#### CASE STUDY

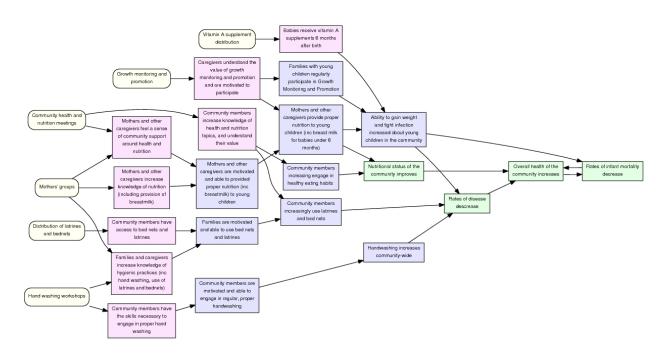
## WALA Annual Survey, 2011

#### Part I - Overview

#### **Background**

The Wellness & Agriculture for Life Advancement (WALA) program was a five year (2009-2014) program (MYAP) funded by USAID-FFP. CRS/Malawi is the lead agency and grant holder for a consortium of seven WALA program implementing partners<sup>1</sup> and ACDI/VOCA provides support in Agribusiness. The goal of the program is to reduce food insecurity among 214,974 chronically food insecure households in 39 Traditional Authorities within five livelihood zones in southern Malawi by 2014. WALA aims to achieve the above goal through three strategic objectives that include targeted 273 communities that have improved capacity to withstand shocks and stresses.

#### **ToC Pathway Model**



#### Purpose of the Survey

WALA Program has its obligation to the donor USAID/FFP and the Government of Malawi to report on the achievements/progress made in improving the well-being of poor in the program areas on an annual basis. The annual survey will also provide some insights to the program managers on how different interventions are working in the field and what is not working. The PAT data will be gathered from the beneficiaries participating in any income earning activities such as VSL group and Agribusiness activities. The FY10 Annual Survey results will also be used for the mid-term evaluation due early next year.

The specific objectives of the annual survey are

i. To provide estimates on the IPTT indicators that needs to be reported on an annual basis.

<sup>&</sup>lt;sup>1</sup>Africare, Chikwawa Diocese, Emmanuel International, Project Concern International, Save the Children, Total Land Care and World Vision.

- ii. To assess WALA beneficiary's knowledge and practice regarding different program interventions, e.g., breastfeeding, hand washing, use of toilet facility, etc.
- iii. To understand the perception of beneficiaries on different WALA interventions.
- iv. To collect and report data using the Poverty Assessment Tool (PAT).

#### Sample Design

The annual survey is designed to provide estimates for the key indicators at the consortium level only, though the sample is drawn from all the districts to have sample spread/representation. 10 program villages each from the eight districts will be sampled; and, from each of the sampled villages, 15 households each will be randomly sampled from the list of beneficiaries. Thus a total sample of 1,200 households will be covered for the consortium as a whole.

The proposed sample size is sufficient enough to provide reliable estimates with less than 5 percent margin of error on most indicators, with some exceptions such as exclusive breastfeeding, births attended by health personal etc. which are based on number of children age 0-5 months, 0-11 months old respectively will have slightly higher margin of error. The list of beneficiaries in the selected villages will be compiled from the list of Care Group, Producer Group and VSL Group members, and from that compiled list a sample of 15 households will be drawn for administering the questionnaires.

#### Major Activities and coordination

Four teams will be formed to collect the data and each team will have three interviewers and one supervisor. In a day each team will have to complete 15 interviews and with this assumption, the whole data collection exercise will run for 20 days.

## Part II - Learning Questions

#### Learning Questions (LQs)

- 1. What are WALA beneficiaries' current levels of knowledge and practice? (Regarding different program interventions, e.g., breastfeeding, hand washing, use of toilet facility, etc.)
- 2. What is the health status of WALA beneficiaries?

# Part III - Survey



# FY11 Annual Survey: HOUSEHOLD QUESTIONNAIRE (Sept-Oct 2011)

#### MODULE 1: DEMOGRAPHIC AND SOCIO-ECONOMIC HOUSEHOLD PROFILE

Please tell me the name of each person who usually lives here, starting with the head of the HH. FIRST LIST ALL THE NAMES IN "Q.102. NAME OF THE HHH" COLUMN BELOW, WITH HEAD OF THE HH IN LINE 01. THEN ASK: Are there any others who live here, even if they are not at home now, e.g. children in school/boarding/hostel or adults at work? IF YES, LIST THEIR NAMES IN Q102 BELOW.

101.	102.	<b>103</b> . Is	<b>104.</b> What is	105. How old is	IF 12+ YRS	IF 18+ YR	S	IF 5+ YRS		
Line	LIST THE NAMES	(NAME)	the relation	(NAME)?	106. What is the	107. Has (NAME) been	<b>108.</b> Can	109. What is the		
No	STARTING WITH HEAD	male or	ship of	Nanga (DZINA) ali ndi	current marital	very sick for at least 3	(NAME) read a	highest educa-		
	OF THE HOSUEHOLD	female?	(NAME) with	zaka zingati	status of (NAME)?		one page	tional qualification		
			the HHH?	zakubadwa?		12 months?	letter?	(NAME) has		
				REFER HEALTH PASSPORT OR AGE CALENDER.				acquired?		
				WRITE AGE IN COMPLETED YEARS.						
				95 IF 95+ YRS DK = 98						
Line	Name	M F	Code	Age	Code	Y N	Y N	Code		
01		1 2	1			1 2	1 2			
02		1 2				1 2	1 2			
03		1 2				1 2	1 2			
04		1 2				1 2	1 2			

#	QUESTION AND FILTER	RESPONSE CODES					
1	What kind of toilet facility do most members of your	Flush toilet1					
	household <u>usually</u> use?	Ventilated improved latrine2					
	[OBSERVE AND RECORD]	Traditional latrine with roof3					
	[0502.00278.05105.05]	Traditional latrine without roof4					
		No facility/bush/field5					
2	De you have a hand weaking facility outside the tailet?	Other (SPECIFY)6					
2	Do you have a hand-washing facility outside the toilet?	Yes 1 No 2					
3	Does your household have a special place for hand	Yes1					
	washing?	No2					
4	ASK TO SEE THE PLACE USED MOST OFTEN FOR HAND WASHING AND OBSERVE IF THE FOLLOWING	Water/Tapa					
	ITEMS ARE PRESENT	Tip-tapb					
		Soap/ash/other cleansing agent c					
	MULTIPLE RESPONSES POSSIBLE. CODE ALL	Basin (to wash hands inside)d					
	OBSERVED	Basin for communal washinge					
		Someone pouring water on others hand f					
5	What is the date of hirth of (NAME)?	Other (SPECIFY).x					
3	What is the date of birth of (NAME)?	Day					
	COLLECT FROM THE MOTHER THE "HEALTH PASSPORT"	Month					
	OF (NAME) AND COPY DOWN THE INFORMATION. IF (NAME) DOES NOT HAVE THE HEALTH PASSPORT, COLLECT	Year					
	OTHER BIRTH RECORDS AND COPY DOWN. IF (NAME) DOES						
	NOT HAVE ANY RECORDS, ASK THE MOTHER/CARE GIVER.	RECORD '98' IN DATE CELLS IF NOT SEEN/ REPORTED					
6	RECORD AGE OF (NAME) IN MONTHS	IN MONTHS AGE					
	(USE AGE TABLE)	RECORD '00' IF < 1 MONTH OLD					
7	CHECK Q.705: AGE OF CHILD <u>0 - 11</u> MONTHS						
	☐ YES   CONTINUE Q.706 ☐ NO   GO TO Q.709						
8	Who assisted with the delivery of (NAME)? PROBE: Anyone else? Anyone else?	Doctor/Clinical Officer a					
		Nurse/Midwifeb					
	MULTIPLE RESPONSES POSSIBLE	Trained traditional birth attendant c					
		Untrained traditional birth attendant d					
		Community health workere					
		Relative/friendf					
		Other (SPECIFY)					
		x					
		No onez					

#	QUESTION AND FILTER	RESPONSE CODES				
9	Where did you/mother give birth to (NAME)?	Govt. hospital/health center/clinic 1				
		·				
	IF IT IS A HOSPITAL, HEALTH CENTER, OR CLINIC,	Mission hospital/health center/clinic 2				
	ASK THE NAME OF THE PLACE. PROBE TO IDENTIFY	Pvt. hospital/health center/clinic 3				
	THE TYPE OF IT AND CIRCLE THE APPROPRIATE	Own Home4				
	CODE	Other's Home 5				
		Other (SPECIFY)				
		6				
10	In the first two months after the birth of (NAME), did you	Yes1				
	receive a Vitamin A dose like this for you?	No2				
	SHOW 200,000 IU CAPSULE OR DISPENSER (RED).	DK8				
	SHOW 100,000 IU CAPSULE OR DISPENSER (BLUE).	DK				
11	Now I would like to ask you about certain health and hygiene					
''	practices of your household.					
	T	Dropped into toilet facility01				
	The last time (NAME) passed stools in your presence, where were the feaces disposed off?	Dropped into rubbish pit02				
	where were the leaces disposed on:	Rinsed/washed away03				
		Buried in yard04				
		Throw in the compound05				
		Throw outside the compound 06				
		Did nothing/left it there07				
40	OUTOK O 700 JE DINOEDAWA OLJED ANAAV (OODED 02)	Other (SPECIFY)96				
12	CHECK Q.709: IF RINSED/WASHED AWAY (CODED 03)					
	☐ YES   CONTINUE Q.711 ☐ NO   Q.712					
13	The last time (NAME) passed stools in your presence where	Water discarded into toilet facility1				
	was the waste water disposed?	Water discarded into sink or tub connected to				
		drainage system2				
		Water discarded outside3				
	HANDWASHING	Other (SPECIFY) 6				
14	When do you wash hands with soap or ash or other	Nover				
'	cleansing agents? <b>PROBE</b> : Any other time?	Nevera  Before food preparationb				
		Before feeding childrenc				
	MIII TIDI E DESDONSE DOSSIDI E	After visiting the toiletd				
	MULTIPLE RESPONSE POSSIBLE	After attending to a child				
		who has defecatede				
		Before eating foodf				
		Others(SPECIFY) x				
	USE OF BEDNET					

#	QUESTION AND FILTER	RESPONSE CODES
15	CHECK HH.Q.150: HH HAS BEDNET	
	☐ YES, HAVE BEDNET   CONTINUE Q.714 ☐ NO GO TO Q.720	
16	Did (NAME) sleep under a treated or long lasting bednet last night?	Yes1 No2
17	Now I would like to discuss with you regular attendance of your child in MoH run growth monitoring and promotion (GMP) session.	
	Did (NAME) ever weigh in a GMP session?	Yes1 No2
18	Does (NAME) have a health passport or GMP card? IF YES, May I see it?	Yes, seen
19	(NAME) WEIGHED IN LAST MONTH?  OBSERVE HEALTH PASSPORT/GMP CARD AND RECORD.	Yes
20	(NAME) WEIGHED AT LEAST TWICE IN PAST 3 MONTHS?  OBSERVE HEALTH PASSPORT/GMP CARD AND RECORD	Yes
21	CHECK Q.705: AGE OF CHILD 0 - 23 MONTHS           ☐ YES ⇒ CONTINUE Q.801         ☐ NO ⇒ GO TO Q.900	
22	Has (NAME) ever been breastfeed?	Yes
23	During the first three days after delivery, was (NAME) given anything to drink other than breast milk?	Yes
24	Is (NAME) still being breastfed?	Yes1 No2
25	Was (NAME) breastfed yesterday during the day or at night?	Yes1 No2
26	How many times was (NAME) breastfeed yesterday during the day and at night?	Number of times
a.	Any other solid or semi-solid food?	1 2

## Part IV - Data

This table shows a set of raw baseline data collected using a sub-set of the above questions. All of this data relates to hand washing.

Respondent	#2 Do yo a hand-w facility ou the toilet'	ashing Itside	#3 Does househol a special for hand washing?	d have place	#4 Ask used fo following	or han	dwas	hing.	Whic	ot often ch of the	#14 When do you wash hands with ash or other cleansing agents?			vith so	ap or		
Code	Yes	No	Yes	No	A B C D E F Other			Never	A	В	С	D	E	Other			
1	1 0 1 0			1 1 +1 1 1 1 1 1						0 +1 +1 +1 +1 +1 +1 +1							
2	0	)	0	1	1					0							
3	0		1	· ·							·						
			I	1							0						
4	0	1	1	1						0							
5	0	1	0	)	1					0							
6	0		1	2					2								
7	0		0	1					0								
8	0		1	1					0								
9	0		1	1					0								
10	1		1	2				4									
11	0	1	0	1	1					0							
12	0	1	1		2				3								
13	0		0		1					0							
14	0	1	1		1					0							
15	0		1	1					0								
16	0		0		1					0							
17	1 1			2					2								
18	1		1	2					4								
19	0		1	1					0								
20	0		0	1	1				0								

# Part V - Results Summary

		Baseline	Achieved
1	1.3. Percentage of children aged 0-59 months in Growth Monitoring and Promotion (GMP) gaining weight in past 3 months (Impact) (Beneficiary) (FFP)	60%	63%
2	1.1.1. Percentage of children aged 0-5 months who are fed exclusively with breast milk (Outcome) (FFP) (GoM – MoAFS)	65%	67%
3	1.1.2. Percentage of children aged 6-23 months who receive a minimum acceptable diet apart from breast milk (continued breast feeding, age appropriate dietary diversity and age appropriate frequency of feeding) (Outcome) (FFP) (GoM – MoAFS)	12%	22%
4	1.1.3. Percentage of caregivers of children aged 0-59 months demonstrating at least two proper environmental hygiene behaviours (use of latrines, hand washing and correct use of LLIT bed nets) (Outcome) (FFP) (IEE) (GoM – MoAFS)	6%	17%
5	1.2.1. Percentage of children aged 0-59 months regularly attended growth monitoring sessions (Outcome) (WALA)	41%	51%
6	1.2.3. Percentage of children aged 0–11 months whose births were attended by skilled health personnel (Outcome) (WALA)	78%	86%

### Part VI - Report

The main objective of the annual survey was to measure the progress registered by the program during the past two years of implementation (July 2009 to June 2011) which can be compared against the benchmark of performance indicators in the Indicator Performance Tracking Table (IPTT) set during the baseline survey. The survey was internally managed by the CATCH Monitoring, Evaluation and Knowledge Management Unit with the support from PVO M&E officers. Sample was drawn from all the 8 WALA districts and the data collection was carried out from mid-September to early October 2011.

The total sample size for the survey was 1,200 beneficiary households (inflating 10% for non-response) which were sufficient enough to provide reliable estimates with less than 5 percent margin of error on most indicators at the consortium level, with 95 percent confidence. Data collection was done by externally sourced enumerators who were trained and supervised by the CATCH M&E team and PVO M&E officers. A total of 1,096 household and 970 child questionnaires were completed by the end of the survey period.

Overall, the sample consisted of 35 percent female headed households (31% in baseline) and 14 percent elderly headed (13% in baseline) with an overall mean household size of 5.2. The results further revealed that six percent of households had no agriculture land while 72 percent has less than 1 hectare. Most of the households (73%) rely on agriculture (crop farming), small businesses (12%) and ganyu (8%) as major sources of income.

There is a 10 percentage point (41% vs 51%) increase in under-five children attending GMP in the baseline and 2011 annual survey with 63 percent of these children gaining weight compared to 60 percent during the baseline survey. However, there is substantial variation among districts for children gaining weight. Sixty-seven percent of children aged 0-5 months are estimated to be exclusively breast fed compared to 65 percent during the baseline survey. The survey also revealed that there is a sharp increase in proportion of children aged 6-23 months receiving minimum acceptable diet from 12 percent in 2009 to 22 percent in 2011. In terms of hygiene practices more mothers (17% in 2011) are demonstrating at least 2 environmental hygiene behaviors compared to only six percent in 2009. More deliveries (86%) are reported to have taken place in health facilities and the same proportion of births was reported to have been attended by trained health personnel compared to 78 percent in 2009.

#### Challenges

- The adoption of energy saving technologies and hygienic practices are low.
- Slow progress in dietary diversity.
- Exclusive breastfeeding is low despite higher proportions of institutional delivery WALA program areas.

#### Opportunities

- Sensitizing communities on the importance of saving natural resources and importance of keeping good hygienic practices. However, some of the changes are linked to economic conditions at the household level.
- Introduction of new food recipes will promote dietary diversity and use of locally available food items, and promotion of livestock will result in better nutritional status.
- Growth monitoring and promotion (GMP) activities need to be strengthened, only about half of all children under five are attending GMP sessions regularly and of those more than one third are not gaining weight.
- There is a need to emphasize for proper counseling of mothers during natal and post-natal period on exclusive breastfeeding, as this play an important role in child's survival
- Promote kitchen garden including the keyhole garden through an integrated effort of MCHN, agriculture and irrigation sectors.