treatment areas and 85.1% in the comparison areas) and acquired more food or money to help offset COVID-19's impacts (90% in the treatment areas and 86.9% in the comparison areas). Very few households used migration as a coping mechanism (possibly likely because lockdown-related restrictions on movement made migration more difficult), although more households used it in the comparison areas than in the treatment areas (5.1% in the treatment areas and 14.1% in the comparison areas), possibly because lockdown-related restrictions on movement made migration more difficult. The mean number of coping strategies used by households in the treatment area was 7.3 while households in the comparison areas reported using fewer at 6.2 coping strategies.

In the best-case scenario treatment communities, households similarly described using positive coping strategies during COVID-19 (handwashing, social distancing, mask-wearing, drawing on savings, and accessing loans through VSLAs) as well as more harmful ones (such as reducing food intake and selling their animals and other assets).

Very few households in the survey data reported having a member that died of COVID-19. Less than 1% of treatment and comparison households reported losing a member to COVID-19. The mean age of those who passed away in both the treatment and comparison areas was approximately 63 years old.

Overall, it appears that while both the treatment and comparison areas faced impacts due to COVID-19, the treatment areas seem to have been hit slightly harder than the comparison areas with more households facing overall COVID-19 impacts.