



## USAID MARKETS Livelihood and Household Nutrition Activity Assessment



Assessment Team:  
Catherine Bohem USAID MARKETS, Chemonics International  
Fernando Maldonado USAID MARKETS, Making Cents International  
Bassey Archibong USAID MARKETS  
Theophilus Agada USAID MARKETS  
Frank Oyibocho USAID MARKETS

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### Partners

- BULEH, Kaduna Nigeria
- FAHIMTA\*, Bauchi Nigeria
- FOMWAN, Bauchi Nigeria
- HUVAP\*, Kaduna Nigeria
- KIND HEART INIATIVE, Kaduna Nigeria
- LOWYSAP\*, Kaduna Nigeria
- RAHAMA, Bauchi Nigeria
- SHED\*, Kaduna Nigeria
- SWATCH\*\*, Kano Nigeria
- SWODEN\*\*, Kano Nigeria
- SYHAD, Kano Nigeria
- WIMA, Kaduna Nigeria
- WOGEND\*\*, Kaduna Nigeria
- YOUTH CHALLENGE\*, Kaduna Nigeria

\*denotes organizations which were not included in the assessment

\*\* denotes organizations that participated in two sessions of the program

A list of trained facilitators can be obtained from the USAID MARKETS Project.

## Acronyms

CBO	Community Based Organization
FNSP	Family Nutritional Support Program
IGA	Income Generating Activity
MARKETS	Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites
MEF	Micro-Enterprise Fundamental
MUAC	Mid Upper Arm Circumference
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development

<b>Executive Summary .....</b>	<b>5</b>
<b>I. Introduction.....</b>	<b>6</b>
<b>II. Methodology.....</b>	<b>8</b>
<b>III. Findings and Discussion .....</b>	<b>11</b>
<b>IV. Lessons Learned .....</b>	<b>26</b>
<b>V. Conclusion .....</b>	<b>27</b>
<b>Annex 1: List of Documents Reviewed .....</b>	<b>28</b>
<b>Annex 2: UNICEF Conceptual Framework.....</b>	<b>29</b>
<b>Annex 3: Facilitator Selection and Community Assessments .....</b>	<b>30</b>
<b>Annex 4: Participant Selection and Baseline .....</b>	<b>34</b>
<b>Annex 5: Informed Consent.....</b>	<b>38</b>
<b>Annex 6: Hypothesis .....</b>	<b>39</b>
<b>Annex 7: Assessment Individual Interview Closed Ended Questions .....</b>	<b>41</b>
<b>Annex 8: Assessment Focus Group Questions .....</b>	<b>43</b>
<b>Annex 9: Microenterprise Fundamentals .....</b>	<b>44</b>

## **Executive Summary**

### **Background**

The number of malnourished children in Northern Nigeria is alarming, yet interventions targeting utilization of food and nutrition are scarce. The Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites (MARKETS) project funded by United States Agency for International Development (USAID) conducted an impact assessment of the pilot livelihood and household nutrition activity. The pilot activity targeted women from food insecure households in Northern Nigeria and was designed and rolled out to more than 4,000 participants between June and September 2010. It aimed to integrate economic empowerment and nutrition education, to address the social and economic factors contributing to household food insecurity. The intended outcomes and impact of the program were increased household income and savings; improve child and maternal nutrition; increased diet diversity and sanitation; and improved household asset management.

### **Results**

Qualitative and Quantitative methods were used to survey 353 participants from all three states where the activity was implemented, Kano, Bauchi, and Kaduna Nigeria. From the findings, 98% of participants reported that women are now earning more, and 95% reported that they are now saving more after the training. 20% of women reported exclusively breastfeeding before, and 75% after the intervention reported that they would now breastfeed with their next child; 46% of participants reported washing their hands with soap before the training and 99% wash with soap now. 27% had a homestead farm before the training, 95% have one now; and 78% of participants with a homestead farm report keeping some of their homestead crops or livestock for household consumption.

### **Conclusions**

An integrated approach to livelihoods and nutrition can result in improved behavior change in food insecure households. A key change was a shift from a coping mentality to improved household utilization of food and long term planning. In addition, increased income available to women resulted in two noteworthy changes: 1) ability to invest more in food for their family, grow their business, and save for unexpected events and 2) empowerment within the household such that women are trusted to manage household assets and make critical decisions related to food security. This assessment was conducted shortly after implementation, and results linked to improved long term food security or nutritional status would need to be measured in future assessments

## I. Introduction

Despite the high number of malnourished children, and the known food security problem, currently there is limited donor and Government of Nigeria programming focused on nutrition in Nigeria. Nigeria has more stunted, wasted, and underweight children than 12 other comparable African nations, including Ethiopia (Hall, 2009). There are more people living on less than \$0.50 per day in Nigeria than the entire population of Uganda (Hutcheson, 2009). Furthermore the majority of malnourished children in Nigeria live in the north: 11% of all malnourished children in Nigeria live in Kano state (Hall, 2009). Nutrition is essential for mental and physical development and to maintain an active and healthy lifestyle. Nutrition encompasses more than hunger, it involves both the intake of sufficient energy and also the quality or nutritional value of food.

Food insecurity, is often caused by price inflation or lack of availability of food because of political or environmental conditions. When food is not available or affordable, individuals consume less food and micronutrients than needed. Pregnant and lactating mothers and children are particularly vulnerable and have an increased rate of mortality and disease. The population in northern Nigeria is susceptible to drought which results in a lack of household food reserves; furthermore, they do not have adequate diet diversity as they are highly dependent on cereals in their diet ([www.fewsnet.com](http://www.fewsnet.com)). Food security at a national level aims to address access and availability of food. As was noted in the *National Policy of Food and Nutrition in Nigeria (NPFNN)*, the majority of food security programs in Nigeria have focused on increasing availability of food at the national level (National Planning Commission, 2005). However, increasing quantity of food in a community or a household does not guarantee the food will reach the most vulnerable individuals. In order to address this issue, the NPFNN identified two main objectives for a national program: improving economic status, especially of the most vulnerable, and improving women's social status.

USAID Nigeria MARKETS value chain program focuses on improving food security through agribusiness development, improved agricultural productivity, and income generation for farmers. In 2009 USAID MARKETS assessed how nutrition may be incorporated into ongoing agriculture activities. A pilot activity targeting women from food insecure households in Northern Nigeria was designed. It aimed to integrate economic empowerment and nutrition education, to address the social and economic factors contributing to household food insecurity. The activity built upon the already successful USAID MARKETS PEPFAR Family Nutritional Support (FNPS) activity which addressed sustainable access to food by building income generating capacity of Orphan and Vulnerable Children (OVC) caregivers. The pilot was designed using lessons learned from the PEPFAR activity and previous nutrition activities conducted in northern Nigeria. It also linked some objectives from Unicef's Conceptual Framework (Annex 2) and USAID's Global Food Security Response framework including: adding value to safety nets, link skills transfer, income diversification; reduce vulnerability to malnutrition; improve maternal and child care practices and sanitation; improve household access to sufficient and diverse foods.

The integrated approach was chosen to improve overall household management related to income, resources, and nutrition and to promote a sustainable approach allowing households to be resilient to food insecurity in the upcoming year(s). While targeted

interventions in distribution of Vitamin A, promotion of breastfeeding etc. can result in improved nutritional status; long term food security and improved nutrition relies on behavior change and improved decision making around household assets. The Copenhagen Conesus notes that effective nutrition interventions sometimes address only a modest part of under nutrition and key messages need to be delivered to mothers directly (Horton, S. et al., 2008). Furthermore, it cautions about using widespread cost effective media campaigns for nutrition education, as there is little evidence that these provide sustainable and effective change regarding nutrition in households.

Under the USAID MARKETS Livelihood and Household Nutrition activity women were trained by two facilitators, for five days in a cohort of twenty women. The training is based on an experiential learning methodology using Making Cents International's MircoEnterprise Fundamentals™ and nutrition and household asset management modules custom designed by USAID MARKETS. Below is an illustrative list of modules that women from vulnerable households participated in during their community training.

### Illustrative Modules Included In the Livelihood and Nutrition Training



The activity was rolled out to 4,100 women during four months. USAID MARKETS was responsible for building capacity of CBOs and facilitators. USAID MARKETS also designed monitoring and evaluation tools and training for partners at the inception of the activity. Below is the capacity building model used in the pilot. In addition, the model was chosen so that implementation could continue after USAID MARKETS had ended. After the initial investment by USAID MARKETS the continued training in vulnerable communities has minimal cost implications to the CBOs. Furthermore, the capacity of CBOs and facilitators is transferable to other activities undertaken by CBOs.

### The Capacity Building Model for the Nutrition and Livelihood Pilot



## **II. Methodology**

The assessment team used qualitative and quantitative methods to assess the outcomes and impact of the livelihood and household nutrition activity. The hypothesis for the assessment can be found in Annex 6. The team conducted field visits, individual interviews, and focus group discussions with beneficiaries, male heads of households, and livelihood and nutrition facilitators.

The assessment was conducted in all three states where the activity was implemented: Kano, Bauchi, and Kaduna between August 14<sup>th</sup> and 25, 2010. Baseline data was collected from 4,100 women, of which 1,000 entries were entered into SPSS. The assessment team interviewed 353 women in 20 communities and held focus groups with women in 10 of these communities. Of the 14 community based organizations (CBOs) enrolled in the program, beneficiaries from 10 CBO's were interviewed. In addition, focus groups with male heads of households and community leaders were held in four communities in Kano. One focus group with livelihood and household nutrition facilitators was also held to gain feedback on implementation and relevance of the training course.

### **Sampling**

The sample for the program evaluation was purposeful criterion sampling. Communities were selected based on when they had received the training. As the assessment was being conducted in a short timeframe after the intervention had been completed, all communities surveyed should have received the training four to ten weeks prior. Ten of the communities, all in Kano, had received the training eight weeks or more prior to the assessment. Trainings in Bauchi and Kaduna were based on successful completion of data collection and trainings by organizations at the time of the study design. Urban, peri-urban, and rural communities were included in the sample.

In every community surveyed, all participants from the training were invited to be surveyed to ensure that data included a range of responses within each training cohort. In some circumstances less than 20 participants were interviewed, but this was based on random selection of participants, or caused by conflicts with participants to attend the assessment. In more than half of the communities all 20 participants were surveyed.

Of the 4,100 participants a sample of 1,000 participants, from ten organizations in all three states, whose baseline data was analyzed was selected based on the data available at the time of data analysis. Four organizations were omitted from the study because of late submissions of training data or incomplete baseline data submissions.

### **Data Collection and Analysis**

#### *Baseline Data Collection*

Community Assessments were conducted by organizations using the template in Annex 3. Community assessments were completed by the organizations using interviews and focus groups, including a men's focus group session. Organizations were trained by USAID MARKETS on how to use the tools provided. Before trainings were held in communities, livelihood and nutrition facilitators were trained on how to conduct interviews with participants. Facilitators interviewed potential beneficiaries in communities using a modified version of the FAO coping strategies index in Annex 4. Women that scored 18 or higher, were interested in doing income generating activities, and whose male head of household agreed to their participation, were enrolled in the training. If the woman reached the minimum score and was enrolled, the facilitator immediately collected, baseline data using the tool in Annex 4 and measured Mid Upper

Arm Circumference (MUAC) of any children under five in the home at the time of the interview. Community members were interviewed in front of their families or alone, but not in front of other community members.

#### *Impact Data Collection- Interviews*

USAID MARKETS assessment team was comprised of four full time livelihood and nutrition staff, and 12 translators divided into two teams. Each team included two enumerators and two translators. Translators varied from state to state. The questions used for individual interviews can be found in Annex 7. Interviews were conducted in Hausa. All translators and enumerators were trained prior to arrival in the community. The assessment team and translators were trained on the tools and on best practices in surveying and data collection. Interviews were conducted in comfortable environments away from other participants. The individual interviews were conducted with one women who had participated in the training, one enumerator, and one team translator. Data was recorded on standard forms using a numeric coding system.

#### *Impact Data Collection- Focus Groups Discussions*

After concluding the one on one interviews, focus group discussions were typically held with 10 women. Two sets of focus groups questions are included in Annex 8. Data was entered directly into Microsoft Word.

#### *Data Analysis*

Data analysis was conducted using Microsoft Excel, Word, and SPSS. Data analysis focused on answering the overarching and specific questions outlined in the evaluation's hypothesis in Annex 6, as well as any other topics that appeared in the data collection process. Qualitative data was coded.

#### **Ethics**

The assessment team verbally explained to all participants what the survey was and that each participant had a right not to participate or to decide not to answer certain questions. The explanation was translated into Hausa. Participants were informed that no benefits or harm would occur if they decided to participate. Participants were allowed to ask questions at any time during the process. If participants agreed to participate in the study they signed a consent form, and in cases where the participants were illiterate they gave consent using a thumbprint. The information read to participants is found in Annex 5.

#### **Study Limitations**

The study had limitations which should be considered when reviewing the results. While every effort was made to ensure internal and external validity of the study, time, resources, and other factors likely influenced the data and analysis. Some of these limitations include

- *Time and human resource constraints for data collection and analysis.* Given that the activity was rolled out in the final year of the MARKETS project, it was difficult to measure results more than eight weeks after implementation. The team believes that an additional assessment after a period of 6-12 months from implementation will reveal similar results. However, with more time information regarding sustainability and long term coping could also be assessed. In addition, the study was conducted during the Ramadan's fasting period, which limited the time the team was able to survey participants in a given day.

- *Translation of data.* All questions and data collection was conducted in Hausa. Efforts were made to ensure questions were asked uniformly and objectively. However, in some cases translation issues may have affected the quality of data. With additional time and resources, using translators who had more comprehensive training and testing, for the duration of the study may improve the quality of data.
- *Biases due to Knowledge Attitude Practice (KAP) methodology of surveying.* The assessment was based on knowledge attitude and practice method of surveying. However, given the tight time frame and limited resources the assessment was focused on knowledge and attitude and self-reported practices. While the knowledge data appears reliable, due to both social desirability factor and the desire to please the assessment team, it is possible that self reported practices were inflated by individuals.
- *Biases due to non-random sampling methodology.* Due to financial and time constraints, purposeful sampling was used. Results can therefore not be generalized to the entire population targeted by the project.

### **III. Findings and Discussion**

The baseline data included below demonstrates the context of food security in the communities and households that the intervention reached. The data from the study reveals changes in knowledge and practice, and also the causes or motivating factors for changing behaviors.

#### **Community Profiles**

##### *Major Challenges in Community*

Of the 117 community assessments evaluated during the impact study the major challenges cited were infrastructure, education, employment or income generating opportunities, water, farm inputs, politics, healthcare and poverty. Some communities faced specific challenges such as child trafficking, high drug abuse, security, and a lack of community participation.

In order to live healthier lives communities stated that they were most in need of: income generation opportunities, loans, health care, and education. One community in Bauchi said they would like their community to be enlightened to form groups so they can help themselves.

##### *Food Insecurity*

Every community stated they are not food secure. According to the World Food Summit definition of food security: "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy and active life."

A Kaduna community member commented:

*“Besides the poor yield from the farms which makes food very scarce for the family, the dry season farming which offers income from the sales of vegetables and other products is being hampered by the lack of irrigation and fertilizer.”*

Another in Kaduna stated: “There are many mouths to feed with very little resources”... “we produce but (we have a) lack of knowledge (on) processing and preserving the food.”

And another community member reflects on the hunger period: “It is not secure at all because some households that do not feed their farm products for a good 4-5 months and the rest of the months they are living by the grace of god.”

When asked to write any additional observations about conditions in the community, the organizations who conducted the surveys reported visible signs of malnutrition in 15 of the communities included in the baseline data.

#### *Ways Women Contribute to Households*

When men in the communities were asked how women contribute to the household they were most likely to report: caring for the household or children, preparing food, working on the farm, or small income generating activities. The following comments reveal some of the constraints in communities related to the perceived impact of women on the household:

One respondent in a Kano community noted women: “do not contribute financially they only contribute by cooking food, and only if the household head provides the required food.” Another stated “some (women) are allowed to engage in farming but others are not due to religious beliefs”



#### *Benefits of Building Capacity of Women*

When asked why they should send women in the community to training the most common reply was so women would become more resilient and self reliant, followed by cooking better and running better businesses.

One community member in Kaduna believes the training will benefit others besides the women trained: “so they (women) will be empowered and will be

knowledgeable about good nutrition and in turn use for the betterment of the community.”

### **Demographics and Food Security Characteristics of Participants**

The mean size of household was 10 people. The median age was 32, and the mode was 30. Of the women whose responses were evaluated from the available baseline data, 777 were engaged in some form of income generation at the inception of the training. The most common sources of first or second income in the household included 30% commodity farming, 23% retail, 13% services, 13% processing, 10% livestock and the remaining was civil services and other.

**Food Security Coping Index Scores**

The coping strategy index questions inclusive of frequency and severity rankings are below. In the graph below the percentage of respondents who indicated using the following coping mechanisms during the course of a week, during a period of insecurity is included. The cut off score for entry into the program was 18, the mean score was 31, and the highest attainable score is 92. The most frequent coping mechanism is to rely on less preferred foods and reduce the number of meals to less than three a day. The most severe mechanism used was to consume seed stock for next season, gather wild food or harvest immature crops. The least common mechanisms adopted were to beg or skip an entire day without eating.

In the past year, if there have been times when you did not have enough food or money to buy food, how often has your household had to:	All the time?	Pretty often?	Once in a while?	Hardly at all?	Never ?	Severity
	Every day	3-6* week	1-2*/ week	1* a week		(multiple # in this column x frequency rating)
<i>Frequency rating mark response in column for each question below</i>	4	3	2	1	0	
a) rely on less preferred foods and less expensive foods	29.6%	35.4%	26.1%	5.4%	3.4%	1
b) borrow food or rely on help from a friend or relative	5.7%	22.3%	39.7%	17.6%	14.6%	2
c) purchase food on credit	5.3%	23.4%	39.6%	18.0%	13.4%	2
d) consume seed stock held for next season, gather wild food, harvest immature crops	2.3%	15.8%	32.3%	28.8%	21.7%	3
e) send household members to eat elsewhere	0.5%	11.4%	28.8%	24.9%	34.4%	2
f) send household members to beg	1.3%	3.3%	10.7%	23.9%	59.8%	3
g) limit portion size at mealtimes	6.5%	28.8%	37.9%	16.6%	9.7%	1
h) lease land or property	2.5%	10.3%	18.8%	20.8%	46.5%	2
i) feed working members at the HH at the expense of nonworking members	3.9%	11.8%	29.8%	21.3%	32.4%	2
j) reduce number of meals eaten in a day or eat less	10.5%	23.2%	39.9%	18.3%	8.1%	2

than 3 meals a day						
k) skip entire day without eating	0.8%	4.9%	16.3%	21.6%	54.9%	3
<b>Total</b>	<b>Mean 31, Mode24, (lowest score for entry is 18, highest possible score 92)</b>					

*Mid Upper Arm Circumference/Nutritional Status of Children Under Five*

645 children under-five were measured for Mid Upper Arm Circumference (some of the children included are from the same household):

- 67 (10.4%) measured below 10.9 cm indicating severe malnutrition;
- 70 (10.9%) measured 11-12.5cm indicating moderate malnutrition;
- 97 (15.0%) measured between 12.6 and 13.5cm indicating they are at risk for becoming malnourished and 411and;
- (63.7%) children were above 13.6cm indicating that their nutrition status at the time measured was acceptable.

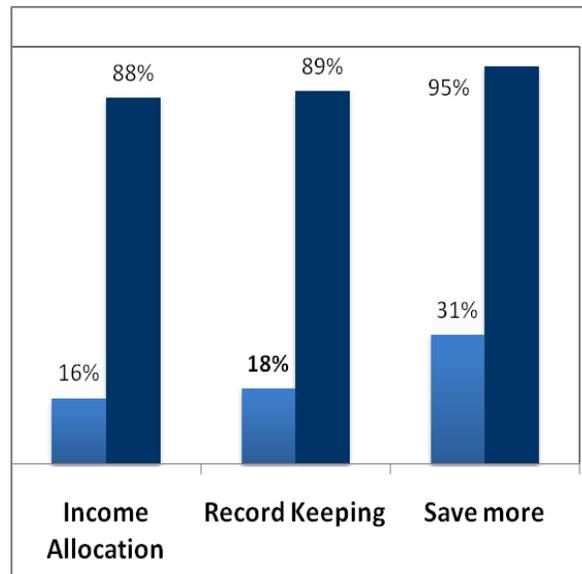
**Outcome and Impact Assessment Findings**

The following data was taken four-ten weeks after participants received training and reflects change in knowledge attitude and practices of the targeted households and participants.

*Improved Business Practices*

- 88% sold goods or services before; 97.7% said they do now
- 92% changed something about what they have sold since the training
- 86% of respondents that said that they now allocate their income or keep records, also invest more in their business after the training.

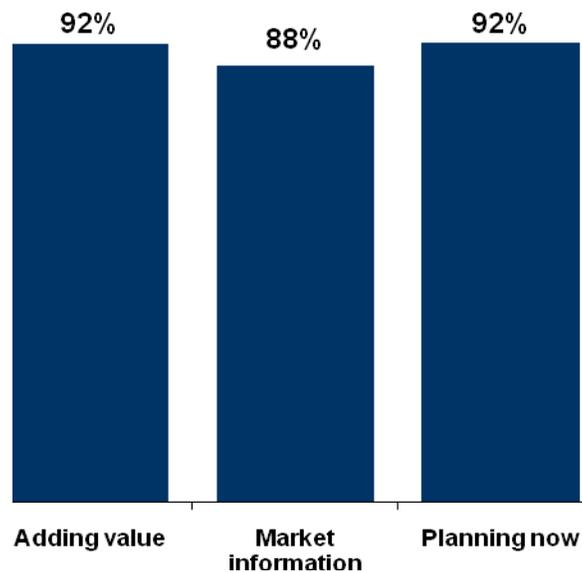
*Percentage of Participants Engaging in Business Practices Before and After the Training*



Participants reported that record keeping could result in the following benefits for their business or household:

- Allocation of resources and cash flow
- Profit and progress of business
- Planning and forecasting
- Tracking of savings and debt

*Percentage of Participants participating in business practices after the training*



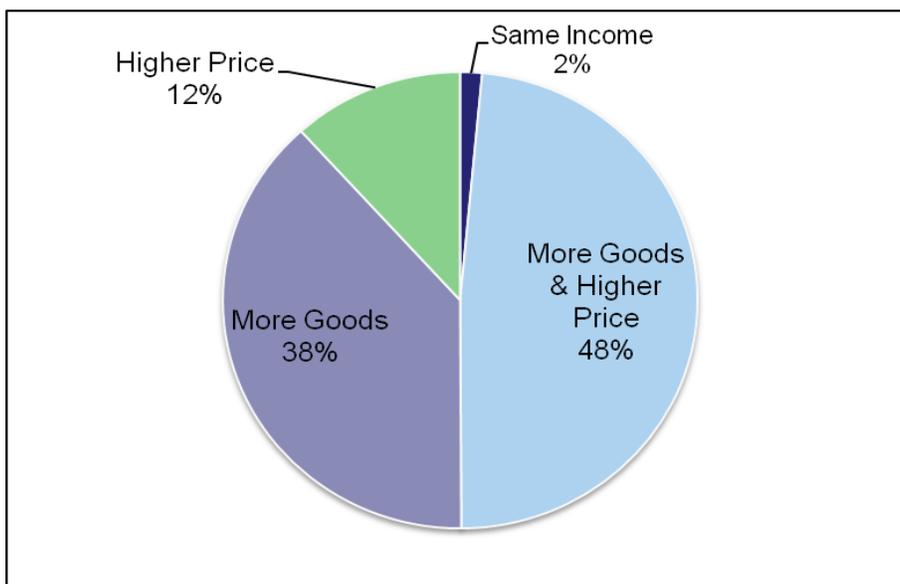
The most common forms of market information collected include:

- Service and product preferences
- Customer needs
- Pricing

As noted above 92% of participants who have changed the way they plan for their business or are planning for the first time; approximately 70% of participants stated that when they plan for their business for the first time, they are thinking about unforeseen events, personal expenses, business expenses, cash flow, cash available, how much of their product they can sell, and when to sell in the market.

As a result of improved business practices, participants are seeing an increase in income and savings. 60% of participants reported saving for the first time at an average of \$3.75 per week, estimated \$194 per year.

*Participants Reporting Increased Income after the Training*



During the focus groups women discussed what different choices regarding businesses they made, why they made these choices and the subsequent benefits of their choices. Participants in reported that they understand the importance of assessing the market and gathering market information, so that their services were demand driven. A women in Kano states: “now we know the importance of going to our customers and asking what they want and providing them what they want.”

In addition, participants did not know the value of keeping records or keeping their household money separate, now they know what they buy and sell. They know which products make the most money and how much they are profiting. In order to maintain their business they also know they need to pay themselves. One woman noted that because her business was growing she has started to employ two other women. They are investing in immediate needs, and they are reinvesting in the future of their business.

Also, women know how much profit they have, and they understand when they are losing money. In Bauchi a women tells us “We can review progress and improve quality or quantity, if it is not growing as we expect.” Another notes: “We have learned to accept losses and take risks before we didn’t take risks”

Participants know how to add value to make products more appealing to customers while still maintaining a profit from their sales. Women report a variety of ways they add value from including better ingredients to improve taste, using products people like more, or processing groundnut rather than just selling raw products. In order to maintain a secure business, some women state that they sell diverse products.

Women reflected on what they had been doing before, women in Kaduna noted “We realized our mistakes, and we realize that we were doing things wrong.” They also report that they are more aware of their business transactions: “we used to get cheated and now we don’t.”

Women in many communities noted that they needed to treat their customers differently. A participant from Kano comments “We know how to treat our customer - we don’t shout at them when we are friendly and they are then happy to return.”

As a result of the changes in their business, women report they are seeing a change in their profits, sales, savings, and happiness. Put simply one woman states “Now I earn money” and another participant from Rano, a rural community outside Kano city tells us “We know in the future we will depend on ourselves.”



Not only are customers coming back to buy more and telling their friends, but women plan to expand their businesses. In Bauchi one business woman states: “It is a simple and an easier business without suffering.” Women notes that they want to invest in their businesses to buy laundry machines, freezers to sell fresh fish, or save money as a group to start processing rice. However they remain realistic, and women know they will have to work to save, and it will not

always be easy. A woman in Kano states: “We want to expand our business but it is not easy because things come up we have a lot of responsibilities.” In each community we asked what they would do if their business failed and women repeated again and again: we will not give up. In Kura the room applauded as a woman stood up to say:

*“When the sales fall low we look to improve quality, if the business fails and the customer won’t buy we will go back home sit down think about what has happened, and then will go back to the market and ask what people want and we will supply what the market needs.”*

They also know they are not alone, women meet to talk about challenges in their business and find solutions together. The most common response to what women plan to do in the future: help others, lend a hand, teach those who were not in the training.

#### *Improved Nutrition Practices*

Positive effects on knowledge, practice and attitudes of practices which can improve nutrition are seen in the following data. Attitude and knowledge of exclusive breastfeeding has improved. Before the training 20% of mothers exclusively breastfed

through six months, and after 75% reported that they would exclusively breastfeed for 6 months after the training. During the focus group one woman from Kano states:

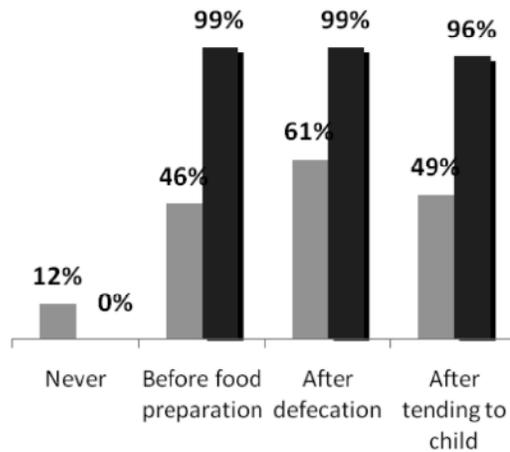
*“We did not know the importance of exclusive breastfeeding for six months before. We thought breastfeeding before was hard, I didn’t know I needed to have enough food for myself to help my children.”*

Furthermore participants reported: “Most of us didn’t practice before because we didn’t go to the hospital we didn’t know the importance of exclusive breastfeeding.”

Others report even when they did know they did not see the importance. “Before it is lack of knowledge and a stubborn head and in the hospital they talked about exclusive breastfeeding but we still did not do it” in Kano a woman explained: “In the hospital they would just tell us with out explaining with laminated cards and visuals and they do not allow us to ask questions and did not show us any pictures like this training has.”

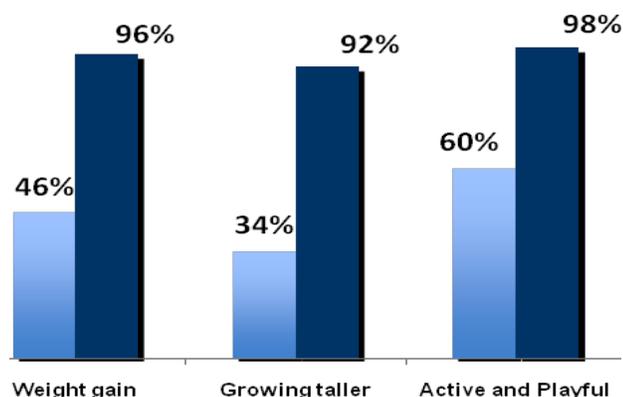
In addition the number of people who wash their hands with soap has increased. “Before we never thought of hygiene now we consider the environment”. Women also reported boiling their water after the training.

*Percentage of participants responding yes to when they wash hands with soap:*



More women also know the importance of growth monitoring and how to identify physical signs in their children that indicate proper growth.

*Participants responding yes to factors that indicate their child are growing properly*



Families can see the benefit of their new practices:

*“We have something to teach our children based on the success of our new knowledge. Now we are healthier than before because we are stronger and have a lot more energy. My husband was saying that he use to see the babies so dirty where as my baby is now so clean – he is proud.”*

*Diversified Household Diets Before and After the Training*

Baseline data reflected that most mothers were not feeding their children and families a diverse diet on a daily or weekly basis, protein and fruits were rarely included in children’s meals.

*How often do you feed your children under five the following foods during a week?*

	Everyday	3-6 times a week	1-2 times a week	Never
Fish, meat, chicken, eggs	3%	18%	46%	20%
Pumpkins, carrots squash, or sweat potatoes that are yellow inside, mangoes	3%	19%	47%	17%
Green leafy vegetables	7%	30%	40%	9%
Other fruits and vegetables	5%	18%	42%	21%
Soy (including) soy cheese, lentils	9%	12%	27%	32%

\*percents do not sum to 100% because not all participants responded to each question.

After the training the most commonly reported types of foods newly introduced into the diet or increased in the diet include: beans, fish, moringa, vegetables (usually referring to green leafy vegetables or spinach), meat, palm oil, eggs, and fruits.

During the focus groups women elaborate on the foods they have added to their diet and also how they have benefited. Before if they had nutritious foods they would not eat them, and they would sell them. In Rano women said, “We didn’t know how important fish was there is a village nearby that sells fish, we go there and put it in our meals.” They also conveyed that they have improved how they prepare food items such as not frying palm oil or not overcooking vegetables. Women stated that before they were not considering what they themselves were consuming. A participant in Kano stated now she now sees foods as more than just something to satisfy her stomach: “We know what gives us physical strength and what helps our immune systems.” Furthermore, they add nutritious foods to their staples such as beans or groundnut to children’s food or take fruit after a meal.



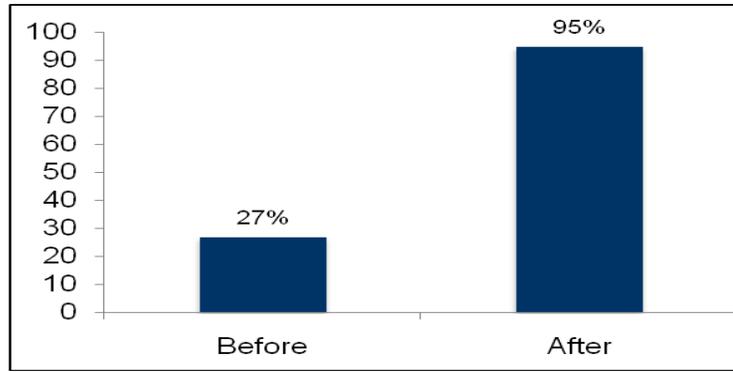
As a result, mothers report that children are more healthy so they can go to school. They can see physical changes in their children’s appearance, they are growing taller, they are more playful, and they don’t get sick as much. One participant in Bauchi states:

*“last year at this time my children were sick, they were dropping down, where now with this training they are getting better, they are healthier and I know it is because they were not clean and now they are eating more nutritiously.”*

*Improved Household Asset Management and Improved Knowledge of the Interrelatedness of Nutrition and Income and Productivity*

- 78% save crops and/or livestock for household consumption
- 57% of those who know nutrition can have a positive effect on income and productivity are also investing in a homestead farm
- 88% who know nutrition can have a positive effect on income and productivity are investing more in food
- 27% had a homestead farm before the training, 95% have one now

*Participants responding “yes” that if everyone in their household eats nutritious meals, it can have a positive effect on their income and productivity?*



When participants were asked to rank what factor matters the most when deciding what to eat in the household participants started to prioritize what is nutritious for their family more, and focus less on what their family likes to eat and what they can afford. Often those respondents who shifted what they could afford from the first to the last ranking stated, they now understand nutritious food does not have to be expensive and they can manage to eat well. In Kano a mother notes: “now we use local resources we used to think we needed money for a balanced meal now we realize we don’t.”

Those who ranked the following factors first:

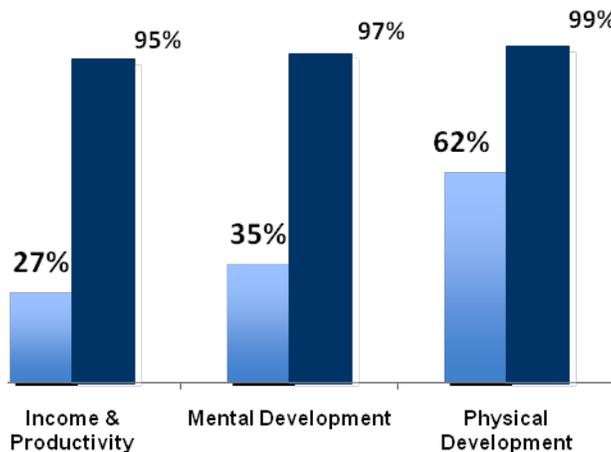
*What I can afford:* before 69 %; after 51.3%

*What my family likes to eat:* before 12% ;after 9.3%

*What is nutritious for my family* Before 4.9%; after 38.8%

People understand how to utilize what is available so they can benefit from what they have learned. In Kano a participant reports: “When we hit hard times and we don’t have money to buy meat we use beans. If we can’t buy soap we use ashes.” The number of homestead farms has increased significantly, and people know they can benefit from keeping some of the crops or livestock for their family’s consumption. There is a better understanding of the interrelatedness of healthy decision making and increased productivity and income.

*Participants responding yes; eating nutritious meals has a positive effect on:*



### *Participants are Using Resources Differently Now*

As a result of understanding the benefits of effective household's business management, people are changing the way they spend money. In Kano one woman states the shift from a coping mentality to planning: "Before spending we do not only think of the moment we think of the future."

Before people would buy on credit and would not save. "Before I did not think and before the priority was just on anything I can afford". Now women report they prioritize their spending. A participant notes we "learned to invest in poultry or homestead farming, and keep some money for business but also spend on nutrition for family. Our business used to be failing and we didn't even know; we would just go to the store and spend until it was finished."

Understanding cash flow has also helped better manage resources "Before we spent without deciding what we needed to spend on, now we spend only when we need to spend and we think about what money we are getting before spending."

When we asked women whether they spend or save money what they do spend or save money: "The priority around the spending of expenses is my child's education and health... and food and health have become a priority because no one could function without it."

### *Other benefits they see for the family and the community*

Within the household women have become independent, and have better communication with their husbands. Women report "We no longer look at our husband as the main source of income one community tells us, we are self-reliant." And "We have more food, and we don't have to borrow money anymore."

When we asked if people in the community see the benefits from the training a woman in a village in Kano told us: "We look different from others and it is like going to school, we stand out in the community." In another Kano community the women's group told us "We are the gatekeepers of the community as we are passing on knowledge and we want to continue to do this." Participants in Kano express excitement about being able to contribute to the community: "Some people come to us to ask questions about business because we are seen as experts, even our husbands are happy."

### *Why are things different now?*

Women feel more confident, and their families and friends appreciate them. Previously their information came mostly from their husbands but now their husbands let them put into use what they learned at the training. One participant explains:

*"We would adhere to the beliefs from the elders where as this training, over the course of 5 days taught us different things and gave us explanation as opposed to what is right and what is wrong"*

Before the training some people who did not believe the activity would have an impact because previous trainings were not relevant or people promised trainings and never came back. One woman said "We overcame challenges through our actions – we proved people wrong by putting into practice what we have learned and show the

results.” Another woman in Kano reports: “Some people said we were wasting our time now those people see the changes”

#### *Plans for the future*

People are already seeing benefits from the changes they are making at home and in the future, they want to continue to improve. “Before nothing was happening now things are happening”. Another comments: “We are progressing but we want to progress more.”



Besides growing their business women said “we have plans to buy a home instead of rent, to send our children to university, and “We start helping others including female children, and other women who want to learn.”

#### *Social Safety Nets*

Women are forming groups and strengthening existing groups to support each other socially and economically. Prior to training 38.8% belonged to a group 88.4% belong to a group now. One community who formed a savings group, uses it for medical expenses, to help others and to buy better food.

### **Facilitators Focus Group**

Approximately 15 facilitators from Kano participated in a focus group and offered their observations about challenges and success of the implementation of the training. They noted how this training was different because it is participatory and trainees are given attention. Facilitators also reported that the tool used to select participants was successful at ensuring those involved were the vulnerable members of the community. It helped them maintain an objective method of selecting participants. They also noted that the men’s focus group prior to the training helped them to enter the community and ensure questions and concerns were addressed before the intervention.

Also, the facilitators added extra learning points in their delivery of the training such as more in-depth training on homestead farming. Facilitators shared recipes and information from food presentations for them to take home. Some organizations offered growth charts for continuous monitoring of children. In some cases people started making changes the week of the training including adding value to their products, collecting market information, starting to exclusively breastfeed, starting to save. Even their husbands started to change habits. One facilitator stated: “women in my classes began to apply what they learned that very same day.” Cultural food taboos such as harmful effects of children eating eggs also shifted, and people started to understand the importance of these foods. Some habits were hard to break; one woman noted she was always going to give her husband most of the meat even if there was not enough and

another woman said the hygiene habits were difficult to change all at once, but slowly their hygiene was getting better. One facilitator told us, that even during rainy season people showed up “the women were committed, they know we are interested in their lives”.

After the training communities have taken their own initiative and started their own networks and groups who meet regularly. Some organizations have helped them with registering their group, to ensure sustainability given the benefits of social capital and safety nets in the community.

If they had to run the program again, some of suggestions include trainings for men, expand to other communities, expand number of participants within a community and conduct refresher trainings and longer food demonstrations.

### **Men’s Focus Group Discussions**

Men’s focus group discussions with male heads of households were one of the most revealing aspects of the study. In every discussion men stated that they viewed their wives differently now, and that their households have benefited from the training. Responses from men include topics such as appreciating their wives contributions in the household, learning from what their wives have learned, sharing responsibilities in the household, and community benefits.

#### *Improvements in the Household*

Men noted a variety of changes in their household and how it was managed. Women are more hygienic both in their personal habits, in the house, and in food preparation. They are eating a variety of foods now. One man states:

*“My wife and children are now involved in the business and contribute to the house keeping, when she cooks I now see vegetables, tomatoes and fruits. It was not so before”*

Before they were reluctant to go to the clinic and now they are confident in making these very important decisions and engaging in important health practices such as exclusive breastfeeding.

Men also believe women have improved at running their business and managing money. They see income increasing. One man states: “all the money I made was for feeding before so there was nothing to support her with”. As a result of the improvements men state they are happier and feel less stressful. There are more opportunities to buy things for the house because of the contributions women are making. They know how to economize on resources, they are not always asking for money, and they know how to save. “Women do not rely solely on us”. One man notes: “I am very happy because the little money I can afford my women knows how to manage it”

Also they see a difference in their wives interpersonal skills. Communication skills have improved overall, and women seem to have more confidence in the home and in the business. One man gives an example:

*“The way of receiving visitors has changed – women were not allowed to talk to people - culture did not allow them to have confidence but now they can receive guests with confidence.”*

#### *Changes men are making in the Household*

Men report that they are helping around the house for the first time ever. They have learned from their wives and are changing. “Before I use to come back to the house empty handed, but now I buy fruits like oranges, carrots when I am coming back because these are things that are now part of the menu.” Men also report improvements in hygiene. One man points out “Will you be dirty when your wife is clean?”

Men’s attitudes toward women are changing too. “We did not realize the importance of helping women, but now that we have seen them doing things practically we are in support of them.” They feel they are supportive of their wives. “I now see my wife as a partner in managing my house.” Some men said they did not used to trust their wives with money, but now even financially one man said “I am now more open to supporting with money because of the changes I have seen in her.” Because they see women are acting differently they are willing to support them.

Men have also changed their communications. They have more respect for their wives “Before I use to talk harshly, but now I am more gentle” Another man explains that he sits with his wife and discusses what they should do in their household together.

#### *Changes in the Community*

Nearly all men reported that previous trainings have caused them to believe that they are a waste of time; sometimes they just collect names and do not come back. Even those who considered sending their wives thought it would teach women how to sew or raise animals. Some people were afraid to register “because we did not know what the thing was about, so we thought of only sending widows”. However, after the training men claimed the training was useful: “this trains our wives about health, about our children, about the environment and other trainings do not.” As a result they say that they have gained trust in the community organizations involved.

Beyond the households of those enrolled in the program, men state that women are helping others. One man states: “my wife and six relatives attended they came together and raise money for one of them who lost the husband to start business, she can now feed her family”. Another man is contributing to the success of the women’s group in his area and reports “I am in fact helping their savings group to register with the local government.”

#### *Other Feedback from Men*

Men cite how other men in the community did not let women go to the training, and now they have regrets. The claim that they trusted the NGOs and this training “shows truth” They comment that part of the success is that the CBOs took it seriously, which is why they also took it seriously. Finally, men time and time again asked us to consider them in the next round of trainings. “You have trained our women, but now we want to be trained”

#### IV. Lessons Learned and Recommendations

The assessment illustrated key elements of the design and implementation of the activity which may be useful for consideration during future implementation of integrated livelihood and nutrition programs.

**Engage and Vet Community Partners Reaching Vulnerable Groups:** In order to leverage existing infrastructure and ensure the intended beneficiaries are reached, invest in organizations already working with the targeted populations. Also, encourage these organizations to offer the targeted communities other services i.e. growth monitoring, rehabilitation for malnourished children, microfinance, in kind supplies such as seed for homestead farms. Organizations that need capacity building or do not have the experience working in the desired communities will have difficulty managing resources and relationships to deliver quality activities.

**Change in Nutrition Behaviors Requires More than Nutrition Education:** Behavior change is related to individuals' values and the beliefs or cultural norms of their community. Activities that aim to demonstrate change in nutrition related behavior must address these beliefs and be linked to what an individual or community perceives as beneficial. Education alone does not guarantee that people will decide to change or sustain their change.

**Buy in From Men and Community Leaders is Critical for Sustainability:** Programs that aim to empower women and improve household behaviors are intended to benefit the household and community. While activities may be targeted for the population that is most likely to benefit or change from the intervention, household and community members should understand the benefits before the intervention and should not feel threatened or isolated by the activity.

**Providing Relevant and Immediately Applicable Skills Can Result in Widespread Impact on the Household and Community and Creates a Demand for Additional Services:** Training should include skills and practices that participants can incorporate immediately into their lives and see immediate results. . Applying relevant skills and seeing their results can empower women to become community leaders and respected in their household when they show they add value. When others see the benefits of the skills or behavior changes they want to have the same opportunity, creating widespread change and demand for additional services.

**Mentors or Service Providers Can Enhance Sustainability:** The evaluation demonstrated that individuals involved in the program as facilitators or participants became natural mentors and role models. However, a more formalized effort to provide additional services after the training and to continue to support community leaders and facilitators could enhance sustainability of practices of those modeling best practices within communities.

**Monitoring and Evaluation Capacity Building is a Worthwhile Investment:** As is widely known, investing in monitoring and evaluation early on and throughout an activity is essential to understanding impact and building on lessons learned for future interventions. However, quality monitoring and evaluation should be understood and implemented by CBOs. Empowering CBOs to properly monitor their activities, increases

their interest in delivering quality services. In return, programs should aim to create simple tools and minimize requirements in other aspects of the program which do not serve a specific function within the activity.

### *Recommendations for Future Integrated Nutrition and Livelihood Activities in Nigeria*

Future activities incorporating nutrition and livelihood would benefit from the lessons learned mentioned above. In addition, investments should be made in local resources already imbedded in vulnerable communities. There has been a lack of nutrition programs implemented in Nigeria recently, thus strong organizations working on nutrition issues or reaching the intended beneficiaries may be difficult to identify. However, organizations that already have established relationships in vulnerable communities will be able to navigate the structure of communities to allow for community leaders buy in and community buy in. Specifically, it is necessary to have men who are respected in the community understand the value of the activity.

Furthermore, organizations need to be able to ensure the intended beneficiaries are included in the program. Organizations without an established presence may face challenges or pressure from the community to select specific participants who do not meet the objective criteria. The training will be most beneficial when it reaches the intended beneficiaries. While there are many communities in need in Nigeria, targeting the program in states or communities with high density of malnutrition will allow the benefits of the program to reach other community members and for the organization to continue training in surrounding areas. Once an investment is made in an organization and a facilitator the ability to scale up and reach additional vulnerable community members requires few resources.

Also, identifying qualified trainers that have experience working with communities rather than managing NGO activities is critical to success. The commitment by the facilitator to be in the field for a week is significant and persons with multiple responsibilities in an organization find it difficult to commit to the full training.

Finally, given sensitivities of topics such as exclusive breastfeeding and culturally sensitivities in the north where the vast majority of malnutrition exists, nearly all of facilitators should be women. Also, women and men, if men are trained, should be trained in separate cohorts.

## **V. Conclusion**

The USAID MARKETS Livelihood and Nutrition activity demonstrates that integrated approaches to livelihoods and nutrition can result in improved behavior change of food insecure households. One of the key changes was a shift from a coping mentality to improved household utilization of food and long term planning. In addition, increased income of women resulted in two noteworthy changes: 1) ability to invest more in food for their family, grow their business, and save for unexpected events and 2) empowerment within the household such that women are trusted to manage household assets and make critical decisions related to food security. This assessment was conducted shortly after implementation and the results largely relate to improved business, nutrition, and household management, knowledge attitude and practices. However, results linked to improved long term food security or nutritional status would need to be measured in future assessments.

## **ANNEX 1: List of Documents Reviewed**

Andrew Hall and Kate Bohen, A review of malnutrition in Nigeria and the potential role of homestead agriculture to improve the nutritional status and income of poor rural people. Abuja, Nigeria, September 2009

Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera, J, for the Maternal and Child Undernutrition Study Group 2008, Maternal and child undernutrition: global and regional exposures and health consequences, Article 1, Lancet 371, 243-60.

Buttha Z, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider B, Kirkwood B, Morris S, Satchev HPS, Shekar M. What works? Interventions for maternal and child undernutrition and survival. Maternal and Child Undernutrition. Lancet 2008;371:417–40.

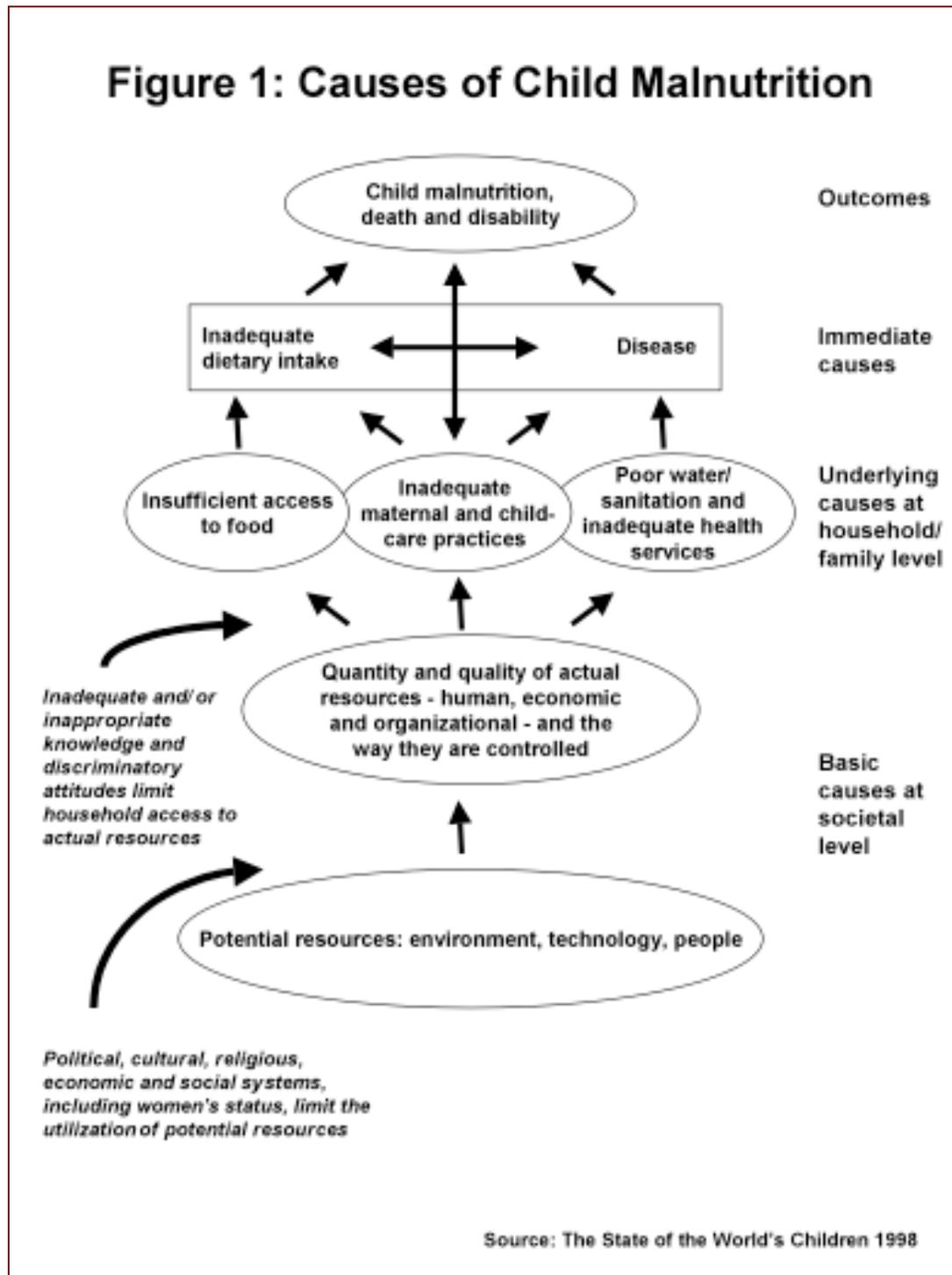
Chemonics International. DRAFT Concept Note: Improving Livelihoods and Household Nutrition through MARKETS Agribusiness Development Process. Abuja, Nigeria, 2010

Sue Horton, et. al, Copenhagen Consensus, 2008. Challenge Paper Hunger and Malnutrition.

[www.fewsn.net](http://www.fewsn.net)

National Policy of Food and Nutrition in Nigeria (NPFNN), 2005.

## Annex 2 UNICEF Conceptual Framework for Malnutrition



### Annex 3 Facilitator Selection Criteria and Community Assessment

Facilitators attending the MicroEnterprise *Fundamentals for Livelihood and Household Nutrition* course should be carefully selected by partner organizations. This is a rigorous and comprehensive 5-day course that requires **full attendance** for successful completion. Facilitators attending the course will be further evaluated on several criteria that will determine their successful completion of the course. In order to successfully complete the course, facilitators must demonstrate effective:

- class control, time management, and participant engagement,
- facilitation skills (active listening, body language and eye contact),
- ability to affectively understand and deliver key concepts and learning points, and
- effectively facilitate both large and small group discussions

In selecting facilitators for the MicroEnterprise Fundamentals for Livelihood and Household Nutrition course, we require the following criteria (in no particular order)

Attribute/Skill	Criteria
Background	Instructors should have a strong background in experiential education/training with an interest in nutrition, enterprise, and livelihood development OR a strong background in hands-on enterprise development with an interest in nutrition and livelihood education. As a caveat, strong experience with a didactic training background is not necessarily an asset as the experiential learning process requires educators to accept and be comfortable with their role as facilitator as opposed to lecturer.
Availability	The facilitator must have time to train, and the partner organization should be fully aware of facilitator’s schedule and time commitments.
Attitude	Selected facilitator’s should enjoy training and working with participants in targeted communities. They must demonstrate that they are capable and willing to be a supportive role model and mentor. Facilitators must also be comfortable and accepting of training in an open, creative, and participatory learning environment.
Gender considerations	The MicroEnterprise Fundamentals for Livelihood and Household Nutrition course is targeting vulnerable women in northern Nigeria. The expectation is that at least one facilitator per implementing organization be female. Organizations should also consider how the program can be assisted by having a mix of men and women as facilitators. For example, hosting a men’s focus group may require a male facilitator.
Geography	Based on the geographical reach of the program, facilitators should be capable and comfortable working in targeted districts/communities/regions.

### Community Assessment by Organizations

1. Why did you choose this community or how did you hear about it?
2. Was this assessment conducted through a focus group, individual interview, or both?
  - a. \_\_\_\_\_
  - b. Who participated in the assessment \_\_\_\_\_
3. Do you recommend this community for the Livelihood and Household Nutrition Training?
  - a. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If yes how many trainings should be held \_\_\_\_\_ (20 participants per each training)
  - c. Was the Microenterprise Fundamentals Training held in this community previously  
(Circle) Yes or No
  - d. Does your organization have other interventions in this community if so what are they?
4. Why do you recommend them for training? Or why do you think this training may not be a good fit for this community? (2-3 sentences)
5. If you recommended the community for the training did you gain consent from community leaders and gatekeepers? Yes \_\_\_\_\_ No \_\_\_\_\_
6. After you conduct the men's focus group, write 3-4 sentences summarizing concerns raised in the focus group. Did the men agree this training would be valuable in the community?
7. Different members of the community will have opinions about what the community needs are, as a visitor, were your observations during your experience in the community consistent with the responses you obtained from community members about levels of vulnerability and community needs? (for example if they mentioned they need new roads, did you observe that the roads were in need of repair?) Circle the your answer
  - a) *My observations as a visitor matched the responses from community members*
  - b) *Some of my observations validated comments made by community members/other comments did not match comments by community members.*
  - c) *My observations and experiences were not consistent with what was reported in this assessment.*
  - d) *I was unable to determine if the responses in the assessment were consistent with the needs of most community members.*
8. Please explain any other experiences, conversations, and observations during the community assessment that helped you to gain a better understanding of why this training would or would not be a good fit for this program.

### Community Assessment Survey

1. How many households are in this community?(explain what a household is)  
\_\_\_\_\_
2. What is the approximate population of the community \_\_\_\_\_
3. Where is the community located

4. If you walk from the center of the village/town how many minutes would it take to reach the nearest health clinic \_\_\_\_\_, school \_\_\_\_\_ market \_\_\_\_\_

5. What do community leaders and members view as the most important need in the community? Rank the first priority with 1, second with 2, and third with 3.

- Improve infrastructure (roads, electricity) \_\_\_\_\_
- Improve education system \_\_\_\_\_
- Improve health services \_\_\_\_\_
- Better business opportunities/income generation \_\_\_\_\_
- Improved farming practices \_\_\_\_\_
- Access to water \_\_\_\_\_

6. What are the most common sources of livelihood in this community? Circle the first and second most common.

- a. retail business
- b. processing/manufacturing business
- c. services business
- d. market gardens
- e. commodity farming
- f. animal raising
- g. civil service/government
- h. other, please specify:

7. Do most women in the community work or generate income?  
( includes farming on family land, sewing, selling goods etc.)

a. Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have there been previous trainings in this community related to income generating activities? Yes \_\_\_ No \_\_\_

9. Have there been previous trainings in this community for nutrition? Yes \_\_\_ No \_\_\_

10. Please describe any trainings which have been held in the community previously and who participated in these trainings (men, women, farmers etc)

\_\_\_\_\_

11. In order to pay family expenses, do people in your community ever have to? (check any that apply)

- Borrow money
- Lease livestock
- Lease land

12. Are there families in your community you consider vulnerable or that do not have enough food, if so why do you think this happens?

**QUESTIONS FOR MEN FOCUS GROUP DISCUSSION (part of the Community Assessment)**

The following guided questions will be used during the focused group discussions. – *to be held with men of households who may be interested in the program and opinion leaders in the community*

**General Questions- After introduction**

1. What are the major problems and key needs of the community? Why do these challenges exist?

2. What do you think could be done to help your family live healthier and more productive lives?

3. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy and active life. Based on this statement do you think your community is food secure?
4. In the home how do women contribute to the household?
5. Would you agree to send adult women in your household to a training on income generation and household nutrition– if yes why, if no why not?



In the past year, if there have been times when you did not have enough food or money to buy food, how often has your household had to:	All the time? Every day	Pretty often? 3-6* week	Once in a while? 1-2*/ week	Hardly at all? 1* a week	Never? 0* week	Severity (multiple number in this column x frequency rating)	Score
<i>Frequency rating</i> mark response in column for each question below	4	3	2	1	0		
a) rely on less preferred foods and less expensive foods						1	
b) borrow food or rely on help from a friend or relative						2	
d) purchase food on credit						2	
e) consume seed stock held for next season, gather wild food, harvest immature crops						3	
f) send household members to eat elsewhere						2	
g) send household members to beg						3	
h) limit portion size at mealtimes						1	
i) lease land or property						2	
j) feed working members at the HH at the expense of nonworking members						2	
i) reduce number of meals eaten in a day or eat less than 3 meals a day						2	
j) skip entire day without eating						3	
Total							

**THIS SECTION SHOULD BE FILLED OUT BY THE FACILITATOR ONLY**

Circle the answer for each question below. If each question is marked YES, the participant may be enrolled in the program and proceed to the baseline assessment. If any responses are marked no, this participant does not fit the target profile for the program.

- 1) Did the participant score 18 points or higher in the survey above? YES or NO
- 2) Is this participant currently engaged in income generating activities if not are they interested in starting income generating activities? YES or NO
- 3) Did the male head of household agree to the woman being surveyed in the household to participate in the training? YES or NO

## **LIVELIHOOD AND HOUSEHOLD NUTRITION BASELINE DATA**

*To be completed immediately following the participant selection if the participant is meets the selection criteria for the program.*

Name of participant: \_\_\_\_\_

1. Do you keep records for your income generating activities?
  - a. Yes
  - b. No (skip to question )
  
2. If yes, what type? (circle all that apply)
  - a. Expenses
  - b. Sales
  - c. Income
  - d. Profit
  - e. Buyer/Consumer Preferences
  - f. Others (Please specify)
  
3. Do you save? (circle answer) YES or NO
  
4. Do you keep your money for your business and household separate? (circle answer) YES or NO.  
If YES, is the money for your business ONLY and ALWAYS kept for your business? (circle answer) YES or NO
  
5. When introducing a product or service to the market which do you consider?
  - a) Your skills, what you think the value of the product is, what people buy at the market
  - b) Your costumer, your costs, your competition, the desire/need for the product
  
6. What factors matter most when planning for your business? (circle all that apply)
  - a. Unforeseen events
  - b. Personal expenses
  - c. Business expenses
  - d. Cash available
  - e. When money comes in and when money goes out of the house
  - f. How much of my product/service I can sell
  - g. When is the best time in the market to sell my product/services
  
7. Does your business make enough money to cover your monthly family expenses?  
(circle answer) Yes or No.
  
8. Is your business part of any business development associations or support networks?  
(circle answer) Yes or No.
  
9. What factor matters most when you decide what to eat in your household (rank the order of the choices below 1 (the most) , 2(in the middle) 3, (the least)  
What food you can afford \_\_\_\_\_  
What food my family likes to eat \_\_\_\_\_  
The nutritional needs of your children \_\_\_\_\_
  
10. When everyone in your household eats nutritious foods it can have a positive effect on: (circle all that apply)
  - a. your family's income and productivity

- b. your child’s mental development and education
- c. the physical development of your children

11. When do you wash your hands with soap (circle all that apply)

- a. NEVER
- b. before food preparation
- c. after defecation
- d. after tending to a child who has defecated

12. In the first three days after your last child’s birth did they have anything other than breast milk (water, food etc.) (circle answer) YES or NO

13. How do you know if your child is growing properly (circle all that apply)

- a. child is not sick
- b. child is gaining weight
- c. child is growing taller
- d. child is active and playful

14. How many days or months after your last child was born did you give them foods or drinks (including water other than breast milk) \_\_\_\_\_

15. How often in the last week did your children (under 5 years old) eat the following foods?  
(Check the boxes that apply)

	Everyday	3-6 times a week	1-2 times a week	Never
Fish, meat, chicken, eggs				
Pumpkins, carrots squash, or sweat potatoes that are yellow inside, mangoes				
Green leafy vegetables				
Other fruits and vegetables				
Soy (including) soy cheese, lentils				

16. For all children under 5 include age \_\_\_\_\_ and Mid Upper Arm Circumference \_\_\_\_\_

- 1. Age \_\_\_\_\_ MUAC \_\_\_\_\_
- 2. Age \_\_\_\_\_ MUAC \_\_\_\_\_
- 3. Age \_\_\_\_\_ MUAC \_\_\_\_\_

### ANNEX 5 Informed Consent for Interviews with Direct Beneficiaries

Hello, we are from USAID MARKETS conducting a study of the Livelihood and Nutrition Training you received this year. We're talking with adults here to get information about their experience with the training. We would like to try to understand what you think about the food program. The information we obtain will be used to assess how the activity has been going and how it can be improved.

- **PROCEDURES INVOLVED:** We would like to ask you some questions, in an interview which will take about 15-20 minutes and then in a focus group which will take about an hour.
- **RISKS:** Some of these questions might talk about things that some people find quite personal, or may be difficult to answer. If any of the questions make you feel uncomfortable or you don't want to answer them, you do not have to.
- **ABILITY TO SAY NO:** Remember, you do not have to talk about anything you don't want to. This will not affect your ability to receive food now or in future. However, I would really appreciate it if you would answer the questions honestly and openly, so that we can find out what adults here in your community really think. Your answers will be very important to us. And again, your answers will NOT affect your ability to receive food now or in future.
- **WHAT WILL HAPPEN WITH THE INFORMATION:** We'll be asking caregivers from different the same questions. When the survey is finished, we will collect all the responses we have received here and keep them safe. Then we will add them together. You will be able to find out about the results by contacting our partners here, like *[name local partners, and make sure individual knows how to contact them if they want to]*.
- **CONFIDENTIALITY:** If you agree to take part in this interview, the things you tell me will be confidential. That means they will be private between you and me. I am not going to write down your name. If you agree, you can indicate your agreement by making a mark here. Alternatively, I can sign here to say that I have witnessed your agreement.

**SEEKING COMPREHENSION:** Do you have any questions about any of the things I have just said?

**SEEKING VOLUNTARY AGREEMENT:** By signing your name below you are saying that you are willing to participate in this interview.

**In case of any queries contact:**

Kate Bohem from USAID MARKETS at 08077550801

Location \_\_\_\_\_ Date \_\_\_\_\_

Date of Training Attended \_\_\_\_\_

NAME	SIGNATURE	DATE

## **ANNEX 6: Hypothesis**

**Hypothesis:** Malnutrition is often caused by underlying social and environmental factors. Environmental factors do not need to be resolved completely to prevent malnutrition. Some families in food insecure environments find a way to manage their resources and avoid malnutrition. However, we cannot expect to overcome the growing burden of malnutrition by education or economic empowerment alone. Education does not necessarily provide the means or more importantly the will to change household nutrition habits and empowerment does not mean people will spend their resources wisely. In fact many countries face a double burden of over and under nutrition, as additional resources are not always spent on health foods but rather desirable foods.

### **Pillars of the Program:**

- ✓ We can empower and educate women to help manage their household assets more effectively. When we empower and educate women, we have the highest chance of having an impact on children.
- ✓ Households can increase their income and use available resources to cover basic needs. More importantly they can plan and allocate resources to cover their needs on a monthly or yearly basis rather than a day to day basis.
- ✓ The community and male head of households must be part of the solution. Men have to see the benefits of the program. The community should experience residual benefits and knowledge sharing after the program.
- ✓ The approach is essential. Households must own their decisions, or the intervention will not be sustainable.
- ✓ This activity is not intended to fix macro issues. However, the household and community level benefits to increased income, decreased health expenditures, and improved health and productivity should be visible and sustainable after the program.

### **I) IMPROVED ALLOCATION OF INCOME AND RESOURCE MANAGEMENT**

Increasing income is part of the equation in uplifting households. Access to capital may also be part of the solution. In many cases, microfinance beneficiaries succeed but in other cases they do not. Access to capital does not guarantee better decision making or long term planning. However, even with a small increase of income and better resource planning or asset management, households are better able to maintain their business and provide for their households. There is no one fit solution, that is why allowing households to develop their own solution that works for them works best. However, they must move out of the short sighted mentality of survival and be able to plan for their short and long term needs. “

### **II) BEHAVIOR CHANGE**

People’s behavior is influenced by their own belief system and the system of beliefs of those people around them. Exclusive breastfeeding, eating balanced diet, and investing in business is not something we can just teach and expect that people will behave differently. The program is based on the concept that if you empower people to use their resources, to become independent financially, and inform them of decisions or choices that can benefit them in some way, they will be more likely to feel that they can change their behavior, and they will see the benefit. Imposing beliefs or asserting ourselves as outside experts does not allow people to own their decision. When the individual and household of the program beneficiary are able to see positive change from their action,

they will be more likely to consider changing behaviors. The course introduces a package of ways to improve business and household asset management and family health. We do not believe that every household will adapt all of the best practices introduced. However, benefits will be proportional to change in behavior.

*Theory of Reasoned Action and Theory of Planned Behavior* The theory of reasoned action states that individual performance of a given behavior is primarily determined by a person's intention to perform that behavior. This intention is determined by two major factors: the person's attitude toward the behavior (i.e., beliefs about the outcomes of the behavior and the value of these outcomes) and the influence of the person's social environment or subjective norm (i.e., beliefs about what other people think the person should do, as well as the person's motivation to comply with the opinions of others). The theory of planned behavior adds to the theory of reasoned action the concept of perceived control over the opportunities, resources, and skills necessary to perform a behavior. The concept of perceived behavioral control is similar to the concept of self-efficacy -- person's perception of his or her ability to perform the behavior. Perceived behavioral control over opportunities, resources, and skills necessary to perform a behavior is believed to be a critical aspect of behavior change processes.

### **III) SOCIAL AND ENVIRONMENTAL ISSUES**

Community needs ranged from water, roads, to better business opportunities. The program was not designed to address community needs at large but rather to allow people to adapt or become self sufficient in an environment that may be food insecure. In some cases where markets are far, water is not accessible, and farm inputs are unattainable, communities will continue to face challenges to food security. The program believes that some improvements to health and household food security should be visible even in these challenging environments.

### Annex 7: Assessment Closed Ended Individual Interview Questions

1	Did you sell products and/or services before the training?
2	Do you sell products and/or services now?
3	Have you changed anything about your product or service so more people will buy it or people will buy more of it?
4	Have you collected asked your costumer any questions about your product or a new product they may want to buy? If yes what?
6	Do you sell more products or services than before? (If they did not have a business before the answer is Yes)
7	Do you sell your products or services at a higher price? (If they did not have a business before the answer is Yes)
8	How much income did you earn for your household per week before you attended the training?
9	How much income do you provide for your household now per week?
10	Did you save money before you attended the training?
11	Do you save more money now?
12	If so, how much more do you save a week than before?
13	Do you keep money for your business separate from money for the household?
14	Did you keep records before the training?
15	Do you keep records now?
16	Can you name one advantage of keeping business or household records?
17	Have you changed the way you plan for your business? Did you consider the following questions before or after the training:
18	a. Unforeseen events- Before Y/N Now Y/N
19	b. Personal expenses- Before Y/N Now Y/N
20	c. Business expenses- Before Y/N Now Y/N
21	d. Cash available- Before Y/N Now Y/N
22	e. When money comes in and when money goes out of the house Before Y/N Now Y/N
23	f. How much of my product/service I can sell-Before Y/N Now Y/N
24	g. When is the best time in the market to sell my product/services Before Y/N Now Y/N
25	Did you have a homestead garden before training?
26	If not do you have one now?
28	Do you keep some crops or animals for your family instead of sell them?
29	Have you added or increased the quantity of any foods to your family's diet? If so please give up to five examples?
	What factor matters most when you decide what to eat in your household (rank the order of the choices below 1 (the most) , 2(in the middle) 3, (the least)
30	What food I can afford_____
31	What food my family likes to eat_____
32	The nutritional needs of my children_____
	When everyone in your household eats nutritious foods it can have a positive effect on (circle all that apply)
33	a. your family's income and productivity
34	b. your child's mental development and education
35	c. the physical development of your children
	When do you wash your hands with soap (circle all that apply)
36	a. NEVER
37	b. before food preparation
38	c. after defecation
39	d. after tending to a child who has defecated
	How do you know if your child is growing properly (circle all that apply)
40	a. child is not sick
41	b. child is gaining weight
42	c. child is growing taller

43	d. child is active and playful
44	How long would you exclusively breastfeed or wait to give your next child water or food after birth?
	Have you started to spend more money or invest additional money in any the following:
45	Rent
46	Health Care
47	Food
48	School fees
49	Homestead farm
50	Your business
51	Did all the members of your household eat three full meals every day before the training?
52	Do all of you family memebbers eat three full meals a day?
54	Are you part of a group/ network? If so were you before? What does it do? (Save money, share concepts)
56	Are you part of any savings groups now? Were you a part of these groups before the training?

## **Annex 8: IMPACT ASSESSMENT FOCUS GROUP QUESTIONS SET 1 and 2, and Men's Focus Group**

### **Set 1**

- 1) After the training, what different choices regarding food have you made in your household?
- 2) What different choices regarding your business have you made?
- 3) Why did you decide to do these things differently? What benefit do you think you would gain?
- 4) Did you see those benefits? Did you see any other benefits?
- 5) Why weren't you doing those things before? *(moderator pick 2 most common or interesting changes for business and nutrition from questions one and two and ask why weren't doing before)*

### **Set 2**

- 1) How after the training do you use resources, spend, or save money in your household differently?
- 2) Do you have plans in the future? Do you intend to continue to invest in your business and your household? Why?
- 3) How do you decide what to spend on? How did you used to decide what to spend on?
- 4) After the training did family and friends support your decisions to manage your household and business? Did anyone tell you not to change what you were doing? Or did anyone interfere in your decisions?
- 5) Besides people who may have disagreed with your decisions, after the training, did you face any challenges when you decided to do things differently at home or in your business? Did you overcome them? How?

### **Men's Focus Group Questions for the Post Training Assessment**

1. What did you think this training was going to be about before the women attended the training?
2. What changes in actions have the women in your household who attended the Livelihood and household nutrition training made as a result of attending the training?
3. What results/benefits have you seen from these changes?
4. Were you always supportive of these changes? If not, why?
5. Was there anything that you found useful from the training? *(How have you yourself changed as a result of the new changes and actions the women who have attended the training have made?)*
6. Do you think other members of the community should be sent to this training? From other trainings received in the community what makes this one different?

## ANNEX 9: Summary of Micro-Enterprise Fundamentals



### MicroEnterprise Fundamentals™ Curriculum

Making Cents International ([www.makingcents.com](http://www.makingcents.com)) is committed to the improvement of livelihoods and creation of jobs and strong communities worldwide through the provision of relevant, demand-driven resources geared towards empowering individual entrepreneurs. By developing the capacity of organizations and individuals who are dedicated to serving entrepreneurs, Making Cents builds local capacity to effectively meet the needs of a broad range of current and future entrepreneurs.

#### Overview for MicroEnterprise Fundamentals

*MicroEnterprise Fundamentals™ (MEF)* is an innovative new curriculum for youth and adults with limited literacy skills. It builds on the idea that micro entrepreneurs can be successful businesspeople without being literate or highly educated. Using experiential and interactive learning techniques, this course teaches students basic business concepts that help build better entrepreneurs with emphasis on practical hands-on learning that is relevant and interesting to students. *MEF* can be used as a key element of any strategy supporting the successful expansion of micro-entrepreneurship.

*MicroEnterprise Fundamentals™ teaches participants to:*

- ✓ Understand basic business concepts
- ✓ Understand basic management considerations and practices
- ✓ Understand the role of risk in microenterprise
- ✓ Apply learning to their family or individually-run microenterprise (or future enterprise)

**At the end of the *MEF* course, participants are able to:**

- ✓ Articulate how basic business concepts impact their lives and their microenterprises;
- ✓ Make better financial planning decisions;
- ✓ Understand the key issues involved in marketing;
- ✓ Conduct effective costing and pricing; and
- ✓ Discuss the key issues involved in buying and selling on credit and the risks involved.

#### Course Design:

This course is a consecutive, modular-based curriculum that can be used in small increments or in its entirety for a total of 40 hours.

#### Experiential Learning Methodology:

As with all Making Cents curricula, *MEF* is based on experiential learning, which makes the curriculum highly interactive and group-oriented. Students teach and learn from each other while emphasizing applications to everyday business situations. Learning methodologies include small group work, (non-computer) simulation, short lecture and individual work. The facilitated activities help students with limited literacy have an opportunity to learn new skills and knowledge.

The *Business Simulation™* is a high-impact training tool that provides trainees with the opportunity to make business decisions – and see the consequences of those decisions. It underlines the challenges of home based family businesses and the importance of income allocation, basic planning, record-keeping, positive cash flow, savings, and managing risk.

