

# GIZ Food and Nutrition Security Programme Malawi 2015-2025



Amended Monitoring and Evaluation Plan  
Incorporating SBC Strategy Outcome and Output Indicators

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We also acknowledge the great input and participation of personnel from FNSP partners (CARE and UP) specifically, the managers, M&E personnel as well as field officers.

Lastly, this work would not have taken place without the financial support provided to the programme by the German Ministry of Economic Cooperation and Development (BMZ).



## Acronyms and Abbreviations

BMZ	German Federal Ministry for Economic Cooperation and Development
BSP	Basic Service Providers
CARE	Cooperative for Assistants and Relief Everywhere
DNHA	Department of Nutrition, HIV and AIDs
FLW	Field Level Workers
FNSP	Food and Nutrition Security Programme
FUS	Follow-Up Survey
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GVH	Group Village Headman
HFIES	Household Food Insecurity Experience Scale
IDDS	Individual Dietary Diversity Score
IHF	Integrated Household Farming
IPs	Implementing Partners
MAD	Minimal Acceptable Diet
NMNP	National Multi-sector Nutrition Policy
NRSPM	Nutrition-Responsive Social Protection Measures
PLW	Pregnant and Lactating Women
SBCC	Social Behaviour Change Communication
SMART	Specific Measurable Attainable Realistic Time bound
SoV	Source of Verification
SUN	Scaling Up Nutrition
TA	Traditional Authorities
UP	United Purpose
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene

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## Background

GIZ Malawi is implementing the Food and Nutrition Security Programme (FNSP) as part of the global program 'Food and Nutrition Security, Enhanced Resilience' under the ONE WORLD – No Hunger initiative, commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ). The programme is implemented in collaboration with CARE in Salima District and United Purpose (UP) in Dedza District, starting from February 2015 and is expected to end 2025.

FNSP supports Malawi's national 'Scaling up Nutrition (SUN)' initiative - especially among pregnant and lactating women (PLW), infants and young children (0-23 months). The national SUN Focal Point (the Department for Nutrition, HIV and AIDS (DNHA) within the Ministry of Health) is the programme's lead executing agency.

**The programme aims to improve the nutritional situation for women and young children, primarily through increasing their dietary diversity; building the institutional capacities of relevant authorities; and contributing to more effective national policies.**

The achievement of the programme's objectives depends, amongst others, on its ability to enable and motivate the members of the target group to adopt a range of nutrition-related behaviours. GIZ and its partners have developed a social and behaviour change communication (SBCC) strategy that recommends how to promote the key behaviours in the most effective manner. It is against this background that GIZ and its partners decided to review and amend its existing monitoring & evaluation plan to incorporate SBC outcome and output indicators.

From April to June 2021, Thomson Consult reviewed all relevant monitoring and evaluation (M&E) documents and other programme documents including: Indicator Matrix; Monitoring Plan (2021); Monitoring Tools and Checklists; Monitoring Reports; Programme Activities for CARE and UP; Handout for Monitoring as well as SBC Lessons Learned (2021). Virtual workshops were also held with FNSP team and implementing partners (IPs), CARE and UP, to present and discuss how best to incorporate the SBC indicators into the existing M&E system. Together with the FNSP and partners, the consultants produced recommendations on which data collection checklists should be amended to monitor the SBC efforts and achievements.

This document presents the main output of the M&E system review process. It describes the programme level and SBC strategy level result indicators, objectives of the M&E system, monitoring framework, evaluation framework, and institutional capacity and M&E information management. Readers of this document are requested to use this document alongside other relevant programme documents such as:

- Handout for the use of data collection templates and data entry tables (Excel)
- Indicator Matrix
- Monitoring tools (General data TA, Monitoring FLW, Monitoring Promoter, Monitoring Care Group, Monitoring VSL, Monitoring Inputs and Additional Men)
- SBC Strategy



## Objectives of the M&E System

The goal of monitoring and evaluation is to contribute towards improving the management of the programme through timely provision of information to policy makers and implementers for results-based programming and decision making. The M&E system will promote accountability and learning through knowledge sharing and documentation of SBC lessons under FNSP.

The main objective of FNSP M&E system is to assist GIZ Malawi and their partners, CARE and UP, to systematically track the implementation of the planned activities and the achievement of the programme outcomes and outputs. By defining the information requirements, data sources, data collection techniques and the interpretation of the monitoring data; this M&E system will assist the implementers to focus and manage the attainment of their respective outputs and results as reflected in the Indicator Matrix.

Specifically, the FNSP M&E system has been designed to achieve the following objectives:

- Assess and document progress towards the achievement of the programme level and SBC level out comes in relation to the **baseline situations**, well as inputs and agreed outputs.
- Provide programme management and all stakeholders including BMZ with **accurate and timely information** for assessing progress.
- Act as a reliable tool for **supervising implementation** of programme activities at all levels.
- Enhance **transparency and accountability** amongst all stakeholders in the use of programme resources and attainment of outputs and results.
- Assist to document **SBC lessons** for improving the design of SBC activities, learning and sharing i.e., what is working and what is not working?
- Identify **critical challenges** affecting programme implementation for timely management action.



## Roles and Responsibilities - Institutional Arrangements for M&E Activities

This programme's Monitoring and Evaluation Plan was developed in line with the overall monitoring and evaluation standards agreed by the implementing partners in the Monitoring and Evaluation Framework.

The Monitoring and Evaluation (M&E) personnel of FNSP, works in collaboration with M&E counterparts from CARE and UP, and is responsible for overall monitoring and evaluation for the programme. M&E personnel serves as the main focal point for all monitoring and evaluation activities; coordinating and supporting the activities outlined in the Results Matrix of the Programme. FNSP personnel are responsible for designing the data-collection and reporting systems and formats. The M&E personnel from CARE and UP coordinate the data collection, analysis and reporting using agreed templates. The FNSP combines the data collected and prepares country reports.

### M&E Information Management System

The M&E personnel from CARE and UP prepare and submit technical progress reports, which are consolidated by FNSP M&E personnel for submission to GIZ, BMZ and other stakeholders.

UP and CARE use an electronic data capture system. However, this system is not completely automated and will require UP and Care team to complete some of the reporting templates to be completed manually.

### Recommendation

The FNSP could explore modernising its M&E system, to ease collection and management of raw data from monitoring activities, by designing and implementing an automated Monitoring Information System (MONIS), for example, the [i-Monitor tool used by GIZ India](#). A web-based databases increases accessibility by allowing for multiple users permitting real time updates, and reduces the quantity of paper used, limiting the programme's impact on the environment. Further, an automated MONIS would help to:

- Ensure that M&E personnel from FNSP, CARE and UP have access to a user-friendly standardised automated progress reporting tool.
- Record and process programme indicators in the Indicator Matrix
- Ensure that FNSP and its partners have easy access to timely, accurate, consistent and reliable information about the programme in a secure user-friendly interface.
- Assist M&E personnel to ably handle and respond to ad hoc information requests from various stakeholders through easy access to reliable and accurate information.
- Record historical data and general information relating to the programme (programme outcomes, SBC outcomes, programme components, disbursement history, expenditure returns, etc.) in a format that is readily accessible, in different forms, to relevant personnel when needed.



## Reporting and Disseminating M&E Information

Interim reports document the progress of programme's objectives and outlines the latest data relating to the indicators outlined in the Indicator Matrix. The successful communication of latest data to programme's commissioning party and clients, partners and the general public is a key component of ensuring the programme's accountability.

GIZ's recent SBC Lesson Learnt document recommends 'sharing data with the communities' engaged. Programmes should identify data that is meaningful and relevant to the community and presenting it to them. An example of data that could be shared with a community could include letting a community know how they compare to another neighbouring community to encourage competitiveness and greater motivation **within** the targeted community.

The FNSP Indicator Matrix specifies the frequency of data collection at 6 key levels (baseline, mid-line, end line, monthly, quarterly and annually) and the frequency of data flow to FNSP at 5 key levels (baseline, mid-line, end line, quarterly and annually).

## M&E Capacity Building

To ensure effective monitoring and reporting of the SBC results, the personnel from all the IPs who are directly involved in the data collection, analysis and reporting are required to undergo trainings or refresher training on SBC.

The IPs should undertake a rapid needs assessment to identify the specific areas where the M&E personnel require training and capacity-strengthening.

## Monitoring Structure

The FNSP tracks two types of monitoring indicators; result-level indicators and implementation-level indicators. Result-level indicators track the outcomes of the programme-level outputs, referred to as Module Objectives, including the outcomes of the SBC strategy, and the success of the Module Objectives. The implementation-level indicators track the programme-level inputs and activities, and will include SBC and communication activities.

Result-Level Indicators Monitored through periodic surveys and routine data collection by the IPs	
Outputs	The immediate effects of the interventions on the target group
Module Objectives	The final outcomes of the programme

Implementation-Level Indicators Monitored through routine monitoring data by IPs	
Inputs	Resources that the programme uses including people, training, equipment, and SBC communication inputs e.g. posters
Activities/processes	Tracks the deployment of inputs and the carrying out programme activities



## Evaluation Activities

### Baseline Survey

A baseline study is required to track progress and evaluate the effectiveness of the FNISP SBC programme, a baseline study is required. The data from SBC quantitative study which was carried out as formative research, was used a benchmark study for the FNISP, instead of conducting a new baseline.

### Annual Quantitative Survey

The FNISP conducts annual surveys, as well as Follow-up Surveys (FUS). These quantitative surveys are required to data collected for essential reporting (country package programme indicators) and data about the target group's knowledge, attitudes and practices (focusing on the extent to which people face the key barriers and motivators to practicing the promoted behaviours).

The target group knowledge data enables FNISP, CARE and UP to monitor how effective their activities are in tackling the barriers limiting some people to practice the promoted behaviours, and enables them to sharpen the focus of their work and increase their impact.

### Midterm and End of Programme Evaluation

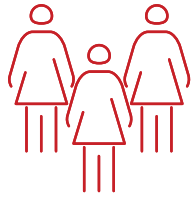
The FNISP's mid-term and end of programme evaluation studies will track the indicators at the middle (2018 and 2021) and at the end of the programme in 2024. Like the annual quantitative surveys, these studies will capture data for essential reporting on indicators as well as prevalence of barriers and motivators for the promoted behaviours. The studies will also assess relevance of the programme design, effectiveness, efficiency in resource use, sustainability of benefits, and aspects of impact specifically using DAC-OECD criteria and specific GIZ's requirements on evaluations.

## Indicator Matrix

The key monitoring and evaluation requirements for FNISP are outlined in the excel-based Indicator Matrix. This document outlines all indicators relating to the FNISP Module Objective and Outputs 1-4, as well as definitions of the indicators' characteristics, including the:

- Baseline Value
- Target Value
- Source of Verification (SoV)
- Relevant definitions and required sample
- Data to be collected in order to track and monitor the respective indicator
- Level of disaggregation required (e.g, TA, gender, etc.)
- Methodology of data collection
- Organisation with responsibility of data collection (FNISP or implementing partners)
- Frequency of data collection and data flow to FNISP
- Relationship between each FNISP indicator with the Performance Indicators within the Malawian National Multi-Sector Nutrition Policy (NMNP)

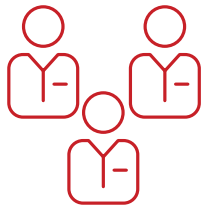
## Target Groups



40,000 women of reproductive aged (15-49 years old)



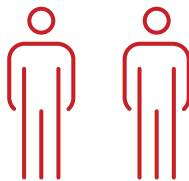
21,000 infants (aged 6-23 months)



450 Basic Service Providers (BSP), which includes Mobile Health Service workers and Agriculture Extension workers



25,000 households at risk of food and nutrition insecurity



Additional Men

## Targeted Districts



## Result - Level Indicators

The programme objective indicators are measured by the programme baseline, mid-line and end-line surveys carried out by the FNISP/GIZ team.








### Module Objective:

The FNISP aims to improve the nutritional situation for women and young children, primarily through increasing their dietary diversity; building the institutional capacities of relevant authorities; and contributing to more effective national policies.

Module Objective Indicators	Measured By	Target Value
<b>Indicator 1</b> The dietary diversity of 40,000 women of reproductive age (15 to 49 years) has improved	The number of food groups eaten in the last 24 hours by women of reproductive age.	Average IDDS of 4.9 among the 40,000 women who participated in the programme.
<b>Indicator 2</b> An increased percentage of the 21,000 infants (aged 6-23 months) have a Minimum Acceptable Diet (MAD)	The frequency of meals and micronutrient adequacy of infants' diet in the previous day and night.	15% increase in the number of infants who received a MAD.
<b>Indicator 3</b> A reduction in the percentage of the 40,000 households in the target communities categorised as seriously at risk from food and nutrition insecurity.	Household Food Insecurity Experience Scale (HFIES)	50.3% of households in target communities.
<b>Indicator 4</b> Nutrition governance has improved at national and decentralised levels thanks to support from the programme in Malawi.	6 criteria (outlined in LogFrame)	4 out of the 6 criteria met

## Relevant Outputs

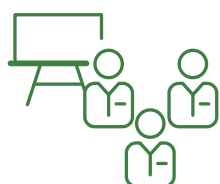
The output indicators are measured by the Annual Programme Monitoring Survey and a baseline, mid-line, and end-line survey. Researchers are commissioned by the FNSP/GIZ team.

Targeted Behaviours	 Mothers of children aged 6-23 months consuming beans/ peas	 Mothers of children aged 6-23 months consuming groundnuts	 Children 9-23 months consuming eggs
 Children 9-23 months consuming dairy products	 Households sun drying vegetables to be consumer by mothers and children	 Households sun drying fruits to be consumer by mothers and children	 Households with handwashing station with water and soap

### Indicator

### Source

**Output 1** The households assisted by the programme have in-creased their knowledge in relation to nutrition and hygiene.



**Indicator 1.1** 85% of the 450 trained employees of basic service providers (mobile health services, agricultural extension workers) from the selected TAs in Dedza and Salima confirm that they are better able to communicate knowledge about appropriate nutrition and hygiene measures relevant to young children's nutrition and the cleanliness of their environment.

Needs analysis of basic service providers; documentation of measures (objectives, content and methodology, lists of participants); self assessment questionnaires, pre- and post-tests, possibly interviews with participants



**Indicator 1.2** 60% of the 40,000 mothers and additional men trained by the basic service providers confirm that they are more knowledgeable about appropriate nutrition and the publicised hygiene measures.

Own random sample surveys (annual monitoring survey) to measure knowledge of nutrition and hygiene

The people surveyed confirm that they are more knowledge-able and are aware of a key message from each of the four Scaling Up Nutrition (SUN) modules. The four SUN modules are: Hygiene/sanitation, pregnancy, breastfeeding, food supplementing.

Indicator

Source

**Output 2** Households, communities and state structures in the districts have further developed their capacity for dealing with food insecurity, above all in relation to periods of famine and the impacts of climate change.



**Indicator 2.1** In the districts of Dedza and Salima, 25,000 households that are at risk of food and nutrition insecurity benefit from nutrition-sensitive social protection measures to improve access to food.

The supported social protection measures include cash transfers, public employment schemes, savings and credit groups and investment groups.

Evaluation of the member and participant lists of the savings and credit groups, the investment groups and of the beneficiaries of nutrition-sensitive cash transfers/public employment schemes within the framework of the annual monitoring survey.

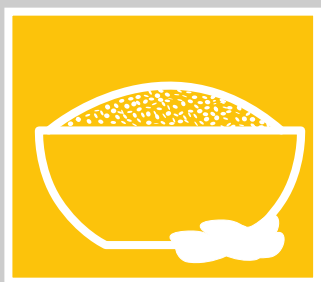


**Indicator 2.2** The percentage of the 40,000 women who receive support and grow products from two of the food groups that play a crucial role in increasing nutritional diversity has risen to 75%.

Baseline survey, own surveys (annual monitoring survey) to measure cultivation of the supported foodstuffs, follow-up and endline survey.

The supported food groups include orange sweet potatoes, dark green leafy vegetables, animal products, pulses/soya and fruits that are rich in vitamin A.

## Targeted Behaviours



Increase Consumption of Pulses



Increase Consumption of Dairy



Increase in Vegetables Grown



Increase in Sundried Fruit and Vegetables



Increase Usage of Handwashing Stations with Soap



Increase in the quantity and diversity of participant' diet



## SBC - Level Indicators

The indicators relating to the SBC monitor the results (changes) that are crucial to achieve the programme's objective. Additional programme-level indicators were formulated while developing the results model of the SBC outcome indicators during development of the SBC strategy (January to March 2021).

The indicators measure the results or the results hypotheses. They enable the programme to steer properly; reporting to, and ensuring accountability, to the partners, the public and the commissioning party. The indicators are integrated into quantitative surveys (e.g. FUS and annual monitoring surveys) and the Integrated Checklist (Word).



### Pulses

Outcome Indicators	Target Values	Baseline (Nov '20)
% of mothers of children aged 6-23 months who consumed beans/ peas in the past day	% of mothers consuming beans/ peas has risen to 60% by 2025	38.6% of mothers ate beans/ peas/ soya in the past <u>two days</u> <sup>1</sup> .
% of mothers of children aged 6-23 months who consumed ground-nuts in the past day	% of mothers consuming ground-nuts has risen to 60% by 2025	43.3% of mothers ate ground-nuts in the past <u>two days</u>

<sup>1</sup> For the purpose of the research, the behaviour was 'relaxed' to assess the % of women who practiced the near-ideal behaviour.

### Information to improve understanding of target group

- % of households with pulses/ground-nuts available for consumption every other day
- % of women who are able to decide on their own or together with their husband when to include pulses in their own meals
- % of women who are aware of the health benefits of pulses/ground-nuts
- % of women who are able to prepare pulses in diverse and tasty ways
- % of women who know how to reduce the cooking time of pulses
- % of women who know how to mitigate digestive problems caused by eating pulses



Outcome Indicators	Target Values	Baseline (Nov '20)
% of children 9-23 months of age who were fed eggs in the past <u>two days</u>	% of children consuming eggs has risen by 15% by 2025	24.5% of children ate an egg in the past <u>two days</u>
% of children 9-23 months of age who were fed dairy products in the past <u>two days</u>	% of children consuming dairy products has risen by 15% by 2025	19% of children ate a dairy product in the past <u>two day</u>

#### Information to improve understanding of target group

- % of households raising poultry
- % of households who can afford to feed eggs to their children at least every second day
- % of households who can afford to feed milk to their children at least every second day
- % of households practicing recommended poultry management practices
- % of mothers who are able to prepare eggs and dairy products in various tasty ways
- % of mothers who are aware of the health benefits of feeding their children eggs and dairy products





Outcome Indicators	Target Values	Baseline (Nov '20)
% of households who grew at least three types nutrient-rich vegetables in the past months	% of households who grew vegetables has risen by 75% by 2025	<b>Dry Season:</b> <ul style="list-style-type: none"> <li>grew vegetables 72.5%</li> <li>grew at least three types 57.9%</li> <li>average household grew 2.8 types</li> </ul>
		<b>Rainy Season:</b> <ul style="list-style-type: none"> <li>grew vegetables 81%</li> <li>grew at least three types 47.5%</li> <li>average household grew 2.5 types</li> </ul>
		90% of households grew vegetables either during dry or rainy season
		63.5% of households grew vegetables during both seasons

Information to improve understanding of target group

- % of mothers who visited a model garden in the past 12 months
- % of women whose gardens were visited by a CG leader in the past month
- % of households who are able to deal with pests/diseases
- % of women who receive pieces of advice from lead farmer or AEDO
- % of women who are able to access vegetable seeds



Outcome Indicators	Target Values	Baseline (Nov '20)
% of women whose households sundried fruits or vegetables to be consumed by themselves or children in the past 12 months	% of households who sundried fruits or vegetables has risen by 15% by 2025	75.5% of households dried vegetables
		1.5% of households dried fruits <sup>1</sup>

1 Any amount of vegetables / fruits, in the past year

### Information to improve understanding of target group

- % women who know how to sun dry some types of vegetables
- % of women whose gardens were visited by a CG leader in the past month
- % women who know how to sun dry some types of fruits
- % of women drying vegetables who know how to protect their dried vegetables from animals
- % of women drying fruits who know how to protect their dried fruits from animals





Outcome Indicators	Target Values	Baseline (Nov '20)
<p>% of women whose households have handwashing stations with water and soap</p>	<p>% of households who have handwashing stations has risen by 60% by 2025</p>	<p>Households with a handwashing station 53.5% P: 46.3% B: 55.6%)</p> <hr/> <p>Out of those</p> <ul style="list-style-type: none"> <li>• water available: 67.3%</li> <li>• soap readily available: 30.4% P: 17.7% B:47.3%</li> <li>• soap available readily or within 30 seconds: 27.5% P: 15.7%, B: 46.2%</li> <li>• water + soap readily available: 24.8% (13.3% out of all interviewed households)</li> </ul> <hr/> <p>Types of handwashing stations in households:</p> <ul style="list-style-type: none"> <li>• tippy tap available: 29.0%</li> <li>• other type of handwashing station with flowing water available: 11.8%</li> <li>• only simple jug is available: 12.8%</li> <li>• no dedicated handwashing station available: 46.5%</li> </ul>



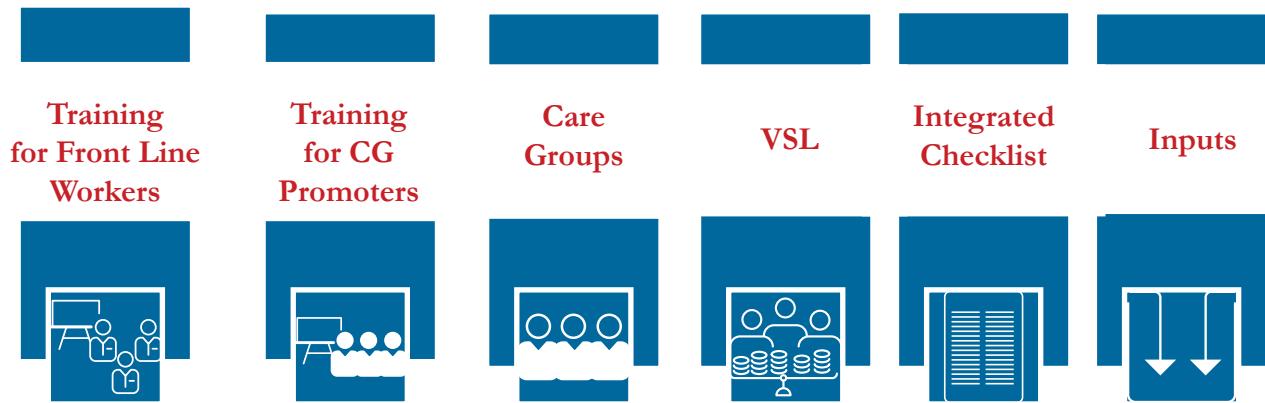
% of women accessing printed nutrition and hygiene communication materials from FNSP and its partners in the past 6 months (e.g., posters, calendars)

% of women who are able to recall nutrition and hygiene messages they have seen, heard or received e.g. from CG leaders and printed materials

% of women who understand the nutrition and hygiene messages they have seen, heard or received



## Activity Monitoring



### Training of Care Group Promoters by FLW Monitoring<sup>1</sup>

The FLW are trained by NGOs (or other parties, such as GIZ experts, consultants, others) on issues related to nutrition, hygiene, and agriculture.

Each FLW is monitored using the following templates (all contained in the Monitoring FLW Excel document):

- FORM training for FLW
- Mastertable FLW
- Overview - Training Provided

For each training event the NGO / the trainer is responsible for filing a registration list/list of participants (printed, paper-based) per participants using the first sheet FORM Training FOR FLW. The form is handed over to the NGO staff in charge of data entry. Handing over is either continuously, or after each quarter at the latest.

The data is entered digitally per individual FLW via the Mastertable FLW to track the training received by each FLW received as well as the training they have provided to GC Promoters. The systems records the list of names of FLW, contact details, functions and location. The data is updated continuously, adding new FLWs to the bottom of the list. For each individual FLW, the trainings received and given to CG-promoters on a specific topic are also recorded.

<sup>1</sup> To note, although the Result Matrix refers to Basic Service Providers. In practice, these workers are referred to as Front Line Workers

The data relating to the trainings received by the FLWs and given to CG-Promoters are categorised via topic. For each topic a new table is created in the Mastertable, organised chronologically. Additional tables can be added if needed.

The date for when the FLW received the training is recorded in column K (if s/he received multiple trainings on the same topic (incl. refresher trainings) an additional date can be recorded in column L). Columns M-O refer to the third sheet Overview-Trainings Provided. The code for the training (column A in Overview-Trainings Provided) is imputed in columns M-O for the individual FLW.

In the Overview-Trainings Provided sheet, each training given by a FLW (or group of FLW) is coded (column A). Details about the training are recorded in columns B-F. Both tables have to be filled continuously and at the same time (i.e., when an FLW provides a training, the details of the training have to be recorded in Overview-Trainings Provided and the Training Code has to be inserted for all FLW providing that training in the Mastertable. The Mastertable provides a quick overview of the trainings received by FLW and whether the FLW has passed on that knowledge to GC-Promoters.



### Training Care Group Promoters by FLW Monitoring

The FLW provide training to the Care Group Promoters on nutrition, hygiene, and agriculture. This training is monitored through:

- FORM Registration CG Promoter (list of participants)
- FORM CGP Training Aggregated.
- MASTERTABLE per Promoter

For each training event the FLW (the trainer) is responsible for completing the (printed, paper-based) registration list / list of participants. All columns must be completed. After the training, the trainer must develop an aggregated (printed, paper-based) form for that training. This form captures the participants per TA.

The FLW hands over both forms to the NGO field staff. The NGO field staff forwards both forms to the NGO staff in charge of data entry. Handing over is done either continuously, or latest after each quarter. The aggregated data collection form, *FORM CGP Training* aggregated, is completed by the FLW in the *Mastertable FWL* (see Monitoring FLW). Each training is recorded continuously and disaggregated by TA.

The trainings received by each promoter is captured in a separate Excel file, similar to the *Mastertable FWL* in order to track who has received which training. A promoter who received a training by the FLW is added to the data table, and the relevant training is ticked. If necessary, separate sheets can be developed per TA.



## Care Groups Monitoring

The *Community (Care Group) Nutrition Monthly Progress Report (Form C1)* tracks how regularly does a Care Group meet and whether the cluster leaders have conducted their regular (weekly) home visits to provide advice to the members of the Care Group. The NGO field worker holds a list of all Care Group Promoters. This list should be completed every time the CG Promoters engages with the community.

The *Community (Care Group) Nutrition Monthly Progress Report (Form C1)* feeds into the National Nutrition Information System (NNIS) of the care group structure.

Data is be collected on a monthly basis and can be partly directly copied into the *Community (Care Group) Nutrition Monthly Progress Report (Form C1)*. Monthly data are compiled by the IP Headquarters and is entered into the Mastertable and reported to FNSP on a quarterly basis.

The qualitative aspects of regular meetings reflected in the output and outcome indicators in *Form C1*.

Constant Information	Monthly Variable Data
Name of GC Promoter	Number of households who engaged with each cluster leader
GVH	Number of monthly meetings
Quantity of Care Groups	Number of cluster leaders conducting regular (weekly) home visits



## Village Saving Loans Monitoring

The development of Village Savings Loan Associations, savings and the use of loans for nutrition and hygiene expenses are tracked by the IPs. The IPs track the name of the VSL group, the location (GVH, village), the date of formation, planned duration of the group, the members (total and female/ male), the status of the savings and the number of members using loans for nutrition or hygiene in the past 3 months.

The IP field worker should track the information at a quarterly basis, via a VSL Monitoring Mastertable.

## Household Nutrition and Hygiene Monitoring

An integrated checklist tracks the engaged mothers' knowledge of nutrition & hygiene, how VSL members are using loans/income for nutrition and hygiene, as well as the implementation of IHF and WASH at household level is applied by FNSP.

This checklist monitors progress at household level on a bi-annual basis and detects programme implementation challenges (i.e. are promoted practices taken up at household level).

Additional indicators 6 and 7 exist .

It is sufficient to refer to the season (e.g., beginning/end of dry or rainy season) provided the respondent is not able to provide the precise date. Where possible, the checklist should track a rough indication of the month.



A total of 30 households per TA should be visited in April and October each year (allowing time to analyse the data and to use the results for the annual progress reporting to the commissioning party of FNSP).

The IPs are responsible for the Checklist, the programme does not envision that the Front-Line Workers will be involved in tracking information in the Checklist.

## Input Monitoring

The *Input Tracking Sheet* and *Mastertable Inputs*, tracks the provision of inputs by the FNSP. Inputs are provided to beneficiaries through care groups or local leaders and include seeds, livestock and other Integrated Homestead Farming inputs.

The (printed, paper-based) input tracking sheet should be used every time an input is provided to any structure responsible for distributing them to beneficiaries. Inputs provided by the programme may include seeds and livestock. The recipient should sign the form and provide their name, gender, position, GVH, type and amount of inputs received.

The data collected in the *Input Tracking Sheet* is transferred to the (digital, excel-based) *Mastertable* which tracks inputs provided by the programme over time. Data should be disaggregated at GVH level and numbers where possible.



## Annexes

### Annex 1: Amended Integrated Household Checklist

- Text in **red** indicates the additions done to the checklist for easy adapting of the checklist by the IPs
- Only questions in *Italics* are to be asked to the respondent
- Questions in **green** are for the interviewer to check/ directly observe

#### Notes regarding the questionnaire

1. The checklist is to be filled by the NGO partner.
2. The questions are formulated in a way, that the answer (yes/no) is either based on own observation and/or on asking the question to the household member that is present during the visit.
3. The major headings 1 – 11 (in grey colour) need to be answered first.
  - In case the answer is “Yes” the question of secondary level (e.g, 1.1, 1.2, etc.) are to be observed/asked.
  - In case the answer is “No”, the next major heading is addressed.
4. Merged boxes in the Answer Options column require dates, and in some cases a number (Q6.5) and other answer options like “very difficult, “somewhat difficult” and “not difficult at all”.
5. Per TA a total of 30 households are to be visited in April and October (bi annually) each year allowing time to analyse the data and to use the results for the (bi-)annual reporting of FNSP to the coordination unit and BMZ.

#### Notes regarding the process

6. The Households to be visited should be as follows: 10 HH performing well – 10 HH performing average – 10 HH performing weak. The selected HH should represent the TA as much as possible. Thus, do not select 30 HH in one village only Visit other households for the next monitoring household visits.
7. The NGO is in the lead to apply the checklist. Front line workers should NOT be involved in this process.
8. GIZ provides an excel file for data entry to the NGO. The NGO enters the data in this file and submits the excel file together with a copy of the filled in paper questionnaires to GIZ by end of April & October.

## Definitions

Q	Term	Definition
Header	Number of HH members	Number of individuals living under the same roof, eating from the same pot.
5.2	Is the rubbish pit used for organic parts only?	In order to find out whether the rubbish pit is fully organic or whether the household members also put plastic and other non-organic items to the rubbish pit.
6.8; 7.7; 8.5; 10.6	... was money used to buy other food items, EXCEPT maize! (give examples in the comment if yes)	Question aims at diversification of diet; thus the focus is no other food items then maize.

### Checklist filled by:

Name: \_\_\_\_\_

Function: \_\_\_\_\_

Institution: \_\_\_\_\_

Date of visiting the Household \_\_\_\_\_

### Location of the Household

District \_\_\_\_\_

T/A \_\_\_\_\_

GHV \_\_\_\_\_

Village \_\_\_\_\_

### Household details

Name of Household \_\_\_\_\_

Number of HH members: \_\_\_\_\_

Date of joining Care Group Cluster (month/year): \_\_\_\_\_

Q	Item	Answer Options		Comments
		Yes	No	
	<b>Hygiene</b>			
1.0	<b>Is a toilet available?</b>			
1.1	<i>When was it installed?</i>	mm/yyyy		
1.2	Does it have a drop hole cover? (check)			
1.3	Does it have a door and a roof? (check)			
1.4	Does it look like being used? (check)			
2.0	<b>Is a hand washing facility available?</b>			
2.1	<i>When was it installed?</i>	mm/yyyy		
2.2	Is there soap available? (check)			
2.3	Does it have water (check)			
2.4	Is the water correctly disposed of (e.g. no swap formation)? (check)			
2.5	Does it look like it is being used? (check)			
2.6	<i>Do you know how to protect your handwashing station from getting damaged by children and/ or livestock?</i>			
2.7	<i>Do you refill the water container/ bottle regularly?</i>			
3.0	<b>Is a dish rack available? (check)</b>			
3.1	<i>When was it installed?</i>	mm/yyyy		
3.2	Does it look like it is being used? (check)			
4.0	<b>Is a drying line available (check)?</b>			
4.1	<i>When was it installed?</i>			
4.2	Does it look like it is being used? (check)			
5.0	<b>Is a rubbish pit available?</b>			
5.1	<i>When was it installed?</i>	mm/yyyy		
5.2	Is the rubbish pit used for organic parts only (ask+check)			
5.3	Does it look like it is being used (check)			

Q	Item	Answer Options		Comments
		Yes	No	
	<b>Integrated Homestead Farming</b>			
6.0	<b>Do you have a home garden?</b>			
6.1	<i>When was it installed?</i>	mm/yyyy		
6.2	<i>Does it have a fence (check)?</i>			
6.3	<i>Is water for watering the vegetables readily available?</i>			
6.4	<i>Are vegetables being grown in the garden (check)?</i>			
6.5	<i>How many different vegetables were cultivated in the past 6 months (mention kind of vegetables in the comments)</i>			
6.6	<i>Do you consume the vegetables cultivated?</i>			
6.7	<i>Did you sell vegetables from own cultivated in the past 6 months?</i>			
6.8	<i>If the vegetables were sold, was the money used to buy other food items (EXCEPT maize; give examples if yes)?</i>			
6.9	<i>If the vegetables were sold, was the money used to buy any items for hygiene purpose (give examples if yes)?</i>			
6.10	<i>Did you receive seed material/ cuttings etc. in the past 6 months?</i>			
6.11	<i>Did you keep seeds/ cutting etc. for own multiplication?</i>			
6.12	<i>Are you aware of some model gardens in your community?</i>			
6.13	<i>Have you received any agronomic advice or training in the past 6 months?</i>			
6.14	<i>Have you practiced in any gender dialogue sessions in the past 6 months?</i>			
6.15	<i>Are you using any labour-saving technologies in home garden?</i>			
7.0	<b>Do you keep livestock?</b>			
7.1	<i>Do you keep any poultry/ guinea pigs/ rabbits?</i>			
7.2	<i>If YES, when did you start keeping poultry/ guinea pigs/ rabbits?</i>	mm/yyyy		
7.3	<i>Do you keep any goats/ sheep/ pigs/ cattle?</i>			
7.4	<i>If YES, when did you start keeping goats/ sheep/ pigs/ cattle?</i>	mm/yyyy		
7.5	<i>Do you use self-produced eggs, milk or meat for home consumption?</i>			

7.6	Have you sold livestock in the past 6 months?			
7.7	If YES, was the money used to buy other foods (EXCEPT maize; give examples if yes)?			
7.8	If livestock was sold, was the money used to buy any items for hygiene purposes (give examples, if yes)?			
7.9	[if households raises chickens = YES to 7.1] How easy or difficult is it for you to prevent or reduce the number of your chickens dying due to diseases	1=very difficult, 2= somewhat difficult, 3 not difficult at all		
7.10	How easy or difficult is it for you to prepare meals that include eggs/ diary products?	1=very difficult, 2= somewhat difficult 3= not difficult at all		
<b>8.0</b>	<b>Do you have access to fruit trees?</b>			
8.1	If yes, are the fruit trees owned by the households?			
8.2	If yes, since when do you own the fruit trees?	mm/yyyy		
8.3	Do you consume the fruits?			
8.4	Have you sold fruits in the past 6 months?			
8.5	If fruits were sold, was the money used to buy other food items (EXCEPT maize, give examples if yes)?			
8.6	If fruits were sold, was the money used to buy any items for hygiene purposes (give examples if yes)?			
8.7	In the past 6 months, did you sundry any fruits or vegetables to be consumed later?	1= yes, dried veg 2= yes, dried fruit, 3= didn't dry anything		
<b>9.0</b>	<b>Do you have other IHF components?</b>			
9.1	Do you have a fish pond?			
9.2	Do you recycle water (grey water recycling)?			
9.3	Do you manure harvest and application?			
9.4	Do you grow pulses/ groundnuts?			



Q	Item	Answer Options		Comments
		Yes	No	
	<b>VSL/ COMSIP</b>			
10.0	<b>Are any of the household members a member of a VSL Group and/or COMSIP group?</b>			
10.1	<i>If yes, when did your household member join the group?</i>	mm/yyyy		
10.2	<i>Does the group (VSL and/or COMSIP) do any business?</i>			
10.3	<i>Did the household member(s) learn about nutrition in the group meetings (VSL and/or COMSIP)?</i>			
10.4	<i>Does the household member(s) learn about hygiene in the group meetings (VSL and/or COMSIP)?</i>			
10.5	<i>Has the household taken a loan from the group (VSL and/or COMSIP) in the past year (12 months)?</i>			
10.6	<i>If yes, did the household use the loan to buy food items (EXCEPT maize, give examples in the comments if yes)?</i>			
10.7	<i>If yes, did the household use the loan to purchase hygiene items (give examples in the comment if yes)?</i>			
10.8	<i>If yes, did the household use the loan to invest in home gardening, livestock, fruit trees, etc?</i>			

Q	Item	Answer Options		Comments
		Yes	No	
	<b>Nutrition/ Hygiene Messaging</b>			
11.0	<b>Have you received nutrition and hygiene messages so far?</b>			
11.1	<i>Have you received any communication modules?</i>	mm/yyyy		
11.2	<i>If yes, specify which module received and date received e.g. IYCF, EBF, MNN or Hygiene and Sanitation?</i>			
11.3	<i>Have you received any yearly calendars showing one benefit of pulses per month?</i>			
11.4	<i>Have you received contact cards or local vets, local lead farmers and AEDOs?</i>			
11.5	<i>Have you heard, seen or received any messages in the past 6 months from cluster leaders?</i>			
11.6	<i>Have you received any list of local shops selling vegetable seeds in smaller quantities and at a good price? (Note: these are materials listed under required change number 7 in home garden strategy)</i>			
11.7	<i>Have you received any handwashing messages in the past 6 months?</i>			

## Annex 2: Indicator Reference Sheet for Module Objective Indicators



The diversity of the diet of 40,000 women of reproductive age (15 to 49) in the selected traditional authorities (TA) in the Dedza and Salima districts has improved according to the Individual Dietary Diversity Score (IDDS).

<p><b>Purpose</b></p>	<p>This indicator assesses the number of food groups which were eaten by women of reproductive age (15 to 49) during the last 24 hours (previous day) in the target TAs in Dedza and Salima districts.</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>Data is to be collected by conducting individual interviews with a representative sample of women of reproductive age.</p>
<p><b>Recommended questions:</b></p>	<ol style="list-style-type: none"> <li>1. Check whether yesterday was a special day (religious festival or celebration) when an unusually varied or limited diet was eaten - if so, do not proceed with collecting dietary data as it is likely that they will not reflect a typical diet.</li> <li>2. List all meals which the woman ate in the previous day</li> <li>3. Double check the meals' composition (e.g., porridge with or without milk)</li> <li>4. Check for any snacks (including fruits) which were not mentioned.</li> <li>5. Record in the questionnaire which food groups were eaten. Double check with the respondent regarding which foods they ate from groups that were not mentioned (e.g., "Did she yesterday eat any eggs?")</li> <li>6. Count the number of consumed food groups (i.e., the Individual Dietary Diversity Score)</li> </ol> <p>Indicator calculation: Sum up all IDD scores and divide them by the number of respondents.</p>
<p><b>Disaggregated by</b></p>	<p>TA, District, wealth and other criteria (to be defined)</p>
<p><b>Important Insights</b></p>	<ul style="list-style-type: none"> <li>• Do not collect data during the fasting periods (such as pre-Easter time or Ramadan) and during the celebration or festive days</li> <li>• Record food groups in the questionnaire only after all meals were listed in the Recording Meals Form – never record it straight away as it is very likely that the number of food groups consumed will be under-reported.</li> <li>• When training data collectors, practice extensively which meals belong to which food group (allocate at least 3 hours full of examples and exercises).</li> <li>• Do not record foods in quantities lower than one tea spoon (for example, a small amount of fish powder added for flavouring).</li> <li>• Additional guidance on IDDS can be obtained <a href="#">at the Individual Dietary Diversity Score web page</a></li> </ul>



The share of the 21,000 infants (6 to 23 months) receiving meals that are suitably frequent and varied according to the Minimal Acceptable Diet (MAD) has risen by 15 %

<p><b>Purpose</b></p>	<p>This indicator assesses the acceptability of a child’s diet based on its micro-nutrient adequacy and meal frequency</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>Data is to be collected by interviewing mothers of children aged 6 to 23 months in Salima and Dedza.</p> <p><b>Recommended methodology for breastfed children</b>  A breastfed child is considered to have a Minimum Acceptable Diet if the child:</p> <ol style="list-style-type: none"> <li>1. Met the Minimum Meal Frequency (MMF) for breastfed children which is assessed by asking the following questions: <ul style="list-style-type: none"> <li>Q1. Can you please remind me her/ his exact age?</li> <li>Q2: Did you breastfeed her/ him yesterday during the day or at night?</li> <li>Q3: Can you please count how many meals and snacks -including fruit - did s/he eat yesterday?</li> </ul> <p>Note: A minimum meal frequency is considered eating 2 times per day for breastfed infants aged 6-9 months, 3 times per day for breastfed children aged 9-23.99 months and 4 times per day for non-breastfed children aged 6-23.99 months according to WHO.</p> <p>Calculate MMF by dividing the number of children aged 6-23 months who met the MMF by the total number of surveyed children aged 6-23months and multiplying the result by 100.</p> </li> <li>2. During the previous day and night consumed meals consisting of at least 4 food groups used by the Minimum Dietary Diversity (MDD) indicator; however, not counting the recently added food group “breast milk”.</li> </ol> <p>To calculate MDD value, follow the procedure used in Module objective indicator 1 (but this time ask what foods the child ate) and calculate the value of MDD by dividing the number of children whose diet consisted of at least 5 food groups by the total number of surveyed children. Multiply the result by 100 to convert to percentage.</p>

	<p><b>Recommended methodology for non-breastfed children</b></p> <p>A non-breastfed child is considered to have a Minimum Acceptable Diet if the child:</p> <ol style="list-style-type: none"> <li>1. Met the Minimum Meal Frequency for non-breastfed children.</li> <li>2. During the previous day and night consumed meals consisting of at least 4 food groups used by the Minimum Dietary Diversity (MDD) indicator; however, not counting the food group “dairy products”.</li> <li>3. During the previous day and night consumed at least 2 milk feedings (this includes infant formula/ milk/ yogurt).</li> </ol> <p><b>Indicator Calculation</b></p> <ul style="list-style-type: none"> <li>• Add up the number of 1) breastfed and 2) non-breastfed children who had a Minimum Acceptable Diet</li> <li>• Divide this number by the total number of surveyed breastfed and non-breastfed children</li> <li>• Multiply the result by 100 to convert it to a percentage</li> </ul>
<b>Disaggregated by</b>	TA, District, wealth and other criteria
<b>Important Insights</b>	<ul style="list-style-type: none"> <li>• Milk feeds are considered a separate and required element for non-breastfed children in this indicator, that is why they are included as an essential part of Minimum Acceptable Diet for non-breastfed children. Exclusion of food group “dairy products” avoids double-counting of this food group.</li> <li>• Additional guidance on MAD can be obtained at the <a href="#">Guideline for MAD Data Collection</a></li> </ul>



The severity of household food insecurity. It focuses on the “access” aspect of food insecurity (i.e., not on food utilization). It is based on respondents’ perceptions of their households’ food vulnerability and on their behavioural responses to food insecurity.

<b>Purpose</b>	This indicator assesses the acceptability of a child’s diet based on its micro-nutrient adequacy and meal frequency.
<b>How to Collect and Analyse the Required Data</b>	<p>Determine the indicator's value by using the methodology described in detail in FANTA’s very practical and easy-to-use Household Food Insecurity Access Scale Indicator Guide.</p> <p>Conduct interviews with a representative sample of target households.</p> <p><b>Recommended questions:</b></p> <ul style="list-style-type: none"> <li>• nine “occurrence” questions representing a generally increasing level of severity of food insecurity.</li> <li>• nine “frequency-of-occurrence” questions that are asked as a follow-up to each occurrence question to determine how often the situation occurred.</li> </ul> <p>These questions, alongside all details on their use, are described in the <a href="#">HFIAS Guide</a>.</p> <p><b>Indicator Calculation</b></p> <p>Sum up the scores of all households and then dividing the result by the number of interviewed households.</p>
<b>Disaggregated by</b>	TA, District, wealth and other criteria

## Annex 3: SBC Indicator Reference Sheet



% of Mothers of Children aged 6-23 months in both Dedza and Salima Districts who consumed groundnuts of beans/peas in the past day has risen to 60% by 2025

<p><b>Purpose</b></p>	<p>The indicator assesses the proportion of mothers of children 6-23 months who ate pulses the previous day or night. It indicates how often lactating mothers consume pulses. Pulses here includes any type of beans, peas, soya and ground nuts.</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>The indicator's value is to be determined by conducting individual interviews with a representative sample of mothers of children aged 6-23 months, specifically those from the programme areas in Salima and Dedza.</p> <p><b>Key recommended questions:</b></p> <ol style="list-style-type: none"> <li>1. Ask, whether yesterday was a special day (religious festival or celebration etc) when the mother may have eaten different foods than what they usually do or did not eat (fasting). If so, do not proceed with collecting data on this indicator as it is likely that it will not reflect the normal pattern of foods consumed.</li> <li>2. Ask, when was the last time when the respondent ate any type of peas, beans, soya or groundnuts? This can also include any meals that include peas, beans, soya or groundnuts (answer options: today, 1-2 days ago, 3-4 days ago, 5-7 days ago, 1-2 weeks ago, 2-4 weeks ago, more than one month ago and doesn't remember)</li> </ol> <p><b>Indicator Calculation</b></p> <p>Calculate the indicator's value by summing up all mothers who ate pulses in the past day and dividing the result by the total number of interviewed respondents then multiply the result by 100</p>
<p><b>Disaggregated by</b></p>	<p>Wealth</p>

## Important Insights

1. Consumption of pulses by women is prone to season differences. Therefore, the data has to be collected in the same period of a year (note: SBC quantitative survey to be used as baseline conducted in November); otherwise, it is very likely that they will not be comparable.  
  
Do not collect data during fasting or festive periods e.g., pre-easter, Ramadan, Christmas etc.
2. Do not consider foods in quantities lower than one tea spoon (e.g., a small amount of groundnuts powder added for flavouring)
3. Include additional questions to assess prevalence of identified barriers and enablers e.g.
  - *How easy or difficult is it for you to find pulses for consumption?* (very difficult, somewhat difficult, not difficult at all)
  - *Who in your household usually decides which main meals will you personally eat?* (answer options: me, my husband, together me and my husband, together me and someone else, my husband and someone else, my in laws, my parents, someone else)
  - *Some people say that consuming peas, beans or soya causes more serious health problems and therefore they think that these foods should not be eaten often. Other people say that it is not true, that they are good for people's health and that people should eat them often, at least every second day.*  
*What do you think?* (answer options: they should be eaten often, they should not be eaten often, doesn't know)
  - *What do you think are the main benefits of eating peas, beans or groundnuts?* (answer options: is aware of health/nutrition benefits, is not aware of the health/nutrition benefits)
  - *How easy or difficult for you to have enough ideas on how to prepare pulses/groundnuts in diverse and tasty ways?*
  - *Is there any way how to prepare peas or beans so that you do not need to cook them for a long time?* If so, can you explain it to me? (answer options: knows how to reduce the cooking time, doesn't know how to reduce the cooking time, no response)
4. Additional questions to assess exposure of households to messages and materials required, e.g.
  - In the past 6 months, have you heard, seen or received any nutrition messages?  
  
If so, please let me know what messages you have seen, heard or received?



% of Mothers of Children aged 6-23 months in both Dedza and Salima Districts who consumed groundnuts of beans/peas in the past day has risen to 60% by 2025

<p><b>Purpose</b></p>	<p>This indicator assesses the proportion of children aged 9-23 months who are fed eggs or dairy products in the past two day or night. It indicates how frequent children are fed eggs or eggs.</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>The indicator value is to be determined by conducting individual interviews with a representative sample of mothers of children 9-23 months in Dedza and Salima.</p> <p><b>Key recommended questions:</b></p> <ol style="list-style-type: none"> <li>1. Ask, if the respondent has a child aged 9-23 months. If no, look for another respondent</li> <li>2. Ask, when was the last time the child (9-23 months) ate an egg? (answer options; today, 1-2 days ago, 3-4 days ago, 5-7 days ago, 1-2 weeks ago, 2-4 weeks ago, more than one month ago and doesn't remember)</li> </ol> <p><b>Indicator calculation</b></p> <p>Calculate indicator value by summing all mothers whose children ate an egg or dairy product in the past two days and dividing the result by the total number of interviewed mothers then multiply the result by 100.</p>
<p><b>Disaggregated by</b></p>	<p>Wealth and other criteria</p>
<p><b>Important Insight</b></p>	<ol style="list-style-type: none"> <li>1. Do not consider foods in quantities lower than one tea spoon (e.g. a small amount of milk added to porridge)</li> <li>2. Consider adding extra questions to assess the prevalence of identified barriers and enablers e.g. <ul style="list-style-type: none"> <li>• <i>How easy or difficult is it for you to access eggs for feeding your child? (very difficult, somewhat difficult, not difficult at all)</i></li> <li>• <i>How easy or difficult is it for you to prevent your chickens from dying?</i></li> <li>• <i>How easy or difficult is it for you to prepare meals that include eggs/ dairy products?</i></li> <li>• <i>Some people say that consuming eggs and milk helps children to be smarter. Other people say that it doesn't help them to be smarter. What do you think?</i></li> <li>• <i>In your household, which household members primarily receive good foods, such as meat or eggs?</i></li> </ul> </li> </ol> <p>Also include questions to assess exposure of the household to nutrition messages and materials</p>





% of households which in the past 12 months grew at least three types of nutrient-rich vegetables in both Dedza and Salima districts has risen to 75% by 2025

<p><b>Purpose</b></p>	<p>This indicator measures the proportion of households who in the past 12 months grew at least three types of nutrient vegetables. Nutrient rich vegetables in this case includes:</p> <ul style="list-style-type: none"> <li>• Amaranthus (bonongwe),</li> <li>• Corchorus (luni),</li> <li>• Pumpkin leaves (nkhwani),</li> <li>• Sweet potato leaves (kholowa),</li> <li>• Hibiscus (limanda),</li> <li>• Black jack (chisoso),</li> <li>• Cassava leaves (chigwada),</li> <li>• Bean leaves (khwanya),</li> <li>• Rape leaves,</li> <li>• Tomato</li> </ul>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>The indicator value is to be determined by conducting individual interviews with a representative sample of the target households in Dedza and Salima.</p> <p><b>Key recommended questions</b></p> <ol style="list-style-type: none"> <li>1. In the past 12 months, have you grown any vegetables for homestead consumption?</li> <li>2. If yes, how many types?</li> </ol> <p><b>Indicator calculation</b></p> <p>Calculate indicator value by first summing all households which grew vegetables in the past 12 months. Secondly, calculate/filter (e.g., using Excel filter function) the number of households which grew at least 3 types of vegetables and then thirdly, divide this number by first result (number of HHs which grew vegetables in the past 12 months) then multiply the result by 100.</p>
<p><b>Disaggregated by</b></p>	<p>Wealth and other criteria</p>
<p><b>Important Insight</b></p>	<p>Additional questions can be included to assess the prevalence of barriers and enablers to growing of vegetables e.g.</p> <ol style="list-style-type: none"> <li>1. <i>In the past six months, have you received any agronomic advice?</i></li> <li>2. <i>How confident are you in dealing with pests which attack vegetables? (very confident, somewhat confident, not confident at all?)</i></li> <li>3. <i>In the past six months, have you seen or visited any positive examples of gardens of other community members?</i></li> <li>4. <i>How easy or difficult is it for you to access vegetable seeds? (very difficult, somewhat difficult, not difficult at all)</i></li> </ol>



% of women whose households in the past 12 months sun-dried fruits or vegetables to be consumed by themselves or their children later in both Dedza and Salima Districts has risen by 15% by 2025

<p><b>Purpose</b></p>	<p>This indicator measures the proportion of women whose households in the past 12 months sun dried fruits or vegetables to be consumed by themselves or their children later.</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>The indicator value is to be determined by conducting individual interviews with a representative sample of the women in Dedza and Salima.</p> <p><b>Key recommended questions</b></p> <ol style="list-style-type: none"> <li>1. In the past 12 months, did you sun dry any vegetables or fruits so that you can eat them later? (answer options: yes, dried vegetables, yes dried fruits, no didn't dry anything)</li> </ol> <p><b>Indicator calculation</b></p> <p>Firstly, sum all households which sun dried vegetables, divide the result by the total number of respondents and multiply by 100. Then secondly, sum all households which sun dried fruits, divide the result by the total number of respondents and multiply by 100.</p>
<p><b>Disaggregated by</b></p>	<p>Wealth and other criteria</p>
<p><b>Important Insight</b></p>	<p>Consider including additional questions to assess the prevalence of barriers to drying of fruits/vegetables e.g.</p> <ul style="list-style-type: none"> <li>• <i>how easy or difficult is it to protect the dried vegetables from being eaten by animals?</i></li> </ul>



% of households with handwashing station with water and soap present by the station in both Dedza and Salima has risen to 60% by 2025

<p><b>Purpose</b></p>	<p>“Existing research shows that people with access to a handwashing facility are more likely to wash their hands. Furthermore, observation of handwashing materials by surveyors represents a more reliable proxy for measuring handwashing behaviour than asking individuals to report their own behaviour. This indicator therefore assesses the proportion of households with handwashing facilities with soap and water at home” (Source: IndiKit)</p>
<p><b>How to Collect and Analyse the Required Data</b></p>	<p>Collect the data by conducting individual interviews and observations among a representative of target households in Salima and Dedza.</p> <p><b>Key recommended questions</b></p> <ol style="list-style-type: none"> <li>1. <i>Can you please show me where you and your family members usually wash your hands?</i> (answer options/observation: tippy tap available, other type of handwashing station with flowing water available, only simple jug available, no dedicated handwashing station available, refused to show)</li> <li>2. <i>for data collector: is there water available?</i></li> <li>3. <i>for data collector: is there soap available?</i></li> <li>4. <i>If NO, do you have soap that you use for washing hands? If YES, can I please see the soap?</i> (answer options: yes, managed to bring soap within 30 seconds, yes, but it took longer than 30 seconds to bring soap, no doesn't have soap, refused to answer)</li> </ol> <p><b>Indicator calculation</b> Divide the number of respondents whose household has a handwashing facility with water and soap (or can bring soap within 30 seconds) by the total number of interviewed respondents and multiply the result by 100.</p>
<p><b>Disaggregated by</b></p>	<p>Wealth and other criteria</p>
<p><b>Important Insight</b></p>	<p>Consider including additional questions assessing the prevalence of barriers on handwashing which were identified in the formative research including e.g.,</p> <ol style="list-style-type: none"> <li>1. <i>How difficult or easy is it for you to protect your handwashing station from getting amaged by children who play with it and by livestock?</i> (answer options: very difficult, somewhat difficult, not difficult at all)</li> <li>2. <i>How easy or difficult is it for you to keep soap by the handwashing station?</i> (answer options: very difficult, somewhat difficult, not difficult at all)</li> <li>3. <i>How easy or difficult is it for you to keep refilling the water container/ bottle regularly?</i></li> </ol> <p>Consider also including additional questions to assess exposure to handwashing messages and access SBC materials related to handwashing e.g. Have you heard or seen any handwashing messages in the last 6 months?</p>

## Annex 4: SBC Activities Carried Out by IPs

Grey = no similar matching SBC activity



Behaviour: Mothers of children aged 6-23 months consume groundnuts or some types of beans / peas every day.

Training & Information		
<b>SBC Activities</b>	1.1 IPs train CG leaders on how to increase yields of pulses and groundnuts (by using inoculants, winter cropping, intercropping and other practices) and require them to share this know-how with CG members.	1.2 IPs guide CG to encourage local women to seek advice from more experienced farmers on how they can get better yields.
<b>Care Activities</b>	A.1.2 Conduct community-based three-day refresher trainings on key thematic areas for 54 CGPs and 1,540 HCLs in order to address gaps identified in A.1.1.	A.4.1.2 Provide technical backstopping to 100 Lead Farmers in seed multiplication, vegetable and fruit production, and manure making to support in management of demo plots and backyard gardens.
<b>UP Activities</b>	1.2.4 Promote and train care groups on crop diversification, bio-fortified legumes, MBEYA manure making, and OFSP	1.2.4 Promote and <b>train care groups</b> on crop diversification, <b>bio-fortified legumes</b> , MBEYA manure making, and OFSP
Decision Making		
<b>SBC Activities</b>	2.1 IPs conduct gender dialogue sessions focusing on women's decision making on what food is grown/ purchased and prepared/ eaten.	2.2 FNISP/IPs include the key importance of pulses/groundnuts into household income and food allocation module.
<b>Care Activities</b>	A.2.6. Train selected key volunteers to lead community gender dialogues sessions as Facilitators.	A.1.3.2 Support CDAs, HSAs and CGPs to deliver supplementary modules to Care Groups by providing work tools and constant support of delivery to check for quality of messages.
<b>UP Activities</b>	1.1.1 Discussions on intra-household food and income allocation and training on anti-GBV (includes training of FLWs and care groups)	1.1.1 Discussions on intra-household food and income allocation and training on anti-GBV (includes training of FLWs and care groups)

## Demonstrations

**SBC Activities** 3.1 IPs guide CG leaders to integrate in their regular CG meetings explanations and demonstrations on how to reduce problems related to eating pulses and/or inviting mothers who do consume pulses to give testimonials.

**Care Activities** A.4.5.6 Promote nutrition education and hygiene to increase consumption of eggs and chicken meat for increased micronutrients for PLW and under two children.

**UP Activities** 1.1.3 PD Hearth Sessions and cooking demonstrations

## Nutritional Benefit Lessons

**SBC Activities** 4.1 CG leaders conduct practical lessons around nutritional benefits of pulses involving men and women during CG meetings (or any other existing community level activities)

**Care Activities** 4.1 CG leaders conduct practical lessons around nutritional benefits of pulses involving men and women during CG meetings (or any other existing community level activities)

**UP Activities** 1.1.3 PD Hearth Sessions and cooking demonstrations

## Cooking Support

**SBC Activities** 5.1 IPs train CG leaders to show women how to prepare pulses in diverse and tasty ways (embedded in recipe booklets to show positive aspects e.g., better digestion through soaking and washing) and let each woman try it on her own.

**Care Activities** A.1.8.1 Provide technical support to Village Nutrition Coordination Committees (VNCCs), Care Groups and VSLAs for community-initiated cooking and feeding demonstrations at least once a quarter.

**UP Activities** 1.1.3 PD Hearth Sessions and cooking demonstrations

## Cooking Support

**SBC Activities** 6.1 IPs guide CG leaders to demonstrate to women how to reduce cooking time of pulses by soaking pulses overnight, draining the soaking water and rinse thoroughly, and cooking pulses in fresh water using a lid.

**Care Activities** A.1.8.1 Provide technical support to Village Nutrition Coordination Committees (VNCCs), Care Groups and VSLAs for community-initiated cooking and feeding demonstrations at least once a quarter.

**UP Activities** 1.1.3 PD Hearth Sessions and cooking demonstrations



Behaviour: Mothers of children aged 9 – 23 months feed them meals containing eggs or dairy products at least once in two days.

### Boosting Egg Production

<b>SBC Activities</b>	1.1 IPs support local chicken pass-on to boost egg production.	2.1 In each village, IPs support one or more existing poultry farmers in following recommended practices and act as ‘demonstration site’.
<b>Care Activities</b>	2.1 In each village, IPs support one or more existing poultry farmers in following recommended practices and act as ‘demonstration site’.	2.1 In each village, IPs support one or more existing poultry farmers in following recommended practices and act as ‘demonstration site’.
<b>UP Activities</b>	1.2.3 Procurement and distribution of small livestock, drug boxes, and monitoring utilisation with pass on scheme	

### Raising Chickens

<b>SBC Activities</b>	2.2 In each village, IPs organize at the demonstration site training on effective poultry raising practices (both preventative and treatment).	2.3 In each village, IPs connect people who raise poultry with a local vet who is willing to provide advice and treatment, including poultry vaccinations.
<b>Care Activities</b>	2.1 In each village, IPs support one or more existing poultry farmers in following recommended practices and act as ‘demonstration site’.	2.1 In each village, IPs support one or more existing poultry farmers in following recommended practices and act as ‘demonstration site’.
<b>UP Activities</b>		

Cooking Eggs & Dairy		
<b>SBC Activities</b>	3.1 IPs guide CG leaders in dissemination of best cooking practices from the communities and encouraging mothers to attend cooking sessions where they can learn how to prepare meals that include eggs/dairy products	3.2 FNSP together with IPs develop and distribute a recipe book (for HH level) to CG leaders that includes pictorial instructions on how to prepare meals that include eggs/dairy products in tasty ways.
<b>Care Activities</b>	A.1.8.1 Provide technical support to Village Nutrition Coordination Committees (VNCCs), Care Groups and VSLAs for community-initiated cooking and feeding demonstrations at least once a quarter.	A.1.4.3 Support the rollout of the curriculum at household level by the HCLs. Programme staff will work with CGPs and HCLs to develop monthly activity plans, conduct monitoring visits and provide on-the-job assistance to CGPs and HCLs
<b>UP Activities</b>	1.1.3 PD Hearth Sessions and cooking demonstrations	1.1.2 Printing of Nutrition Counselling cards, t-shirts, wrappers, HHA materials, anti-GBV materials and WASH awareness raising materials

Nutritional Benefit Lessons		
<b>SBC Activities</b>	4.1 IPs create awareness and provide nutrition education on health benefits of eggs/dairy to children amongst women, men and other caregivers through: <ol style="list-style-type: none"> <li>1. Testimonials from mothers with healthier babies who are fed with eggs and/ dairy products.</li> <li>2. Cooking demonstrations, mobile vans, lead farmers, community leaders, care groups and/or posters in the community.</li> <li>3. Theatre for development (TFD), male champions and/or role play depicting the sharing of food in the household</li> </ol>	
<b>Care Activities</b>	A.1.4.2 Identify, train and equip 450 HCLs to deliver nutrition education within their household clusters.	
<b>UP Activities</b>	1.3.2 Conduct themed community sensitisation and outreach using TFD campaigns, road show and open days on nutrition, handwashing, water, sanitation and health	



Women with children aged 6 months – 5 years grow at least three types of nutrient-rich vegetables at their garden throughout the whole year.

### Training

<b>SBC Activities</b>	1.1 In each village, IPs support and agree with the owners of well-managed gardens (especially local influencers, such as GVH) to act as ‘model gardens’ where other women can observe and be inspired and learn.	1.2 IPs guide CG leaders to use regular CG meetings to conduct gully walk to best home gardens where success stories will be shared to facilitate cross learning on home gardens within care groups
<b>Care Activities</b>	A.4.1.3 Establish 100 demonstration gardens (1 per Lead Farmer).	A.4.1.3 Establish 100 demonstration gardens (1 per Lead Farmer).
<b>UP Activities</b>	2.1.4 Training, demonstrations, awareness campaigns and opening ceremonies on Purdue Improved Crop Storage (PICS) bags	1.2.4 Promote and train care groups on crop diversification, bio-fortified legumes, MBEYA manure making, and OFSP

### Supporting Vegetable Growing

<b>SBC Activities</b>	2.1 IPs train CG leaders on addressing the key difficulties that women face when growing vegetables
<b>Care Activities</b>	A.4.1.2 Provide technical backstopping to 100 Lead Farmers in seed multiplication, vegetable and fruit production, and manure making to support in management of demo plots and backyard gardens.
<b>UP Activities</b>	1.2.4 Promote and <b>train care groups</b> on crop diversification, <b>bio-fortified legumes</b> , MBEYA manure making, and OFSP

### Technical Support

<b>SBC Activities</b>	3.1 IPs train CG leaders or lead farmers on how to explain to people how to deal with pests/diseases and other key practices and later deliver these trainings/advices at model gardens
<b>Care Activities</b>	A.4.1.2 Provide technical backstopping to 100 Lead Farmers in seed multiplication, vegetable and fruit production, and manure making to support in management of demo plots and backyard gardens.
<b>UP Activities</b>	1.2.4 Promote and <b>train care groups</b> on crop diversification, <b>bio-fortified legumes</b> , MBEYA manure making, and OFSP



## Increasing Technical Support

<b>SBC Activities</b>	<p>4.1 IPs consult DADO to increase the coverage of lead farmers by:</p> <ol style="list-style-type: none"> <li>1. Selecting and training more lead farmers and ensuring that they're motivated to share their know-how with others (FNISP will need to discuss how to achieve this)</li> <li>2. Ensure that the lead farmers, with AEDO's support and IPs' supervision, train a maximum number of women and men from the local villages on addressing the key issues they face</li> <li>3. Monitoring the number of women/ men trained.</li> </ol>
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<b>Care Activities</b>	A.4.4.3 Work with the DADO and the Veterinary Office to support livestock Lead Farmers in conducting livestock management trainings i.e. proper housing, proper feeding and disease control with targeted beneficiaries.
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### UP Activities

## Encouraging Vegetable Growing

<b>SBC Activities</b>	6.1 Programme field officers advise CG leaders and lead farmers to include other household members in training and advice on vegetable production.	6.2 IPs include the topic of sharing workload related to vegetables gardens into the gender dialogue sessions (see activity B1:2.1)	6.3 IPs promote (through lead farmers and CG members) the use of labour-saving technologies, such as water conserving zai pits
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<b>Care Activities</b>	A.2.6 Train selected key volunteers to lead community gender dialogues sessions as Facilitators.	A.2.6 Train selected key volunteers to lead community gender dialogues sessions as Facilitators.	A.4.1.4 Explore and scale up improved water management in 5000 home gardens through promotion of Zai pits (a technique that was piloted in the second phase, where beds are made as a form of pits to hold water).
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<b>UP Activities</b>	1.2.4 Promote and <b>train care groups</b> on crop diversification, <b>bio-fortified legumes</b> , MBEYA manure making, and OFSP
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## Increasing Technical Support

<b>SBC Activities</b>	7.1 IPs train CG leaders or lead farmers how to show people multiplication of indigenous seed, how to use VSLAs to purchase vegetables seeds, the locations of local shops selling seeds at affordable prices, and calculate cost and benefit of swapping seed & buck seed purchase.
<b>Care Activities</b>	A.4.1.2 Provide technical backstopping to 100 Lead Farmers in seed multiplication, vegetable and fruit production, and manure making to support in management of demo plots.
<b>UP Activities</b>	2.1.1 Promote VSLs (linking with existing VSLs or with Dept for Community Development) to care group members and those accessing grain/ seed banks.



Women with children aged 6 months – 5 years sun dry fruits or vegetables to be consumed by themselves or their children.

## Encourage households to dry fruit & vegetables

<b>SBC Activities</b>	<p>1.1 CG leaders during regular meetings:</p> <ol style="list-style-type: none"> <li>1. Let women and men taste dried fruits/meal made of dried vegetables</li> <li>2. Demonstrate the drying process (engaging men)</li> <li>3. Show the drying equipment, explains and support how to construct it (engaging men)</li> <li>4. Demonstrate to women and men how to dry vegetables /fruits in a time efficient manner + how to protect it from animals</li> </ol>
<b>Care Activities</b>	A.4.2.2 Establish 100 Post-harvest Management (PHM) demonstration sites (1 per Lead Farmer) where the targeted households will be invited to participate.
<b>UP Activities</b>	



Children and adult household members use a dedicated handwashing station with water and soap readily available

## Training

<p><b>SBC Activities</b></p>	<p>1.1 IPs work with CG leaders to help Household (HH) members visualise bacteria in relation to Handwashing (HW) behaviour and calculate economic costs of using HW stations against hospital costs (cost benefit analysis).</p>	<p>1.2 IPs organise meetings with Traditional Authorities (TAs) to make sure they have and make good use of the HW stations and support setting of standards and by-laws on ownership, care and usage of handwashing stations in their villages</p>
<p><b>Care Activities</b></p>	<p>A.1.3.4 Conduct WASH Campaigns. The programme will work with CGPs, VSLA, ACLANS and CLANS to lead WASH campaigns by holding community meetings which will involve all community members and sensitising them on key WASH issues.</p>	<p>A.1.3.4 Conduct WASH Campaigns. The programme will work with CGPs, VSLA, ACLANS and CLANS to lead WASH campaigns by holding community meetings which will involve all community members and sensitising them on key WASH issues.</p>
<p><b>UP Activities</b></p>	<p style="background-color: #cccccc;"> </p>	<p>3.1.3 Reorientation of roles and responsibilities of care group, <b>CLANS</b>, ANCC, VNCC and <b>ACLAN</b></p>

## Encouraging Participants to Adopt Behaviour

<b>SBC Activities</b>	2.1 IPs guide CG leaders to organise demonstrations during CG meetings and showcase best practice examples (incl. GIZ’s models in Salima) of how to construct secure and durable HW facilities using local and strong materials (e.g, bamboo)	2.2 Programme field officers monitor that CG leaders conduct household visits and facilitate education of household members (incl. children) on importance of HW facilities and how to take care of it.
<b>Care Activities</b>	A.1.3.5.1 Promote Hygiene Practises through Care Groups, VSLA, Community Health Action Group, Community-based Childcare Centres (CBCCs) and COMSIP group members and all programme activities e.g. handwashing during cooking demonstrations and support establishment of Baby WASH “demo” site to model proper child care.	A.1.4.3 Support the rollout of the curriculum at household level by the HCLs. Programme staff will work with CGPs and HCLs to develop monthly activity plans, conduct monitoring visits and provide on-the-job assistance to CGPs and HCLs
<b>UP Activities</b>		3.1.3 Reorientation of roles and responsibilities of care group, <b>CLANS</b> , ANCC, VNCC and <b>ACLAN</b>

## Increasing Technical Support


<b>SBC Activities</b>	3.1 IPs guide CG leaders to show people how they can keep soap by the handwashing station in a way that prevents theft or being eaten by livestock (e.g., using soapy water and rinse water).
<b>Care Activities</b>	A.1.3.5 Facilitate construction of the five hygiene and sanitation facilities (handwashing facility, drying line, dish rack, rubbish pit, drop hole cover).
<b>UP Activities</b>	3.1.7 <b>Conduct needs based training on</b> PD Hearth, EBF, Complementary feeding, MNH, IYCF and <b>hygiene</b> and sanitation, Food processing and utilization, Gender and HIV/AIDS to FLW and <b>caregroups</b>

Increasing Technical Support	
SBC Activities	4.1 IPs train CG leaders how to help people visualize the cost versus benefits of maintaining handwashing station's functionality (Including calculating costs of refilling water in the water container compared to hospital visits).
Care Activities	A.1.3.3 Train staff and Front Line Workers (FLW) in WASH campaigns specifically on handwashing, Baby WASH, food safety and hygiene, and establishment of hygiene amenities.
UP Activities	3.1.7 <b>Conduct needs based training on</b> PD Hearth, EBF, Complementary feeding, MNH, IYCF and <b>hygiene</b> and sanitation, Food processing and utilization, Gender and HIV/AIDS to FLW and <b>caregroups</b>

Communication Campaigns		
SBC Activities	6.1 IPs reach out to more people with HW messages through integration in CG meetings, VSLAs and other community meetings and encourage those reached to pass on messages to family, neighbours and friends	6.2 CGs integrate Covid-19 preventive measures in handwashing messages shared with women, men and youth (e.g., through CCPF, radio, care groups).
Care Activities	A.1.4 CARE will expand reach in the three TAs to form new Care Groups in areas based on demand and increase of target group based on the 2018 Population Census data.	A.1.3.5.3 Engage PET groups in all WASH activities. PET groups have been an effective way of disseminating and demonstrating appropriate hygiene practices i.e. proper hand washing practice and proper use of toilet.
UP Activities	1.3.2 Conduct themed community sensitisation and outreach using TFD campaigns, road show and open days on nutrition, <b>handwashing</b> , water, sanitation and health	1.3.2 Conduct themed community sensitisation and outreach using TFD campaigns, road show and open days on nutrition, <b>handwashing</b> , water, sanitation and health







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